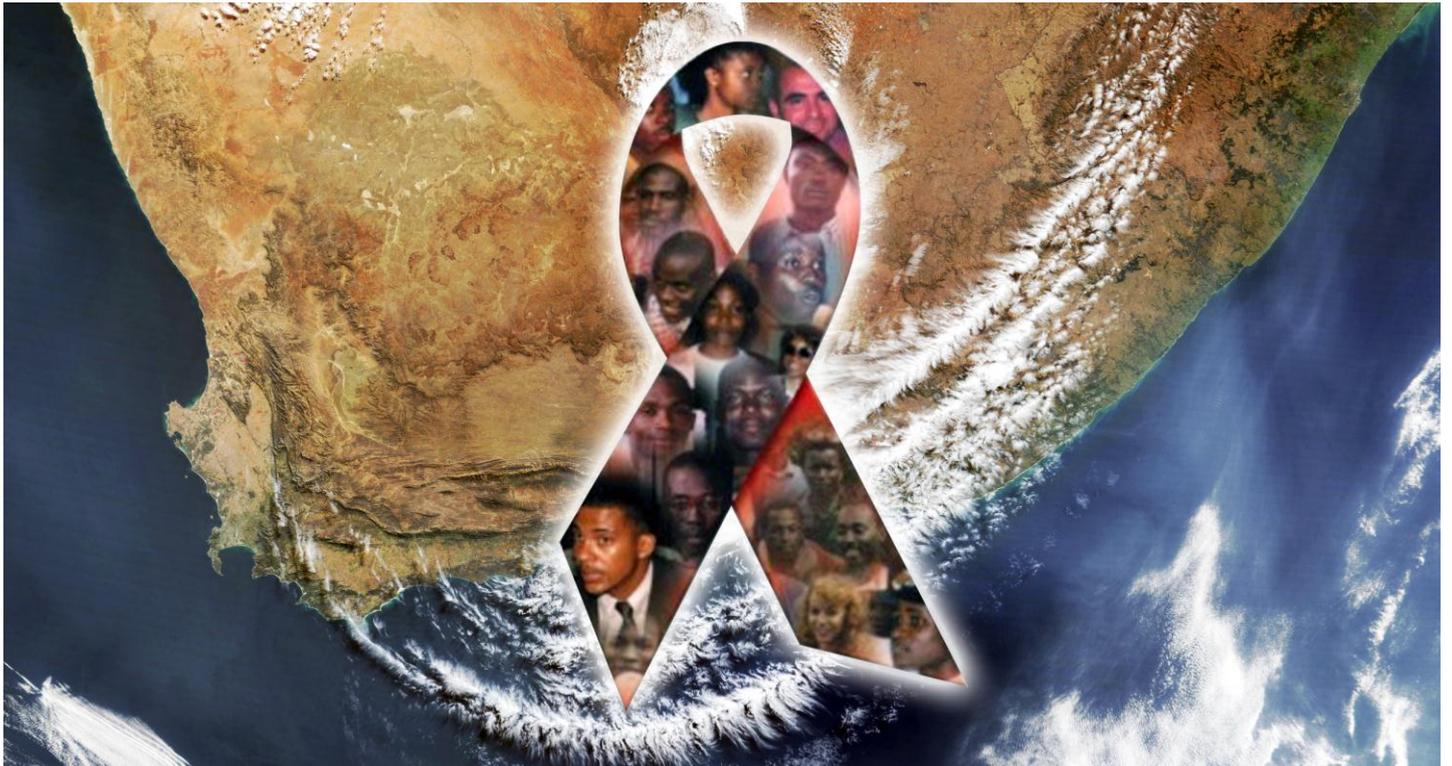
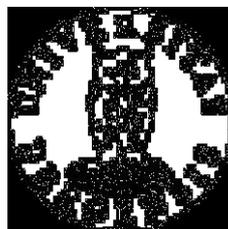


Between Prayer and Healing

Concepts of AIDS in a South African community



Erik Hauke Tønnesen



**Thesis submitted for the Degree of Cand. Philol.
Department of History of Religions
University of Bergen
Norway 2006**

Revised edition, Jan. 2007

There are several people I would like to thank for their help and support.

I would like to thank Håkan Rydving, the man who put “super” back into “Supervisor.” Your dedication, knowledge, support *and* friendship are well appreciated.

I would also like to thank Annette van der Merwe for opening her home to me and helping me when the shit hit the fan. We know how to dodge, eh? At the same time, I would like to thank George Felix van der Merwe for helping me get to Nylstroom in order to get my Learner’s Licence. And Again. And Again.

Furthermore, I would likewise like to thank Johanna Mmama Theledi for letting me into her house, and also for making sure that I stayed humble during my stay in South Africa. Her daughter Sarah Semakaleng Kgapola has my eternal gratitude for agreeing to live with me for such an extended period of time at such a short notice, and also for being my interpreter.

I would like to thank Barry van Wyk and the other people at the AIDS centre at The University of Pretoria for help, tips and lending an ear.

Without the people of Baviaansfontein St Engenas ZCC and the people of Sun City I would not have any paper at all. They have opened themselves to me, and I am ever grateful to them.

Without Paal and Wenche Sørensen I would have starved to death until the Norwegian State Education Loan Fund was forced to remember my existence. A grand “thank you” to my parents-in-law for financial and moral support. Sometimes I feel like a small African state all on my own.

I would like to thank my fellow students. There were many of you, but Thomas, Truls and Andreas were once described to me as “your posse.” So I would like to thank my posse.

I would otherwise like to thank all the people I have forgotten, but still deserve to be lauded. This was written on overtime. I’ll probably slap my palm in my face five minutes after handing the paper in for forgetting just you.

My proofreaders Mirjam Hauke Tønnesen (Hi, Mom!) and Berit Gullestad are hereby thanked for first reading, then correcting, and finally managing to keep the spirits high through all of this. You two has (or would that be “have”) done a lot of work in a very short time. I would like to thank my mother a little bit extra for introducing me to South Africa in the first place, and discussing my ideas with me during my work. I would also like to thank Charles Sellick for conducting the last and final proofreading. These last two sentences are the only words he hasn’t read.

And finally, I would like to thank Tonje. She has removed problems, created opportunities, and changed my life from the dreary dump it was into something beautiful. This is all for you.

(...)

Naturally, it gave a bushman wrong ideas about things, Jurie Steyn said, when a well-dressed White man, instead of asking him wasn't he ashamed of himself for being so low, said that he had come to the Bushman to learn, and started making gramophone records of the things the Bushman had to say. Or a film.

"I even heard one of those records," Jurie Steyn added, "and you know what, I could hardly understand what the Bushman was saying, with all the extra clicks he put in, him thinking he's so smart, talking into a gramophone. But what I say is, if a scientist wants to study something, why can't he go and learn something high up?

Like high dictation-or-or"

"Or ethnology?" the schoolmaster suggested. "Or anthropology?"

"Yes, something high up like that," Jurie Steyn agreed. "What's he want to fool around with studying Bushmen?"

Extract from the short story "Dying Race",
by Herman Charles Bosman

Contents

Chapter one: General background	5
HIV and AIDS.....	6
A brief history of South Africa.....	8
The stance of the State.....	15
The religious groups	24
Chapter two: Method and methodology	29
The interview.....	30
Participant observation	33
What was supposed to happen, and where did I go wrong?.....	36
Chapter three: Ethnography	43
1.How do you acquire AIDS?	44
2. What helps against a HIV infection?.....	48
3. Do you think prayer helps?	51
4. Can a Sangoma help?	55
5. Muti	60
6. Witchcraft and the tokoloshe.....	64
7. Magome.....	72
8. Other things	75
9. Church Services.....	77
10. Boys in the Hood.....	86
11. Nightriders.....	87
Chapter four: Analysis.....	89
Morton Klass and the assumption of belief.....	90
The underlying basis	93
Beliefs and behaviour.....	94
Causes and Causalities	96
Systems of health.....	97
The scientific vs. the fantastic.....	98
Healing and the Church.....	100
Modernizing the Traditional.....	102
Magome.....	103
The North and the other.....	105
Conclusion.....	106

Chapter one: General background

This study is based on my field trip to South Africa, where I went, to quote the project proposal, “to map out different ways of healing related to HIV/AIDS within a traditional medical framework”. I would “concentrate on the practices of ordinary people, the healing rituals they partake in, and the cures they purchase” and, if possible, “to partake in some of these activities”. It was also the pronounced goal that “The field research will take place in Venda, situated in Limpopo Province in the Northern part of South Africa”. It will come as no great shock to the practitioner of the social sciences that it turned out rather differently than planned.

I have wanted to make a study in this field ever since my initial trip to South Africa in 1999. The problems the country would soon meet were already then on the agenda; when I did my field study four years later, AIDS had passed war and malaria as the most common cause of death on the African continent, and almost a quarter of the population in South Africa was infected with HIV. Even with retroviral treatment, the level of poverty will probably lead to the death of many of these ten million people within the next decade. It is important, however, to underline the fact that South Africa is a relatively wealthy country in African terms. For a poor country like Malawi, the death rates will be even higher.

When preparing my Master’s degree in comparative religion at the University of Bergen, I wanted to write a study that would also be useful to somebody else. By relating the study to AIDS in Africa, I feel that this objective has been reached. The need to stop the spread of HIV/AIDS in Africa is enormous. Knowledge about people’s beliefs concerning the nature of the pandemic is, in my opinion, crucial if this goal is to be achieved. I am of the opinion that no attempt to change people’s minds can be successful without an intimate knowledge about the content of the same minds. It’s a sobering thought that the Coca Cola Company uses more resources annually on market analysis in Africa than UNAIDS does on evaluation of their own campaigns.

I want to start this study with a short outline of the mainstream view on HIV and AIDS. I will present the physiological aspects of the virus, the development of the disease and causes of infections. I have often encountered misunderstandings about the disease among fellow students of the social sciences and the humanities when it comes to the biological aspects of the pandemic, and I hope this study can provide a valuable tool to clear these

misunderstandings. I do see, and understand the implications, that by starting a study of HIV/AIDS and religion with a medical account, I subscribe to the scientific point of view in the HIV/AIDS debate. For me, this is not problematic.

HIV and AIDS¹

HIV stands for “Human Immunodeficiency Virus”. A virus is an organism without an independent metabolism. This means that a virus depends on a host cell for reproductive purposes. All organisms, even bacteria, have species-specific viruses that use their cells for reproduction. The cell is turned into a virus production unit, and this is called a viral infection. The question whether a virus is alive or not, and the different theories of the origin of viruses in general, is considered to be of no relevance for this study. It must be said, though, that when the HIV is described as “the germ”, a description often found in South African information literature, disinformation is being transmitted.

Simplified, a virus is a bundle of genetic information, encapsulated within a protein shell. The virus may enter the host through a number of ways. While some are airborne, others, like the HIV, must enter with body fluids, and today unprotected sex is by far the most common route of infection. After the virus has entered, it will find its way to the cell elements used for viral reproduction. A virus carries all the information needed for reproduction within itself, but needs a host cell to do the deed. There are different types of viruses and the mammal viruses can be divided into several subgroups. The HIV is a single-strand RNA virus.

When the HIV enters the body, it will float around until it hits a lymphocyte, a white blood cell called a T-cell. The virus particle includes proteins on its membrane that binds to proteins

¹ Much of my information is gleaned from “Bugs in the News!” an internet site dedicated to explaining science to the public. This is their primary HIV and AIDS page: <http://people.ku.edu/~jbrown/hiv.html> This source was last checked for accuracy on 2006-04-26.

on the surface of a T-cell.² After contact, the HIV will enter the cell.³ Inside the cell, the protein shell of the virus will be broken down, and the RNA strand floats free. A HIV enzyme closely bound to the RNA now makes a double-stranded DNA copy of the RNA. This DNA enters the cell's nucleus, and becomes an integral part of the cell's genetics. The cell is now a HIV factory.

The immune system consists of two types of cells, the B-cells and the T-cells. The B-cells produce antibodies, while the T-cells are divided into two subgroups: helper T-Cells and cytotoxic T-cells. Cytotoxic T-cells kill infected cells. When the body is infected, both B-cells and cytotoxic T-cells are needed to stop the infection. But both of them need the helper T-cells in order to fulfil these functions, and the helper T-cells are the very cells used by HIV. These helper T-cells are also called CD4 cells, after the proteins on their surface. The cell will eventually rupture, and the new viruses will leave the cell and infect adjacent helper T-cells. The body will produce new T-cells, which will in turn be infected. After a number of years the production of helper T-cells will stop, and the body is no longer able to ward off the simplest of infections. This condition is called AIDS.

The HIV/AIDS status is controlled by counting the CD4 cells. A healthy person will normally have a count of between 400 and 1600 cells/mm³. The amount can vary between the genders (women tend to have more than men) and depends on other factors like smoking. When HIV kills the cells, the cell count in the blood naturally decreases. According to Aidsmap.com, a person with a CD4 cell count of less than 200 cells/mm³ has an 85% chance

² These proteins are called CD4 (Cluster of Differentiation antigen number 4).

³ Or more correctly, the cell will absorb the virus.

of developing AIDS within 3 years.⁴ There are different types of CD4 cells, but the tests carried out in most clinics are rather crude and do not distinguish between them.⁵

AIDS stands for “Acquired Immunodeficiency Syndrome”. AIDS is not a disease, but a condition brought on by a lack of T-cells. The HIV viral infection kills the cells. In this way, HIV is the cause of AIDS. One might argue that the HIV in itself does not lead to the condition, but this stance has no practical value. In the end, the viral infection will cause the condition that makes it easier for other diseases to kill the infected individual. As a result of this, many AIDS related deaths in Africa are said to be caused by tuberculosis (TB) or malaria. HIV can be treated, with ARVs being the most common drugs used. ARV stands for Anti-Retroviral, and is a drug that can suppress virus replication. This can give the immune system a chance to recover, at least for a period of time. ARVs have proven to be most efficient when three different types are combined during treatment, but most AIDS scientists agree that a complete recovery from the condition is impossible.⁶

A brief history of South Africa⁷

As long as there have been people, we have lived in South Africa. Some of the oldest traces of mankind can be found here, along with the remains of several of modern man’s predecessors. When the Europeans first arrived, they met people on the beach. These people, called Khoisan by themselves, were dubbed “strandlopers” by the newly arrived, a derogatory term describing the activity of beachcombing, which played an important role in the Khoisan’s diet

⁴ <http://www.aidsmap.com/en/docs/A3A9686D-E768-4909-8CDD-7005D37E4743.asp> This source was last checked for accuracy on 17.05.2006.

⁵ <http://www.aidsmap.com/en/docs/D8543224-A122-46E3-AE5D-7009E36E8314.asp> This source was last checked for accuracy on 17.05.2006.

⁶ There are people with views dissenting from mainstream HIV and AIDS research. I will not use space advocating their views, but representative websites can be found here:

<http://www.garynull.com/Documents/aids.htm> This source was last checked for accuracy on 17.05.2006.

⁷ This chapter is mainly based on Ross, Robert. 1999. *A Concise History of South Africa*. Cambridge University Press, Cambridge and Giliomee, Hermann. 2003. *The Afrikaners*. Tafelberg. Cape Town.

as hunter-gatherers. The relations between the Khoisan and the European immigrants were never peaceful, and clashes resulting in deaths and Khoisan being taken as slaves occurred quite often. When the European colony needed space, the Khoisan land was closest to the Cape and the Khoisan are no more.

Another people, the Khoikhoi, also lived close to the Cape. Unlike the Khoisan, the Khoikhoi were cattle owners, and led a semi nomadic existence with their relatively small herds. The difference between the Khoikhoi and the Khoisan was based more on occupation than ethnicity; the same group of people could very well go from an existence as Khoisan to Khoikhoi, and then return to being Khoisan, depending on the weather conditions and their success in warfare. This could happen over many generations, but also in a shorter period of time. Along with the ability to change their livelihood after the demands of nature, the indigenous peoples of the Cape lacked laws and customs regarding personal ownership of land. Later, this would lead to clashes with a culture that had such laws and customs.

In 1652, a small Dutch colony, led by Jan van Riebeeck, was established at the Cape of Good Hope. Initially it was meant as no more than a trading post, its only purpose being to furnish the ships of the Vereenigde Oost-Indische Compagnie (VOC) with supplies like meat, bread, vegetables and wine (Ross, 1999:21), along with firewood and water. These goods were supposed to be obtained from the neighbouring Khoikhoi, which in the end were either unwilling or unable to deliver the goods in question. The company therefore decided to start an agricultural colony, and European colonisation of South Africa was a fact. Farms were parcelled out to a few of the colony's inhabitants.

In the very beginning, Jan van Riebeeck had planted his now infamous hedge of bitter almonds, to keep the Christian whites and the heathen blacks apart. This barrier proved to be more symbolic than practical, and soon the colony's accumulation/acquisition of land was accelerating. The Khoikhoi, who had been cattle owners themselves, became indentured workers and sometimes slaves of the Dutch farmers. Alongside the Khoikhoi, approximately sixty thousand slaves were imported from Indonesia, India, Madagascar and the east coast of Africa (Ross, 1999:23). The children these slaves produced with slave owners would become the backbone of an entire new class in South Africa, later to be known as "Coloureds". Unlike countries with a similar background, like Brazil, the coloureds of South Africa never gained status as equal citizens until the fall of apartheid. I know from personal experience that many

of them still feel like second class citizens.

In 1795, the British occupied Cape Town, and although the colony was returned to Dutch rule in 1803 (this time under the administration of the Batavian Government, not the VOC, which were declared bankrupt in 1790), the Cape Colony was reacquired by General Baird in 1806 on behalf of the British. In 1808, it became illegal to import slaves to British colonies. The use of indigenous peoples as slaves met with restrictions in the following years, until in 1834 slavery was abolished. This led to one of the many disturbances between the colonial power and the Dutch farmers. In the end, disagreements over the financial compensation to the slave-owners for the loss of property (slaves) were among the factors that triggered the Great Trek. Thousands of Afrikaners⁸ chose to leave the Cape Colony and start new settlements. In the end several republics in the northern part of South Africa, among them Transvaal and The Orange Free State, were established by the Voortrekkers.

In 1820 four thousand English immigrants came to South Africa, and were settled in and around Port Elizabeth, mostly as farmers. Thus two groups of Europeans became settled in South Africa, and after the various indigenous nations were subdued, the differences between the English South Africans and the Afrikaner South Africans became the primary reason for strife and unrest. There were several smaller incidents, but the culmination came in 1899 with the Anglo-Boer war. This war eventually gave Great Britain control over the rich goldmines in the Transvaal Republic. The control of South Africa would largely stay in British hands until the victory of the National Party in the 1948 election. The National Party, in turn, would keep its power for 46 years, which ended with the election of Nelson Mandela as the president of South Africa in 1994.

⁸ This is the name the descendants of Dutch, Huguenots and German settlers gave to themselves. It simply means “Africans” in Dutch.

The Khoisan and the Khoikhoi had been relatively easy to subdue. Quite often, a militia-like commando⁹ would be enough to take out an extended family group or settlement. But when the expansion led to the settlers meeting the Xhosa, the relationship between European and African became more balanced. The Xhosa had a centralized government and a disciplined army, which was able to soften the disadvantage of a less advanced technology with superior numbers. There would be several clashes between the Afrikaners and the Africans, but one side would not completely dominate the other until the British army became a part of the conflict. In the end it can also be argued that a self-inflicted famine¹⁰ broke the military and political power of the Xhosas, not the might of Great Britain.

Another African nation who gave the Europeans more than a glancing blow was the Zulu. Originally a small and rather unimportant group, they rose to pre-eminence under king Shaka, who managed to stay out of the conflicts between the amaNdwandwe clan and Shaka's own suzerain Mthethwa, until he could defeat the victorious but decimated amaNdwandwe. Shaka incorporated new training and levels of discipline in his impis,¹¹ thus creating a military force unequalled by any in the region today known as Kwazulu-Natal. Shaka managed to carve a kingdom for himself, and built a state stable enough to survive him after his murder.

Shaka was killed by his half brother Dingane, who took control over the Zulu empire in 1828. Dingane had dealings with a Boer emissary led by Piet Retief in 1838, but had them killed in an ambush, in fear of treachery. This led to a war with both the Boers and the British, a war that ended when Dingane was defeated by his own half brother Mpande. Mpande had received support from the Boers, who wanted revenge after the murder of Retief. Mpande was

⁹ A commando was a mounted force of *burghers* (citizens, Dutch), who went on short raids, either punitive or simply to plunder, though a combination was quite usual.

¹⁰ A young girl called Nongqawuse had (or claimed to have had) a dream in which she was told that the ancestors of the Xhosa would rise to help them in their struggle if the Xhosa would destroy their cattle and crops. The ancestors would bring new cattle with them and expel the English from the land. 40 000 died, another 40

000 had to leave for Cape colony to find work.

¹¹ Zulu Regiment.

followed on the throne by his son Cetshwayo. It was against Cetshwayo that the British fought the Zulu War. The Zulus did rather well at the beginning of the war, but it soon became apparent that no African (or for that sake, Afrikaner) nation could beat the military power of Great Britain. The Zulus lost, and Cetshwayo was sent to England in exile.

In the middle of the 1880s, gold was found around what was to become the present Johannesburg. The deposits in what is known as “The Golden Reef” are more or less limitless, and as a consequence of this Transvaal, until this point an independent Republic ruled by Afrikaners, became part of the British sphere of interest. The Afrikaner inhabitants of the republic did not like what they called “uitlander” influence, and the British doing business on the reef “felt discriminated against” (Ross, 1999: 71). Also, the lion’s share of the world’s money was dug up in South Africa, and the British government could hardly stand by and see this gold end up in Berlin rather than London. Whatever the excuse, in the end the Republic of Transvaal was given the choice to either dissolve the state, or to pay the consequences. The result was the Anglo-Boer War.

The Anglo-Boer war lasted for three years and ended in 1902. This war did much to sour the already fragile relationship between the British and the Afrikaners. The Afrikaners in particular will probably never be able to forget the concentration camps, and also perceive the war to be the result of English imperialism and greed. This war also did much to harden Afrikaner nationalism over the next years. On the positive side, this nationalism led to the creation of Afrikaans as a formalized written language. On the negative side, however, it started a process that would force this new language on large parts of a population that never really wanted it.

After the Anglo-Boer war, South Africa went into a period where racial segregation would increase almost yearly. The English and the Dutch managed to put aside most of their antagonism, even if relations between the groups would be tense for many years to come. I could feel some of it myself, especially among older Afrikaners. But mostly, the two white “tribes” in South Africa managed to cooperate towards a common goal – to keep the country in white hands. During the Anglo-Boer war, the British Prime Minister Chamberlain had promised the British Parliament that victory would bring equal rights for all people living on the subcontinent (Giliomee, 2003: 261). At the end of the day, this did not happen. To make the peace, and the following co-existence, palatable for the Afrikaners, it was agreed that the question of franchise would be decided after self-government was introduced. Thus, the only

non-white group with the franchise was the Cape Coloured, but the victory of the National Party in 1948 would be the beginning of the end of this franchise. In order to get a peaceful and governable colony, the British had sacrificed, in Milner's words, "the nigger" (Giliomee, 2003: 261).

In 1948, the National Party won the national elections. The National Party put an end to all hopes the black leaders might have had for emancipation, and after changing the balance in the Supreme Court, also took the franchise away from the Cape Coloured. This put the Coloureds in a bit of a spot. In order to gain political rights, many had sided with the white government; now they were neither fish nor fowl. The black leaders felt that they could not trust them, nor did they particularly want to. Even today Coloured people in South Africa find that their situation is less than desirable. "We used to be too dark" some have complained to me, "Now, we are too light". This disenfranchisement, along with the enfranchisement of South West Africa (Namibia) with its white population of Afrikaans-, English and German speaking peoples, made the National Party even more secure in the years to come.

The word most associated with South Africa for non-South Africans is the word "apartheid".¹² The political concept is easy to understand. The explanations for apartheid are that different peoples should be kept apart, and not influence each other culturally, and that a people should develop on its own accord. Whites (here counted as one culture) should live in their designated areas, the Xhosas in theirs, the Zulus in theirs, etc. In this way, the explanation was, the blacks of South Africa could develop on their own accord, without being dragged into the modern world by the white man. Even if such a thing had been possible after the wars and the territorial losses the Africans had experienced, apartheid was also about white supremacy, as this small group allocated the lion's share of the land to itself and kept most of the natural resources like minerals. In addition to this, the whites of South Africa

¹² "Nelson Mandela," affectionately known as Madiba, might become the new one, though.

seem to have been terminally afraid of any mixing of the races,¹³ and wanted to keep the groups apart for this reason as well. I do not think the English speaking South Africans were any different from the Afrikaners, nor do I feel that they are so today.

Apartheid was given two forms, Petty Apartheid and Grand Apartheid. Outside South Africa it is the more visible but maybe less politically dangerous Petty Apartheid that is best known. Petty Apartheid was the laws and ordinances that were the basis of the marriage laws, which stated that inter-racial marriage was forbidden (immoral, no less). Also, the reservation of beaches, toilets, bus seats and park benches for one group were part of this version of Apartheid. As degrading, and sometimes as heartbreaking that this must have been, the impact was unimportant for most of the population compared to that of Grand Apartheid. Grand Apartheid forced black people to move away from their houses and neighbourhoods to newly erected homelands (Bantustans), and also took away their right to vote in any election but the unimportant Bantustan elections in the homelands. The ideas behind Grand Apartheid were also the ideas that made migrant labour such an important part of the economy not only in South Africa, but indeed the entire southern Africa.

The political structure of Apartheid led to a demographic situation that allowed the HIV virus to spread rapidly. Black people were moved, often forcefully, to less attractive areas. The places where the blacks were needed as labour would, however, often be quite a distance from the homelands and the townships (Barber 1999: 141). At the same time, a black person without employment, by a company or by a white family, was not allowed to live outside the homelands. People would therefore be parted from their families and spouses for long periods of time, living in single-sex hostels and compounds, with prostitution and lovers as a part of everyday life. When these employees returned home, they would spread any disease they may have picked up when away. The unsuspecting spouses, infected with HIV, hepatitis

¹³ Just to clarify my position here, I must add that when I use the word “race”, it is to describe the feelings of the people involved at that time in that place. I do not use the word “race” myself when I talk or write about human beings.

B or other venereal diseases, would often have lovers of their own, who in turn would catch the viruses.

The system of migrant labour was common on the entire subcontinent, especially within the mining industry. This might be one reason for the spread of HIV in the old mining economies of the south. South Africa, Namibia, Botswana and Zimbabwe all have more than 20% of their populations infected. The area has approximately 2% of the world's population, but almost 30% of the world's HIV infections.¹⁴ If a person living in southern Africa does not lead different sexual lives than people living in other areas of the world, and the virus does not prefer one ethnic group to another, I feel that the best explanation for the heavy toll of human lives that AIDS inflicts on the South African population lies within the historical social structures of this society. Apartheid, though ten years dead as politics, can still pack a devastating punch.

The stance of the State

In many ways, the devastating impact of the AIDS pandemic in Southern Africa can, in my opinion, be explained by the political situation in South Africa during the last decade of Apartheid and the first decade of freedom. The general political climate made it extremely difficult to fight the pandemic in an efficient manner. Both the lack of trust as well as the lack of money can be applied as valid explanations for this inactivity, or in some cases the failed activity, and for the absolute failure in slowing down the spreading of AIDS. Unfortunately, when South Africa sneezes, the subcontinent catches a cold.

The South African government has not managed the AIDS crisis very well. According to the numbers from UNAIDS, the prevalence of HIV went from 7, 6% in 1994, to 27, 9% in 2003. During these ten years the ANC government, under the presidencies of Nelson Mandela and

¹⁴ http://www.unaids.org/en/Regions_Countries/Regions/SubSaharanAfrica.asp This source was last checked for accuracy on 23.05.2006.

Thabo Mbeki, has used far too much time arguing about the nature of HIV and AIDS rather than dealing with the problem. Even so, it might be argued that the threat from HIV and AIDS should have been met earlier. The first case of HIV in South Africa was diagnosed in 1982,¹⁵ and already in 1990 0, 7% of the population was infected. Tempting as it is, the entire blame can not be laid at the door of the ANC government.

As in most countries, the male gay communities were infected early. In South Africa, open and practicing gays are predominantly white, and homosexuality has never had a high status among black South Africans. This community, well educated and very resourceful, managed to educate itself about HIV and AIDS, and after only seven years the pandemic peaked among this group. Since then it has gone steadily down, and can be said to be under control.

Campaigns about HIV and AIDS were miniscule during this period. Here South Africa is not alone. Many western countries suffered from the same lack of focus on the potential crisis, and did not act before it became clear that heterosexual people were also in the danger zone.

After it became clear that HIV was spreading among heterosexuals, and that the black population was carrying the brunt of the (then) epidemic, the National Party government was criticized for doing too little too late. Black politicians and trade union leaders were not consulted, and in many ways the campaigns made everything worse. The schools in the townships were breeding grounds for resistance against the Apartheid government, and all public information was viewed with suspicion.¹⁶ The focus on condoms was seen as an attempt to repress black sexuality and fertility rate. AIDS was dubbed as “Afrikaner Intervention to Deprive us of Sex”, and was said to be a part of a racist genocidal policy.

On the other hand, the government was criticized for being too passive in spreading information and trying to use a disease to control population growth. According to Van der Vliet, the ANC publication *Sechaba* suggested in November 1988 that HIV had been invented

¹⁵ Van der Vlies, in Kauffmann & Lindauer (2004). Page 49.

¹⁶ Van der Vliet, in Kauffmann & Lindauer (2004). Page 49 and 50.

“in the secrecy of the laboratories of many imperialist countries.”¹⁷ At the same time, right-winged white supremacy parties hailed AIDS as a saviour, even from the parliamentary chair.¹⁸ Paranoia and demagoguery ruled the day. It was in this environment NACOSA (Networking AIDS Community Of South Africa) was born, trying to bring together the different groups to one, national initiative against AIDS.

The situation did not take a turn for the better with Nelson Mandela. Mandela had a country to stabilize, and in this regard he was a spectacular success. But for reasons best known to him, he chose not to put the HIV/AIDS issue on the very top of his priority list. Even if he has become more outspoken in relation to HIV and AIDS after he resigned as President, he failed to put South Africa on a firm path to combating the pandemic. This was left to his successor, Thabo Mbeki.

Thabo Mbeki was the great hope for South Africa. Journalist Max du Preez described him to the white South African newspaper readers with the following words “Thabo Mbeki is going to play a major part in our future, and a better man you can’t get.”¹⁹ All in all, Thabo Mbeki started his career as a statesman under enviable circumstances. He was groomed for the position since childhood, was well educated and respected among foreign notables. With a monumental majority of the voters behind him, he had a free rein to steer his country in the needed direction, without the usual politicians’ fear of making unpopular decisions.

Unfortunately, the government has failed miserably as far as AIDS is concerned. It seems to me that the ANC government, drunk on their success in bringing the Afrikaner state to its knees and feeling the warm glow of universal respect and support, decided to do the world one better. How could decolonisation be more absolute than if South Africa could come up with an African solution to the AIDS problem, especially when they could make western

¹⁷ Van der Vliet, in Kauffmann & Lindauer (2004). Page 50.

¹⁸ Van der Vliet, in Kauffmann & Lindauer (2004). Page 51.

¹⁹ Du Preez, Max.2003. *Pale native*. Zebra Press. Cape Town.

science look like a failure? South Africa could, to paraphrase Mary Crewe, “Astonish the world.” The bitterness of it all is that the world was astonished, but for all the wrong reasons.

After the 1994 elections, Dr Nkosazana Dlamini-Zuma became Minister of Health. It soon became apparent that AIDS would become a political battleground, instead of the collective field of cooperation it ought to have been. A good example is the Virodene scandal. In 1997, the government supported the use of Virodene PO58 as a treatment for AIDS.²⁰ The cabinet, including the health minister and the Deputy President Thabo Mbeki sought endorsement for the use of the drug. Pressure was put on the Medicines Control Council to approve the drug. When the director Peter Folb repeatedly refused to do so, Dr Dlamini-Zuma allegedly said to him “You’re ANC. Why won’t you back me on this?” Thabo Mbeki wrote an article in *Rapport*, where he more or less accused the criticsers of Virodene of intentionally holding back the cure for millions of infected Africans.²¹

In 1999, Minister Dlamini-Zuma decided not to make AZT available. AZT (azidothymidine, in this case zidovudine) reduces the amount of virus in the body, and proved to be very effective in minimizing the transmission of HIV between a pregnant mother and the child (about 50%, to be more accurate).²² When the Western Cape Province, governed by the main opposition party at the time, decided to use the drug after all, they were accused of playing games with the lives of sick and vulnerable people. The provincial authorities did so anyway, with support from South Africa’s AIDS organisations. It was in the wake of this episode that TAC (the Treatment Action Campaign) was started. TAC, along with more or less everybody else, was extremely critical of the way Dlamini-Zuma had tackled the AIDS challenge, and after the 1999 elections her cabinet portfolio was changed to Minister of Foreign Affairs.

²⁰ Virodene is an industrial solvent that has been tried as a treatment for both cancer and AIDS. It really hasn’t worked on either, and is thought to be toxic. See <http://www.aidsmap.com/en/docs/61991A77-F316-4621-A306-651C90986F1E.asp> for more information. This link was last checked for accuracy on 17.05.2006.

²¹ Van der Vliet, in Kauffmann & Lindauer (2004). Page 56.

²² See here for more information on AZT: <http://www.aidsmap.com/en/docs/7BE75485-2070-48CA-9699-6A00324F326F.asp#149aea35-9b4a-4093-b088-bab438bb7849> This source was last checked for accuracy on 17.05.2006.

The new Minister of Health was (and still is) Dr Manto Tshabalala-Msimang. At first, it seemed like she would not repeat her predecessor's mistakes, but this impression did not last. In 1999, President Thabo Mbeki did some "internet research" and concluded that AZT was toxic. Dr Tshabalala-Msimang seemingly did some Googling on her own, and soon after announced that AZT could lead to mutations in babies and could weaken the immune system.²³ This, predictably enough, led to an uproar both nationally and internationally. To make things even worse, when the government started an AIDS council in January 2000 it was filled with cabinet ministers and diverse representatives for sport, celebrities, hotels and lodgings and even two practitioners of traditional African medicine, but not one single medical scientist or medical practitioner. Unfortunately, it did not stop there.

When Thabo Mbeki put together a Presidential panel of scientists in 2000, he included several HIV dissidents, most notably well-known figures like Peter Duesberg and David Rasnick. This also led to an uproar in the scientific community, and the fronts hardened even more between mainstream AIDS researchers and President Thabo Mbeki, a man always sensitive to criticism. In April 2000 he sent a letter to Kofi Annan, Bill Clinton and Tony Blair, in which he defended the AIDS dissidents and portrayed them as scared and intimidated scientists, who's only fault lay in trying to get their views respected. Professor William Malegapuru Makgoba, president of the Medical Research Council, warned that South Africa was "rapidly becoming a fertile breeding ground for the types of pseudo-science embraced by politicians." Professor Coovadia, Conference Chairperson for the AIDS 2000 conference which was to take place in Durban, more or less asked President Mbeki to keep his mouth shut when the conversations turned to science. The result of this was an attack from the Minister of Health Tshabalala-Msimang, who questioned professor Coovadia's academic credentials;²⁴ He was also accused of being the errand boy of the pharmaceutical industry. This was not the first

²³ Van der Vliet, in Kauffmann & Lindauer (2004). Page 58.

²⁴ Professor Coovadias credentials can be found here: <http://www.caprisa.org/People/cv/hoosen.html> This source was last checked for accuracy on 17.05.2006.

time the accusation of blindly serving the forces of capitalism would be used by the ANC government to undermine opponents, nor would it be the last.

Not long after the AIDS 2000 conference, Mbeki decided to withdraw from what he called “the public debate.” The conference had not really been a success for the government, although Nelson Mandela tried to create some sort of unity. No less than 5000 scientists had signed what was later called “the Durban Declaration,” a document that aims to clarify the scientific positions on HIV and AIDS. Dr Tshabalala-Msimang attacked the document on the basis that it was undemocratic: it only represented one view in the debate, and an elitist one at that. Professor Coovadia retorted that “science is elitist,” an answer that probably did not endear him to the government. The drafters of the declaration were warned by the presidential office that their paper would be thrown away as garbage if they sent it to the president.²⁵ It was not long after this that Mbeki declared that he would no longer take part in the debate. Even so, he said in 2001 that he could not do an HIV test because “[If] I go and do a test – I am confirming a particular paradigm.”²⁶ This is a stance he has held for some time now. As late as 1st May 2006, the leader of Cosatu (Congress of SA Trade Unions) in Western Cape asked for “presidential leadership” on the matter of HIV and AIDS.²⁷

In 2002 another incident happened that illustrates the State’s stance in the HIV/AIDS matter. A document was circulated from ANC NEC (National Executive Committee) which claimed that ARV was poison, the standard HIV test faulty and that poverty was the real reason for the AIDS deaths. It also contained a conspiracy theory, saying that media and scientists were trying to sell the idea of an African AIDS crisis, in order to help pharmaceutical companies sell ARVs. Peter Mokaba of the ANC defended the document, saying “We cannot be stampeded into any one position by people whose interest is merely to sell antiretrovirals.” When met with criticism from Dr Saadiq Kariem, the ANC’s national health secretary,

²⁵ Van der Vliet, in Kauffmann & Lindauer (2004). Page 60.

²⁶ Van der Vliet, in Kauffmann & Lindauer (2004). Page 63.

²⁷ http://www.news24.com/News24/South_Africa/Aids_Focus/0,,2-7-659_1925230,00.html This source was last checked for accuracy on 17.05.2006.

Mokaba told Dr Kariem off for breaking ANC protocol by publicly quarrelling with an ANC document, adding that “The [AIDS] strategy of our government is the best in the world.”²⁸ Peter Mokaba himself has subsequently died of AIDS.

2002 saw a slight change in the stance, but the farce called South African AIDS politics still goes on. In 2002, Dr Roberto Giraldo was invited by Tshabalala-Msimang to address the Department of Health, and later a meeting of the Southern African Development Committee (SADC). Dr Giraldo believes that sex has “little or nothing to do with AIDS,” and goes on to claim that a healthy diet can cure and prevent AIDS. As a result of this, the Health Minister claims that nutritional intervention has produced “astounding results,” and has started to advocate garlic, olive oil and African potato as boosters for the immune system.²⁹ The latest sprouting from this particular branch is a Dr Matthias Rath,³⁰ a researcher and seller of vitamins. Dr Rath seems to be of the opinion that vitamins can reverse and prevent AIDS, and is doing non-approved clinical trials on people living with HIV/AIDS, which have been questioned by Wits University. Dr Tshabalala-Msimang has in relation to this expressed the following “I will only distance myself from Dr Rath if it can be demonstrated that the vitamin supplements he is prescribing are poisonous for people infected with HIV.”³¹ Since then Dr Rath has been restrained by the Cape Town Supreme Court, against claiming that the TAC is “acting as a front for pharmaceutical companies.”³² Rath’s answer has been to call for the government to ban TAC, which strikes me as rather undemocratic.³³

²⁸ Van der Vliet, in Kauffmann & Lindauer (2004). Page 74.

²⁹ Van der Vliet, in Kauffmann & Lindauer (2004). Page 76-77.

³⁰ <http://www4.dr-rath-foundation.org> This link is to Dr Rath’s own foundation. It should give a good picture of how Dr Rath would like to present himself. This source was last checked for accuracy on 18.05.2006.

³¹ http://www.news24.com/News24/South_Africa/Aids_Focus/0,,2-7-659_1812342.00.html This source was last checked for accuracy on 18.05.2006.

³² http://www.news24.com/News24/South_Africa/Aids_Focus/0,,2-7-659_1891596.00.html This source was last checked for accuracy on 18.05.2006.

³³ http://www.news24.com/News24/South_Africa/Aids_Focus/0,,2-7-659_1894631.00.html This source was last checked for accuracy on 18.05.2006.

The last article I have read on the subject strikes at the very core of my study. The Department of Health has made a statement, backing Muti (traditional African medicine) as a treatment for AIDS. "It is not about choosing one or another," spokesperson Sibani Mngadi said, adding that "People who prefer to use them (traditional medicines) should be allowed to use them." That is all well and good, but the next sentence puts things into perspective. "The issue with traditional medicines is that they become available on whatever knowledge the practitioner has." One might argue that this is against any principles of medical science.

The same spokesperson said further "What the department emphasises is that we need to invest more in research and development of traditional medicines." I would like to remind the reader that this is the same government which denied HIV infected pregnant mothers AZT on the basis of cost. When the opposition Democratic Party criticized this particular stand, the answer from the department was simply "It is disturbing to note that the (DA) continues to perpetuate racist stereotypes that African traditional medicines are inferior products manufactured by wizards."³⁴ The article ends with a note on how the Minister of Health had endorsed a home-based care project run by the mother of no less than Deputy President Phumzile Mlambo-Ngcuka, a project that according to the opposition cost R342 a month per patient.

For those not familiar with the political situation in South Africa over the last decade, this chapter might seem a bit high, bordering on paranoia. I assure the reader that the opposite is the case. I can rightly be criticised for mentioning too little, and some may claim that I am being far too forgiving towards the South African government. To give a complete picture of the AIDS affair in South Africa over the last decade would simply be far too much for this study, let alone the chapter. Others will have to scare the snakes out of that grass. I just ran very fast through it.

³⁴http://www.news24.com/News24/South_Africa/Aids_Focus/0,,2-7-659_1880449,00.html This source was last checked for accuracy on 18.05.2006.

Post script

I am aware that the literary style in this chapter does not necessarily confirm to strict academic standards. I am sorry about that. But I write my paper two years after my stay in South Africa, and during this period, people I knew and had come to care for are dead. They were not assassinated by an oppressive state bent on racial segregation. They were not murdered for their pocket change or their car, as an act of crime. They died because they mattered less to the government than its own inexplicable agendas. I am angry and I am sad, and I find that I am simply not able to suppress these feelings while writing.



The religious groups

The first time I ever thought about studying South African religion, was during my first visit to the country in 1999. Annette van der Merwe, my landlady already then, told me about a movie she used to show to her law students at the University of Pretoria. The movie was Gavin Hood's "A reasonable man" from 1999.³⁵ The movie deals exclusively with traditional African religion. This fitted well with my earlier syllabus on African religion. As a result, I did not think about Christianity at all when I first planned my field study. This may have been a mistake, though I will not lay the blame for that at Mr. Hood's doorstep.

³⁵ See <http://www.imdb.com/title/tt0178860/plotsummary> for more information. This source was last checked for accuracy on 15.05.2006.

Christianity is by far the largest religion in South Africa. According to Martin Prozesky,³⁶ 77% of the country's population claimed to be Christian in 1980. At the same time, 92% of the white population considered themselves Christians, and among the Afrikaners, the politically most powerful group in Apartheid South Africa, religion played a very important role. Neither should it be forgotten that Nelson Mandela spent his first night in freedom in the house of Bishop Desmond Tutu. Christianity plays a very special role in the country both politically and socially, and its religious hegemony is near complete.

Every informant I met, even the self-confessed atheist, was a member of a Christian church. The majority were members of African churches, though I did talk to black South Africans who were members of the Dutch Reformed Church. I exclusively dealt with Zionist churches, though I had hoped to visit services arranged by Ethiopian churches. The reason for my failure here lies entirely with the fact that I never met anybody belonging to an Ethiopian church.

The terms "Ethiopian" and "Zionist" are classifications used by Bengt Sundkler,³⁷ and I will use them for the very few classifications I will try to commit to paper. The Ethiopian churches are black churches that seceded from white missionary churches, and also churches grown out from the original Ethiopian churches. Even if these churches originally broke their ties with the European protestant mission churches on the basis of race, it must be said that not all of them are exclusively black today, though the great majority of their members will be so. Also, the change in the political and social environments during the last decade will have changed the churches in ways not covered by most of the literature, which is written before the onslaught of AIDS and the fall of apartheid. A church can have "Ethiopian" in its name without being an Ethiopian church.

³⁶ Prozesky, Martin. 1996. South Africa's contributions to religious studies. In Platvoet, Jan and Cox, James and Olupona, Jacob (ed.).1996.

³⁷ Sundkler, Bengt G. M. 1948.

The Zionist churches (Sundkler assures us they have nothing to do with “any modern Jewish movements.” This book was published in 1948, after all) constitute a large conglomerate of groups, with more than 2000 different churches in 1976.³⁸ In 1996 there were, according to Jeff Haynes, six million followers of more than three thousand independent churches.³⁹ I have had dealings with two of these churches, the Zionist Christian Church, ZCC, and Apostolic Jerusalem in Zion. The Zionist churches all have their spiritual centre at Mt. Zion near Polokwane in Limpopo Province. While the Ethiopian Churches aim to be Christians in Africa, the Zionist churches are to a much higher degree mixing Christianity with traditional African elements.

The Zionist churches are not necessarily very large. Sundkler mentions that some of the churches in Johannesburg have no more than fifty-odd members.⁴⁰ The Churches I had contact with were larger than that, especially the Zionist Christian Church; an enormous church with about three million members.⁴¹ The ZCC church I had most dealings with, St. Engenas Zion Christian Church, is the junior branch of the ZCC, which split in 1948. They have a little bird as their badge, while the senior branch uses the Star of David. I attended an AIDS rally in Cullinan near Pretoria where both branches were in attendance, and members of St. Engenas Zion Christian Church called themselves Zionists. I was not aware of this division when I visited South Africa, and found out after I had returned home.

The other church I attended was *Unto the Church of God Apostolic Jerusalem in Zion*. This church allowed for the use of drums and ancestor worship, and did not have any problems with a Sangoma. It is one of the many Zionist Churches that are spread over South Africa, and I have not been able to find any information about it. Its name is listed in Sundkler⁴² among

³⁸ Sundkler, Bengt G. M. 1976.

³⁹ Haynes, Jeff. 1996.

⁴⁰ Sundkler. 1948. Page 81-82.

⁴¹ http://en.wikipedia.org/wiki/Zionism_%28southern_African_religion%29 This source was last checked for accuracy on 15.05.06.

⁴² Sundkler. 1948.

almost one thousand other Zionist churches. These names are important to the members of the church. Many of them have been given to the founders in prophetic dreams, and they function as the church's charter. Sundkler explains this:

*The long, elaborate names are therefore an extremely serious matter: by referring to "Apostles", "Jerusalem" and "Zion", all in one name (e.g. Apostolic Jerusalem in Zion of South Africa) they secure for their church a supernatural bond with these holy guarantees and they signify a charter showing the spiritual strength of the church.*⁴³

Unto the church of God had lost "South Africa" but gained a piece of scripture from I Corinthians. This quotation has rather powerful connotations for members of a small and maybe marginalised group.⁴⁴

*Unto the church of God which is at Corinth, to those who are sanctified in Christ Jesus, called to be saints, with all who in every place call upon the name of Jesus Christ our Lord, both theirs and ours...()*⁴⁵

According to their name, they are a group of saints, spiritually related to the apostles, and bound to Zionistic Jerusalem.

Healing and purification are important aspects of both Zionist and Ethiopian churches. According to Sundkler, "the Prophet must above all be a healer".⁴⁶ The healing is by many seen as the real business of the church, and every service has a healing session. I have observed healings after church rallies, when the sick were taken aside and ministered to after

⁴³ Sundkler. 1948. Page 59.

⁴⁴ Marginalised, but how? Even if these churches started before apartheid, I would be wrong to forget that pre-apartheid colonialism marginalised indigenous peoples in their own lands just as effectively.

⁴⁵ <http://bibleresources.bible.com/passagesearchresults.php?passage1=1%20Corinthians+1&version=48> . The Bible 21. Century King James version. This source was last checked for accuracy on 17.05.2006.

⁴⁶ Sundkler. 1948. Page 155.

the service had ended. Zionist churches are more renowned for their healing prophets than other African churches, so “the healing issue is the strongest influence in drawing people from Mission and Ethiopian churches into the Zionist fold.”⁴⁷ This is an aspect Zionistic Christianity shares with many indigenous South African religions. The prophet can also be a Sangoma, and they both heal, though the Sangoma will do so with Muti prescribed by the ancestors, and the Prophet will heal through Holy intervention.

⁴⁷ Sundkler. 1948. Page 237.

Chapter two: Method and methodology

Quite a few of my fellow students did field studies as a part of their degree, and before we left we spent hours discussing the pros and cons of different approaches to the gentle art of pumping informants. I do not think we ever managed to agree on The Right Way, but I do remember that when we met in the post-field period, we had all gained a certain amount of humility. Very little had worked the way it was supposed to, and the theme had changed to “whatever works for you.” If I should try to make a contribution to the swelling mass of good advice for the novice field worker, it would be to learn what limits are set by ones own personality as early as possible. We all learn this sooner or later, of course: everybody simply can not get along with everybody. This will cost time, but time is a cheap commodity under the circumstances, and can thus be freely spent.

We all face different problems. It can be difficult to be well prepared, and the student will inevitably reach for informative literature before heading off into the unknown. Within the university structure, age and experience are revered, and thus the classic literature is what we, or at least I, know best. This can be a problem. A quick and by no means infallible check in my bookshelf confirms that the most contemporary anthropological monograph I have had as a part of my syllabus is 11 years old. The next is 18 years old, and from then on they go down to my favourite, first published in 1937.⁴⁸ Some of us use the opportunity to read up in newspapers before we leave, and the internet is a never-ending source for odds and ends, but my formal education is all well rooted in the last century. We all buy books that are not required for examination, but by introducing these new texts to undergraduates, the students will be better equipped to see different approaches at an earlier stage in the study. A change here will be all for the better.

⁴⁸ Evans-Pritchard, E.E. 1937 (1976).

The interview

Technology can be a great relief when working with data, but I do not think it will make or break a field study. Personally I do not like to use an iPod or a tape recorder, but I know that others swear by them. I like to take notes and then sit down as soon as possible afterwards, writing my ethnography from my memory supported by my notes. Evans-Pritchard would not even do that, and did every conversation with his brain as the only recorder. I must admit, though, that had I been in a different situation I might have used an electronic memory myself, but South Africa is the world's second most violent country not currently at war. Most of this violence is related to crime, and I did not want to be killed for a gismo. I have no regrets in this regard, as I am still alive and feel that my pen has served me well.

Most of my interviews were conducted in a fairly formal setting. I would withdraw with my informant, either to the informant's home turf or to mine. In the beginning I would always visit the informant, but after I moved to Sun City I often invited people home. In retrospect I regret the lack of more informal conversations with black South Africans, but to my defence it must be said that I did not have too many relaxed conversations with white South Africans either. My landlady Annette van der Merwe was the person I felt most connected to, and our discussions knew very few bounds. In many ways this was my sanctum, and I was never in a field study mode when talking to her. A contact like this is extremely important for the sake of one's mental health.

So there I was, armed with pen, paper and a likable disposition. The next step was of course to find somebody to talk to. Different approaches have been advocated. My first interviews were conducted with informants who had been told to talk to me. They all worked for people I knew. Even if I feel that these interviews went all right, I soon understood that I had to change tactics. I had no way of knowing what my initial informants thought about me, but I know *I* wouldn't have trusted myself under those circumstances. Some of them must really have wondered why their employer's associate would like to know about their views on HIV and AIDS.

I soon made contact with Baviaansfontein ZCC, and started to go to their Sunday services, which were conducted during the day (later I would attend a night service). I was able to talk to people after the service, and also to arrange some interviews with members of the congregation. After a very short time, some of the leaders of the congregation started to visit

me at home, and I started to feel that I was being used as a pawn in an internal power struggle. At this point I felt a change in the people I knew in the congregation, and much of the openness disappeared. I must admit that at this point I stopped going to church, and concentrated on other possible avenues. I did not want to appear like a fair weather friend, but I felt that my presence did more harm than good. Also, I did not like the feeling of being exploited.

After a five week safari with my fiancé, I continued my fieldwork, and now I moved on to a rougher neighbourhood, Johanna's house in KwaMhlanga, Sun City, Section 4. This is where I conducted most of my interviews, and this time I also used an interpreter. Since I now lived among the people I interviewed, rather than descending from on-high every day, I feel that people were more open towards me than they had been before. Also, I believe I had learned to recognise and utilize body language better. I believe body language, stance and clothing to be almost as important in an anthropological field study as cultural knowledge and language. If you move and look like a local, I think people relax more in your company. You will not be picked out as a foreigner quite so easily in a crowd, but you can still be able to harvest the advantages of being a foreigner in conversations with informants.

In the beginning, everybody could see that I was from another place entirely. I moved differently, dressed differently and probably had a nervous look on my face. When speaking to me, everybody naturally assumed that I spoke English only. As time went by, more and more people started to speak to me in Afrikaans, and after I hurt my back in Namibia my 110 kg khaki-covered frame moved like a former rugby player. Being unaware that Norwegians practice the gentler art of football, I was asked on occasion if that was the case, and why Norway sucked so royally at the game.⁴⁹ In South Africa, rugby is a predominantly Afrikaner sport, and a friend of mine from Cape Town commented that I started to look like I

⁴⁹ Since they had never seen a test match between Norway and South Africa, most people simply assumed that we were not good enough.

came from “the Boerewors Belt”.⁵⁰ Never being a field worker himself, he did not understand my gleeful reaction to a comment intended to be derogatory.

It is not necessarily easy to be a white anthropologist living among black South Africans. The old racial grudges aside, there was still the vast Financial divide between a European academic and an unemployed and uneducated African. I was an outsider in a world I had very little chance of ever understanding fully. Being without a car, I was under the transportation regime most South Africans suffer, and had to experience how half the day would be used for travelling when I had a one-hour meeting at the University of Pretoria. Of course, most of my neighbours in Section 4 would not have the financial liberty to go through the entire bus-taxi-bus routine without some sort of income at the other side. Neither should it be forgotten that all my outings to the University were followed by a glorious day of shopping in the Brooklyn or the Menlyn Park malls, going to the movies and eating meals in expensive restaurants. I got glimpses into the lives of the citizens of Section 4, but I can never claim to truly have lived there.

The first interviews in Section 4 felt strange. The people I had interviewed in Baviaansfontein were all people whom I knew of beforehand, but in Section 4 I also had quite a few interviews with people I met for the first time during the session. Philman, the Prophet, was one of these. We had never met before, and we never met again. Even so, he took me out to the Rondavel where his ancestors have their abode, and there he told me about Muti. We got along pretty well, and under different circumstances we could have been friends. Others, I got to know during my first weeks in Section 4, and they agreed to let me question them about quite intimate matters. I am grateful, of course. Without them, I would have nothing to write about.

⁵⁰ “The Boerewors Belt” is a term based on the American term “the Bible belt”. It is not a defined area, but if you can imagine the eastern Free State and bits of old Transvaal, you got it pretty much pinned down culturally. A typical example of the Boerewors Belt would be Herman Charles Bosman’s Marico.

My interviews in Section 4 can be roughly divided into 2 groups. One group consisted of women (and one man), all of them adults practicing traditional African medicine. The other group were young people, mainly of school going age, who's only relationship with traditional medicine was as that of a patient. My relations with these groups were quite different. As an educated man of a certain age (I was 30 years old in a country where the average life expectancy is now just over 50) I naturally held a certain status. In some ways, this put me on an equal footing with informants who were mostly older than me. On the other hand, I was old enough to be the teacher of my younger informants, which made the differences between us even more pronounced. I had to watch my demeanour closely; if I had preached or moralized I do not think they would have said anything to me that had been worth listening to. As it is, I am actually quite pleased with myself and the work I did.

My age was something I initially did not think about at all. In Norway I would, both socially and in years, be considered to be among the younger groups of the population, with possibly 2/3 of my life ahead of me. In South Africa, and especially among the people of Section 4, I am middle aged, past the zenith of my life. It was in South Africa that I first came to grips with the term "Life expectancy," and understood the implications in relation to myself. While South Africa now sees a life expectancy of 50, we in the wealthy world are prolonging our own life expectancy constantly, and we may soon see a world where the inhabitants of the rich North will achieve twice the age of the poor people of the South. This alone will make status incomparable, not to mention economy and education. Also, I have to wonder if the short lifespan in Africa is only because of AIDS or, if by virtue of socio - economic mechanisms it is the result of us prolonging ours. If so, we are stuck in a deep moral quagmire indeed.

Participant observation

The interview was not my only modus operandi. Participant observation became an important part of my everyday life, as indeed it is for most field workers. Even my hosts' comments and observations, along with the neighbours' habits and the television news are now part of my image of South Africa. This input is of course impossible to turn off. However, I do not feel the need to describe or write about every little observation made. One can actually make a strong case for the opposite; people should be able to take anthropologists into their homes

without fear of every little family secret or bad habit being scrutinized.

Not everything was observed within the confines of the homestead. Especially religious ceremonies and gatherings are public happenings, and as an anthropologist of religion I view them as within my sphere of interest. It is important to me at this point to underline that I never worked on false premises. Everyone I talked to about anything outside the scope of ordinary conversations knew my status, and I always asked for permission if I was afraid of trespassing. That is why I do not have any pictures of the church used by Baviaansport ZCC. I asked if I could take a picture, and they said no. A thing like that just has to be respected.

The services of ZCC usually went through the same set of routines, though sometimes some of the elements were omitted. I always sat among the elders in front, facing the congregation. In the beginning I found this an uncomfortable position, but I soon learned to appreciate the fact that I could see everything that happened from there. After a couple of weeks, the members of the congregation seemingly accepted that I was part of the service, and everything went quite smoothly. I had conversations about everything from religion to cricket and movies with some of the members, and got the impression that I was welcome. I must admit that I had no idea how they would react to me being there, but nobody cried out as far as I know. Though I did wonder when a woman glossolated loudly during my first visit.

I was also invited to a ZCC AIDS-rally in Cullinan. This was a daunting experience, with several thousand ZCC members from the entire Gauteng area. Speeches were made by both the ZCC bishop and the director of the De Beers diamond mine. The rally ended with a big meal, and during the entire proceedings I was again set up as a guest of honour. It was nice of them to do so, but again I felt out of place. The knowledge that I was put in this position because of the colour of my skin is a little hard to swallow. I would have appreciated it more if I had been able to make some sort of contribution, but I find solace in the knowledge that my gracious hosts would have felt even worse if I had been sitting in the sun with the congregation.

I went to South Africa to study ordinary black people. Ironically, I have gained far more experience with the white middle class, both Afrikaner and English speaking. But while I always had the role of an anthropologist among my black friends, I was just a visiting student to my white friends. This makes it very hard for me to write detailed reports about the habits and actions of the people that hosted me for most of my stay. As I pointed out earlier, people

have the right to relax in their own homes, without being afraid of everything being reported. For this reason, I will not write about my experiences in the house of my black hosts either, even if they knew that I came as an anthropologist. All these people took me in freely, but I don't think they would appreciate to read about my opinions of their cooking.

I made a habit of writing a diary. This soon became a rather personal journal, and even if I use it to refresh my own memory, it can under no circumstances be printed directly, as an increasing number of anthropologists do. I must admit that I do not see the point in doing so. Every scrap of information has already been heavily interpreted by the anthropologist before it comes this far. The readers really have no other choice than to trust in what they are given. Neither do I feel that the use of audio is a guarantee for truthfulness. I have as yet never seen a field work CD on sale, and quite a few anthropologists would never give their notes or tapes to anybody else. We who do not have vulnerable sources to protect owe it to those who do to keep these standards.

My field study did develop along unexpected lines. Like Napoleon Chagnon, I was looking forward to "entering the village and seeing 125 social facts running about altruistically calling each other kinship terms and sharing food."⁵¹ I am happy to report that this did not happen. I lived among people who were either a part of my world, with the exception of their geographical placement, or among people who came from another world entirely, but still lived with TV soaps and electricity problems. They did not have computers at home, but they did use them at school. We all had the chance of eventually seeing the same movies and shaking our heads at the same politicians. But I will never understand cricket, and that is a fact.

⁵¹ Chagnon, N. 1997[1968]. Page 11.

What was supposed to happen, and where did I go wrong?

Before going to South Africa on my field trip, I felt that I had prepared myself as well as one possibly can. I had arranged to take my driving licence in South Africa, and I had arrangements for a place to stay while doing this. The Norwegian State Education Loan Fund had been told about the arrangements for the coming 6 months, and I had rented out my room to a friend. The only thing I actually lacked was a place to stay in Venda, but these things can always be arranged later. I had a really good feeling about the whole thing, and all my instincts told me that I was as ready as I would ever be. Two months in advance, I had even arranged with people to pick me up at the airport. Things were looking good, and bound to become even better.

When I came to South Africa, there was a strike among the luggage crews, so everything went painfully slow. When I finally got my luggage, my ride was late. As I only had Euros and my cellular phone was 10 000 km out of range, I could not call anybody. A professionally helpful young man helped me to use a payphone, and looked very vexed indeed when I could not pay him back (to be fair, he used a couple of Rand. I gave him 5 Euros. But he still looked vexed). After an hour or so my ride arrived, and I could start the African adventure. I had a lovely first evening, eating an improvised meal of fresh vegetables and braaied⁵² meat at my landlady's plot in Baviaanspoort, a rural area outside Pretoria.

Unfortunately, acquiring a driver's licence was not as easy as I had believed. First I had to take a test in order to get a Learner's licence, and the waiting lists were said to be back-breaking in the Gauteng area. Secondly, I would have to wait for another 6 weeks before my regular licence could be acquired. I could not even drive a car under supervision without a Learner's licence, and far less cruise along as I had thought before I left. These rules are very

⁵² Braai is the Afrikaans word for barbeque. Grilled meat or sausages are "braaied." In addition to describing the cooking technique, it can also be a description of how the meal will be executed, the level of formality of the occasion, etc. A braai is a relatively informal way of sharing a meal. It does also have cultural significances for Afrikaners.

reasonable, I guess; I just had not expected to find them in South Africa. Also, I was sternly warned against plan B, which was to slip somebody a couple of hundred Rand to make the problems go away. This was suddenly illegal too, and Pretoria started to feel a little like Bergen.

Thankfully, my landlady Annette van der Merwe is a very good problem solver, and we managed to get a solution. I would live with her family while taking my driving licence, and at the same time starting my field work in the neighbourhood. I would take my driving licence just before Tonje (my fiancé) came to visit, and then the other half of my field work could be conducted in Venda as planned. This would actually give me the opportunity to compare two very different regions, and what seemed like a bug suddenly became a utility. Dr. Rydving (my supervisor) readily agreed. Actually, when I told him “I’ve got problems”, his answer was “Great!” Acquiring this point of view early most certainly helped me later, when other problems would occur. Also, to realize that during a Masters degree the learning process can be more important than the final result, gave me a very different angle on problems in general. If you can fix them, they are not necessarily a bad thing.

In order to speed things up, I opted for Modimolle as the place to obtain my Learners licence.⁵³ This move was supposed to shorten the waiting time considerably. And it seemed to work; I was given a date just 10 days hence. The only drawback was that I had to drive there to register. And then drive there to have the test. And then drive there the next day in order to get my papers. All of this without a driving licence. But that was solved when my landlady’s son, George Felix van der Merwe, drove me all three times. I had a good time in the car with him, and am really grateful that he made such an effort. I also found that I was not the only one to pull this trick out of the hat. On the way back, we were overtaken by two lads who took the test with me. The two of them had apparently taken the trip by themselves, driving both to

⁵³ For those of you not in the know, Modimolle used to be called Nylstroom, or “Nile-River”. The name has now changed. I am not quite sure as to why, as black South Africans are just as crazy about religion as white South Africans. Maybe they have found out that the Nile does not start here, after all.

and from the Learners licence test centre. Finally I had the pleasure of meeting a South African with the ability to interpret the law to his advantage.

I acquired my Learners licence without too many problems, and started the work of finding a driving school. In the end, I opted for two, taking 5 lessons from each in order to find the better. The lessons cost less than a cinema ticket in Norway, or about 1/7 of a driving lesson here, so I thought this money well spent. In the end, I opted for Marinata Driving School, first of all because I liked my instructor, but also because I liked the name. How could I possibly fail with Jesus on my side, or at least on the side of the driving instructor? I also learned that I would have saved time contacting the school first; they had contacts and would have fixed everything in record time. But I did not complain. I now saw the possibility of getting my driving licence by the 3 March, which put me just where I wanted to be in my schedule. I paid after each lesson, and the only thing that could stop me now was the lack of money. Not much chance of that if you got The Norwegian State Education Loan Fund backing you. That is if they pay up, of course.

I do not think I will ever be able to forgive The Norwegian State Education Loan Fund for letting me sit for almost *two months* in Africa without money. I will never be able to forget the insensible brutality this faceless bureaucracy is able to inflict on a rather helpless student stranded penniless in the economically hostile environment South Africa must be said to be. I can neither forgive the absolute lack of passion, nor the casualness with which a dependant is being treated. I am grateful to Paal Sørensen, my “father-in-law”, who lent me money to get over the low tide. And I am exceedingly grateful to my fiancé, who fought this battle at the home front, and did all the work regarding the study loan. In the end she had to take down names to get a straight answer. After that, things did speed up somewhat. By the beginning of March, I was finally able to pay my bills. That the Loan Fund had guaranteed my Financial position towards the state of South Africa, and then broke a contract with a country, is another matter entirely.

I got my licence on the date (I still do not think my driving instructor should have looked so surprised), and Tonje arrived in SA a week later. The next five weeks were a classical African holiday, with safaris, wine tours, visiting friends etc. We had a lovely time in Namibia, where I managed to crash the car. It turns out that my travel insurance does not cover car accidents. It also turns out that I am finally getting to know the society I came to learn about; my garage is run by a bunch of thieving bastards (1000 Rand for a new mudguard!). I also contacted the

local congregation of the *Zionist Christian Church (ZCC)*, and conducted a few interviews. All in all, things worked out rather well, and I was ready for the next step: North to Venda.

It is my own fault for not checking this out, but my contact had moved from Venda. He now lives in my neighbourhood in Pretoria. When I tried to get into contact with people up north, I was met with a certain amount of suspicion. Also, my money was running low, and I could no longer support the lifestyle I had grown accustomed to. Paying for a room in a hotel or an inn was simply out of the question. If I wanted to conduct any field study in Venda at all, I would have had to find private lodgings. And here the entire plan broke down. With one month left in the country, with only 5 short interviews done, I saw myself stranded in Pretoria with an unfinished field study. My ZCC contact was starting to sour. There seemed to be an internal power struggle in the congregation, and yours sincerely was being used as a pawn in the game. I was told, without much ado, that “People come to church to pray, not to answer questions”. Fair enough, but where did that put me? Up a certain creek without a certain implement, that’s where.

I did manage to salvage the situation. Luckily my landlady, Annette, came up with a very good suggestion; that I move out to her black housekeeper Johanna Mmama Theledi’s place in KwaMhlanga. She normally went home only one weekend a month, the rest of the time she stayed at Annette’s plot. Her daughter Sarah Semakaleng Kgapola and her two grandchildren lived in her house. I would therefore be able to stay in an ex-homeland for a very reasonable price, living with English speaking members of the local community. I grabbed the opportunity gleefully, and departed for KwaMhlanga, Sun City Section 4 a month before departure for home. I now intended to do the largest part of my field work and, as a veteran of four months in South Africa, felt that I was ready for whatever they would throw at me. I am extremely grateful to Johanna for letting me into her home in this way, at such short notice.

If I ever wanted to give anybody advice on how to conduct their lives, it would be to stay away from places called “Section 4” altogether. It was not that the people living there were not great people, because they were. It was not that the place was ugly, because it wasn’t. It was not that the place had no opportunity for recreation, because it had. But I have never felt, ever, such a feeling of hopelessness. I felt, while staying in Section 4, that in this place there was no future to be had (stupid, of course. *I* was making my future there and then. But nobody else was). It was not poverty as such; I have seen poverty before and can handle it. The knowledge, however, that these were people caught in a society which would either keep

them in their current situation, or demand unattainable levels of schooling and education as the price to get out, does tend to give me a feeling of hopelessness. Some will always make it, but the world is generally not built on success stories.

In KwaMhlanga, I lived a life that was far different to the one I had lived as a white middle class South African. I no longer had a car, in fear that it might get stolen. Also, I now had a very different regime of security; this was a far more dangerous area than the one I had left. Annette's plot was a long way from large population centres, and we had seven hectares of land all to ourselves. In KwaMhlanga, there were people everywhere, and crime was a part of everyday life. As I tried to sleep the first evening, I heard something that could only have been a rape lasting for more than ten minutes, and one morning when I had planned to take the bus into town, a young man was shot for his ear ring at my bus stop. Luckily I decided to sleep in that day.

There were other differences as well. The wood smoke from the cooking fires hung heavily over the area, a feature I found quite charming at the time.⁵⁴ The animals made noises all the time. For some reason they cooperated once a day, and at 4 o'clock in the morning the dogs, cocks, donkeys and what sounded like agitated geese started to bay all at once. I now have a pretty good idea how the Gauls must have felt, as they were sneaking up to the Capitol. The noises and the smells were sense-numbing, but with the exception of those related to violent crimes, not at all uncomfortable.

I was invited to several different services in different churches, all of them African. I visited the local ZCC, where the congregation was told that I was an angel, sent from God to bring peace, understanding and financial aid to the new church building. I also visited *Unto the Church of God, Apostolic Jerusalem in Zion*, an African church that uses drums and allows ancestor worship. And I was present during most of a night sermon, starting at 9 o'clock in

⁵⁴ I was later told that this wood smoke constitutes a major health problem in South Africa. Especially in winter the heavy smoke has actually led to children dying from suffocation. It can also give you cancer.

the evening, and ending at 7 o'clock the next day. This service, which deserves a closer description, will be discussed later.

What I remember best from my stay in Sun City (this should not be confused with Sol Kerzner's kitsch creation) must be the transport. Bereft of my car, I had to use public transport. This could be quite an Odyssey. If I had an appointment at the University of Pretoria at 10 o'clock in the morning, I had to wake up at 5 o'clock. My bus would leave at 5:30, and I would arrive at the bus station in East Lynne at 7 o'clock. Here I had to pick up a taxi to Baviaanspoort, which usually took another hour or so. At Baviaanspoort at 8 o'clock, I would sneak the shower of the week, change, have a wee bite for breakfast, and drive along in my car at around 9 o'clock. At 9:45 I would be at the University, almost 5 hours after I rose from bed. The procedure would be repeated in the evening; although this time I had to change taxis a few times. At 8 o'clock the same evening, I would be home. At that time, I would have been up for 15 hours, having used half of them on travel. Also, this would cost money. For me, the daily expense of 20-30 Rand on transport was a pittance, but for the inhabitants of Sun City a large part of the daily 50 R wage. Nobody can understand the ordinary people of South Africa without first understanding the challenges posed by transport.

At this point, a couple of weeks before my return, I started to interview people like mad. I had no idea what would be a good number of informants, and naturally wanted my material to be as comprehensive as possible. I conducted 16 more interviews, some of them with Sangomas and one with a Prophet, and pronounced myself satisfied. All in all, I do believe I have reason to be so, especially since I now realize that quite a few of the interviews were quite open and honest. I am grateful to the inhabitants of Sun City, but first of all to Sarah, Johanna's daughter, who showed me around, interpreted and arranged interviews. I would never have been able to conduct so many good interviews without her help.

I returned to the plot some days before my departure, and started the period of getting the experience out of my head. A lot of my stuff was sent by surface mail, as a 120 kg overweight might be to push it on a South Africa Airways Boeing. I just had to get some of those three-legged cast-iron pots with me, and I had bought books like there was no tomorrow. Also at this time, the homesickness that had been present for the last 5 months became overwhelming. Those last days of waiting may have been the most difficult in my life. But finally, the experience ended and I got home, home at last.

After my return I was told that I should have stayed in South Africa 28 days longer if I had wanted my driving licence transformed into a Norwegian one. Once again, I am a pedestrian.

Chapter three: Ethnography

As I have stated earlier, my initial project did not work out as planned. I spent too long acquiring a driver's licence, and then failed to set myself up in Venda. At first I saw this as the end of the world, but soon found out that I could adapt my paper to fit the new situation without too much trouble. As a result, I have developed a more relaxed attitude to the problems one might meet while in the field. I am not blind to the needs of fulfilling one's obligations, but think I have done so even if some things did not work out as planned. Since I did not get any of the scholarship grants I applied for, I do not answer to anybody but myself.

Most of my Ethnography is in the form of interviews. Some of these were a bit more formal than I would have liked, but time did not permit a field study based entirely on conversations. Evans-Pritchard's advice of taking two-year long field trips is not feasible in today's economical and social realities. Even so, the interviews became more informal as I became surer of myself. I also learned that formality is not always a bad thing.

I conducted my interviews loosely following an interview guide. I have tried to reproduce the answers as representatively as possible. Even so, I see to my great frustration that most of what I have learned is impossible to put on paper. Also, I do not want to lay bare the families that have been good enough to take me in. If I wrote about the braai-habits of Afrikaners, or the family life of the northern Sotho, there is a danger that I would disclose my friends in a way they may not have appreciated.

My interview guide is roughly as follows:

- What do you think causes HIV/AIDS?
- What do you think about the things they say in the news about the causes of HIV/AIDS (...The discussion about the causes...)
- What do you think helps against HIV/AIDS.
- Do you think prayer helps against HIV/AIDS? How? Who do you pray to?
- Do you think Muti would help? If so, how?
- Do you think a Sangoma could help? If so, how?
- Do you know about other things that would help?
- Do you know what the doctors and the Sangomas think about HIV/AIDS? Do you agree?
- Do you know what the difference is between Doctors and Sangomas (as related to their attitudes regarding HIV/AIDS)?
- Do you know what Dominees and Murutis and other priests think?

- Do you know how to prevent HIV/AIDS?
- Do you know what Doctors, Sangomas, Murutis, Dominees, etc. think about that?
- Do you know what most people think about this?

I did not follow this guide blindly. After a while I left it at home, and asked questions on instinct, but I still kept to the subject at hand. For no particular reason I never included questions about witchcraft or *tokoloshe* in the guide itself, but I always asked them. Maybe I felt that they were a bit at the side of the paper, but it will be apparent that both questions were actually quite central.

1.How do you acquire AIDS?

With very few exceptions, all my informants expressed the convictions that AIDS is caused by unprotected sex and transfusion of infected blood. There was some confusion over how the blood had to enter the body, but in general my informants were well informed as to the how's and why's of the infection. Even so, some differences could be spotted. One of my informants, a young man, told me "This is not HIV, but a sexual disease. If I then sleep with another lady and also catch something, this together makes HIV". When I asked him how these two infections combined, he answered

When I get these two diseases, they attack the cells of my body, and it loses power. We have two types of blood cells, red and white. The white blood cells attack disease; the red blood cells will stop bleeding.⁵⁵

⁵⁵ Even if this view on how HIV starts is somewhat warped, following its creed will give an adequate protection against HIV infection.

A few of my informants stated that nobody knows what causes HIV. If I have not misunderstood them, two of my informants were of the opinion that the reasons for HIV infections are unknown, although one of them told me that her boyfriend uses two condoms during intercourse. This indicates that the mechanics of the infection are well understood, and that the informant was more occupied with the source of the virus. My other informant was quite sure that HIV and AIDS was all about the state of mind, and that having a positive mindset was the best cure for the disease. She said to me:

People kill themselves. They hear that they are HIV positive, they start to say things like “I’m going to die”, and they turn into themselves, and do not want to stay with other people. That is what kills. Kills are from God, but a disease is just a disease.

When I asked her what one should do if infected with HIV, she told me “Just stay and think you will be all right. God knows about her. But if she hurts herself, she will die”. Further inquiries gave me answers of the same kind. She clearly means that the mind is stronger than the flesh.

One of my informants was a Muruti (priest) living in the Pretoria area. We had some really rewarding conversations, and he was one of the people in South Africa that I felt most relaxed and comfortable with. After telling me that “the needle and sex” were the most important sources for HIV infection, he pointed to one of the main problems: “People remember how TB was incurable, and now doctors can cure it, and they think AIDS is like that.” As indicated later, he is heartbreakingly right in this regard. Not only did several of my informants advocate the view that there are medications that can cure HIV, I read several interviews in magazines where people mentioned the possibility of getting their blood purified.⁵⁶

⁵⁶ New problems will loom if the people of South Africa start substituting science with pseudoscience.

I vividly remember a conversation I had at the Mamelodi campus, University of Pretoria, with a woman my own age (about 30), who was at that time writing her thesis for a Master's Degree in psychology. I was talking to her about a project run by the Psychology Department, which aims to give therapy and comfort to HIV inflicted people in the Mamelodi area. She mentioned that she was aiming for a PhD, and told me that she would like to write about prayer and healing. Naturally, I showed interest in a field so like my own, and started to ask her about her methodology and theoretical platform, thinking I might be of some help and maybe snatch up a free tip or two. To my amazement she told me that her aim would be to prove how prayer *de facto* heals HIV and AIDS, directly through divine intervention. When I told her my honest opinion about spending time and money writing an academic paper from this angle, she quite curtly informed me of her view: "Science has failed to cure HIV and AIDS. If science has been such a failure, why should we not turn to God"? We did not manage to find common ground, and I have no interviews from the Mamelodi campus. Next time I find myself in this situation, I will swallow my objections and try not to be such an insufferable know-it-all.

The virus and the disease are both surrounded by myth and shrouded in mystery. When asking about AIDS, I was once told:

*A friend had three dead in his family...young people. Their mouths turn red (of blood), and their hair falls out. In women the secret holes grow together to one. Men's penises will stop working. When you have HIV, it is blood and vomiting.*⁵⁷

⁵⁷ Quite a few of the infections commonly found in African AIDS victims can lead to bleeding lesions, and sores in the genital and anal areas are understandable in connection with venereal diseases. Even so, I cannot see how AIDS can alter a woman to such an extent that the vagina grows together with the anus. But I must admit that I recognize the reactions. A blissfully selective memory has made us forget how myths and half-truths just a few years back could whip our own society into a witch-hunt frenzy, when HIV or AIDS was mentioned.

One of my informants misunderstood me when I asked this question, and thought I asked about the origin of the HIV virus. His answer was shocking, not so much because of the answer itself, but because of the origin of the knowledge in question:

AIDS was made by homos. They were doing it, and the one who was like a woman got sores. And when they went to a doctor with the sores, he said that it was AIDS, and that was how it was made. I heard about this from the teacher.

When I asked him about the different sources of information that he trusted and what they said, we managed to compile the following list:

Teacher: Homos
Parents: There is no AIDS
Doctors: Safe sex with condoms
Other people: Magome

When teachers and parents combine in spreading misunderstandings about HIV and AIDS, containing the infection may seem like a daunting task indeed. Magome is a phenomenon that will be treated elsewhere.

It struck me quite early in my work that blood, and concepts correlated with blood, held an important status within the communities I studied. Almost all of my informants who worked within a scientific mind frame mentioned blood as a source of infection, and those working from the view of the fantastic had their blood-medicine. Also, they often said about the incurability of AIDS: "It's in the blood of a person". Those who subscribed to vegetables as a

curative or prophylactic against AIDS often said that their chosen plant(s), be this *marog* or African potato, strengthened the blood of a person.⁵⁸

The majority of my informants gave infection through blood and semen as the cause of HIV and AIDS in a person. Most of those who mentioned other possible causes would also be aware of the connection with body fluids. Over the last five years, there have been massive campaigns on this in South Africa. I remember a scene in Venda at the end of 1999, when I observed a nurse doing a course for the local women involving a condom and a banana. My experiences from this field trip have told me that the different campaigns on HIV/AIDS have had some success in bringing new awareness to the public, at the very least.

2. What helps against a HIV infection?

On this question, the answers became more diverse. Most of my informants expressed the thought that using condoms or practicing sexual abstinence would work well as protection against a HIV infection. Others told me that only prayer works. I was also told by a young man that there might be some pills one could take to avoid the virus. He looked more disappointed than afraid when I told him this was not the case. Others were less optimistic. One of my informants looked at me sadly, and simply stated: “There is no cure for AIDS...”

Initially, I asked two questions, firstly to find out what my informants thought could help them to avoid the infection altogether, and secondly what one could do to cure oneself. I see from my transcripts that these two questions were muddled up a lot, and that quite often the fine differences between them were not very clear. Also, it does seem to me that these different approaches must be treated together. I will therefore look at both of these interpretations in this part.

⁵⁸ I can understand that a disease so defined through its relationship with blood will fall into a very different category than it does in the west, where blood is perceived as a vessel for oxygen, and the only magic found in sex is the Hollywood kind.

When I asked this question for the first time, during my first interview in the field ever, I was told that the only thing that helps against HIV and AIDS is “nothing but prayer”. My informant’s trust went a bit further than this, though, when she augmented the list to “Prayers to God, maybe God can help us... maybe the Doctors, and the Sangomas also.” I asked her more about the Sangomas, and she told me that “The medicines of Sangomas help and are strong”. On the other hand, she had no confidence in mixing different cures; prayers and Sangomas did not go together:

You can't mix ZCC remedies and witchdoctor remedies. If you do, you won't know what helped you, Sangoma or ZCC. In ZCC we use holy water, and coffee and tea also. If you go to a Sangoma, you must wait to use ZCC remedies.

When I asked why this was so and why the two could not be used together, she told me:

If you want, Muti can work. The problem is, don't mix Muti and holy water, or you won't know what helped you. If you use Muti and it doesn't work, you can go to the ZCC. If you use the ZCC and it doesn't work, you can go to Muti.

I did ask her what her church’s stand was on the question of HIV and AIDS. The answer was one I would get used to hearing: “In our church, we don’t speak much about it at all. They just say you must not sleep around; you must not say “yes”, “yes”, “yes”, but “no””. On the other hand, I was invited by the church leaders to attend a church rally in Cullinan, where AIDS was going to be the main topic. The rally had several thousand people attending, and was solely about AIDS. A representative from De Beers, the director of the Cullinan diamond mine, held a speech about employers’ responsibility towards infected workers. The church representative talked about the importance of information in general, but said nothing specific (the word “condoms” was not mentioned).

In one of my conversations with the Muruti, he pointed out something rather important:

AIDS is a thing that goes from people to people; you can get it from a needle or from sex. People remember how TB was incurable, and now

doctors can cure it, and they think AIDS is like that.

The Muruti also stated that people with AIDS would be afraid of disclosing themselves, but would sometimes want to tell the Muruti. Even so, certain reluctance existed here as well. Only three people had told the Muruti about their infection, and he was heading a congregation with well over a hundred members. I often heard the singing before I went to bed, also during the week.⁵⁹ Once, when our housekeeper went to a funeral, my landlady asked her if the deceased had died from AIDS. She went into a rage, and said: “Why does it always have to be AIDS? This girl died from TB”. Later, the only people who would tell me about their infection were young, well educated women who worked at the University of Pretoria.

The question of curing brought many answers. Many of my informants trusted in the alleged restorative powers of fruit, vegetables and vitamins. I was told, on asking about garlic and African potatoes: “Those foods, they give the cells of the body power to attack HIV, and stopping it from becoming AIDS.” I was also told, from a person who alleged that prayer was the only saviour: “I think garlic helps.” The thought that a well managed diet will help to combat HIV, and to a higher degree AIDS, comes from the South African government, represented by minister of health, Dr Manto Tshabalala-Msimang.

It became quite clear to me that my informants did not rely on vegetables as a miracle cure. As one of my informants said: “I think when people eat some vegetables like *marog* or patat, they can get more power.” One could, I guess, interpret the word “power” as a nod to magical mana, but I prefer the more prosaic “immune system”. Another informant told me: “Fruit and vegetables. Like apples. In South Africa we have something called *marog*. An HIV positive person has to eat food with vitamins and proteins.” When asking this question, I was

⁵⁹ Traditionally, the ZCC (and other African churches) have funerals during the night. It used to be a thing done during weekends, but because of the increased numbers of funerals is now conducted during the week as well.

repeatedly told things like “And then do exercise and eat healthy food,” or “I will eat vegetables and train.” A young man said to me:

Actually, it doesn't have a cure. You can live for many years, but you must have a healthy diet, work out and see the doctor for check-ups.

Modern science had its fans too. Several of my informants had great hopes for ARVs. I was told: “... the only cure for AIDS is to protect yourself with condoms or, getting ARV in time, you can survive it, at least 10-12 years.” As a direct answer to the rather direct question “What do you think helps against AIDS,” I was told: “I think retrovirals help against AIDS”. A young woman told me: “Sangomas will not be able to tell you if you are positive, they don't take tests. Not a priest either. You must go to a physician”. One answer was more open for interpretation: “By using the pills that are given by the doctors”. This answer was not about ant-retrovirals as such; further questioning revealed that the informant was convinced that medical personnel had medicines that could cure him. This fitted in well with the comment from the Muruti: “People remember how TB was incurable, and now doctors can cure it, and they think AIDS is like that.”

3. Do you think prayer helps?

The power of prayer was an element I hadn't even thought of before I left for my field study. I was full of ideas on what I perceived to be indigenous African religion, and this fantasy contained Sangomas and *inyangas*, Muti and *tokoloshes*, but very little prayer and Christianity. It did not take long before I learnt differently. Wherever I went, Christianity was the main religion, and if my informants were ambivalent on the potency of Muti, they had far more belief in prayer. I became well acquainted with indigenous African Christianity, primarily some of the Zionist churches, foremost of all Unto the Church of God Apostolic Jerusalem in Zion and the always present ZCC. I also learned that “even the witchdoctors” (sic) believe in Christ.

Some of my informants told me of the power of prayer without being solicited, but quite a few had to be prompted in this direction. When he was asked directly if he believed that prayer could help against AIDS, a young man told me:

According to my opinion, yes. Prayer will help. When we pray to God, he will help us. That disease, God can help us if we pray.

This was an informant who had earlier told me that AIDS was a sexually transmitted disease, and later told me that muti does not do much good at all.

As stated earlier, I was told by one of my informants that the only thing that could help against AIDS was “Nothing but prayer...Prayers to God, maybe God can help us...”, but this absolute belief in the power of the divine became less certain in the last part of the sentence: “Maybe the doctors, and the Sangomas also.” Still, I feel it would be wrong to take this inclusive view as a diminution of the belief in the value of prayer. After assuring me that muti can be a powerful agent of both good and evil, she did give me the impression that she, as a Christian, would not use Muti with malevolent intent:

In the beginning [when I was a Zionist] my grandfather told everybody in the house that I was a Zionist, and they should not use muti against me, because I never use muti against them.

A man of my acquaintance, who was fully convinced of the power of anti-retrovirals, condoms and sexual abstinence as the best methods of keeping HIV at bay, answered my question with: “Yes. I pray to Jesus. I am not a member of the church; I just believe Jesus is there”. Later, he also mentioned muti as a method of getting rid of *Magome*. A young man I talked to a bit later gave more or less the same answer, but added: “The traditional healer (Inyanga) talks to our ancestors and to God, they communicate with them” as an explanation of why muti can help against HIV/AIDS. This is a very different approach to the phenomena of muti.

The young man was not the only one that mentioned muti together with prayer. One of the sangomas I talked to, told me:

Prayer can work, but it goes along with muti. You must use muti with prayer. I will start with God, and then pray to the ancestors for the muti to work.

Other people would tell me the same. Another sangoma simply stated: “Yes, but it needs

assistance, like muti”. When talking to a member of Unto the Church of God, I was told about prayer:

Prayer goes hand in hand with something. Even God, you can pray to him, but he must have something. You pray to God, you pray to ancestors to help you, both of them goes together.

When I asked her if her church prayed to both God and ancestors both, she answered:

Yes. My church even allows you to brew traditional African beer. Sometimes you pray to the ancestors first, and tell them that tonight you are having a church function with beer. God comes first, but ancestors are important. You can't survive without ancestors.

This was in stark contrast to what my first informant had told me; that ZCC remedies and “witchdoctor remedies” could not be mixed. I would say that the majority of my informants were more than prepared to mix any remedy they thought would prove effective. Also, they did not have the courtesy to practice religion clearly separate from more profane activities.

Some of the Sangomas I talked to did not believe that prayer could help, but would still look towards muti. I was told: “No, it doesn't help. I give that person muti, so he/she does not weaken. The muti helps a person to get stronger”. Another Sangoma just said “no”. One of those that was the most detailed in the description of what would help in the specific cases was the Prophet:

Yes. There is a certain disease that goes away when you pray, but other diseases don't. And then you must use Mbiza.

I can help a person who does not have a child to carry (pregnant). Even if you are crazy, I can make you all right. I can cure Dilwana. You get mad. It's a STD. The gentleman I treated was bewitched by his girlfriend.

AIDS and syphilis, together with childbirth, are seemingly within the department of the divine. The mixture of religion and sexuality was something I had met before, but seldom so

clearly stated. The Prophet also used prayer in other circumstances, one of them in the battle against witchcraft.

When I asked the Prophet if he himself could be given a disease by a witch, he told me “no,” on the basis that he is too strong to be bewitched. Also, his use of prayer was put forth as a powerful defence against the eldritch arts. When asked whom he prayed to, he answered: “I pray to Jesus. Jesus can help”. Also, the position of prophet is bestowed upon him on the basis of his communications with God. The way I understood it, God has given him the ability to successfully use muti against diseases and witchcraft. He would be a poor prophet indeed if he did not pray with such a gift.

Some of my informants did not believe in the power of prayer at all, nor did they subscribe to muti or Sangomas. When answering my question, they simply told me “no”. Different explanations followed this answer. A young woman I talked to told me: “No, I don’t think so. It is in the blood, you know. You can not take it out of the blood by praying”. When asked if she believed in God, she answered in the positive. I decided to narrow the question:

Q: Do you think you can pray to God to help you with AIDS?

A: No, God will not take it away like that. God can help us with anything, but not with AIDS.

This answer is very much open to interpretation; more so because I did not continue this line of questioning, since it simply did not seem prudent at the time. I still do not know if she questions God’s willingness to do anything about AIDS, or His ability, though the answer does suggest the former.

Another informant answering in the negative, told me:

No, I don’t. When I get ill I get confused; the only thing in my mind is to get to a doctor. Sometimes when I get ill I go to the doctor, but inside I also pray.

When I later asked him if he thought that a Sangoma could be of help, he simply said “no.” I then asked about muti: “I don’t know, I just don’t know. Maybe, maybe not.” Again, I do believe that the inconsistency of this answer is less a fault of the informant, than of the

questioner. The term “Muti” is not a simple term, and has other meanings than “magic medicine.” If asked whether medication could help against AIDS, it would be difficult to give a clear “yes” or “no.”

4. Can a Sangoma help?

One of my informants, a member of the ZCC, told me:

There are two types of “Sangomas;” Sangomas and Inyangas. They both heal, but are not the same. An Inyanga is like a doctor, and gives muti to cure diseases [We agreed on the term “herbalist” for Inyangas, even if they will indeed use more than herbs in their muti. I have seen muti made with plants, animal parts and even chalky rock]. Sangomas are like fortune tellers. Sangomas will throw the bones and tell you what has happened in your life, and what is wrong and why it is so. An Inyanga will ask you what is wrong, and give you medicine.

He also told me about his grandmother, who had been an *Inyanga*.

My grandmother was an Inyanga. She was healing specific illnesses, like an expert doctor. I do not use things like that, for my church does not agree.

My grandmother was an expert in premature childbirth. She could make young children live without the bottles of doctors. That was why she lived so long (120 years [?]), because she helped other people.

I later learned that most of my informants did not make this distinction. Most only spoke about Sangomas, and quite a few were not familiar with the term Inyanga at all. The same informant told me that belief is most important in the healing process. According to him, a Sangoma can not help you if you do not believe in the healing powers of the Sangoma, and likewise the prayers and holy waters of the church will only help if supported by the supplicant’s own belief. Another informant told me “I think Muti from an Inyanga can help against AIDS. An Inyanga is a herbalist. A Sangoma is like a Christian. Sangomas pray.”

Once, when talking to a young man I knew only slightly, I asked if Muti can help against AIDS. I was told “yes.” When I inquired whether the Muti should be administered by a Sangoma or an Inyanga, I was again told “yes.” When I asked what he meant by this, he said “Inyanga and Sangoma are not the same. Not the same. The witchdoctors, I don’t trust them. A doctor will give you the Muti that helps.” At the end, the conversation took a sad turn. When I asked him if there was any help in “the water, the coffee and the tea,” the remedies of the ZCC, he answered me “They didn’t help.” It was during this conversation that I understood how many of my friends and acquaintances will not be alive the next time I come to South Africa.

Several of my informants were under the impression that Sangomas could only cure traditional diseases, and not new ones like AIDS. When I asked “why not” after their negative response to the question, many told me: *because it is a new disease*. Many would also say this as a response to my questions regarding witches and their ability to infect people with HIV. One of my friends, a young man, told me that a Sangoma was unable to help with HIV and tuberculosis because they were complex diseases, unlike “diarrhoea and flu.” Even so, I got the impression that this attitude has developed after AIDS turned out to be hard to heal. One informant told me: “[...] often illnesses the Sangomas and the doctors can heal, until AIDS came. In the beginning we thought it would be like that [that AIDS would be curable].”

Some of those I spoke to had a strong belief in the power of the Sangoma. After asking about Sangomas, I was once told “If you have discharges from the penis, Sangomas can give you a drink to help you. The medicines of Sangomas help and are strong.” Another informant, a young man, said to me “Sangomas dance and speak to the ancestors. A Sangoma can help. He gives you Muti, and you get better.” This was given as an answer to the question “Can Sangomas help with AIDS.” The same informant also told me that “Sangoma, doctor, they work together.” When I asked him about the difference between a Sangoma and a doctor, he said “Sangomas take power from the Ancestors and God, a doctor just checks you.”

When asked about Sangomas a young woman acquaintance of mine told me;

Yes, I believe a little bit in Sangomas. A Sangoma is very strong, Muti is very strong. They say that a Sangoma in Tweefontein had found a Muti against AIDS, but was killed by another Sangoma because of jealousy.⁶⁰ Yes, Muti can help a lot of people.

The informant further told me that she is mortally afraid of Sangomas, as of witches. When I asked her why, she told me that for her, there is a very fine distinction between a Sangoma and a witch. I do not know why she thought this, but her reaction was unlike any I had encountered before. Without any prompting from me, she said:

I am also afraid of Sangomas. I will never go there. Actually, I am a black person and have to believe it, but I don't want to become a Sangoma. A Sangoma can look at you, and you become a Sangoma. A Sangoma can tell you that you are sick, or that one of your family will pass away, and they will be right. I don't like them.

Clearly she did not. But as she was the only one to express such feelings, I do not know if she is one of very few, or just unusually open to a stranger. From this point on, a majority of my interviewees themselves were Sangomas.

⁶⁰ I want to point out that Tweefontein is situated in the Free State. This young woman from KwaMhlanga has never been there, nor do I believe she knows anybody from there. Tweefontein is simply half a world away, and it is easier for me to go to Brazil than for her to make the shorter trip in her own country. In this instance, a small town within the informants' own nation is a mythic far-far away.

A young woman that I talked to at the University of Pretoria told me about the attitudes and beliefs in her family:

Most men don't think they can get AIDS, and when they do, they go to a Sangoma. They go to Sangomas who through word of mouth are known to be good. They are usually not enthusiastic about it, but rather depressed, and are willing to try everything.

She further told me that two of her uncles died of AIDS. The Sangoma they called on told them that they were bewitched by their wives. This was a view most of the family took. She also told me that a Sangoma will use "bewitched" as a diagnosis. If you got AIDS, it is clearly because you are bewitched. "If you go to a Sangoma and ask how you got it, he will say "bewitched by X." One of my informants put the witch and the Sangoma in the same category. When asked about the witch, she exclaimed "But the witch is good! They have witchdoctors at the hospitals, giving Muti." I think that we might have misunderstood each other, but her notion is interesting nevertheless.

Several of my informants were Sangomas themselves. When interviewing Sangomas, I tried to ask the questions differently. A Sangoma that does not believe in his or her own healing powers would be a fraud, and I do not like to assume that my friends and acquaintances are frauds. In this setting, it became more interesting to find out what the Sangomas themselves assumed to be their own limits. In short, does a Sangoma believe that a Sangoma can cure everything? I asked one of my Sangoma informants if everybody could make the Muti work, or only Sangomas. Her answer was "I am the one who cook the Muti. That is what we learn." and was neither in the affirmative or the negative. Prior to this, my African landlady, not a Sangoma, had made a Muti out of an herb in her garden, boiled in an old marmalade tin over the fire in the back yard. It was a tonic for her daughter's sore throat. When I asked her about this, she told me that she would treat simple cases herself, but would go to a Sangoma for the more serious ailments.

I once asked a Sangoma if she could cure AIDS. She told me that she had never had a patient with AIDS, and therefore had never cured it. I then asked her how she would treat a patient who came to her with AIDS. This was her answer:

This medicine [showing a bottle] , it helps against a lot of things, a lot of

different diseases, this Mutu can help you. Even if pregnant, and the baby does not sit properly in the stomach, I will give this Mutu and the baby will sit properly. This Mutu might help against AIDS.

When I asked her if she knew about another Sangoma that had successfully treated AIDS, she answered in the negative. I once asked an ex-Sangoma about the possibilities of curing AIDS. We were sitting in her garden at nightfall, chewing sugarcane stalks and talking. She assured me that she herself could not cure AIDS, but could tell me that “[...]... some can.”

Philmon is a Sangoma. He is also a Prophet, chosen by God. God helps him to see diseases clearly, and his ancestors will help him to find the right cure. Philmon is a man of means in Section 4, and is widely known as a good healer. I asked him if he could spot AIDS, which he could not, according to himself. I further asked him if he could cure AIDS. The answer was quite interesting, and essentially boils down to “no, but I can make you feel better.” Most Sangomas, it seems, try to distance themselves from the disease, at least when talking to me. What they say to their patients, I simply do not know.

This was in contrast to the very few Sangomas that actually answered “Yes”. My very last interview, just a few days before I left the country, was with an old woman who was a Sangoma. She told me that she could cure AIDS, and backed the claim by showing me a diploma from a traditional healer’s workshop on STD’s, HIV/AIDS, Tuberculosis, Cancer, breastfeeding and family planning. When I asked how, she told me:

I have different kinds of medicines. As long as you have a disease, I can cure it. I will give medicine to you.

She further told me that her ancestors would tell her in her sleep what medicines were right for the different ailments. To diagnose a patient, she would throw the bones. When I left this informant, I had a rather satisfied glow inside. After five months in the field, I had finally found what I first came looking for.

I must conclude that the picture was far more complicated than I had first assumed. This is beautifully illustrated by the fact that I only met one Sangoma that fitted perfectly into the western picture of the quintessential African Witchdoctor. I can’t even claim that it was a coincidence that she was my last interviewee; I might very well have been unconsciously

looking for her. I did have a feeling of fulfilment after I left her, and did not seek any more interviews after this. I must shamefully admit that she met my expectations about Africa, when she told me about throwing the bones.

5. Muti

After making a habit out of asking my informants about both Sangomas and Muti, I soon got the impression that most people do not look upon them as inseparable entities. One reason for this may be that most people assume themselves competent to make at least a minor Muti. Also, Sangomas have competition from doctors, a group whose education and income give them a very high status. Even if Sangomas are used by large numbers of the population, some of my informants perceived them to be inferior to doctors, at least when it comes to combating diseases. Muti, at the other hand, was classified by many as “Medicines”, without any stigmas attached. I would frequently talk to people who did not leave Sangomas much hope of succeeding, while at the same time they had great belief in the healing powers of Muti.⁶¹

Mutis can be made in different ways. I think we can safely classify some of the religious remedies, such as ZCC’s coffee and tea as Muti in their own right, although the church is outspoken against Muti. This is ordinary coffee and tea that has been blessed by a Muruti (priest), and are then taken home and consumed there. A sick person will often get it from family members who are well enough to attend church. I have witnessed the blessings of these products several times, especially in relation to ZCC. ZCC will also bless water in this manner, and all members of the congregation will be blessed with this water before entering

⁶¹ An interesting piece of information regarding this can be found in this article on “News 24.com” : http://www.news24.com/News24/South_Africa/Aids_Focus/0..2-7-659_1843685.00.html The article states that in April/May 2005, 16% of the persons interviewed in a South African study believed that modern western medicine can cure AIDS, while 12% believes that traditional healers can cure them. 14% were quite convinced that herbal remedies would protect them from contracting HIV/AIDS. This source was last checked for accuracy on 12.05.2006.

the church. These remedies have gone through a transfiguration, and are holy because they are blessed in the name of God. More traditional Mutis will have their power from different sources.

When I asked a friend of mine if he thought Muti could help against AIDS, he answered:

The question should be: Which Muti would help? As of this moment, there are no Mutis that can cure AIDS, or else a Sangoma or Inyanga would use that Muti. Muti is like medicine. Medicine is like Muti.

He also stated that “Sangoma things are like magic things. We in the church teach people not to believe in magic.” Another member of the ZCC informed me how you can get the best from both worlds “I must stay away from the ZCC when I use the Sangoma. After I have finished, I can return to the ZCC.” But she was quite sure where to seek protection if danger loomed in the form of a magic attack “If somebody puts Muti on you, you can’t use Muti...double Muti gets too strong...you must go to the church.” So when Sangomas and doctors both have failed, faith seems to be the last line of defence.

Sometimes I got answers that I was not able to fathom at all. I can only conclude that people sometimes change their minds about a subject while they speak, or at least change what they say. When I asked a young man if Muti helped, he answered:

Eh...Muti. According to my opinion, they can’t. Muti does not work at all. People who believe in Muti can get well, because the Sangoma will check them and give them the right Muti. Doctors in Hospitals I think can help. They can help to delay the disease. Maybe it will take you ten years or more, but you are going to live with it.

I interpret this as no; Muti will not help against HIV and AIDS. It can help against certain other diseases, if the Sangoma is allowed to do his job. Doctors can help you with AIDS, and you will be able to live with it for more than ten years if you get the right treatment. Now, even if he says that Muti can not help against AIDS, he clearly believes that it can help in the treatment of other ailments. When I asked him why this was so, I was told that Muti can help against simple ailments like diarrhoea and flu, but not against HIV. He did not leave the Muti much hope of curing tuberculosis either.

Others pointed this out as well. Several informants told me that AIDS was either too complex or too modern for Muti to heal. I was once told “Some diseases must be cured by a doctor.” Witches also seemed to be inconvenienced by this. Several of my informants would tell me that witches could not give anybody AIDS. This was because witchcraft was too old-fashioned to deal with new ailments.

On the other hand, quite a few people told me that Muti can be very helpful indeed. Several of my informants, most of them not affiliated with the ZCC, told me outright that they believe in the healing powers of Muti. I was told by a young man that “Muti from the Inyanga helps. An Inyanga is an herbalist. A Sangoma is like a Christian. Sangomas Pray.” Several informants held the same conviction, and put more trust in the herbal concoction of the Inyanga than the ancestors of the Sangoma. One of the informants who told me this also told me that AIDS can be cured “By using the pills that are given by the doctors.”

A third group that emerged were those who did not believe in the healing powers of Muti, but saw the possibilities of a placebo at work. I was told “If you use Muti, you will feel better. You will be more positive, and that is good.” I was also informed that Muti could strengthen the immune system. A Sangoma told me, while we were sitting in the rondavel that housed her ancestors:

The Muti does not cure the disease, but makes you feel better, just like African potato. I give muti to a person, so he or she does not weaken. The muti helps a person to get stronger.

This opinion fits well with statements given to the public in South Africa. The government has advocated the use of traditional remedies against AIDS for a long time now. The latest

was just a couple of months ago, when a spokesperson from the health ministry said “It is not about choosing one or another” when asked about the use of Muti against AIDS.⁶²

One of the staff at The Centre for the Study of AIDS in Africa told me the following:

Quite a few people will believe that their ancestors would like them to do certain things, and if they do them, they will be cured. Then, when they use ARV, they might believe that they are cured because they have done what the ancestors says, or have been to a Sangoma or traditional healer. People often mix ARV and Muti. And some Sangomas give ARV and say it is Muti. Muti will then seem to work very well.

Several of my informants expressed ideas which are consistent with this explanation. Furthermore, the credibility of the explanation is strengthened at the end of the article quoted earlier.⁶³ It states that traditional medicines can be just as expensive as ARV. By this, high price would not be a hallmark exclusive to ARV. Also, a young man I talked to at the University of Pretoria, told me that “people will use traditional methods to prosper or to get rid of diseases. All kinds of magic. Muti murder is going up.”⁶⁴

One of the informants I knew best told me, when I asked him what he thought could help against AIDS, “I think retrovirals help against AIDS.” I wish there could be more people like him in South Africa.

⁶² http://www.news24.com/News24/South_Africa/Aids_Focus/0,,2-7-659_1880449,00.html This source was last checked for accuracy on 12.05.2006.

⁶³ http://www.news24.com/News24/South_Africa/Aids_Focus/0,,2-7-659_1880449,00.html This source was last checked for accuracy on 12.05.2006.

⁶⁴ Some mutis demand body parts in order to have great power. There have been instances of murder to get hold of these parts.

6. Witchcraft and the tokoloshe

One question I asked over and over again was whether or not witches could give a person HIV and AIDS. I found this question compelling for several reasons, but one is certainly that the first anthropological monograph I ever read was, as I have mentioned earlier, Evans-Pritchard's monumental work, *Witchcraft, Oracles, and Magic among the Azande*. Witches, rightly or wrongly, have always held an important place in my mind, whenever indigenous African religions have been the theme.

The answers to this question can be placed into three groups, the yes, the no, and the maybe. Everybody agreed that the witch would use an external agent, so the psychic witch of the Azande does not live in South Africa. Quite often the witch would crave the services of a *tokoloshe*, an evil being under control of the witch. Since the *tokoloshe* and the witch are so closely bound together, I have chosen to discuss them under the same heading.

The majority of my informants did not believe that witches can infect you with AIDS. But even those who do not believe in their ability to infect other people with the disease do not deny their existence. As a young man said to me "There are witches. People wouldn't talk about witches if there were not." One of the Sangomas I talked to, when asked "why can't the witch give you AIDS?" gave the following reason:

Because it's from the blood of a person. A witch can not [infect] you with AIDS, because it comes from the inside, it's in the blood of a person.

Another Sangoma assured me that a witch cannot give another person AIDS because "It's a new disease". However, a young man I was acquainted with had different views, and told me how a witch can infect you with HIV:

If a woman has AIDS, witches will know about it. They will force her or pay her to come to you and make you have sex with her, so you catch AIDS and HIV. They can put something in your drink, and when you sleep they will infect you.

A Sangoma I talked to was convinced that a witch could infect you with AIDS. When I asked

how, she answered:

The moloi (witch) can put something in the food, and you can eat the food and get AIDS. The witches can have many reasons. Maybe if they don't like a person, they give him bad luck just by talking.

I asked her about the possibilities of interviewing a witch, but she told me “Nobody will say that they are *moloi*. We will kill her within five minutes.” Naturally, I never talked to a self-confessed *moloi*.

The evil aspects of the witch can not be questioned. Every single person I talked to who believed in the witch, would underline that a witch works for egoistic reasons alone, and will do evil deeds to fulfil her⁶⁵ goals. It does not have to be for great values.

A witch can kill you. If a witch kills me, I will come here to my home during the night and take mealimeal⁶⁶ and stuff back to the witch. I will stay in the witch's home as a setlwatlwâni.⁶⁷ They say the witch keeps people behind the door. The witch cuts your tongue, so you can't speak properly. A witch can change you to everything they want; a cow, a snake, everything.

It is not for everybody to deal with a witch. When I asked about them, I was once told:

The witch can make you get an accident. You wonder how you get an accident there. The road was so fine. If the witch wants to hurt you, she will, unless you are strong, or get to a strong Sangoma in time. But it is

⁶⁵ When I write of the witch in the feminine, it is because all my informants talked about the *moloi* in that manner. There can be male witches.

⁶⁶ Mealimeal are flour made out of maize. It is the most important staple food in large parts of Africa.

⁶⁷ Setlwatlwâni was interpreted to me as meaning “Zombie.”

not easy; the witch has very strong powers. A very strong Sangoma can't be hurt by a witch. It depends on the power.

Some of the Sangomas were not afraid of witches. One of them told me, when I asked him if a witch could give him diseases: "No, I am too strong." Another Sangoma, an elderly woman, had this to say about the power of witches:

The witch can come during the night while you are asleep, and give you a disease. The witch will use Mutu. I once found a witch here in my home. The witch died here. The witch came to the house during the night. She wanted to know how strong she was. She came into the yard and was throwing Mutu around. The witch died here, in my yard.

It was not only older people who believed in the evil powers of the witch. A young woman told me, quite unsolicited:

I am afraid of witches, you know. Can you believe it, but during night they fly around on a plate. They say witches are out at 12 o'clock at night, but I have never seen it because my mother told me never to get out after 10 o'clock. I am very afraid of them. They can take you and use you. My grandmother said "don't speak about it in the night, especially outside; they can hear you and take your voice."

When I asked her if witches could give a person AIDS, she answered:

No, not at all. They can make you go mad. What they like most, they like people to go mad, or to make your family suffer. They can make you fail at school or lose your job. (...) there was a comedy called "Sabrina" on

*the TV, and she was supposed to be a witch, but the things she was doing... no, she was no witch at all.*⁶⁸

The westernized idea of the witch did not sit well with this teenager from KwaMhlanga. She continued on the subject of witches:

Witches use other people. They can take your voice. They can take people, and make you small as a tiny baby. In your family, they will see your body and think you are dead. They will bury you, but you will not be dead. And you will be used to do harm to your own family. If the witch wants to steal money, you [as the witch's creature] will know where it is hidden.

*Sometimes they use animals, like cats or monkeys. I don't know where the monkeys come from, but if a family has a cat, they [the witches] can use it as a tokoloshe.*⁶⁹ *The tokoloshe will be evil. Even if you are family, the tokoloshe will kill you.*

There were several different opinions on the *tokoloshe*, and what origin it had. A Sangoma told me:

Sangoma: They (witches) take a baboon and change it into a tokoloshe with medicine. They can take dogs, cats, even a person, and make you a tokoloshe.

⁶⁸ This would be "Sabrina, the teenage witch." See Wikipedia article [http://en.wikipedia.org/wiki/Sabrina,_the_Teenage_Witch_\(sitcom\)](http://en.wikipedia.org/wiki/Sabrina,_the_Teenage_Witch_(sitcom)) if more information is wanted. This source was last checked for updates on 14.05.2006.

⁶⁹ She actually used the word "tikoloshe". This is a version of the word used by Zulu, Xhosa and Ndebele. The word "tokoloshe" is used by Sotho and Tswana, and is therefore more used in this area, but the Golden Reef has attracted people from all over South Africa.

Me: What would the witch do with the *tokoloshe*?

Sangoma: The witch can take the tokoloshe, and make it sleep with me. After that, my husband will no longer sleep with me. The blood of the tokoloshe will be in me. That blood of the tokoloshe will change everything between a man and a wife.

Another informant told me the following:

I once bled from my privates, a lot and often. It was tokoloshe. I dreamed I was having sex with animals, and with white people, and when I awoke my boyfriend was sleeping. I bled from the privates. The tokoloshe can do that, make you go to sleep and then have sex with you.

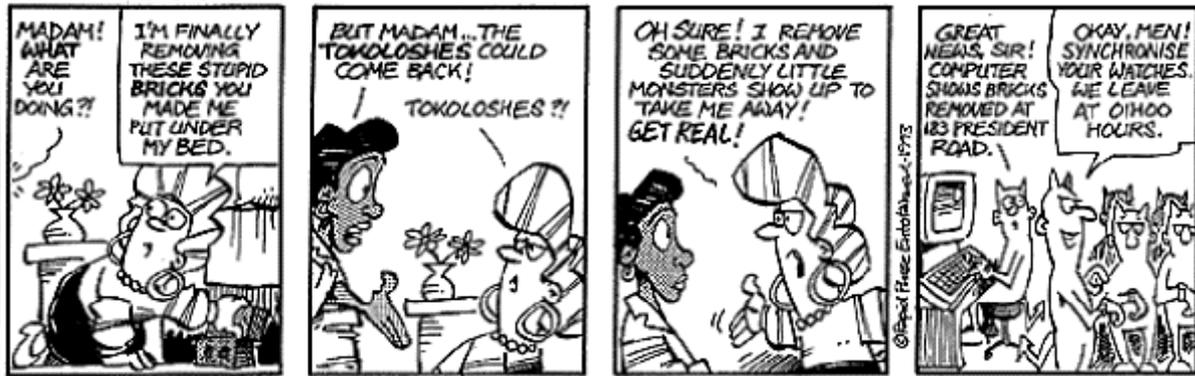
When you sleep and want it, and wake up [after an erotic dream] and your boyfriend is asleep, it was tokoloshe. (...) tokoloshe wants sex, he doesn't want anything else, he loves it so...

The *tokoloshe* was frequently mentioned in relation to sexual intercourse, even by people who did not believe in it. When I asked a woman I know about the *tokoloshe*, she told me:

I never see it. It's just a story, but the people believe in it. I don't really understand. Tokoloshe is when a person has been without love for a very long time, the blood is alive. When they sleep, they dream about having love. When they wake up, they blame the tokoloshe. If they dream of Erik, they will say "Erik came to me with tokoloshe. There was a tokoloshe in my blankets." It's an expression for having naughty dreams.

This is a very different version from the previous one indeed! The *tokoloshe* is being degraded from a blood-soaked reality to a Jungian Archetype without as much as a by-your-leave.

What, then, can a *tokoloshe* do to you, other than give you naughty dreams and make your spouse scorn you? According to popular legend, as well as in the South African cartoon "Madam and Eve", they can carry you away at night.



I had to ask if this was a view held by real people in the real world.

Yes, they do that. Even a witch can carry you away at night, and you won't know about it. They can throw you in the graveyard, and you will wake up and not know about it.

When a tokoloshe carries you away, you are gone forever. No more coming back! Even if you see the tokoloshe with your own eyes, you will die, for you have seen something you shouldn't. Sometimes you can survive, if you go to a strong Sangoma, who can give you strong Muti.

There is said to be a widespread belief that putting a couple of bricks under the legs of your bed will make it too tall for the small *tokoloshe* to reach you when you sleep, and thus make it harder for it to carry you away. I have seen bricks under a bed only once. I naturally asked if this was to be safe from the *tokoloshe*. I was told “No, it is to make the bed more stable. Bricks don't help against *tokoloshe*.”

When I asked about the *tokoloshe*, I found that I got very clear answers. People were either staunch believers in it, or else rejected the concept completely. Several informants told me “no, I don't believe in him” when I asked about the *tokoloshe*. One of them said “I hear stories, but I don't believe in them. Like *inyanga* who can make people into monkeys, but I don't believe.”

Even so, without wanting to speak too much about quantities, the majority of my informants believed in the *tokoloshe*. A woman I know told me:

The tokoloshe is dangerous, very dangerous. The tokoloshe must not be

seen, unless by a strong person. A strong person is a person who has the Muti in his blood. If you want to be strong, you go to a Sangoma, and he cuts you here and there [she was pointing at the joints of the elbows and the knees] and puts in Muti. Then, even a witch can not hurt you, because you are strong.

When talking to the most powerful Sangoma I ever came across, I was told the following:

During the night, you will have a dream [especially women] about sleeping with your partner. You are then having sex with the tokoloshe. You will have his blood in you. You will then get sores on the vagina,⁷⁰ and have dinta (small worm) on the vagina, and they will bite you.

There are many ways to make a tokoloshe. A tokoloshe can be a black or a white person, but it will be small. [I] did find a tokoloshe at the other side of the road, and grabbed it. [We] killed it and burned it. It looked like a child. They are evil. The tokoloshe can make people loose interest in the people the tokoloshe slept with.

I chose not to delve too deeply into the disturbing possibilities presented in this quotation, but I must admit that I felt a bit wobbly during the last part of this conversation. Even so, it does show how seriously the dangers of the *tokoloshe* are taken in this part of South Africa.

Psychic strength is paramount when dealing with the *tokoloshe*. Only strong Sangomas can do so successfully, and even they will have to be careful if the witch that controls the *tokoloshe* is strong. I asked a Sangoma about the *tokoloshe*, and she answered:

⁷⁰ We were talking through a female interpreter. I don't have a vagina.

Tokoloshe is a thing of the witch. If you have trouble with a tokoloshe, go to a Sangoma. I will give you Mutis, some for washing, some to drink, so that the tokoloshe will go away.

Another strong Sangoma told me that healing a person from having a *tokoloshe* was not very hard for him, when the cause of distress was identified:

It is not so difficult to heal people from the tokoloshe. I take the person into the steam, and pour the Muti on the steam, and it helps. After the steam, I give the Muti to help the patient recover from the tokoloshe.

There were many opinions and much information about the *tokoloshe*. A young man I know summed it all up quite nicely:

It is a human being, a short one, used by witches to do bad things to others. To steal and to kill. You can't see them during the day, only during the night. They are invisible. They are evil.

Even those who did not believe in witches did not want to tempt fate, and talked about them with respect. There was one exception. The *muruti* did not fear witches, and was not afraid to challenge them:

I heard about ghosts. I have walked day and night, but I have never seen it. I have never talked to somebody who has met a ghost right on.

I once told a witch to put a curse on me, to find out if it was true, but nothing happened. So I don't believe in witches. Many people think that a witch can change humans into animals and make you a zombie, but they have no proof. When people come to the church, they must reveal their sins to become a member. I have had murderers here. But not one person has revealed anything about them doing witchcraft or magic.

I heard a story once: In Hammanskraal, a mechanic had been sucking petrol or oil out of a car, and he started to burn. His lips were damaged, and his teeth came through. A man saw him, and said to other people "I

have seen the devil in Hammanskraal.” This happened years ago. And still many people believe that the devil landed in Pretoria. Evensongs have been made about it.

In my conclusion, there are no witches.

If the rest of my informants are anything to go by, this is not a usual way to think or react in South Africa. But the muruti is a man who is strong in his faith, and is seemingly teamed up with forces other than magic.

7. Magome

Magome was unknown to me before I went to South Africa, and I was not aware of the concept before I talked to one of my informants. I asked him about the origins of AIDS, and he told me the following:

According to Africans, when your wife dies, you must wait six months before having sex again. But we don't call it AIDS, we call it magome, but when you go to the doctor, he says “no, you are HIV positive.”
According to my opinion, many people with HIV really have magome.

Quite naturally, this awakened my interest. As far as I know, *magome* is not a disease in any scientific definition of the word. I started to ask my informants about *magome* more or less every time I conducted an interview. Its relation to AIDS and HIV was especially interesting.

I asked the man if he thought all HIV positive people really had *magome*. He answered “I don't know. According to the white people, no.” I had to know more, and asked a man in his late thirties what he knew of *magome*.

Magome, you get like that from sleeping with a widow. You get fat like this [He mimicked fat ankles with his hands] and in the body also. If I die, my wife [or partner, as a formalized marriage is, as far as I understand the concept, not strictly necessary] must go to the Sangoma to get Muti. She must not sleep with somebody for a whole year. The

Sangoma can help with magome.

Later, most of my informants agreed on a year as the appropriate time to wait before finding a new partner. Not all of my informants had heard about it, but those who hadn't were all quite young. Presumably, they had not yet been told about this aspect of sexuality, or they felt uncomfortable talking to me about it.

The Sangomas, whose area of expertise *magome* is, were more than willing to tell me about it. One of them told me how you got it, and also told about the cure:

Magome gets into you if your husband or wife died. If your husband died, you must get medicine against magome, called mayqeqesha. If you are having magome and they don't cure you, and you then sleep with somebody, they will get magome. After a spouse dies, sit down a little bit, and get cured with mayqeqesha before you sleep with another. Magome is a dangerous disease. If you get magome, you get fat, fat, fat, and you will die.

When I asked her if you can mistake AIDS for *magome*, she answered in the negative. "You can't mistake AIDS for *magome*. People say: "AIDS is *magome*," but they are lying. It is very simple to cure *magome*." This was later confirmed by several Sangomas. As one said:

AIDS and magome are two different things. When you have magome, sometimes you become dark; sometimes you have a big stomach. If you have AIDS, you are going to vomit. If you have magome, you will not vomit.

Magome is thought to be in the blood. Blood, as I have shown earlier, is an important part of healing and disease in this part of Africa. As one of my informants told me, "If one of a pair dies, the other will carry *magome*, and pass it on. That is if you're not using Muti, special Muti against *magome*. *Magome* is blood." She was not the only person to tell me this. Another informant said:

The people say "AIDS is magome," because it is a form of disease, your stomach starts getting sick and things like that. Like me, when my

husband dies, and I go to somebody, I bring magome to that person. They say your blood is still hot from the hurts [of losing somebody]. If I die, my husband must stay for a whole year, without having somebody. If he is naughty, then he will get magome.

This is a slightly different version than the others. I earlier got the impression that *magome* first of all was a danger to the sexual partners of the mourner, not the mourner him-/herself. As far as I understand, nobody else had this view on *magome*. When I asked about the cure, I was told this:

You only get magome after one partner passes away. If one's partner passes away, [she] must have special Muti, mayqeqesha. The person who has been given the Muti, she must not sleep around, because if she does, the men will die. You must stay a year, and then get Muti, and drink it day and night. They also put mayqeqesha on the stove, and you sit with a blanket over you to breathe the fumes.

I thought that *magome* only came when a partner died, but was told otherwise by a woman in KwaMhlanga that I know:

In our tradition, if you are a youngest child and parents pass away, you must take mayqeqesha. Even I, if my mother or father passes away, must have mayqeqesha. If you are having magome, you will get dark and fat with a big stomach and fat legs. Then everybody knows that you are going up [into heaven]. Your days are numbered.

I was not told that the cure had to go on for a year, nor that *magome* would ensue if the cure was not followed.

Both *magome* and HIV/AIDS are associated with blood and sexuality. I was told by a Sangoma that the hospitals often will make mistakes: "If you go to a hospital, they will say that you have AIDS, because the hospitals don't recognise *magome*." I was further told by another informant:

Magome is the blood. If you have a partner, the blood of that person is

in you. So they must take the blood of that person out, so that you don't have magome.

It should be self-evident what may happen after a year when the *magome* – diagnosed as HIV or AIDS by the hospitals – is no longer thought to be active.

8. Other things

According to several government officials, AIDS can – as I have mentioned earlier – be prevented and even cured with proper nutrition. The Minister of Health, Manto Tshabalala-Msimang has been a staunch advocate of the use of garlic, olive oil and African potato. I asked several of my informants if they thought there was any help in this. I got diverse answers, but the most telling answers were those I saw with my own eyes. When interviewing people at the University of Pretoria, I saw the rows of vitamin pill canisters on top of their computers. Whatever they thought about the government's view on the value of nutrients, they were clearly not going to take any chances.

One of my informants, a woman, told me that she was convinced that garlic would help against AIDS. She could also inform me that quite a few of her co-workers did not believe everything they were told about AIDS.

They [the other workers] say "there is no AIDS," they sleep around without condoms. Madam has told us about AIDS, but they don't believe.

I once sat in the afternoon sun outside the Church in Baviaansfontein, talking with one of my informants. We chatted about the government and the African potato. My informant was fed up with the Minister of Health, and we both agreed that it would be better for all if she lost her portfolio. We were both very disappointed when she continued in her post after the election. My informant did not put any store in what he contemptibly called "fruit and vegetables." He was not HIV positive himself, but he wanted anti-retrovirals to be given freely.

A young man I talked to was more positive. When I asked him about "potatoes and garlic," he answered "Those foods, they give the cells of the body power to attack HIV, and stop it from becoming AIDS." This is more or less verbatim what Dr Manto Tshabalala-Msimang would

have said. Later the same day, I was told by another informant “I think when people eat some vegetables like *marog* (amaranth) and *patat* (sweet potato), they can get more power.” Both of these vegetables are easily grown in South Africa; *marog* can even be harvested from the wild as a leafy green. The poor man’s garlic.

A young woman I interviewed told me that “healthy food” could help against AIDS. When I asked her what kind of food, she answered:

Fruit and vegetables. Like apples. In South Africa we have something called marog. A positive person has to eat food with vitamins and proteins, and then do exercise.

When I asked a young man if you could get rid of AIDS, he answered in the negative, but added that “you can live for many years, but you must have a healthy diet, work out and see the doctor for check-ups.” Many people, especially among the younger generation, put great store on healthy living, be it through diets or work-out.

If food can heal, it can also kill. While interviewing AIDS counsellors at the University of Pretoria, I was told by a young man:

People eat beetroot at funerals. Some say: I got it [HIV] because I ate all that beetroot at the funeral. Of course, for the last years people have been eating an awfull lot of beetroot.

Several foods are traditionally eaten at funerals, and I do not know why beetroot has been singled out. For all I know, it might be the colour.

If AIDS is hard to get rid of, it can be prevented. I wondered what my informants believed about the aspect of protection against HIV and AIDS. I had the same answers from everybody that cared to answer. The use of condoms and abstinence from sex were the most common answers. Strangely enough, only one of my informants answered “keeping to one partner.” Nobody told me to take a special Muti to prevent AIDS.

I was curious to find out what kind of information people got about HIV and AIDS. The young people still in school gave me the impression that they received good information from their teachers. One of my informants, when asked if he was taught about AIDS in school,

answered:

Yes, I do, because AIDS is everywhere. You can not know by looking at a person if they have AIDS, you must go to have a test. We learn that AIDS kills and that you must give support to people that are infected. We also learn about protection in sexual activity, and to abstain from sex.

Others also told me that they had proper classes on matters of sexuality and HIV/AIDS. On the other hand, a well established institution for the spreading of information in South Africa, the churches, did not have the same level of activity. As one of my younger informants told me “My priest does not talk to us about AIDS.” Others would say the same, or tell me that their Church only told them to abstain.

9. Church Services

I attended services in four different churches: Zion Christian Church, St Engenas Zion Christian Church, Ethiopian Baptist Church of South Africa and Unto the Church of God Apostolic Jerusalem in Zion. Zion Christian Church and St Engenas had, as far as I could see, identical services. They used to be one church, but split following the founder’s death in 1948. The service I attended with the Ethiopian Baptist Church of South Africa was a night service, where they had invited several other churches, among them Unto the Church of God, which I was attending at the time. I will describe all of these services, since even the two ZCCs were somehow different. It was only in one of them that I was declared to be an angel.

St Engenas Zion Christian Church

The first church I visited was St Engenas Zion Christian Church of Baviaanspoort. I was driven to the church the first time, but it was only a 15 minute walk from where I lived, so it was no problem walking. The church itself was a compound surrounded by a reed fence, with a baldachin fashioned of sheets of plastic as a protection against the elements. The men would sit to the right in the congregation, while the women would sit to the left. The men sat on benches, while the women sat on the ground. I was seated with the elders (*ouderling* in Afrikaans), facing the congregation so that the men sat on my left. Those of us seated among the elders were sitting on a mixture of chairs, ranging from plastic seated to an old leather armchair.

Before entering the compound, I was purified with Holy Water. From a cup, water was thrown at me, and I also had to wash my hands. This happened to others as well. When the service started, we marched into the church in a procession, where after there was a prayer. The language used was Sesotho. During the prayer strips of holy paper, called *mogau*, were burned. After the prayer we prayed again, but this time on our knees on the red earth. I later learned that all ZCC services start and end in this way. As the service continued, several of the elders preached, and would often get answers from the congregation. This was usually an “Amen.” There were psalms or hymns sung in between the preaching, and sometimes members of the congregation would start to sing what seemed to be unrelated to anything happening in the sermon. Sometimes, members of the congregation would start glossolating. They would then be led aside to an area separate from the rest of the church, and there, on their knees, an elder would listen to what they had to say. I see from my earlier notes that I first thought it was some sort of intercessionary prayer.

As the service was getting toward the end, the *Muruti* talked to me in English, where he said that I had come from Norway in order to learn about the “Church of Zion,” and could now return home in the knowledge that there was only one God in Africa. Several of the members later asked me if I was a priest, and when I told them that I was studying religion, they all nodded knowingly. So, a student of theology I was to most of the members of the congregation. I would later tell the *Muruti* about my real status. He did not seem to mind.

After another bundle of paper strips was burned we went down on our knees again, prayed and the service was over. I was then asked to tell the congregation what I was doing in South Africa. Since most of the people present did not speak English, everything I said had to be translated. I therefore decided to keep it as simple as possible, the only way I could have some control over what was actually said.⁷¹ I told them that I was a student from Norway, and had

⁷¹ At least my theory is as follows: say things simply, and people tend to interpret directly. If you are complicated, people become innovative, and you have no idea what they actually say about you.

come to South Africa to learn about religion and spirituality. Everybody nodded and thought I had been very smart coming to St Engenas ZCC first. In all, a good start.

Then it started to rain. Some of us found shelter in a shack made out of corrugated iron sheets. Now, the healing started. This would later happen out of doors, weather permitting. The patients were hit with rolled up pieces of paper, then rubbed with the same paper, which was burned afterwards. The members of the congregation would also come to the shack with money, usually small coins. At this point I was asked if I wanted a ride home, which seemed practical at the time. I would later come to other services in St Engenas Zionist Christian Church of Baviaanspoort, but they would not be much different from the first. Some elements would be missing from some of the services, but in general they would all be conducted in much the same manner.

About a month later, I was invited to an AIDS rally in Cullinan. It was conducted as a service, but on a much larger scale. We must have been well over 5000 people gathered on the field where the rally was held. Again, I was placed among the VIPs, and this time there were two other white men present; the local mayor and the director of De Beers diamond mine in Cullinan. I talked to a doctor seated next to me, but he was not a ZCC member. Like quite a few of the present notables, he was a member of the ANC. We ended the rally with a meal, and then left for home. I was later told that the Bishop himself had asked about me, and told the Baviaanspoort congregation that they should take me to this rally. I still do not know why.

After a couple of months, I started to feel that I had overstayed my welcome. It seemed to me that there was some sort of power struggle going on, and at least one of the sides tried to use me. At one service, where *Muruti* was not present, one of the challengers harangued the congregation, telling them that he was:

(...) ashamed that some of you [the congregation] are making trouble now that we have a guest. And no ordinary guest, but a wonderful human being who would return to Norway to tell everybody that the God of St Engenas is not only the God of Africa, but of the whole world.

It seemed that I was to be used as a pawn in some power struggle, and apparently it was the *Muruti*, a man I liked and respected, that was the target. That could mean only one thing. Exit Erik.

Zion Christian Church

Not long after this I moved to KwaMhlanga, Sun City Section 4. Here I was to visit no less than three churches, the first of them Zion Christian Church. One of the *Murutis* came to fetch me, and he drove me to the house of a Deacon, higher in the hierarchy of the church than a mere *Muruti*. He had a more expensive house than most of those I had seen in Sun City. The church itself was also more permanent than the one I had attended earlier. It had a floor of shingle, with brick walls about a meter high. I was told that they were building a church with a roof, but that the work was going slowly. “Money is scarce” was the reason given, a reason I heard more than once in Sun City.

The service started not long after we arrived. The seating arrangements regarding the sexes were the same here as in Baviaanspoort. After the preliminary prayer, the congregation was told why I was there. At this point I had given up trying to control what was said about me. I just nodded along and hoped it wasn't too bad. This little speech, like the service, was in Sesotho, but unlike Baavianspoort, somebody interpreted into English. This time I was “a pastor from Norway, which is situated in America.” It was also told that I had planned to “visit businessmen and companies” when I returned home, to collect money for the Church. Again, I felt that I was used in some sort of power game over which I had no control. I just nodded and said I should do my best. It will not be my fault if the entire plot backfires in the Deacon's face when no money is forthcoming.

The service went on pretty much in the same way as in St Engenas. People started to make grunting noises, a sign that glossolalia is forthcoming. In this church, I was involved much more than I had been in St Engenas, and was asked to follow when people were led aside to glossolate. Two of these people spoke about me. One of them, a woman, told that I was an Angel, and was to be trusted. A man told that I was sent by God to do good deeds. I was also

told that it was important for me to read psalm 21.⁷² I decided not to abuse my status as a celestial being, and I did not return to this Church.

After the sermon proper, the young men were marching. This is something the men of ZCC will do in order to keep in good shape, according to one of my informants. I do not know if he was serious or not. I also saw the blessing of the tea bags and the instant coffee. The blessed beverages would be drunk on a daily basis. Holy water was also being made, and this water can be drunk as a powerful prophylaxis against disease and other bad things.

⁷² Psalm 21

¹The king shall rejoice in Thy strength, O LORD; and in Thy salvation how greatly shall he rejoice!

²Thou hast given him his heart's desire, and hast not withheld the request of his lips. Selah

³For Thou goest before him with the blessings of goodness; Thou settest a crown of pure gold on his head.

⁴He asked life of Thee and Thou gavest it to him, even length of days for ever and ever.

⁵His glory is great in Thy salvation; honor and majesty hast Thou laid upon him.

⁶For Thou hast made him most blessed for ever; Thou hast made him exceeding glad with Thy countenance.

⁷For the king trusteth in the LORD, and through the mercy of the Most High he shall not be moved.

⁸Thine hand shall find out all Thine enemies; Thy right hand shall find out those that hate Thee.

⁹Thou shalt make them as a fiery oven in the time of Thine anger; the LORD shall swallow them up in His wrath, and the fire shall devour them.

¹⁰Their fruit shalt Thou destroy from the earth, and their seed from among the children of men.

¹¹For they intended evil against Thee; they contrived a mischievous device, which they are not able to perform.

¹²Therefore shalt Thou make them turn their back when Thou shalt ready Thine arrows upon Thy strings against the face of them.

¹³Be Thou exalted, LORD, in Thine own strength; so will we sing and praise Thy power! *21st Century King James Version.*

Unto the Church of God Apostolic Jerusalem in Zion

This is the church of my landlady in Sun City. This church seemed to me to be more open towards traditional African elements than ZCC and St Engenas. The *Muruti* of St Engenas told me that going to church and visiting Sangomas could not be combined. The *Muruti* of Unto the Church of God however, was himself a Sangoma. Also, drums were used as an integrated part of the service in Unto the Church of God, while I never observed any drums in relation to ZCC.

The church building was a shack in the *Muruti*'s garden. The sermon was presided over by *Mamaruti*, the *Muruti*'s wife and a priest in her own right. When I visited the church, most of the congregation had been to Benoni, celebrating Pentecost with a night service. They were therefore sleeping over. That day, the congregation consisted of only women and children. The only male present was a young boy who functioned as the bible reader.

When I came to the church, three middle-aged women sat outside, waiting for the service to start. Two young men sat there as well. When I asked them if they were going to attend the service, one of them answered in the negative, pointed at the other, and said "I have to follow him to the mountain." I later talked to another young man, and when I asked him about *magome*, he answered the following:

Him: *Ingome* is when a boy goes to the mountain to do culture.

Me: No, I mean *magome*.

Him: I have never heard about it.

Me: You talked about *Ingome*. What is that?

Him: When a boy does culture.

Me: Like an initiation ritual?

Him: (?).

Me: Do you mean circumcision, to become a man?

Him: Yes, like that.

So the young man was going to the mountains to becoming a man, and his friend would be there to support him.

During the service, each of the members of the congregation delivered a small sermon, or said a few words connected to that day's Bible reading, which was John 15:1-6.⁷³ Quiet a few of them expressed that they were happy that I was there to visit them. I was asked to contribute, and as my first and last sermon ever, I spoke about how "the tree, with its diverse branches, is combined to a whole that is good in the eyes of the Lord." It fell into good ground, so to speak.

Drums were used during the service. The congregation would clap in beat with the drums, which would also be in rhythm with the psalms. Everybody would verbally contribute to the service, often with a "Hallelujah" or "Amen." When I spoke, somebody said something every time I drew a breath. I am not sure what everybody said all the time, as the service was conducted entirely in Sesotho.

⁷³ John 15

¹"I am the true vine, and My Father is the husbandman.

²Every branch in Me that beareth not fruit He taketh away; and every branch that beareth fruit, He purgeth it, that it may bring forth more fruit.

³Now ye are clean through the Word which I have spoken unto you.

⁴"Abide in Me, and I in you. As the branch cannot bear fruit of itself, unless it abide in the vine, no more can ye, unless ye abide in Me.

⁵"I am the vine, ye are the branches. He that abideth in Me and I in Him, the same bringeth forth much fruit, for without Me ye can do nothing.

⁶If a man abide not in Me, he is cast forth as a branch and is withered; and men gather them and cast them into the fire, and they are burned. *21st Century King James Version.*

During the service, we left the church to do a home call to a member of the congregation who was sick. I do not know what ailed him, but he had been sick “for a long time.” We continued more or less like before, with the young man reading from the Bible and the congregation saying their pieces. We also said prayers for the sick man. At the end of the service, a two litre plastic bottle was filled with water, and was then blessed by all the children present (purity, I would guess). They also asked me to bless the water, which I did. According to *Mamaruti*, it had been a good session, and the man now had some decent chances to get well. The service ended here and we ate lunch, where I made sure not to eat too much beetroot.

The night service with the Ethiopian Baptist Church of South Africa

My last service was a proper night service arranged by the Ethiopian Baptist Church of South Africa. This service was not exclusively for this church and I came as an affiliated member of Unto the Church of God. Sara and I left her house at nine o’clock at night, and went to the *Muruti*’s house where we drank tea for a couple of hours. Now I met more male members of the church. It was situated somewhere at the other side of Sun City, and none of us knew exactly where. We walked for two hours before we finally found it, and arrived at one o’clock in the morning.

The service was conducted in a tent made out of plastic sheets. When we entered the tent, we did so singing, and the service stopped while we made our entrance. This would be repeated when other people came to the service. We walked up to the end of the tent, where a long table was situated. The Bishops and *Murutis* sat at the table, facing the congregation. When we arrived at the table, we kneeled and prayed. This would be repeated when new groups arrived, but only the newcomers would have to kneel. The rest of us would only pray. It may have been approximately 100 people in the tent. Later, almost the same amount would arrive.

The *Muruti* of Unto the Church of God had earlier complained to me that nobody wanted to attend proper night services anymore, but preferred the short services on Sunday afternoon. This, on the other hand, was a proper night service, lasting the entire night. I must admit that I nodded off now and again. I was working hard keeping my eyes open, but when I saw other members of the congregation taking naps, I gave in. Even so, I did absorb most of the service.

This service gave me the opportunity to see a wide array of church uniforms. It had struck me how some of the female church uniforms looked a little like domestic servants’ uniforms, and had wondered if they were exactly like that originally. At some point, a servant’s uniform

might very well have been the most expensive piece of clothing owned by many women. I am not sure if this is correct, and I would be very surprised if any research has been done on this topic. None of the churches represented at this service had uniforms as consistent as the ZCC. The women wore headgear; the men went bare-headed. The men's uniforms were less varied. They often had homemade effects, like collars made out of cardboard or cloth crosses sown into the coats with tacking stitches. One of the congregations, which consisted completely of young men, came in black suits.

I was never able to find a system for when it was correct to start a psalm. It seemed to me that anybody who wanted to start singing did so. If you wanted to dance a little, nobody minded. "Amen" was exclaimed when you found it necessary, and now and again, everybody was napping. It gave me a feeling of being part of an early Christian service in the catacombs of Rome. The entire experience was a bit unreal.

After 2 hours, the collection started. We went up in front of the congregation, and took out the money we wanted to give. This was shown to the congregation, and the donor mentioned the amount to everybody, and further said a few words to the receiver. The receiver was a woman who had just ended the period of mourning for her dead husband. She was also given gifts, consisting of blankets and kitchen utensils. The gifts were blessed by the *Murutis* and Bishops. A bowl of water was also blessed, and we were all splashed with the water with the help of a brush made from dried grass. It must be mentioned that during this service, none of the preachers were women.

After the service, we had tea and biscuits. This was not exclusively a ritual meal, but a bare necessity after 9 (for us only 6) hours of church service. We were all tired and hungry, and even if the tent had been relatively warm and cosy (we were two hundred people sitting quite closely), it was very cold outside if one needed to go for a pee. Also, I had only a Harris Tweed jacket between me and minus two degrees, and was grateful for the blanket I wore like a cape. The tea warmed cold bodies, and 6-7 biscuits filled an empty tummy. I see the Lords Supper in a very different light after this basic, filling communal meal. It was about flesh and blood, not wine and crackers.

Before we left for home, one of the choirs sang for me. It was a surreal experience, but very positive nevertheless. Here, in this world filled with poverty and violence, there were still people who wanted to sing to a stranger. I was struck by the feeling of hope that filled the

congregation. These were good people who wanted to make a future for themselves and their families. One of the singers looked me in the eyes, and asked me “Do you like it here? Don’t you have a problem with black people?” I could honestly answer in the affirmative on the first and in the negative on the second.

10. Boys in the Hood

Sara has a son, named Innocence. I do not know how he felt about his own name, but as a Hip Hopper everybody knew him as *Easy*. He had two good friends, called *Slow-Joe* and *Smooth*. What their mothers call them, I do not know. When I wanted to go to the shop, these three came along, making sure I found the way back and keeping me out of trouble. Since taking walks with Erik, a slightly overweight Norwegian gone Afrikaner can be a strain on any true Hip Hoppers reputation, we simply changed the concept. With these guys I was Mr T.

We got some strange looks when moving around in the neighbourhood. It was on this occasion that I realised people almost threw themselves out of my way. Without realizing it, I had gained the “Afrikaner look.” I am 181 cm tall, weighed 107 kg at the time, and had hurt my back slightly when I was in Namibia. With my khaki shirts and *kort broeke*⁷⁴ I looked like a former rugby player gone to seed, and I moved with broad shoulders and a set face. I later read in Antjie Krog’s *Country of my skull* that white South African men do not move like this any more; only tourists from USA and Europe, but I disagree. It seems to me that we have frequented different shopping malls.

The Hip Hoppers didn’t seem to mind. Easy expressed it as follows “They show you respect, man, they see its Mr T, he’s coming here and he is doing his thing.” Whatever my “thing” was, I tried to make it less obvious. The last thing I needed was a local hero wanting to prove his mettle on me. So Mr T quickly became less swaggering. But he did find the idea of

⁷⁴ Afrikaans, meaning “shorts.”

African Hip Hoppers rather interesting. An urban African American culture had planted its roots – deep in the African soil.

11. Nightriders

I didn't have a driving licence before I left for South Africa, which made transport a bigger issue than it would otherwise have been. When I lived on Annette's plot, I was always a long way from shops, internet cafes and other facilities that I needed. I had to rely completely on others, and had to plan how to spend the day well in advance. Even so, I later understood that I had not realised what a headache transport can be in a country where great distances are coupled with an ineffective or non-existing public transport system.

My initial problems disappeared when I got my drivers license, but reappeared when I moved to Sun City. Because of the high crime rates, I could not bring my car. Suddenly, I found myself in the same situation as millions of poor South Africans as far as transport is concerned. I am now of the opinion that nobody can understand the situation for ordinary South Africans without understanding the problems posed by transport. The *capite censi* of South Africa must truly be the car-less classes.

When I was going to town for a meeting at the University, or to an internet café to send an e-mail, I had to wake up at five o'clock in the morning in order to take the bus at six. We had no running water, so I had to make a cold toilette before putting on what was supposed to be representative clothing. It is not easy to be representative without a hot shower and a shave, but I always had the luxury that I could do this at Annette's place before going to my meetings. And even if I had not had that opportunity, everybody was so impressed with my address ("You live *there*?!") that my slightly grizzled look was instantly forgiven.⁷⁵ The

⁷⁵ And I mean *everybody*. Black and white both could not believe that I, a "whitie," chose to live in Sun City.

people of Sun City face these problems every day, without the atmosphere of adventure that inevitably clings to the slumming anthropologist.

It was dark when the bus arrived, and it would not become daylight before we entered Roodeplaat, just around the corner from the plot. Thus, most of the trip was spent in darkness. I talked to several of my fellow passengers, and all mentioned that they used far too much time travelling. Some would use more time travelling than working. Also, transport was expensive. I would easily use Rand 30 on the bus and several taxis on my travelling days. A day's salary for untrained labour was Rand 50. I understand why people like Johanna choose to live where she worked, rather than spending time and money on travelling. The bus would stop in East Lynne, where there was a taxi stand. The South African taxi is a minibus (a van, really) with seats for passengers. The numbers of seats will inevitably vary, but will almost always be above the legal limit. The taxis will drive a certain route, and you pay a fixed fee for the trip. From East Lynne to Baviaanspoort, the fee was Rand five. The taxis were old and in bad shape. The accident rates are enormous. People on the taxis were always friendly towards me, however, and once, when the driver tried to cheat me, two matrons told him off loudly. Only once did I see another white passenger, and she turned her head away and did not look at me for the entire trip.

I would be at Annette's plot at half past eight. If I had been going to the University, I would have needed even more taxis, and the trip would have been prolonged. Every taxi means more waiting for the car to fill up, and it is hard to plan one's time efficiently. If you absolutely need to be somewhere at a certain time, you would have to start out hours in advance in order to get there on the clock, or else be late. Many chose to be late, and thus derogatory terms like "African time" are made, or at least re-established. It would take me two and a half hours to take this trip, changing cars only once. I drove this distance several times in my own car, and it usually took me about forty-five minutes.

I spent my days rather differently from my fellow passengers. After a short morning meeting or mail session, I would spend a couple of hours over lunch before seeing a movie and going shopping for some books before my return. I am usually not a big luncher, but this became my town-day ritual, probably because I associated it with a typical European lifestyle. At this point I was fed up with Africa and wanted to go home. As a result I had spent my day in leisure, unlike my fellow passengers who had been working all day and were dead tired.

It always got dark while we waited for the bus. The buses were all old and stained. Most of the travellers knew each other quite well, and lived much of their social life on the bus. Vendors would peddle wares. A man that worked for a greengrocer sold fruits and vegetables, one sold milk in plastic containers, and there were several sellers of candy and crisps. On the way home, the cooking fires in the squatter camps along the road were small pools of light in the darkness, and the thick smoke from raw wood hung like fog in the air. I was tired after 14 hours, and it was barely seven in the evening. All this travelling was done in the dark and those of my fellow passengers with indoor work (like my travelling companion Justice, a janitor at Kolonnade shopping mall) really hadn't seen the sun at all that day.

Chapter 4: Analysis

When I started my field work, I carefully noted any little “mistake” my informants made when describing HIV and AIDS. If somebody said “germ,” I wrote a little piece about that when I returned to my lodgings. Only later did I understand that a lot of what was said to me in the field is open to interpretation. When an informant says something *I* perceive as wrong, the problem might very well be that I am not sensitive enough to the intended meaning of the message. Small misunderstandings are not as important as big understandings. I think I started on the slippery slope towards that understanding during my stay in South Africa.

When first reading Morton Klass' book *Ordered Universes*,⁷⁶ I found a theoretical foundation that fitted my own views of religion as a social function. My opinion is that his thesis about *assumption, belief* and *facts* are useful tools when trying to understand and explain how human minds and societies work. I also find that this viewpoint allows me to take a position

⁷⁶ Klass, Morton. 1995.

between that of the ethnocentric group and the extreme culture-relativist; I understand that different people have different thoughts, and may even be able to explain them. I have to respect that thoughts are different, but do not have to like them all.

This is a point of view that becomes imperative when one is dealing with issues like AIDS, the suppression of women and maltreating of minority groups, to mention some. The anthropologist must take a stand. Not to do so would be to dehumanize the anthropologist as well as the subject of research, for what kind of humans are we if we can observe suffering in others without being filled with rage? Not the kind of sensitive person needed to conduct a fruitful field study, of that I am quite sure. The person must always be present. This, I think, is also necessary in the text. Everything in an anthropological field study is filtered through the mind of one human being; the writer.

Morton Klass and the assumption of belief

Morton Klass divides the knowledge humans hold into three categories; that which is assumed, that which is believed and that which is a fact. Everything assumed are things taken for granted, and we do not question them. Indeed, the moment we do question them, they stop being assumptions, for the very act of questioning shows that we see the possibility, however remote or theoretical, that what we assumed to be true may not be so. Morton Klass' chief example is the differences between Hinduism, Buddhism and Jainism. When the last two emerged, they all held fundamentally different views on the cosmological order, first of all in relation to the rebirth of souls. Whether there are such things as souls, and if so, whether they really get reborn at all, were not questions any of them asked. This was simply assumed to be so.⁷⁷ Assumptions are the unquestioned basis on which we build our beliefs.

⁷⁷ Klass, Morton. 1995. Page 49-50.

In today's global reality, assumptions will be brought to light more often than during days long past. We do know that other people think differently from us, and so we are presented with the possibility that one might think differently. Even so, humans seem to have a special ability to not see the logic offered by others. Total rejection of others cosmology enables us to hold on to old assumptions. I think that my own material offers several good examples of this.

One may fall into the trap of assigning undefined assumptions to those of little education and learning. I have done so myself (and to a certain degree continue to do so), especially when dealing with religious or political ideas that we find preposterous. Simple but spiritual people have often been the butt of overzealous academics, who can use what they regard as superior knowledge to belittle the seemingly illogical and rural ideas the religious person holds so dear. Assumptions go deeper than mere opinion, and if I discuss Evolution vs. Creation, I too make underlying assumptions about the order of the Cosmos. There are differences in our thinking, but we all base our views of the world on whatever assumptions we have made.

Beliefs, on the other hand, are more open to debate. Even when perceived as truths, they are open to discussion, sometimes by the very people who hold them. A person can change his or her belief, either through monumental happenings or simply because humans have a tendency to change their views over time. A Christian converting from one denomination to another is a typical example. Even if this person became a Muslim, the underlying assumptions may not have changed much, if indeed at all. Becoming an atheist, on the other hand, seems to be a change of more than mere belief. Even if most people in this modern world have heard about atheism, I feel that simply being aware of the existence of ideas other than our own is not enough to change the assumptions on which we build our beliefs. Only if those beliefs changed drastically can we say that the assumptions have been rocked. It is a large step from believing in an all-powerful deity to nothing at all.

Facts, even if they may seem to be based on a solid foundation, are actually even harder to grasp properly. Most people will present their assumptions as facts, and even belief can be put into this category. We can, Klass argues, put fact aside as something to aspire to, but not something that should be defined by the anthropologist. We can perceive fact in two ways: firstly as *emic*, and thus describe what certain people of a certain culture understand to be reality, and secondly *etic*, that which is the objective reality. It should not be too hard to spot the problems arising here. My *etic* may very well be your *emic*.⁷⁸ According to Klass, fact should be seen as a possibility and an ideal to strive for, but I do not think it is a category the anthropologist of religion will deal with very much. *Emic* facts are beliefs built upon assumptions. That does not necessarily mean that they are not true, of course.

As we have already seen, there are many misunderstandings about HIV and AIDS. It is not enough to blame an inadequate schooling system or stupid recipients. Firstly, I am not convinced that the schools are inadequate. Secondly, the information is not hard to understand. Why then, do people not use the rather simple methods of protection? In South Africa, racism was one model of explanation. Either the racist regime of the past would be blamed (“They did not give us proper schooling, they did not give us information, they did not give us a proper health care system”), or the explanations would themselves be racist (“The blacks are too stupid to understand, promiscuity is part of their culture, black men like to suppress and rape women and children”).⁷⁹ But I still feel that a third explanation, inspired by Morton Klass, is better. The information is understood but not acted upon, because it goes against the assumptions of the society in question. I believe that these assumptions and the beliefs based upon them must be understood, before proper actions can be taken against HIV and AIDS in South Africa.

⁷⁸ Philosophers might indeed argue that the idea that there can be such a thing as *etic* facts is in itself an *emic* notion.

⁷⁹ I have heard all of this, and worse.

The underlying basis

What, then, are the assumptions of the people of Sun City? Assumptions, Klass assures us, are not easily grasped. At first I thought that traditional healing would be an African assumption, but this is clearly a belief. Even if many of my informants would trust in the Muti given by the Sangoma, they had different ideas on how they would work. Some thought that the Sangoma would have to speak to the ancestors in their dreams while others trusted in the herbal remedies of the *inyanga*. And some, as I came to discover, did not believe in the power of Muti at all, and even here we had a division into two camps; those who did not believe in Muti for no particular reason, and those who had thought long and hard about the problem, and reached the conclusion that Muti did not help.

The witch seemed a likely candidate for assumptionhood. I learned quite early on when studying religion, that witchcraft and ancestor worship are the staples of African religion, or at least the staple of the anthropologist studying African religion. But here I found myself disappointed as well. The witch had many followers, but by no means was the notion universal. Many simply did not believe in the witch at all, and one of my informants even told me that witches are good, though we may have had a misunderstanding here. So I conclude that the belief in the witch was widespread among my informants, but in itself not a basis for the way they perceive the Cosmos. The *tokoloshe* is in the same category.

The concept of the witch has got other interesting points, though. When I interviewed the young man who told me how the witch could drug you and infect you with HIV while you are sleeping, I must admit that I sharpened my ears. What he described to me is, after all, not impossible. At least according to urban legends, the same happens here. Women go to pubs and get sleeping agents slipped into their drinks, and are then abused by strangers. Nasty to think about, but the act itself is very mundane, even if I do see that a personage of uncommon evil is needed to make it likely. Why should the witch, in league with dark and terrible forces, need to buy “dropping pills” from the internet? Later I understood that the need was not with the witch at all, but with the young man. And this very interview compelled me to come up with a theory of my own, which I will present and discuss later.

What did strike me was that everybody seemed to be convinced that disease and also, to a certain degree bad fortune could be controlled. The sick can go to a Sangoma to get Muti, or go to church to get healed by a prophet. Even the informant who rejected witches told me that

he did not use Muti because his church did not allow it, *not* because he did not believe it would work. Also, he told me that his grandmother had become 120 years old because she had helped so many women survive childbirth. She had been a good person, so somebody or something (presumably God, since this man was a Christian) rewarded her. The only atheist among the informants did not spurn Muti, only God, witches and ancestors. So I think I will dare to conclude that my informants assume, in a Klassian fashion, that there are forces that can influence human lives, and that these forces in turn can be influenced to help or to harm humans, be it through prayer, sacrifice or coercion.

Beliefs and behaviour

All my informants shared the belief that humans can be assisted in healing. Most of them were also of the opinion that different remedies could be used at the same time with good results, though the members of the ZCC⁸⁰ seemed to be opposed to this mixture of cures. One of my ZCC informants told me that one should “not mix ZCC remedies with witchdoctor remedies,” because you would then be unsure about what had caused the healing. Another informant from the same church told me that he himself would not use the remedies of the Sangoma, because his church did not allow it. None of them seemed to reject the notion that both remedies worked, but they clearly had ideological difficulties with using the remedies of the Sangoma. If they did use a Sangoma, they would also need to abstain from the church while this treatment lasted.

Among the Sangomas I talked to, the belief in intervention ruled supreme. I suppose a Sangoma has to believe in the healing powers of Muti and ancestors, or else he or she would be a fraud. Again we turn to Klass; the shaman,⁸¹ he says, is neither a fraud nor a

⁸⁰ I did not note any difference in Zionist Christian Church and St Engenas ZCC.

⁸¹ Klass works with two classes of religious officiants; the cleric, a full-time and often well educated member of a religious structure, and the shaman, a sometimes part-time and seldom very educated free agent. The Sangoma is a shaman.

psychological case. The shaman is usually an intelligent and thoughtful individual.⁸² This does make some sense; you don't want to leave the most important job of battling witches and diseases to a rambling idiot. Nor do I see why the Sangoma should be the only person around who does not believe in witches or the healing powers of Muti. So rest assured: the Sangoma believes.

The Sangoma can throw bones, and by reading the bones will know what Muti to prescribe. I have had the bones thrown for me several times, but the Sangoma never said anything more interesting than "you are not ill." In this regard, I can honestly say that the Sangoma was never wrong when throwing the bones for me. I have also read about Sangomas who become possessed by the spirits of the ancestors, but I have never seen this myself.

The Sangomas are convinced that the ancestors will use dreams to tell what Muti to prescribe to the patient. They also believe that their Muti is always efficient; after all, their ancestors have proven themselves in the past. When a Muti does not seem to work, there can be several reasons. The fault can lie with the patient, who may not be Godly enough, or who may have acted in ways not consistent with the prescription. The Sangoma may also face a strong adversary. In the last case, a Sangoma known for strength can be enlisted to help. Philmon the Prophet occasionally helped less strong Sangomas to battle witches. In the case of AIDS, I was told that the Sangomas could not help because AIDS was a new disease. I am not completely sure why that would disqualify the Sangoma, but I do believe it has to do with the ancestors. If the patient is inflicted with a malady unknown to the ancestors, how can the ancestors prescribe the correct Muti? Several of my informants did believe that an effective Muti would be found sooner or later. After all, *we* know about AIDS, and inevitably we all end up as ancestors.

⁸² Klass. M. 1995. 72ff.

Causes and Causalities

Even when people understand the technical reason for things happening, they might blame or praise agents other than physics and chance. A classic example of this is the collapsing granaries of the Azande.⁸³ The Azande, who lived in what is today Sudan, the Democratic Republic of Congo and Central African Republic, used to sit in the shade under their granaries during summer. The granaries were raised on long poles, beloved by termites. Therefore, the granaries would sometimes collapse. The Azande knew that the termites ate the wood, and they knew that the granaries would collapse when the wood was eaten through, and they did not consider this to be eldritch at all. But when people died as a result of the granaries collapsing, this would always be allocated to witchcraft.

Did the Azande not understand that falling granaries, weighing several tons, are dangerous? Did the Azande not understand that people (themselves, as a matter of fact) would sit under the granaries to escape the heat of the sun? Of course they did. But the answer to the big question, why *our* friends or relatives were sitting there just when this particular granary happened to fall – that must surely have been the work of a witch. This tendency to give causality a cause I also saw during my own field work. One of my informants, a young girl, told me straight out: witches can make you fail at school or lose your job. Another informant told me that they cause road accidents. Both of these informants know and understand that accidents happen for a reason and that people can lose their jobs or fail at school for valid reasons, but when it happens to you or to somebody close to you, then other reasons can readily be found. The witch is the cultural cause for causality.

Some positive things can be attributed on agents other than man. If a member of ZCC is cured of an illness, God will get some of the credit. The rest of the credit will go to the prophet that made the healing possible, and a little to the patient herself, who seemingly is a righteous

⁸³ Evans-Pritchard, E. E. 1989 (1937). Page 22.

person, since God would like her to get well. It is easier, however, to take the responsibility for a positive outcome than the blame for a negative one. It will be the witch's fault completely if something goes wrong, but you can always harvest some of the credit yourself if it goes well. If nothing else, you were smart enough to seek a Sangoma and get Muti in order to influence the outcome.

As I have shown earlier, the Sangoma will not believe in coincidence either. If a patient improves, he or she will do so because of the Muti. If the patient does not improve, or even gets worse and dies, there must be a reason for the Muti's inefficiency. This rejection of the Muti is not particular to Africa, though. When a Norwegian patient is told that the medication he or she is using does not work, the question will inevitably turn to "Why not, doctor?"⁸⁴ And the doctor will try to answer this question. My impression is that both the doctor and the patient believe that there are explainable reasons for the medication malfunctioning, even when the doctor is unsure of that reason. Sometimes things go terribly wrong, and witches as well as microbiology can be used to give a plausible explanation.

Systems of health

In his book "*Patients and Healers in the Context of Culture*," Arthur Kleinman⁸⁵ discusses the health care system as a concept. The health care system has several components; the most important of these being patients, healers, disease and healing. Anything relating to any of these concepts is part of the system. Kleinman argues that the health care system must be seen as a cultural system in the same way as we perceive religion and kinship. If a witch makes you sick, she is a part of the system as much as you, the disease and the possible healing (an eventual death must be seen as the last aspect of this system).

⁸⁴ I have not conducted formal field work on Norwegian patients, but I have worked in a hospital for five years. As Mikael Rothstein once told me during a lecture: "We never go completely out of field-mode."

⁸⁵ Kleinman, 1980.

What shall the modern anthropologist do when concepts like the witch make an entrance? According to Vinigi Grottanelli,⁸⁶ the reaction has been to explain the term either as an allegory or simply as absurd. Like Grottanelli (or Morton Klass, for that matter), I find this position unbearable. I can no longer see how we can deny the existence of the witch; most of my friends in South Africa are convinced that witches live in their neighbourhood, and they should most certainly know this better than me. The witch is not some elusive deity, but a person of flesh and blood that practices witchcraft. Any decent Sangoma can use Muti for good or for ill, and a Sangoma using Muti to harm others is on the brink of witchcraft anyway. The question whether the acts of the witch have any functions is another matter, but this is a question of belief. Some people believe in the existence of God, others do not.

If I am convinced that the witch exists, how much more must not the inhabitants of Sun City be convinced of the same? Between 1985 and 1995, at least 389 witchcraft-related murders were committed in Venda, just a day's travel from Sun City.⁸⁷ What then, will happen when the traditional African view of the world meets modern western medicine? Are these two societies even able to communicate at all? The results are there for all to see; even when presented with the knowledge on how to avoid HIV and AIDS, South Africa (and indeed most of Africa) has a yearly increase in the number of people infected with HIV and dying of AIDS. I believe that much of this could have been avoided if we had learnt to recognize that health and health care systems are indeed culture relative quantities.

The scientific vs. the fantastic

Sometimes, people believe things that are simply dead wrong, all debates about *fact* being *emic* or *etic* aside. But the way in which they believe them need not be so far off track. I might reject any idea of witches being in league with dark forces (though, as already stated, I

⁸⁶ Grottanelli, Vinigi. 1973.

⁸⁷ Niehaus, Isak. 2003. In Hund, John (Edit). 2003.

will not deny the existence of the witch: I will simply reject the belief that whatever the witch does has any effect), but I can go along with the idea of date drugs. I may not believe that the ancestors of the Sangoma are up to much, but I have no difficulty in seeing the logic behind the herbal Muti of the *inyanga*. This leaves me with a question; can a belief be wrong according to classic scientific methods and philosophies, while being logical within a concept that the same scientific method would recognise as valid, even if the conclusions must be considered false? I believe that it can, and I also believe that there is a very good reason for thinking like that.

But first, let us return to the witch. I found it compelling that my informant needed the witch in this example. As we know from our own society, sexual deviants are easy to demonize, and South Africa has no lack of sexual deviants; there are three rapes happening every minute, and many of them on minors, often very young minors.⁸⁸ But even so, it was the poor witch that was recycled as the perpetrator in his answer. The presence of the witch places this young man's beliefs (I would not assume this to be an assumption) within the frame of the religious, but his way of thinking is indeed logical enough. It does remind me of Sartre's writings on anti-Semitism. If the witch did not exist, this young man would have to invent her. All in all, I found the witch and the modernization of the witch's role an interesting study.

This, then, became the basis for what I chose to term a *scientistic* way of thinking. I chose the word *scientistic* because it is certainly not scientific, but it does follow a logic that a scientist would recognise, even if he or she would not automatically accept the conclusion. The conclusion may even be false according to scientific standards. This is a way of thinking that allows only for *emic* facts to be present in the line of thought. We know that witches exist in Africa. A person that practices witchcraft is a witch, even if the witchcraft has no effect. We know that people can be drugged in bars, even if I have never met anybody who has been drugged, nor has anybody confessed to drugging women to me. We know that raping a

⁸⁸ http://www.news24.com/News24/South_Africa/News/0,,2-7-1442_1934756,00.html This source was last checked for accuracy on 21.05.06.

sleeping person is an evil act, and we know the witch to be evil. We know that sexual intercourse can take place even if one of those involved is sleeping. And we know that AIDS, or at least HIV, can be transmitted by sexual intercourse. To conclude from this that witches drug people in order to infect them with AIDS may not be so far fetched as one might first assume.

But what should we make of the beliefs of the young woman who told me that witches will fly on a saucer during the night? Or the belief expressed by several of my informants, that a witch can make you into a *tokoloshe*, an evil being doing the bidding of the witch? We do know that witches can *not* fly on dinner plates: the laws of gravity simply do not allow it. We also know that human beings cannot be transformed into monsters by magical means. Therefore, we can say with certainty that the reasoning is false. This most certainly falls within the area of the fantastic.

I do not mean for the term fantastic to describe something false or for the term scientific to be used as a substitute for “true.” A fantastic reasoning may very well describe something that really is. The statement “God created the order of evolution” is fantastic, but it does not mean that evolution does not exist, and if God ever decides to speak to us all from on high in a recognizable manner, the statement may even become scientific (or scientific, for that matter). I am of the opinion that these terms make it easier for us to understand how other people are thinking, and I am also of the opinion that they can be used as a tool. Not only for the anthropologist, but also for the social and medical worker combating the pandemic in the field. If you want to spread a message, you must put it into recognisable terms.

Healing and the Church

For some reason, I have myself thought about church healings as fundamentally different from the healing of the Sangoma and *inyanga*. In retrospect, I do not really understand why. The burning of paper strips, the drinking of blessed coffee and tea, and the use of holy water – in what way is that distinguishable from the Muti of the Sangoma? The church is a recognizable unit for me as a European, but as a student of religion I should not perceive this as a fundamentally different concept from the Sangoma. According to Morton Klass, this is not an unusual mistake to make.

Let’s go one step further. Without wanting to go down the road of comparative analyses, what

are the differences between the ZCC healers and a charismatic Christian Pastor of my own country? The Christian Pastor may not burn paper, but his connection to God is no less (or more!) than that of the Zionist prophet. In truth, there is very little difference between these two officiants.

Even if I had not thought about prayer as a force of healing before going to South Africa, it did not take me long to become aware of the importance of prayer in the daily lives of my informants. As one leader of the ZCC once exclaimed, “All we *do* is heal.”⁸⁹ The churches will heal, by prayer, diseases recognised as such by western medicine, and at the same time help with ailments that are more culture specific to South Africa. This may be an important reason for the success of the indigenous African churches. Even when they forbid the members to use Muti or visiting the Sangoma, they do not deny their existence. Thus, they do not collide with the assumptions of the African peoples, even if they might challenge certain beliefs. A lot of people will also become members of churches in order to be healed.⁹⁰ No wonder they have all multiplied over the years.

This fits well with the answers of many of my informants. Nearly all were of the opinion that prayer helps against AIDS. The churches are not the only practitioners of Christianity in relation to healing. Several of my informants told me that Sangomas and *inyangas* both would pray to God or to Christ as a part of the treatment. If I should ever be in the position of giving advice on how to battle AIDS in Africa, I would most definitely tell whoever is in charge to ally themselves with the indigenous African Churches. A Muruti of the ZCC told me that the ZCC trusts doctors more than the Sangoma. The African churches and western medicine at least seem to have some common ground.

There were differences within the churches I visited. While the ZCC seemed to be opposed to practitioners of traditional medicine, Unto the Church of God did not have the same

⁸⁹ Comaroff, James. 1985. Page 219.

⁹⁰ Dahlin, Olov. 2002. Page 112.

restrictions. I have wondered if this is due to the different structure of these two churches. Even if they are both quite old,⁹¹ ZCC is by far the most successful. The membership is by now four million people,⁹² and a rather large apparatus has been built around it. Maybe the church is simply changing, so that its officiants will develop into Klass' clerics rather than shamans. I admit that this is only a speculation. I have not observed or heard anything that gives me any reason to draw conclusions on this subject. But if I ever return to do field work in Africa, I must admit that the ZCC is a strong candidate for further study.

Modernizing the Traditional

I have mentioned the use of fruit and vegetables as cures of AIDS several times in this study.⁹³ The focus on micronutrients – among them vitamins and minerals – has been perceived by many as an attempt by the government to firstly save money, and secondly to save face. Before ARVs became as affordable as now,⁹⁴ eating vegetables and generally leading a healthy lifestyle was presented by the government as a way of slowing down the inevitable transmission from being HIV infected to becoming an AIDS patient. Today it seems that the government rather than admitting a mistake, facing the consequences of this and then move on, has decided to stick to its guns to the bitter end. The government now wholeheartedly supports Dr Rath, the leader (and I suppose owner) of the Rath Foundation, a consortium selling vitamin cures for anything from AIDS to Cancer.⁹⁵ Dr Rath has not only

⁹¹ Both are mentioned in Sundkler, Bengt. 1948.

⁹² http://en.wikipedia.org/wiki/Zion_Christian_Church#endnote_People This source was last checked for accuracy on 23.05.2006.

⁹³ <http://en.wikipedia.org/wiki/Micronutrients> This source was last checked for accuracy on 22.05.2006.

⁹⁴ And they are still very unaffordable for large parts of Africa. But South Africa is one of the very few African countries that could be able to afford them.

⁹⁵ Again, I'll let the man talk for himself. This is one of the foundations own home pages: <http://www4.dr-rath-foundation.org> This source was last checked for accuracy on 22.05.2006.

expressed the opinion that vitamins can cure these conditions, but also that many of today's recognized diseases are really caused by the lack of certain nutrients.

Dr Rath's way of thinking reminds me of the *inyanga*. Without being disrespectful towards the *inyanga* in any way, the focus on the alleged curative powers in vegetables seems very similar to their herbal remedies. I can not help but wonder if this may be one of the reasons why this point of view has been so successful and generally accepted by most South Africans. Several of my informants were convinced that garlic, African potato and *marog* would be effective against AIDS, or at least to make the eater stronger.⁹⁶ Even my well educated acquaintances at the University of Pretoria had faith in their vitamin canisters. This information is in no way in conflict with their assumptions. It even fits rather well with their beliefs. Coming from a country where drinking cod liver oil is a moral imperative, even *I* feel a certain attraction to the idea.

Magome

I think *magome* was the concept that scared me most. Imagine: here we have a disease, or more correctly a condition, that you may suffer from when your spouse dies. Did you ever wonder *why* your spouse died in the first place? Let us say AIDS was the reason, for the sake of the argument. After a while you start to feel a bit under the weather, you go to a doctor, and get diagnosed with AIDS. We know that this happens. Several of my informants told me about this very scenario. Angry and afraid, you then go to the Sangoma. This is called "a second opinion," and is quite common in the West as well as in Africa. After all, nobody likes to be told that they are going to die, and we have all heard about doctors who make mistakes.

⁹⁶ African potato is the tuber of *Hypoxis rooperi*. *Marog* is a species of Amaranth, and can be used like spinach or chard.

The Sangoma is not a big fan of AIDS. First of all, the entire neighbourhood is quite convinced that he can not cure this modern disease. Secondly, he knows that diseases do not happen all by themselves. There are reasons why things happen, after all. And the reason is for the entire world to see. The patient has recently lost his spouse, and is now showing the traditional symptoms of *magome*.⁹⁷ A simple question is all that needs to be asked, and if the answer is “yes, I have engaged in sexual activity not long after my spouse died,” we know what the malady is. Even if the answer is “no,” the Sangoma would not necessarily believe the patient. Who wants to tell that he is knowingly putting other people’s life in danger, after all? So the Sangoma concludes that the malady is *magome*, shakes his head over the folly of doctors, and turns to the next patient.

Our man is now quite convinced that he has *magome*. After all, the only alternative is a lethal condition, and the Sangoma, who is renowned among his peers (would you go to the trainee or the strange old woman if your very life was in danger?) has assured him that this is *magome*. Even if the patient has not had sex with anybody, his spouse *is* dead, and who knows exactly how *magome* works in all situations, if not the Sangoma? You can of course die from *magome* as well, but with the rather expensive Muti you bought, you can feel as safe as one possibly can in this situation. Now, it is time to concentrate on getting healed.

Remember the informant at the University of Pretoria who told me that some Sangoma will give their patients ARV in lieu of Muti, and then enjoy the ovations when the patient suddenly gets better? That is what happened to our patient. Now, in better shape than he has been for quite a while, and knowing that he has taken his Muti properly, he considers himself to be healed. And so he is, in any social sense of the word. But physically, he is still as infective as ever. Even if he did not get ARV from the Sangoma, he will most probably think himself healed. He may feel a bit under the weather, but that might just be the aftermath of *magome*.

⁹⁷ I would not trust the Sangoma that told me that the symptoms of AIDS and *magome* are completely different. Firstly, AIDS can have very different symptoms. Secondly, that Sangoma is not trained to recognise AIDS. And thirdly, as an informant told me, Sangomas do not take tests.

He has no former experience with this condition. It is not an affliction people tend to get regularly, after all.

This *scientific* approach to the problem shows what I believe to be the chief danger with the concept of *magome*; its similarity to AIDS, both in symptoms and in how you contract it. Both are connected to sexuality and blood. At the same time, *magome* is much more in tune with the assumptions and beliefs of the people of South Africa than AIDS. I know that my scenario may seem speculative, but I must remind you that I have had informants confirming every single step of the argument, and they did so without being influenced by me. I did not even know about this approach until they told me.

The North and the other

I have, by the way, conducted another field study as well. I conducted it here in Norway. As Mikael Rothstein once told me, you never go completely out of field mode. Every single person I have spoken to after my return knew about the African myth that raping virgins can cure you of AIDS, and they all mentioned this when I told about my field study. After my first trip to South Africa I was quite active spreading the word myself, to be completely honest. At the same time, it makes me wonder why almost nobody has ever talked to me about the millions of AIDS orphans living in South Africa, the major problems associated with the great number of infected young women of child bearing age, and the large number of people dying in Africa because they can't afford anti retro-virals. It reminds me of Klass' observation about the *alien*, and then especially in relation to witches;⁹⁸ individuals who break the contracts of society, be that by practicing witchcraft or by raping the young, are no longer considered human by our standards. We can kill them, enslave them or drive them away.

⁹⁸ Klass, Morton. 1995. Page 90-91

“Witch” is a dehumanizing term in Africa as much as “child molester” is here (and for that matter in Africa). In the same way the witch is dehumanized, we dehumanize the African by alleging that he rapes virgins in order to get rid of HIV. When we dehumanise him, we also gain the right to kill him, or at least *not to help him*, which in this instance may very well have the same result. Thus, we absolve ourselves from all sin in relation to a continent dying of diseases they could easily have avoided, were they not so poor and we not so very, very unwilling to share our wealth.⁹⁹ I am not denying that rape of baby girls does happen in South Africa, but I will say that none of my informants ever mentioned it at all. I will deny that when an African man is told that he is HIV positive he immediately tries to rape the first virgin he can find.

Conclusion

I went to South Africa in the hope that my work could be of some help in the battle against AIDS. I visited the country in 1999, at a time when I was still intending to study religion in Antiquity. I would like to state, though, that I have not tried to lead a crusade for the Truth, but rather a search for something useful. I think I have managed to achieve an understanding of the problem, as well as putting forward a few concepts that may be useful tools in further analyses of the subject.

I believe that one of the reasons for the rapid spread of the AIDS pandemic can be found in the South African health care system.¹⁰⁰ AIDS fitted so well into the assumptions and beliefs that constitute large parts of this system. Here AIDS was not necessarily unique, but the high mortality rate and the inability to find either a vaccine or cure, has made AIDS into a pandemic similar to the Plagues in the Medieval Age of Europe. Almost a quarter of the

⁹⁹ Jeffrey D. Sachs makes a very good argument for this in his essay “Too Poor to Stay Alive.” In Kauffman, Kyle D. and Lindauer, David L. 2004.

¹⁰⁰ As the social health care system, not the system presided over by the Minister of Health.

population of South Africa carries HIV or AIDS, and almost all of them will be dead in ten years' time. This is a catastrophe to rival the Holocaust.

AIDS fitted so well into the South African beliefs surrounding blood and sexuality. The existence of *magome* is a prime example, but I think hardly the only one. AIDS also shows varied symptoms; after all you don't die from AIDS, but from some disease which has managed to get a foothold because of a destroyed immune system. These diseases are all familiar to the Sangoma, so he will see no reason to involve AIDS at all. Also, while AIDS fits very well into the indigenous beliefs, the western medicines concepts of AIDS did not fit the assumptions of South Africans at all. The traditional health care system, for many the major health care system, has met an infection it can neither cope with, nor get much help from its counterpart, western medicine. Which, quite frankly, is not coping too well with this situation either.

We must understand the problem in order to address it. In order to address it properly, we must be able to communicate our intentions. And in order to communicate effectively, we must express ourselves understandably to the perceiver. By applying Klass' ideas about assumption and belief to my material, I feel that I have managed to define a small part of the social function AIDS has attained in this South African community. I am quite convinced that understanding these social functions is an essential step towards what I believe can be an effective way of battling AIDS: an alliance between the traditional healers and the scientific community. Science will eventually crack the HIV and AIDS nut, but the traditional health care system understands how to apply healing to the members of its community.

References and bibliography

- Barber, James. 1999. *South Africa in the Twentieth Century*. Blackwell. Oxford.
- Chagnon, Napoleon A. 1968 (1997). *Yanomamö*. Harcourt College Publishers. Fort Worth.
- Comaroff, Jean. 1985. *Body of Power Spirit of Resistance*. The University of Chicago Press. Chicago.
- Dahlin, Olov. 2001. *Zvinorwadza. Being a patient in the Religious and Medical Plurality of the Mberengwa District, Zimbabwe*. Uppsala. Dep. of Theology, Uppsala University.
- Du Preez, Max. 2003. *Pale native*. Zebra Press. Cape Town.
- Evans-Pritchard, E. E. 1937 (1976). *Witchcraft, Oracles, and Magic among the Azande*. Clarendon Press. Oxford.
- Gilimee, Hermann. 2003. *The Afrikaners*. Tafelberg. Cape Town.
- Grolling, Francis X. & Haley, Harold B. (ed). 1976. *Medical Anthropology*. Mouton. The Hague.
- Grottanelli, Vinigi L. 1976. "Witchcraft: An Allegory?" In Grolling, Francis X. & Haley, Harold B. (ed). 1976. *Medical Anthropology*. Mouton. The Hague.
- Haynes, Jeff. 1996. *Religion and Politics in Africa*. London. Zed Books.
- Hund, John (ed). 2003. *Witchcraft Violence and the Law in South Africa*. Protea Book House. Pretoria.
- Klass, Morton. 1995. *Ordered Universes: Approaches to the Anthropology of Religion*. Boulder. Westview Press.
- Kauffman, Kyle D. & Lindauer, David L. (ed). 2004. *Aids and South Africa. The Social Expression of a Pandemic*. Palgrave Macmillan. New York.
- Kleinman, Arthur. 1980. *Patients and Healers in the Context of Culture*. University of California Press. Berkeley.
- Lonely Planet Guide. 2002. *South Africa, Lesotho & Swaziland*. Lonely Planet Publications. Victoria.
- Mascie-Taylor, C. G. N. (ed). 1993. *The Anthropology of Disease*. Oxford University Press. Oxford.
- Niehaus, Isak. 2003. "Witchcraft in the New South Africa: a critical overview of the Ralushai Commission Report." In Hund, John (ed). 2003. *Witchcraft Violence and the Law in South Africa*. Protea Book House. Pretoria.
- Platvoet, Jan & Cox, James & Olupona, Jacob (ed). 1996. *The Study of Religion in Africa Past, Present and Prospects*. Roots and Branches. Cambridge.
- Prozesky, Martin. 1996. "South Africa's contributions to religious studies." In Platvoet, Jan & Cox, James & Olupona, Jacob (ed). 1996. *The Study of Religion in Africa Past, Present and Prospects*. Roots and Branches. Cambridge.
- Ray, Benjamin C. 2000. *African Religions. Symbol, Ritual, and Community*. Upper Saddle River, New Jersey. Prentice Hall.
- Ross, Robert. 2002 (1999). *A Concise History of South Africa*. Cambridge University Press. Cambridge.
- Sundkler, Bengt G. M. 1948. *Bantu Prophets in South Africa*. Lutterworth Press. London
- Sundkler, Bengt G. M. 1976. *Zulu Zion and some Swazi Zionists*. Oxford University Press. London.
- Van der Vliet, Virginia. 2004. "South Africa Divided Against Aids: a Crisis of Leadership." In Kauffman, Kyle D. & Lindauer, David L. (ed) 2004. *Aids and South Africa. The Social*

Expression of a Pandemic. Palgrave Macmillan. New York.

Woodhead, Linda & Heelas, Paul (ed). 2000. *Religion in modern times*. Blackwell Publishers. Malden, Massachusetts.

References on the World Wide Web

<http://www.unaids.org>

<http://people.ku.edu>

<http://www.aidsmap.com>

<http://www.garynull.com/Documents/aids.htm>

<http://www.caprisa.org>

<http://www4.dr-rath-foundation.org>

<http://www.news24.com>

<http://www.imdb.com>

<http://en.wikipedia.org>

<http://bibleresources.bible.com>