

# A Study of Literature on the Essence of *Ubungoma* (Divination) and Conceptions of Gender among *Izangoma* (Diviners)

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## Abstract

In South Africa's KwaZulu-Natal (KZN) Province, the *isangoma* (diviner) remains firmly entrenched at the apex of the hierarchy of African traditional medicine (ATM). This review article raises two questions. The first interrogates the essence of *ubungoma* (divination), while the second focuses on gendered notions in this line of work. The latter question probes four issues: why *izangoma* (plural for *isangoma*) are mostly women; whether these females possess disproportionate power as compared to their male counterparts; and whether such womenfolk possess their power by virtue of being female or *izangoma* per se. The fourth aspect addresses sexual orientation of *ubungoma*. Plausible explanations for these questions were gleaned from a scanty – albeit fascinating information – collated through a literature search and personal communication. Female *izangoma* were found to have attributes that outclass their male counterparts. This review also interrogates the manner in which African beliefs have been represented in literature. Western epistemologies have tended to misrepresent the realm of African beliefs by dismissing them as mere superstition. Alternatively, they create boundaries of intellectual segregation by treating African beliefs as cognitive false consciousness. In contemporary South Africa this form of misrepresentation has not deterred Africans from seeking the services of *izangoma*.

**Keywords:** *ubungoma*, divination, *izangoma*, diviner

## Introduction

At the beginning of the 21st Century most *izangoma* (diviners) among the Zulu in South Africa's KwaZulu-Natal Province are almost exclusively women. Despite being female in a patriarchal society, the female *izangoma* remain at the pinnacle of the hierarchy of African traditional healers in the province. Both trends of larger female *izangoma* populations and divination by women are a deviation from the norm in most other African societies where both males and females practice divination (Buijs, 2004). This article highlights gendered interconnected factors in transcending biological sex, with female *izangoma* often being accorded higher status than male *izangoma*. In so doing these women have taken what could be considered a 'masculine' role in the field of divination, otherwise regarded as a preserve of men in other parts of Africa.

This review article aims to provide alternative approaches to understanding issues that are largely independent of the prevailing dominant discourse in KwaZulu-Natal's mainly patriarchal society. In this context, the review article offers insight into the complexities and contradictions of ideas about spirit possession in relation to a female *isangoma*'s individual personality, self-sufficiency and authority. The article investigates what kind of individuals qualify as candidates for *ubungoma* (state of being a diviner), and why. In the process, this article will consider not only objective variables such as the diviner's sex but also his or her age, generational associations linking the living-dead, marital status and sexual orientation, as well as subjective variables such as personality traits; and economic considerations that play a role in this socio-cultural phenomenon.

## Historical Background

Interest in the gendered nature of *ubungoma* originated from the findings of an earlier qualitative study, where among a sample of 10 *izangoma*, only one was male. To verify whether the disparity was the exception rather than the rule a literature search, which revealed scanty information confirming the

above disparity in numbers reflected in the prevailing gender bias in *izangoma* representation (Truter 2007; Buijs 2004; Ellis 2004; Derwent 1998; Hammond-Tooke 1989; Ngubane 1977; Broster 1981; and Hoernle 1937). The vacuum on reporting on females hardly comes as a surprise. Historically, due to colonial, racial and patriarchal practices on the African continent; relatively little is documented on African women traditional healers in the twentieth century. Devenish (2005) highlights the existing information vacuum by explaining that technical herbal expertise in South Africa has tended to dominate over other forms of health-related indigenous knowledge. The void is conspicuously pertaining to the female *izangoma*, whose invisibility has historic roots due to gender discrimination evident in the organization of traditional healers in KwaZulu-Natal.

Devenish (2005) points out that in attempting to stamp out *ubungoma* (divination) then classified as witchcraft, the colonial government implemented the Natal Code (1891) legislation prohibiting witchcraft completely in colonial Natal. She observes that consequently, *ubungoma* went underground though it was still practiced widely. Over half a century later this piece of legislation was followed by the Witchcraft Suppression Act of 1957 and the Witchcraft Suppression Amendment Act of 1970 – both prohibiting *izangoma* from practicing their trade (Jonker 2006). Over a century later, despite the initial legislation enacted over a century ago plus two subsequent pieces of legislation, *ubungoma* nevertheless continues to thrive in KwaZulu-Natal. Berglund (1976) goes further back in history to 1879, a time where female *izangoma* took pride in being looked upon as men on taking up what Jonker (2006) describes as a dread profession (*ubungoma*), a vocation in which one must be hardy to survive, as well as thrive.

Over three decades ago, the World Health Organization (WHO 1978) officially acknowledged the importance of traditional health, recognizing its holistic approach encompassing the environmental, social and spiritual aspects of illness that biomedicine does not always take into account. In South Africa, among reasons for the reluctance to endorse African traditional medicine (ATM) earlier is that indigenous systems were, and still are, equated with negative practices such as witchcraft (Green 2005). Such notions could be traced to the first half of the last century, with white ethnographers documenting their observations in KwaZulu-Natal. One such ethnographer, a female, Hoernle (1937: 221), begins by pointing out that according to Europeans, ATM was deemed as ‘superstitions’, ‘witchcraft’,

‘magic’, ‘immoral’ or ‘illegal.’ In anthropological literature on beliefs, Shanafelt (2002) notes that in the early days of armchair anthropology and comparative religion, researchers generally did not have qualms about labelling certain beliefs as superstitious or false. Western anthropologists like Tylor (1958) and Fraser (1922) condemned magic as superstitious. Fraser wrote in the golden Bough that superstitious belief was like some latent volcano, a ‘menace to civilization’ that needed to be eradicated. Radcliffe-Brown (1965:153) regarded African beliefs as ‘bodies of erroneous beliefs and illusory practices’.

It may appear on the surface that Western anthropologists have learnt to be tolerant of African beliefs and treat them as truth. However, there is a lack of interest in evaluating them – a behaviour Rosen (1996) calls ‘cognitive false consciousness’. Some have decided to approach the issue by introducing boundaries of intellectual segregation between conflicting forms of thought (Shanafelt 2002). Lett (1991) for example argued that the objective reality of supernatural phenomena such as dragons, witches, demons and shapes shifters are his concern, yet proceeded and analysed them in radically different terms.

Nonetheless, in contemporary South Africa, ATM is gaining popularity as the prohibitively high cost of allopathic medical care coupled with expensive pharmaceuticals pushes patients to seek the services of traditional healers (Kofi-Tsekpo 2004). It is for such reasons that he dismisses the frequently touted figure that 85 percent of Africa’s people use traditional medicine, observing instead that the figures are much higher and continue to rise. Despite acculturation in many spheres of life, regardless of biological sex, the contemporary Zulu still clings to traditional health practices of their ancestors, regardless of the significant developments in allopathic medicine. This remains the case despite some of practices from what largely appears to be diametrical opposed, still persist; even if it means adhering to age-old traditional measures running counter to other healing philosophies considered modern.

People visit *izangoma* for various reasons, key among them being the diviners’ familiarity with handling culture bound syndromes within African traditional healing practices. This form of healing occurs within a well-established health care system familiar under most cultures on the African continent (Truter 2007). In addition, *izangoma*, who usually live among the same community as their patient, are usually familiar with the patient’s

family members and medical history. Unlike biomedical facilities which are usually inconveniently situated a distance from the community, *izangoma* are readily available and accessible to patients even beyond working hours by virtue of residing in close proximity to the client.

The popularity of ATM can also be explained from other perspectives. In what she described as ground-breaking legislation in Parliament just before the Traditional Health Practitioners Bill was enacted in 2004, former Deputy Health Minister Nozizwe Madlala-Routledge acknowledged that traditional health practice had defied easy definition in legal terms (South Africa Government Information 2004). Hence, she borrowed the following definition used for ‘African Traditional Medicine’ from World Health Organization’s Centre for Health Development. African traditional medicine is defined as:

The sum total of all knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental, or societal imbalance, and relying exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing. (Department of Health 2004, p.1)

Acknowledging that some aspects of traditional health practice could not always be explained in terms of western medical science, the minister emphasized that nevertheless, the former approach does not necessarily detract from the validity or value in caring for people’s health and wellbeing. She highlighted a key limitation of biomedicine as its association mainly with the physical body, based largely on the principles of science, technology, knowledge and clinical analysis – all developed in Northern America and Western Europe. The former health minister called on western health practitioners to borrow from their African traditional health counterparts in viewing ‘the patient as an entire human being as opposed to just a tonsil or a liver or an immune system’.

While the popularity of ATM continues to rise it is difficult, nonetheless, to make comparisons between male and female *izangoma* within a historical perspective in that since there exists a paucity of information on gender disparity in *ubungoma*. The dearth of information underlines the fact that while gender has become a major research focus in African Studies in the past two, men have rarely been the subject of gender research. If anything, the study of masculinity on this continent is still in its infancy (Miescher & Lindsay 2003). Hopefully in future, interested researches will fill this lacuna.

## **Theoretical Underpinnings and Methodology of the Review Article**

The review article hinges on two theories, the Critical Medical Anthropology (CMA) theory, and the feminist structural approach. The CMA approach calls for a critical examination of intellectual assumptions about how the world works. This theory argues that the social construction of reality of health and illness mainly among non-western societies can conceal complex political, economic and social relationships, that reality needs to be understood in context (Brown, Barrett & Padilla 1998). This review focuses on the male-female dichotomy among the *izangoma* of both sexes in the context of a highly patriarchal society among the Zulu, who comprise the largest group not only among the indigenous Africans of the Nguni ancestry in KwaZulu-Natal, but of South Africa as a whole.

Commenting on CMA Kleinman (1980) affirms that as basic components of a health care system, patients and healers cannot be understood outside the specific configuration of cultural meanings, their social and other relationships. The author explains that the above holistic bio-psycho-social approach is distinct from the biomedical approach, otherwise known as the Western medical approach. Kleinman (1980: 25) lauds the CMA approach on the grounds that it runs counter to the ethnocentric and reductionist view of the biomedical model, in which the biological processes alone constitute the 'real world' and are the central focus of research interpretation and therapeutic manipulation. Kleinman recommends that socio-cultural methods be integrated into the routine training of biomedical health personnel, so as to promote a more humane and appropriate clinical approach no matter how foreign to the dominant practice. In South Africa, medical plurality exists, though biomedicine dominates, with African traditional medicine taking second place.

The second theory applied in this article is the feminist structural approach which explores how society is structured – in this cases culturally – in relation to identity and human development.

### ***Ubungoma* – a Women's Preserve?**

A close inspection of the female *izangoma* reveals major contradictions which include a clearly distinct, gendered role reversal among the

practitioners. Prins (1996) highlights the division of labour among traditional Nguni society in which gendered division of labour is highly emphasized. It comes as a surprise, therefore, that female *izangoma*, who are in the vast majority and compared to their counterparts, are highly respected. The role of their counterparts *izinyanga* (herbalist) are mostly male, who by virtue of their roles in the domestic sphere coupled with physical strength affords them the ability to search for herbs medicines widely in physical environment like forested areas which pose risky hazards like wild animals. While female *izinyanga* and male diviners exist, albeit in relatively smaller numbers, this article probes the high status of female *izangoma* in what is a relatively male-controlled society.

The above role reversal is illustrated in various ways, the most obvious being in the prestige female *izangoma* enjoy in their business settings, while male *izangoma* mimic feminine traits. Below is an attempt to explain some of the sex-based anomalies (Hammond-Tooke 1989 in Prins 1996: 16):

The role of a diviner allows a strong-willed woman to engage in lucrative business which carries great social prestige, and contrast with the generally low status of women in traditional society. It also allows men who, by temperament, do not fit into the Nguni masculine mould to opt for a congenial role, in which their femininity may be recognized

This statements indeed echo the maxim that money (in female *izangoma*'s purses) without question commands attention in favour of women who would otherwise have been despised by their male counterparts.

## Methodology

Most of the data in this review was gathered from anthropological reports, many of them drawn from the early part of the twentieth century, mainly from in-depth ethnographic information (Hoernle 1935; Kuper 1947). Other citations span the second half of the twentieth century to-date (Lee 1969; Berglund 1976; Ngubane 1977; Broster 1981; Green 1989; Green 1996; Kenyon 1999; Buijs 2004; Devenish 2005; Truter 2007). Most of the

literature quoted in this article is elicited from anthropologists, in which the sections on female *izangoma* have to do with magico-religious aspects of African traditional healing, rather than under historical or gender studies, per se. Other data from contemporary literature was elicited mainly from the health disciplines, providing valuable insights on the subject under study (Senekal & Stevens 1996; Brown *et al.* 1998; Kleinman 1980; Ellis 2004; and Nkabinde 2008).

This review article raises two questions. The first interrogates the essence of *ubungoma* (divination), while the second focuses on gendered notions in this line of work. The latter question probes four issues: why *izangoma* are mostly women; whether these females possess disproportionate power as compared to their male counterparts; and whether such womenfolk possess their power by virtue of being female or *izangoma*, per se. Plausible explanations for these questions were gleaned from a scanty – albeit fascinating information – collated through both a literature search and findings of qualitative research conducted under an assessment of ATM services at the University of KwaZulu-Natal (Howard College Campus) in 2009. The qualitative research entailed interviews with 10 *isangoma* based in Durban, and personal communication with and both students and staff of the university. The assessment was conducted under the auspices of the Maurice Webb Relations Unit housed at Howard College. The institution is situated in port city of Durban in KwaZulu-Natal Province situated on the east coast of South Africa.

### **The Essence of *Ubungoma***

Unlike choosing vocations like nursing or other biomedical professions, an individual does not choose to become an *isangoma*. Rather, *izangoma*-to-be are called into divination by their living dead, who are referred to as *amadlozi*, *amathongo* or *izitunzi* (shadows or shades of the underworld) (Derwent 1998). Ancestral spirits, who are central in the traditional worldview of the Zulu, bestow clairvoyant powers upon a man or women through *ukuthwasa* (apprenticeship towards becoming a diviner) (Nkabinde 2008; Truter 2005; Broster 1981; and Ngubane 1977). The word *ukuthwasa* means a ‘coming out’ or emergence processes likened to the appearance of the new moon (Bryant cited by Lee 1969: 134).

## **Being Female – Does it Imbue Women *Izangoma* with More Power?**

The Zulu people believe that becoming an *isangoma* (diviner) is not self-initiated, but rather a calling bestowed by the individual's ancestor, more often than not, a woman (Truter 2007). On accepting to heed the call, the novice enters *ubungoma* apprenticeship, which covers anything between six months to 10 years. To complete the training the apprentice undergoes *ukuthwasa* ceremony in which s/he undergoes a culturally accepted form of ancestral possession to signify acceptance of the ancestors' call to *ubungoma*. Henceforth the *isangoma* can launch his or her own practices in which s/he divines within a religious supernatural context as a medium of her ancestral spirits (Truter 2007).

Though *ukuthwasa* is inborn and a gift, symptoms of illness preceding *ukuthwasa* are referred to as *inkathazo* (problems which annoy you) (Broster 1981), of which women are the chief sufferers of *inkathazo* (Lee 1969). Reasons advanced is that women are not only more intuitive, but are also more willing to disclose their feelings more readily than men; who prefer to hide their feelings because of their ego, in addition to being socialized to be strong, therefore refrain from following their intuition, which could imply weakness (A. Meyer-Weitz, personal communication on July 28, 2009).

Citing a wide range of somatic, psychological and social symptoms associated with the calling and possession of ancestral spirits, Ellis (2004) and Berglund (1976) include sneezing, belching, hiccupping, yawning, restlessness, sleeplessness, anxiety, mental confusion, suffer *izibhobo* (pain in shoulders and between shoulder blades), and withdrawal from social life. At an advanced stage, the patient suffers emotional or mental difficulties, in which she weeps uncontrollably; hurling herself on the ground, tearing off her clothes, and occasionally lapsing into unconsciousness (Broster 1981). The longer the call remains unanswered, the more the number of physical ailments the *ithwasa* has to contend with. Generally, *ithwasa* are more likely to merely fronting bravado, unlike men. Paradoxically, one could conclude that in order to be strong in *ubungoma* profession, one must succumb to what is generally viewed as weak.

When called to *ubungoma*, a woman's or man's status changes radically since she or he gets possessed by ancestral spirits in the process.

The Zulu believe that becoming an *isangoma* is not self-initiated, but rather a calling bestowed by ancestors, more often than not a woman (Truter 2007). An *isangoma* enters an apprenticeship, which may cover any length between six months to 10 years. To complete the training the *isangoma* undergoes *ukhuthwasa*, a ceremony in which s/he undergoes a culturally accepted form of ancestral spirit possession to signify the call to divination by ancestors.

Venturing an explanation about women's greater willingness to join and remain in *ubungoma* than men, Kuper (1947: 165) observes that due to a woman's greater tendency to be a carer, a woman chooses not to fight against the call by the ancestral spirit wishing to 'change her head' towards divination. All other considerations either fall away or take secondary place, leaving her family, husband and his kin no choice but to accept the spirit's way.

According to Ellis (2004), the Western-trained doctor may offer biomedical diagnoses, labelling the above-mentioned symptoms as depression or early psychosis. The author maintains that the symptoms comprise a culture-bound syndrome which needs to be understood and managed within the lived experiences of the patient.

## **Some Personality Traits of Izangoma**

### ***Morality***

Literature highlights some personality traits are more apparent in females as compared to male *izangoma*. Among the Zulu a diviner is expected, first and foremost, to uphold high moral ideals. To this end, it is befitting for *isangoma* to be in 'a state of light and purity in the profane world she lives in' (Ngubane 1977: 86-87). A diviner is expected to espouse these attributes always in order to play the vital role in linking the living and their ancestral spirits. In illustrating the importance of upholding above-average moral values, the author observes that the diviner's attire, which includes white strips of goatskin, are permanently strapped over her shoulders and breasts. In Zulu culture the colour white symbolizes good, but can also signify extraordinary goodness or power, which *izangoma* enjoy if they remain upright. Lee (1969: 140) offers a similar explanation when he says: 'Possession imbues an individual with social status, since his or her ways are clear'.

Why then do men shy away from following this path, reflected by their small numbers as compared to their male counterparts? Kuper (1947: 163) ventures the explanation that despite the honour of being able to attain high social status in their communities, generally it seems men do not wish to be entered by the ancestral spirits. Such a response could be interpreted that generally, patriarchal more display double standards where constrains that are more readily observed by women, to void censure by society in general. Society, regardless of sex, women tend to be judged more harshly than when men commit the same foible.

It is considered best to be normal, not to be limited all one's life by special taboos on sex, food and general behaviour; not to be exhausted by the demands of someone stronger [ancestral spirit] than oneself; not to have to shoulder responsibility for the life and death of others.

In this regard the author explains that generally it appears that for various reasons men do not wish to be tied down to the obligations required of an *isangoma*. An example is the reluctance to be tied down by inhibitive taboos in the spheres of sex, food and general behaviour. Secondly, unlike female *izangoma*, reflected on masculinity traits, the male counterparts prefer not to be at the beck and call of ancestral spirits deemed stronger than mankind. Lastly, the author posits that unlike women, man would rather not be encumbered by having to make life and death decisions affecting other people. Men tend to get away from responsibilities more easily by ignoring social mores, in the process ignoring ancestral spirits also concerning Ubuntu, based on doing unto others what you would have like done to you. Becoming a *sangoma* translates into being encumbered by having to constantly make life and death decisions affecting others.

Intuitive ways of knowing is a common trait in women as they play a greater role as carers as compared to men; evident in the preponderance of female *izangoma* in ratio terms. As evident in the above statement, unlike female *izangoma*, potential male counterparts seemingly fight against spirit possession instead, resisting for the purpose of self-interest. Likewise, in their capacities as child bearers and rearers as well as carers to other community members in general, women play a more significant role than men in handing down knowledge in communities. In the process, women's responsibilities equip them with in-depth knowledge by virtue of experiences in having to tackle myriad situations in both urban and rural settings.

### ***Intelligence***

In KwaZulu-Natal Province, where the Zulu who are the largest ethnic group in the province, *izangoma* are part of a highly complex and elaborate indigenous knowledge system in African traditional healing among Nguni cultures. Kuper (1947) identifies *izangoma* as having exceptional intelligence linked to knowledge. In obedience to ancestral spirits, *izangoma* play an integral role in their communities. The scope of their work includes foretelling the future, identifying causes of misfortune and death; besides instilling the power to attain health, prosperity and security. All diviners are healers (Hammond-Tooke 1998: 11). Kokot (1982: 20) gets even more specific when he pinpoints the tasks of *izangoma*: the tasks consist mainly in diagnosing the causes of disease and illness, finding lost objects, or ‘smelling’ (determining) the guilty party in sorcery cases.

Broster (1981) is even more comprehensive in observing that an *isangoma*’s capacities include being a diviner, priest, physician, pharmacist, psychologist, judge, and custodian of morals and controller of evil. Phiri (2006) sums up these roles by stating that female *izangoma* play a prominent role in availing spiritual, social and psychological healing – especially to women – in South Africa.

A feminist structural perspective comes into play when Kenyon (1999: 90) when she observes that spirit possession is a form of knowledge that highlights women’s ways of knowing. Such knowledge in the South African setting has distinct advantages in that it equips them in a manner men do not generally engage in.

Although it would be considered anathema in a patriarchal context, women have the capacity to propagate certain forms of fundamental knowledge as compared to their male counterparts. Similarly, Prof. Anna Meyer-Weitz, a psychologist, takes into account the far-reaching significance of female *izangoma* in multiplying their knowledge by handing it down to others: ‘Through women there is a greater possibility of influencing people around her, beginning with her own children, who will grow up and in turn influence the rest of the community’ (personal communication with Prof. Anna Meyer-Weitz on September 15, 2009). It is regrettable that women’s knowledge, while relatively significant, is often not seen as such nor even acknowledged by their communities. In so doing she widens the sphere of

influence in the above respect, as opposed to her male counterparts, who usually take a smaller role when it comes to raising children.

### **Resilience**

Individuals must be exceptionally hardy to survive the calling to divination. Derwent (1998) explains that despite the generally low status accorded Zulu women, to attain higher status as an *isangoma* a female has to display greater tenacity than her fellow womenfolk. The author points out that getting called to *ubungoma* does not automatically qualify one to take up the profession. Many who are called fall by the wayside, and are labelled derogatorily as *isiphupha*, meaning the one that 'can only dream, and no longer talk of reality' (Derwent 1998: 146). In isiZulu *asebe phuphile* means those whose potency has diminished.

Tenacity can also apply in the realm of compassion. Senekal and Stevens (1996) highlight women's ability to endure and sacrifice on behalf of others, where generally men would not. The Zulu term *inkathazo* (problems which annoy you) applies in women diviner's ability to weather aggravation. Lee (1969) concurs, observing that women are the chief sufferers and the whole the *izangoma* cult is female centred. This form of endurance sharpens the capacity of *izangoma* to empathize with their clients. The two authors attribute this inclination to female traditional healers' ability to recognize that conflict, stress and excessive pressure jeopardize health. Armed with this skill, Senekal and Stevens (1996) and well as Lee (1969) draw a comparison, concluding that in general African traditional medicine is relatively more women-centred than biomedicine.

In a similar vein, Prof. Anna Meyer-Weitz, a Psychology lecturer at the University of KwaZulu-Natal, theorizes as to why ancestral spirits prefer to communicate with women in *ubungoma*. She posits that as compared to men, women generally are more open to listening to others, as well as being relatively more eager to please. Asked why men are less receptive when it comes to listening, the lecturer replies that since women tend to experience more difficulties in life, they tend to empathize, say, with a hunger child, thus bearing her pain, alongside the struggles or negative conditions experienced by others in the community. Men, on the other hand, tend to be more narcissistic than women.

Under such circumstances women's usage and reliance on intuitive thinking helps to guide their decision-making and actions regardless of the challenges involved.

he academic hastens to add, though, that ancestors will call also on a handful of males to *ubungoma* to those she terms 'the right kind of men'. She qualifies this to mean men who are more like minded through having feminine attributes of being better listeners and nurturers.

Prolonged abstinence may discourage men from becoming *izangoma*. Sexual abstinence is mandatory for novice *izangoma*, as well as at specific periods after graduating. Major restrictions when one is called to be an *ithwasa* (diviner intern) include refraining from sexual intercourse during the entire internship period, which may take months or even years to complete (Gcabashe 2009). The *thwasa* either engages in sex and drops out of the initiation process, or experiences a breakdown in relationship with his or her ancestors. Sexual prohibitions continue beyond the *ithwasa*'s apprenticeship. On graduating, the *isangoma* may not engage in sex while observing traditional rituals, or during travel to consult with clients. It takes exceptional resolve to observe such sexual mores.

## **Economic Status**

Certain researchers propagate the view that an individual *isangoma*'s socio-economic considerations may partly explain why certain people get into *ubungoma*. In some instances, some self-taught charlatan *izangoma* who have not received the *ubizo* (ancestral call into *ubungoma*) are drawn into the line of work primarily for monetary gain. Posing as *izangoma*, such individuals learn the ropes to mimic divination techniques applied by their genuine counterparts. More often than not, such counterfeits tend to be males out to profiteer in the guise of serving their community in the capacity of an *isangoma* (Z. Mkhize, personal communication on September 25, 2009).

## **Status Seeking**

Another explanation offered as to why more females seek *ubungoma* than males bears what could be considered a Eurocentric twist, told from the

perspective of a white social anthropologists. Lee (1969), for example, attributes spirit possession to stresses women have to endure in the social order, whose escape come through acquiring higher social status. To back his argument, the above author cites Gluckman (1950), Hoernle (1937) and Sundkler (1961). In his own words, Lee (1969: 141) echoes his predecessor when he observes:

... to become diviners is for pagan Zulu women the only socially recognized way of escape from an impossible situation in family life; it is also the only way outstanding women can win general social prestige.

Lee's statement reeks of a western feminist structural stance in which women will go to any lengths to escape culturally ordained gender roles deemed a being dictated by oppressive patriarchal mores which ought to be annulled.

In a similar vein, Lee (1969) also cites Ashton (1943: 32), where the latter – whose interpretation is drawn from research among Sotho informants – argues that possession in a female *isangoma* is:

... a reaction to the neglect of or owing to the dullness of women lives; by becoming the centre of these ritual dances and by forcing their relatives to their occasional feasts, they hope to attract attention to themselves and liven up their existence. Women, they say, have duller lives than men, and being as they are the passive element in social and sexual relations, they are liable to neglect; consequently they are more attracted to this institution than men. This is a plausible theory, but which I have not sufficient data to prove.

In this instance Aston seems to flippantly dismisses the important role female *izangoma* play in their communities, reducing them instead to being mere attention seekers despite the rigours of their training and practice. The author's condescending stance echoes Eurocentric thinking exemplified by sweeping statements applied on matters by individuals who have undertaken a shallow investigation of the issue at hand. In his hypothesis Ashton suggests that spirit- possessed women have exhibitionistic tendencies.

Secondly, Ashton puts forward the argument that women get possessed in a bid to escape the dull, marginalized lives common to women. What Ashton does not explain, however, is why possession is confined to a few individuals rather than the large group of womenfolk who live under the same back-breaking conditions.

On the contrary, Ngubane (1977) strongly refutes the kind of assessment made by Ashton and others who advance similar thinking. He concedes that whereas in some societies the 'calling' to the position of priesthood is reserved for men only, in others it is reserved for women. Zulu women diviners play the role determined by society for the benefit of society. Ngubane insists that looked at from this light, female *izangoma* are not primarily looking for outlets in an unequal, male-dominated society, as some anthropologists suggest.

### ***Ubungoma* – A Women's Preserve?**

The existing literature reveals that while the chosen few *izangoma* (diviners) may be of either sex, there appears to be a preponderance of female *izangoma*. This section attempts to establish why the *izangoma* numbers are statistically skewed. The section also probes how gender operates within the domain of African traditional medicine in KZN, with specific reference to *ubungoma* as a spiritual and healing practice. In the process, the article also interrogates how a group of highly esteemed women have managed to 'change' their gender identity in the ATM context.

Berglund (1976) points out that while in theory anybody can become an *isangoma*, in practice the overwhelming majority comprises women. The author also cites Krauss (1839/40, p. 142) who states that diviners were 'usually women'. Of the two authors Berglund (1976) is more specific in statistical terms, citing Bryant's (1917) observation that in the beginning of the twentieth century 90 percent of diviners were women. In his research in the last quarter of the twentieth century Berglund (1976) bears witness to a similar figure. Of the 68 diviners he interviewed in Zululand, 61 of them were women. Other authors concur over the overwhelming preponderance of female *izangoma* either in KZN in particular, or South Africa as a whole (Ellis 2004; Pratt 2007; and Nkabinde 2008).

Further, Mokoena (2004) also is of the general consensus that there are inordinately more female *izangoma* than male. Mokoena regrets that a literature search yields little on gender analysis on African traditional health. The author observes that where such information exists, it offers mainly androcentric views. She expresses concern that such views centre on men, offering the masculine view point of the world, often to the neglect or exclusion of women, and that historians of religion generally tend to ignore women's roles entirely. To back her argument, the author cites Oduyoye's (1995) observation that most religions – especially those upholding traditional African spirituality – black out women's experiences.

Yet, Mokoena (2004) notes that while gender relations within the private domain remains dismally asymmetrical in its patriarchal nature, opportunities for authority nevertheless exist among both women and men in the traditional spiritual and healing realm. The author asserts that while both women and men receive the calling to *ubungoma* equally, men tend to ignore the calling. She surmises that men's refusal to heed the call is based on reluctance to leave their jobs. Secondly, the author presumes that men lack the faith women have for their calling. Consequently, men's unpremeditated absence has left room for women to exercise authority; in the process challenging conventional gender roles in both private and public domains.

Taking a psychological stance to explain the gendered disparity, Berglund (1976: 188) cites van Nieuwenhuijsen (1879: 172) in an attempt to explain why females are in the majority among *izangoma*:

... it confirms the experience also gained elsewhere that emotional disorders are far more frequent among Zulu women than among Zulu men. Expressed in the simplest terms, psychosomatic disorders are manifestations of anxiety states and are the result of incapacity to face certain conflict situations.

There is need, nonetheless, to challenge this notion as men also experience emotional disorders, though of different nature from women's, but related to their male species.

On his part Hammond-Tooke (1998) is at pains to explain the difference among various forms of possession among the Nguni, a Bantu group among whom the Zulu fall. He posits *ubungoma* cannot be classified as a peripheral cult such as the *ndau* and *indiki* possession cults involving alien

spirits. The author hypothesizes that alien spirit possession is a response of some women to an increasing sense of alienation and disempowerment due to colonisation. On the other hand, Hammond-Tooke asserts that ancestral possession is endogenous, though occasioned by a female reaction to extreme patriarchy instead of reaction to colonisation.

Swartz (1987: 113), however, dismisses such assumptions in what is termed the 'female approach' when it comes to explaining ancestral possession of females. She argues that such traits cannot be extrapolated to mean that any intrinsically superior female qualities in women traditional leadership originate merely in female biology alone. She maintains rather that such qualities are envisaged at the outcome of reproductive, caring and nurturing roles that culture together with biology have allotted to women. Despite their societal importance such roles have nonetheless subjected women to a subservient social position in many cultures. In pointing out the above, the author highlights the intricate web of incongruities in which female *izangoma* find themselves.

Regardless of gender, all *izangoma* are addressed by the authoritative title of 'Makhosi' (the chieftaincy); ordinarily a male prerogative (Nkabinde 2008: 102). Such usage contravenes the patriarchal norm in a province where *ubungoma* is almost entirely in the hands of females. Berglund (1976) notes that while female *izangoma* enjoy a position of gendered dominance in their line or work, nevertheless they are still trapped in patriarchy, in what Lewis (1971) describes as the peripherality of Nguni women among the Southern Bantu group. Commenting likewise, Hammond-Tooke (1998) points out that among this group in which most of the KZN *izangoma* fall, Nguni chauvinism is proverbial. However, Phiri (2006: 141) thinks otherwise, citing Dube who insists that *izangoma* do not fall within patriarchal culture that lumps together women and children as 'powerless subordinates'. Also, Nguni is an overarching grouping encompassing AmaZulu (the Zulu people), AmaXhosa, AmaSwazi and AmaNdebele.

Though Swartz (1983) speaks of female traditional leaders in general, her analysis could apply among *izangoma* partially in that despite the latter being women, they nevertheless enjoy an authoritative status in their communities in KwaZulu-Natal where patriarchy holds sway. In this case, the *izangoma* are in leadership despite holding undervalued feminine values that work to their advantage both in public and private. To this end an *isangoma's* identity is wrought with contradictions; the identity is shaped by the

dominant value system of patriarchy. A case in point is that of cross-dressing by male *izangoma*. This is an example of ignoring, or altogether abandoning, certain expectations and images of proper male or female behaviour.

## **Lineage Linking the Living and the Dead**

In terms of lineage, the literature reveals that some families produce diviners, where generational relationships exist between the living and the living-dead. Ngubane (1977: 142) identifies matrilineal lineage through ancestral possession of the living as follows: 'The spirits in their complete state as ancestors return to this world through their daughters, not through their wives, mothers or daughters-in-law'. The author emphasizes also that an *isangoma* is principally possessed by the spirits of her own descent group, not those of her husband's.

What is more, Ngubane offers additional insight by highlighting the role of various categories of women as links between the world of the living and that of ancestors. She cites a special category of persons, namely, diviners, wives, mothers, who have the vital functions of forming a bridge between this world and the world of the living-dead. She amplifies her argument by saying that through their reproductive biological roles, wives or mothers play a bridging role as channels through which children enter the world of the living; with female diviners benefiting thus through lineage. The author states, however, that by virtue of their biological sex, male diviners could hardly be said to provide a similar bridging gap. Her hypothesis offers a partial explanation as to why the relatively small number of male *izangoma* is the rule rather than the exception. Ngubane and other authors mentioned in this article do not relate the skewed gender representation in terms of demographics. It should be noted that in South Africa, women outnumber men at the ratio of 60:40, therefore some adjustment should be made to encompass this demography.

Berglund's (1976) contradicts Ngubane (1977) when he points out that the shades (alternately referred to as ancestors) choose whoever they want from among the living. Berglund observes that when a woman of child-bearing age is called to divination, it appears she is wholly in the hands of her lineage shades. He states categorically: 'when a woman is to be a diviner, then it is her own shades that are troubling her' (Berglund: 120). All the 68

Zulu diviners he interviewed in his state that no diviner can be called by any other shades than those of his or her own lineage. One of his informants hazards a guess that women were more numerous because they were called to divination by both their own lineages as well as those of her husband's. Another informant refutes this proposition, arguing that the source of the call did not matter, thus rendering the matrilineal lineage debate inconclusive.

Similarly, Mokoena (2004) is categorical when she says gender is not discriminatory in lineage of the *isangoma* since female ancestors can pass on the gift of divination to a male relative, and vice versa. In so doing Mokoena draws parallels with Jung's (1969) theorizations about anima and animus archetypes which highlight the complexity of spirit possession through a gendered psychodynamic lens.

In explaining lineage of an *isangoma*, Berglund (1967) cites social change as a factor. According to the older informants, in the past ancestors called a woman from her own lineage, but due to migrant labour trends, where on finding that husbands work away from home, his ancestors trouble their wives instead, to join *ubungoma*. The social change premise, however, does not account for *izangoma* who are either single women – who include young women of child-bearing age, or men in general.

### **Age at the Call to *Ukhuthwasa***

The calling of *izangoma* to divination through *ukuthwasa* is inborn and a gift from the ancestors. Invariably recipients possess a high psychic sensitivity which improves with training (Broster 1981). Age plays an important role in defining eligibility and exclusion of who is called into *ubungoma*. While in patriarchal societies the legitimacy and power of males are not contested, seniority often plays a crucial part in *ubungoma*. *Ubungoma* seems to contravene the status quo in that equal power is vested in the hands of females of both young males and females called into the vocation by their ancestors. In observing Xhosa girls whose culture is similar to that of the Zulu, Broster (1981:29) points out: 'Adolescence is the age when many girls, especially the more sensitive types, are called to *ukuthwasa*'. According to the author, *ukuthwasa* runs in families, with the ancestral spirits returning to the world through either a daughter or a granddaughter.

Broster's findings concur with research findings among participants in KwaZulu-Natal where most of the population comprises people of Zulu ethnicity. While symptoms of illness preceding *ukuthwasa* may come at various ages, it is most common during adolescence and the menopause (Broster 1981). *Inkathazo* (the call to *ubungoma*) symptoms rarely appear before adolescence; the elderly develop clairvoyance of the very old. Female *izangoma* are usually called to *ubungoma* at the age of 15 or 16, while still single (personal communication Sihawu Ngubane and Thuli Ngidi on September 25, 2009).

### **Marital Status**

Lee (1969) cites Bryant (1917) as reporting that 90 percent of all Zulu diviners in the early part of the twentieth century were married women. The trend seems to have persisted into the latter part of the last century since in writing in the late 1960s. Lee states that the preponderance of married women in the *izangoma* fraternity among the Zulu remains the same, at 90 percent. Married Zulu-speaking *izangoma* shun sexual relations with their husbands, choosing celibacy instead in keeping with the demands by the ancestors who call them to this vocation (Buijs 2004). To this end, the author presupposes that *ubungoma* is a means by which Zulu women can carve a career independently of male demands for sex or money. This argument is debatable and may support the theory of South Africa's migrant labour system is responsible for more women in the traditional healing profession. Alternately, others point to polygamy among Zulu men does push female *isangoma* to working towards economic self-reliance. Neither argument acknowledges that *ubungoma* is a vocation to help others rather than merely a professional trade for economic self-reliance.

### **Sexual Orientation**

Controversial as it may be, the sexual orientation of *izangoma* cannot be overlooked. Based on her research on Zululand *izangoma*, for example, Buijs (2004) holds opposing views to Ngubane's that an *isangoma*'s calling is based on matrilineal lineage or the capacity to bear children. Buijs's findings affirm that an *isangoma*'s gender identity is dependent on any ancestor who

inhabits the body of the diviner. If a male *isangoma* adopts a female descendant, he takes on female characteristics of dress, walk and voice, and vice versa for female *isangoma*.

Lee (1969) observes that when they are called, male *amathwasa* tend to veer towards homosexuality and are usually young, unmarried at the initiation of their possession. The above author, however, does not specify how old such males are. Referring to divination as a cult, Lee (1969: 140) states that while 'the whole cult is female centred', the minority male neophytes are transvestite, and tend to 'copy the way of women'.

In the context of *ubungoma*, male *izangoma* have acted in ways that are typically associated with the opposite sex. In ratio terms, of the ten individuals who qualify for *ubungoma* one is male. These relatively few males who undergo *ukuthwasa* are trained by women and in the process take on a female identity by donning female dress (Derwent 1998). The male apprentices even learn the female craft of beadwork, and sit with female *izangoma* on the left-hand side of the house specifically reserved for women in a traditional Zulu compound. The author infers that such gender leanings provide a social role for men who, by temperament, do not fit overtly in the masculine mode of the Zulu.

This form of emasculation is further emphasized among these males mimicking women by virtue of receiving their training from female practitioners; donning female attire like *izidwaba* (skirts) and *imiyeko* (wigs imitating long-hair, believed to hold spiritual power), speak in high-pitched tones, and occupy the same space in domestic settings normally occupied by females. Small wonder, therefore, that such men are considered homosexual, an identity evident not uncommon in a number of cases in contemporary times. The relative paucity of homophobic information among male *izangoma* certainly begs further research from both a historical and socio-cultural perspective; aimed at attaining a 'big-picture' approached from a gendered perspective.

Occasionally, the transvestite male *izangoma* experience a gender transformation shift from a value-neutral identity to what Miescher and Lindsay (2003) describe as a derogatory appellation for men of subordinate masculinity. The authors refer to disparaging terms like *ungqingili* or *isitabani* (men who have sex with men), which in the living memory of several Zulu men and women aged over 50, such terms have always existed among this ethnic group (personal communication with Z. Mkhize and T.

Mzimela, September 25, 2009). When Nkabinde and Morgan (2005) interviewed indigenous African elders at length the elderly denied at first the existence of same-sexual relationships among *izangoma* but eventually acknowledged the practice always existed. The admission flouts the notion that same-sexuality is 'un-African' based on the assumption that the practice is an 'import from the West' (Morgan & Wieringa 2005: 11).

The above supposition is contentious on the African continent with people in countries like Uganda and South Africa, where in general such individuals are ostracised for their sexual orientation, and in some instances either harassed or even killed for flaunting their homophobic identity. While lesbians take more flack for their sexual orientation, homosexual men are also frowned upon, the degree is relatively lower.

It is not hard to identify such men in *ubungoma*. Buijs (2004) concurs concerning the feminine traits of male *izangoma*, declaring that the few existing Zulu male *izangoma* tend to adopt a female persona. According to the author, such males are often homosexual, a gender orientation considered 'un-African.' This category of male *izangoma* is not expected to play the masculine roles of husband and father in their communities (Buijs, 2004). These *izangoma* often speak in a high-pitched female voice, cross-dress. An example is the male *isangoma*'s tendency to walk with a feminine gait (Z. Mkhize, personal communication, September 25, 2009).

Female *izangoma* are not left off the hook concerning gay tendencies. Despite gayness being taboo, a number of older female *izangoma* have sexual relations with the female ancestral wife she marries, with the ancestors helping her select her partner (Morgan & Wieringa 2005). Alternatively, the older woman has similar relations with the female *thwasa* (*isangoma* intern). The ancestral wives serve their 'female husbands', undertaking chores to facilitate the *isangoma*'s healing work. While culturally, same-sex relations between female *izangoma* and their *thwasas* or ancestral wives are prohibited, the healers use these liaisons to have sex.

In a different vein, Ngubane (1977: 88) underlines women's gender supremacy in the mediating role between the living and their ancestors, clarifying that 'it is through a woman that the transition of spiritual beings is made'. She states that this point is crucial in explaining why diviners are mainly women, and why in turn, men must become transvestites to be diviners. A transvestite is a person who acts and dresses in a manner

traditionally associated with the opposite sex. Amplifying this concept further, Ngubane (1977: 142) substantiates:

Divination is a woman's thing, and if a man gets possessed he becomes a transvestite, as he is playing the role of a daughter rather than that of a son. For the special and very close contact with the spirits is reserved in this society, for women only, women who are thought of as marginal, and can thus fulfil the important social role of forming a bridge between the two worlds.

On his part Lee (1969) observes that the few male novices under training by female *izangoma* tend to be transvestite, copying the ways of women in the process. South African biomedical doctor Edward Green (1989) echoes this sentiment when he cites Sibisi's (1975: 50) analysis of Zulu in that 'the special and very close contact with spirits is reserved for women only', and that 'if a man becomes possessed he becomes a transvestite'. Green (1989) nevertheless states that such requirements did not apply in the case of Swazi *izangoma*. The Swazi and the Zulu are part of the larger Nguni culture. Green observes that male *izangoma* trained side by side with women under a female guide at times resembled women in superficial attributes such as hair style. Having worked for Swaziland's health ministry for years, in the process conducting research among hundreds of traditional healers in the country, Green (1989: 188) states authoritatively that the nation's 'male *izangoma* have deliberately cultivated close relationships with spirits as do female'. Through this statement Green contradicts the general thinking that ancestral spirits favour women.

## **Summary and Conclusion**

*Ubungoma* (divination under African traditional medicine), lies almost entirely in the hands of females in KwaZulu-Natal Province, where female *izangoma* outnumber their male counterparts by far, with the literature generally approximating the male: female ratio at 10:90. In this form of healing, the organizing principles of patriarchal leadership are to an extent blurred, with female *izangoma* heading the African traditional healing hierarchy in the province, where the title *umakhosi* (the repository of the ancestry) is used to address those in the field of *ubungoma* (divination)

regardless of their gender. This form of address defies the gendered nature of patriarchal society where women would not be expected to occupy such an authoritative position. While traditional work roles tend to be gender-specific in the various activities which are rarely interchangeable, *ubungoma* contradicts the existing order, while retaining the female nurturer aspects.

It is evident that *ubungoma* requires extraordinary personal traits such as above-average intelligence, sensitivity and tenacity. That such traits appear to abound in women is manifest in their numbers versus those of males, but this also brings in contradictory notions of power. For example, female *izangoma* are not taken seriously at the decision-making level in bodies of healers practicing African Traditional Medicine, where both genders are represented at the local and national levels. However, this could be explained through the concept of situational selectivity, where reality is construed based on specific contexts. In the context of this article the community interprets reality at various levels. One is based on patriarchal culture where women *izangoma* play an insignificant and inferior role in African traditional healers' associations, which are a political construct. On another level, the same females are nevertheless held in high esteem construed from a religio-health construction.

Meanwhile, the esteemed place of South Africa's female *izangoma* in the traditional sense may be set to change in South Africa, while increasing numbers of self-appointed males join the trade for the purposes of lucrative economic gain, as opposed to being called to the vocation by ancestors. The specific cases of quack male *izangoma* might taint the esteem of *ubungoma* in general. A similar development in the diagnostic nature of *ubungoma* may also come about as young urban women in Soweto join what they consider a trendy profession, where such self-appointed individuals are not called to the vocation by ancestors, either. Because of its growing popularity the trend may extend to KwaZulu-Natal and the rest of South Africa. Only time will tell the magnitude and the speed at which these trends move to oust the genuine, ancestor-initiated *isangoma*, and which gender will lead the ATM hierarchy in future.

All in all, the sparse information gleaned from the literature and personal communication used in this review article suggests that more research needs to be conducted and documented for wider application among interested parties.

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