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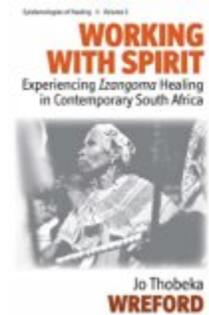
in the Humanities & Social Sciences

Jo Thobeka Wreford. *Working with Spirit: Experiencing Izangoma Healing in Contemporary South Africa*. Epistemologies of Healing Series. New York: Berghahn Books, 2008. 232 pp. \$75.00 (cloth), ISBN 978-1-84545-476-0.

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Can Traditional Healers and Biomedical Practitioners Find Common Ground in the Fight against HIV/AIDS?

Many black South Africans explain illness or misfortune as the consequence of natural causes, the will of ancestors, or the result of pollution or bewitchment. Cultural outsiders, however, have often dismissed such explanations as irrational and superstitious. Attempts to understand and explain African therapeutics/religion/cosmology are not new, and make up the basis of much anthropological work in Africa. Since the 1930s, anthropologists who may doubt the reality of ancestral trances or witchcraft have nevertheless demonstrated that the existence of these societal beliefs goes beyond mere superstition. Indeed, these beliefs serve important political, social, and economic functions within communities. Relatively few scholars, however, have used experiential anthropology as a means to explore supernatural aspects of African healing or explain them in anthropological terms. In *Working with Spirit*, Jo Thobeka Wreford attempts to clarify and bring weight to the mystical aspects of African therapeutics by employing her own experience as a *thwasa* or initiate of African spiritual healing. As a white British anthropologist mentored by a Xhosa-speaking healer in Cape Town, who had trained and worked in KwaZulu-Natal, Wreford's experience cuts across many cultural boundaries. Such a mixed-cultural healing heritage is not necessarily unique to her; indeed, African communities often attribute healers' powers to border crossings—both cultural and spiritual. White *sangomas* (African spiritual healers), however, are rare, and in a post-apartheid South Africa their existence has been contested by other healers. Wreford

writes that white sangomas are in a unique position to act as cultural mediators between healers of two different medical cultures. In this vein, she writes with the aim of creating a more collaborative healing environment in which African healers are respected alongside biomedical practitioners. Wreford therefore offers an ethnography of her own initiation as a means to explain African therapeutics and offers suggestions to biomedical practitioners with particular emphasis on the HIV/AIDS epidemic.

Other anthropologists have written in much greater detail and clarity about contemporary African therapeutics and HIV/AIDS. Unfortunately, Wreford's personal ethnography, as described in this work, seems to be disconnected and to have little relevancy to her wider arguments regarding medical collaboration and HIV/AIDS. Her linking of Jungian psychotherapy to traditional healing is personally relevant to her, but does little to illuminate African belief systems. Wreford's most engaging and relevant chapters, are not about her own personal experience, but about HIV/AIDS. She points out, as other scholars have, that collaborative efforts between biomedical and traditional health practitioners have failed largely because healers are assumed to be potential agents of biomedicine who can refer patients for biomedical treatment. Biomedical referrals to healers, however, are not reciprocated. This has resulted in hurt feelings by healers who rightly believe that their knowledge and practices are not respected by biomedicine. This

relationship has developed in part because biomedicine rejects the “spirit agency in traditional practice,” as well as local etiologies of illness, which are based less on the individual body than on a wider social context (pp. 64-65). Wreford offers some interesting points for trying to bridge these linguistic, cultural, and etiological gaps.

First, she points out that healers’ propensity for claiming to cure AIDS, which has led many biomedical practitioners to view collaboration with skepticism, should be viewed as idiomatic. Traditional healers, she explains, use the term “cure” to indicate the absence of symptoms and not as a means to deliberately mislead the public. Given that neither medical culture can offer a definitive cure, she urges both camps to eliminate the term as a means toward building a more collaborative relationship.

Second, Wreford suggests that local etiology and the symptoms of AIDS lead many patients to seek out traditional healers, who aiming to address issues of pollution and witchcraft, administer medicines for purging the system both physically and metaphorically. Furthermore, patients tend to seek out both types of medical practitioners whether or not they actively collaborate together. Given that there are potential and dangerous interactions between certain popular traditional medicines and antiretrovirals, she contends that all medical practitioners would be wise to work together to prevent such interactions.

Third, Wreford argues that biomedical and traditional medical practitioners should collaborate on HIV/AIDS cases during the “treatment gap,” the period between when one is diagnosed as HIV positive and when one is sick enough to take antiretrovirals. Wreford says that this period is often several years long, and that traditional healers could be utilized during this stage to offer ritual cleansings. To prevent herb/drug interaction, Wreford suggests that this traditional cleansing be administered before antiretrovirals. If diagnosed later, however, she argues that external cleansings could be administered simultaneously with antiretrovirals to address patient concerns of pollution and witchcraft. Such dual treatment, she states, would recognize the importance of and satisfy both types of medical practitioners.

Wreford’s strategy, however, raises several questions. First, why would or should patients undergo antiretroviral treatment as a prescription for healing HIV/AIDS? While antiretrovirals have undergone more stringent laboratory testing, anecdotal evidence and preliminary trials have shown that local herbal remedies,

such as *sutherlandia*, are incredibly successful in boosting the immune system, promoting weight gain, and eradicating certain secondary infections that accompany HIV/AIDS. Given that both types of medicines are perceived (rightly or wrongly) as having success and failure, why would patients use biomedicine rather than a traditional healer who understands the local etiology of illness? Second, in this same vein, if according to local etiologies, African medicine is assumed to treat the underlying cause of disease whereas biomedicine is used to treat the symptoms of disease, how and why would patients be convinced to pursue antiretrovirals in conjunction with traditional treatment? Furthermore, the history of predatory pharmaceuticals in South Africa in the 1990s combined with a Thabo Mbeki administration has left many patients skeptical of biomedicine and antiretrovirals with their perceived and real side effects. Third, even if patients are convinced to use antiretrovirals, Wreford does not offer any statistical information regarding the frequency or length of the treatment gap, making it difficult to judge the success of such a strategy. Until there is regular HIV testing, it is conceivable that in a resource poor country, many persons may miss this crucial period until diagnosed with full-blown AIDS. Fourth, Wreford’s own example shows how issues of witchcraft complicate medical collaboration. In an anecdotal story, Wreford relates how a nurse diagnosed with HIV traveled to see a sangoma who treated the nurse for bewitchment. Having seen the healer, the patient felt no need to progress with biomedical treatment. Wreford speculates that given this patient’s presumed knowledge of biomedicine, her decision to seek the help of a sangoma indicated a “denial” of her HIV status (p. 212). Given that Wreford herself states that witchcraft can be associated with HIV or the many symptoms that accompany it, it does not seem unreasonable that this patient, her healer, or other HIV positive persons may assume that the presence of HIV itself indicates bewitchment. Since Wreford did not interview this person, we do not know what motivated this particular patient. Likewise, as she points out, we do not have a good idea of how many healers distinguish (let alone recognize) AIDS from witchcraft. Consequently, while Wreford has explained why biomedical practitioners should include traditional healers and medicines, she does not address the converse. Given these concerns, it is not clear how her work has “sketched a means by which the authority of witchcraft discourse might be realigned in transformative ritual toward a therapeutically healing function in HIV/AIDS interventions” within a collaborative context (p. 217).

Given that Wreford's book is highly theoretical, it is most likely to appeal to fellow experiential anthropologists. Wreford fails in her aim, however, to encourage medical collaboration by explaining the spiritual aspects of African therapeutics "in a style that is approachable and comprehensible to scientists, lay readers, and academe alike" (p. 225). Her writing, laden with specialized anthropological terms (emic, etic, mimesis, coda, post-Prandial, quotidian, etc.), seems instead to be in discussion with a relatively small number of experiential anthropologists, and in particular with authors working on spirit possession in Southern Africa. Because Wreford assumes prior knowledge of these anthropological works, often citing them with no explanatory comments, the nonexpert is left unfamiliar not only with the main arguments of the field but sometimes also with Wreford's own arguments.

In explaining the historiography of witchcraft and her own contributions, Wreford writes: "Anthropological theory on witchcraft has moved beyond the cultural assumption of a symbolic village-based rationality epitomized in E.E. Evans-Pritchard's benchmark study (1937). Contemporary research emphasizes and tries to explicate the modernity of witchcraft (see, for example, Comaroff and Comaroff 1993; Geschiere 1997; Niehaus 2001b) often connecting the persistence of the discourse in Africa to variations on the 'large-scale pragmatics' imagined by Catherine Lutz and Lila Abu-Lughod (1990:9). This is not to suggest that the 'village life' interpretation, charged with the interpersonal rivalry and jealousy (that Evans-Pritchard's studies of the Azande depicted so vividly [1937]) no longer exists. In my experience of witchcraft (which, especially during my early fieldwork, was limited to listening to and observing oral versions of the discourse), good village logic was often on display: a micro focus in which my teacher Nosibele (represented as a 'virtual villager' to paraphrase van Binsbergen [2001]), harked back to the village of her memory, a place in the past, variously visualized or 'virtualized' as dangerous through her reminiscences" (pp. 199-200). Much of Wreford's work is written in this parenthetical manner, often making it cumbersome reading for a lay or expert audience.

I have no objection to Wreford's use of personal experience as another means to understand and explain Nguni cosmology with regard to healing and well-being, yet I

find other aspects of her methodology problematic. The first issue has to do with her inability to speak and understand the local language, something that would be expected of any ethnographer. While Wreford's mentor spoke English, the larger community in which Wreford interacted did not. Language provides an important window for understanding cultural nuances and local cosmologies; consequently, her lack of fluency leaves her unknowledgeable or dependent on the interpretation of native speakers to explain events around her. Somewhat unapologetically, Wreford states that she did not have the "usual luxuries accorded to the field anthropologist ... but [was guided] by the dictates of ancestral spirits presented through dreams, visions, and other messages" (p. 30). Not only does this seem inexcusable for an academic ethnographer, but within the local cosmology there are also means by which ancestral calls can be postponed (by ritual and herbs) until an initiate is ready. Furthermore, according to linguists, Wreford's use of the term "*izangoma sinyanga*" used throughout the book to describe "the healing work of izangoma" is grammatically incorrect and nonsensical. Secondly, Wreford's work is largely limited to her own experiences and that of five healers. While one can understand reliance on a small number of particularly good interviewees, one would also assume an ethnographer would have other means of surveying a larger number of healers and patients. Such methods and interviews, however, are not evidenced within the text, footnotes, or bibliography. This seems particularly problematic given that Wreford generalizes about a much larger body of knowledge and cultural experience. Lastly, Wreford's work comes off as overly anecdotal given her use of single anecdotes to make wide sweeping generalizations. This includes stories like the HIV+ nurse who sought the help of a traditional healer, or Wreford's argument that white thwasas may raise fears of pollution to a mentor's kin-network as they are agnatic and culturally unknown. Her stated evidence—that her Zimbabwean mentor asked if there had ever been a murder in Wreford's family—is speculative and hardly convincing.

Finally, this book could have benefited from more careful copyediting. A number of missing words and misspellings are evident, and it is not clear why Wreford switches between the Xhosa and Zulu word for healer. The subtitles, while catchy sounding, are too numerous and, distracting, and do not live up to their promises.

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