

## **Church, Cult, and Lodge:** in quest of therapeutic meaning in Francistown, Botswana

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### **1. Introduction<sup>1</sup>**

In his recent book *Ritual passage sacred journey* (Werbner 1989), which largely deals with cults in rural south-western Zimbabwe and in Botswana, Richard Werbner describes his thirty-year project of which that book is the splendid result in the following terms:

‘Among other points, I have posed the following salient questions as markers for my research: How do the people find themselves, over time, in a cosmos, whether microcosm or macrocosm? How, as home comers, strangers, or the estranged, do they symbolically locate order and disorder in their universe? (...) The answers, like the questions themselves, call for anthropological knowledge that is informed by the people’s own views seen in the light of comparative theory. My own *long-term* [original emphasis] observation — and I use the word aware of *how much I had to see in order to know* [my emphasis, WvB] — of “going to Mwali,” in the most widespread cult of God Above in Southern Africa points to an important direction. I observed numerous, fine micro-historical religious changes in repeated fieldwork between 1960 and 1985. (...) Most of these changes were not innovations (...). Their concern has overwhelmingly been the religious responses to “the shattered microcosm” ’ (Werbner 1989: 326)

In other words, the focus is on cults’ contributions to the reconstruction of a meaningful social order in the changing societies of Southern Africa, and particularly among the Kalanga. Werbner could bring this project to such a good end for four reasons, among others, which together make for excellent anthropology, in his case and many others. He could make the project his life’s work, weaving into it his own and the discipline’s theoretical growth over three decades. His frame of reference has been almost exclusively rural: taking as his base a few rural wards — small-scale communities built of inclusive social relationships in which he could readily share, generating rapport and research continuity — he could from there explore wide regional networks which manifested themselves in these wards, and gauge

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<sup>1</sup> My field-work was conducted from November 1988 to October 1989, in Francistown and rural communities in Botswana’s North-East District, with a short excursion into southwestern Zimbabwe. I am greatly indebted to the Applied Research Unit, Ministry of Local Government and Lands, Republic of Botswana, for their hospitality extended to me as a visiting researcher; to the African Studies Centre, Leiden, the Netherlands, for leave of absence and research funds; to my wife and children for wholeheartedly sharing in the field-work; to Chuke Amos, Ennie Maphakwane, Edward Mpoloka, Joshua Ndlovu, Dikeledi Moyo and Rebecca Siska for research assistance; to the ritual leaders, adepts and church leaders described in this paper; to neighbours, friends, respondents and officials throughout Francistown; and to Terence Ranger and particularly Richard Werbner for the generosity and trust with which they have welcomed my recent intrusion into their cultic region.

the impact of such major regional conditions of labour migration, commodification and the Zimbabwe war of independence. The long-term concentration on a culturally and linguistically fairly homogeneous rural society made mastery of one language and cultural idiom (that of the Kalanga, the area's dominant ethnic group) a feasible and rewarding investment. And historical depth was guaranteed both by the span of his own research and by the general historical thrust studies of this part of Africa have taken.

My latest research has largely the same focus and deals with the same geographical area, but it is almost diametrically opposed to Werbner's in time span of field-work (one year so far, soon to be extended), urban focus (despite rural excursions mainly in the northeast district of Botswana, it concentrates on the town of Francistown), absence of competence in any one local culture and language (which is both impossible to achieve, and slightly out of place in the poly-ethnic urban environment of Francistown where Kalanga culture and language are no longer majority expressions), while so far the synchronic sociological analysis alone has entailed such formidable problems that I am only now beginning to formulate specific historical questions. The fundamentally different social structure of urban life also meant that the standard anthropological technique of 'settle somewhere, become involved in the ongoing social process around you, wait and see' in Francistown did not by far yield, spontaneously and automatically, data of the profundity and scope I was accustomed to in previous rural and even urban fieldwork elsewhere. Accidental and shifting networks of personal relations and introductions, rather than the immersion in localized small-scale and inclusive communities, are the source *par excellence* of anthropological information in town;<sup>2</sup> the more controversial the topic, and the shorter the period of exposure, the more the yields of such a network approach depends on chance.

As a result of all these factors working in combination, the present report on my research in progress could not hope to be more than a tentative footnote to Werbner's work and, by extension, to the considerable literature on the area's cultic and religious structures,.

The town is not a place to gain competence in ethnically specific cultures and worldviews that inform the lives of urban migrants; that was why almost twenty years ago, in Zambia, I shifted my research into Nkoya cults in Lusaka, to Kaoma district, extending the project to encompass virtually the whole of Nkoya rural society and history. Yet, while the urban situation, and the adoption of a new research area in mid-career, have obvious limitations, one justification for my project is that many of the sociological questions of today can no longer be answered by sheer extrapolation from the rural situation. Even in Botswana, whose official self-image is still largely pastoral and rural, for an increasing proportion of the population the everyday experience is primarily (while maintaining urban-rural ties and rural retirement) or exclusively (dropping such ties) an urban one. Problems of meaning and order, and their solutions, are generated both in home villages and in towns, under different forms of marital and kinship relations, modes of production, and socio-political organization. Ever since Mitchell's *Kalela dance* (1956) the anthropology of South Central and Southern Africa has wondered at what specific selection and transformation rural institutions would undergo when introduced into town by urban migrants; likewise, Mitchell's equally seminal paper on 'The meaning of misfortune for urban Africans' (1965) triggered a discussion on the place and significance of ancestral and other 'home'-orientated

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<sup>2</sup> In addition, of course, I collected extensive quantitative data on hundreds of inhabitants of Francistown both from existing files in bureaucracies such as the Self-Help Housing Agency and the Local Courts, and by a survey of my own. These data are indispensable in bringing out the social structure of Francistown, the urban experience (in the family, at work, in health and disease, and in religious matters) of its inhabitants, and the extent of their urban-rural relations. The analysis of these data is in progress (for first installments cf. van Binsbergen 1989; van Binsbergen & Krijnen 1989). Meanwhile the present argument is exclusively based on qualitative data.

ritual in towns, which is still far from settled.<sup>3</sup> The present paper loosely situates itself in this tradition. My Nkoya research (e.g. 1981 and in press) moreover showed me once again the by now familiar far-reaching complementarity between the urban and rural settings in which many Africans operate: on the one hand there is the now classic idea of the village economy subsidizing the urban capitalist sector through migrant workers' 'over-exploitation', but on the other hand rural-based cult leaders 'raid' the towns as part of process through which their rural society reproduces itself, while with regard to political and economic conflict, sorcery, and the redress of long-standing misfortune and illness people turn out to take refuge in the village from the town but also the other way around.

In the Nkoya case this complementarity suggests a temporary balance which not only derives from the amazing resilience of Nkoya rural society and culture, but also from the relative insecurity of their urban existence, and the increasingly low-key profiles of Zambian towns since Independence as centres of capitalist production, cultural dominance and mass consumption. Botswana towns, because of the country's very different economic situation as well as the cultural and economic dominance of nearby South Africa, are in a very different situation. They offer many of their inhabitants an urban livelihood which is no longer so insecure that maintaining a substantial stake in the village home (with all this implies in terms of submission to rural-based elders, obligations of their economic support, and observance of village-derived rules, prohibitions, rituals and collective representations) is an absolute condition for survival; in stead, rural-urban relations have come to be characterized by optionality in virtually all cases, individual opportunism in many, and downright rupture in some. Moreover, Botswana towns are places where worldwide patterns of cultural transmission through electronic media and mass consumption have gained enormous dominance, in a context of wage labour and bureaucracies offering a variety of services (in such fields as education, housing, medicine, retail trade etc.) which reinforce the individual, rather than the rural-orientated kin group, as the standard unit of modern social life. As a result, 'traditional' rural culture in urban Botswana has adopted an extremely defensive, and often an underground, position, scarcely meeting the eye of the casual observer. Despite politician's ideological harping on such fossilized items as traditional courts, traditional dance instruction at schools, the cooperation between traditional and cosmopolitan medicine, and urbanites' administrative identification with their rural chiefs and village headmen, the reality is that a unified and commoditized modern mass culture has gained apparent dominance in the social experience of townsmen. Since many keep up a measure of urban-rural relations, the study of what happens to rural forms in towns is timely and of immediate relevance to the social production of meaning in modern society. But given this dominance, such a study cannot consist in mere extrapolation of the rural findings. I am not in the least suggesting that this is what Werbner does, in fact he is very careful to repeatedly point out the rural context of his analyses. But there is an obvious case for an urban study, however imperfect, of cultic and religious aspects so far covered by his rural research.

The complexity of the urban situation, the structural discontinuity between the town and the countryside, and the network bias in my urban data, makes it difficult to identify a structural locus in town where the various lines of an argument on cult structures, meaning and healing could be found to intersect in time and place, and to be patterned in enduring social relations in which the overall structure of society is reflected. The analysis of selected cases with a considerable degree of detail and time depth has long (cf. Epstein 1969) been recognized as a useful heuristic device to show recurrent patterns of structure and conflict, by having the urban process crystallize around the cases' protagonists, against the background of the ongoing social process involving them. This will also be my approach in the present argument. As a heuristic device, this is hoped to raise questions and to yield tentative insights

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<sup>3</sup> Footnote on later work along this line, e.g. Rigby & Lule, Hammond-Tooke.

which in a later stage could lead to a more sophisticated analysis of urban-rural dynamics in the structuring of ritual, the social production of meaning, and the shaping of specific social relations in this context. The present approach inevitably lends an element of arbitrariness and perhaps superficiality to my selection, presentation and analysis of data. At this stage, in the face of Werbner's subtle and profound analysis of similar data from the same area, I do not feel up to anything more ambitious.

There is, meanwhile, one aspect which I feel constitutes a real, and not just a gradual, difference between mine and his approach. The method evolved in his book brings us much closer to a detailed, systematic understanding of the structure of ritual as it evolves in time and place. However, this is a predominantly cognitive approach, a form of close reading of culture-specific semantics, imagery and organizational properties, admirably systematized and abstracted so as to be capable of discussion in scientific English. There is perhaps too little in his argument that reminds us of the fact that these cults, through their very organization and symbolism and spatio-temporal structure, cater for suffering and despair. Beyond being fascinatingly dynamic constructs of the human mind they are an idiom of healing, and amazingly effective at that. The problem of meaning in modern society, African or world-wide, is driven home in the quest for (mental) health, most dramatically and in a form which generates the greatest empathy and concern. I thought it opportune to lay this emphasis in the present paper, even though the crudity of its argument is far less suited than Werbner's own to pinpoint just why and how this therapeutic effectiveness is achieved, had he chosen to address this issue systematically.

## 2. The public aspect of religion and ritual in Francistown

Francistown is a European creation, with a considerable industrial and commercial sector, founded nearly a hundred years ago, and racially segregated until Botswana's Independence (1966). Francistown finds itself halfway between rural villages and cattle posts and the distant destination of labour migration in South Africa, whence it accommodates returning migrants and their attitudes, practices, tastes, fashions etc. as acquired in distant places. There is a keen awareness of ethnic differentiation and opposition in the town, reinforced again by a lively political process where ethnic mobilization and particularly the issue of Kalanga identity and assertion are major inputs. Yet if Francistown ever was a Kalanga town in the sense that the Kalanga ethnic group (as a 'host tribe') dominated both the surrounding countryside and the town itself, this can no longer be said to be the case: in addition to a major influx from Zimbabwe, people from all over Botswana have settled there, and the town's *lingua franca* is no longer Kalanga but Tswana, Botswana's official language. Though the vast majority of present inhabitants of the town was not born there, the place has developed a distinct sense of a poly-ethnic urbanism, an idiom of public urban discourse in which the particular cultural inputs from national ethnic groups and the influence from distant places has amalgamated to form some common denominator: with attitudes, types of relationships, pastimes and places to pursue them which are felt to be typically urban; which elaborate stereotypes characterizing the various townships within the town and ranking them in a classification of wealth and prestige; and with standard collective representations and responses, with regard to such matters as neighbourliness, conflict resolution, norms of urban public behaviour in the streets, shops, workplaces and drinking places.

This public discourse also defines, on the level of lay participants and everyday conversation, the major medico-religious complexes and their characteristics (cf. Ståugard 1985):

- the clinic or hospital, where generally high-quality cosmopolitan health care is dispensed at considerable costs of time and frustration but against nominal fees (P0.50<sup>4</sup> per treatment);
- healing churches, with prophets (*baprofiti*) as cultic leaders; with services in which drumming, dancing, singing, speaking in tongues and laying-on of hands are major ingredients, they form the dominant public religious expression, and as dispensers of spiritual and material treatment feature prominently in people's health strategies;
- *dingaka*, traditional healers (the principal ones organized in various local professional associations) using a material divination apparatus (usually the widespread system based on four divining tablets making for sixteen basic combinations) and a wide selection of traditional and neo-traditional medicines; and finally
- *basangoma*, spirit mediums whose distinctive feature vis-à-vis the *dingaka* is the inclusion of drumming and trance in divination and treatment, and a greater emphasis on ancestral rather than sorcery explanations of disease and other misfortune.

People cannot help being aware of these medico-religious complexes. Cosmopolitan medicine, besides being invoked as a first resort in cases of illness, forms a regular component of administrative procedures regulating employment, absence from work, immigration etc., its physical locations dominate the urban scene, and the career opportunities it offers especially to women are greatly aspired. Healing churches exist by the score in Francistown, and they proclaim their existence by signboards, the sounds of singing and drumming not only at weekends but also several evenings and nights through the week. Members can often be seen in the street in their colourful uniforms specific to a particular church. Many display the fact that they are adherents and are being treated in the church by colourful strings of cotton around their wrists and necks; adherents of the major healing church, the Zion Christian Church (ZCC), wear enamelled badges wherever they go. *Dingaka*, operating in and from treatment rooms they insist to call 'surgeries', are generally less conspicuous; even the licensed ones rarely put out signboards, although every inhabitant in town has knowledge of a number of them and can easily find recommendations to others. The same applies to *basangoma*, who however identify themselves by strings of beads around the neck, wrists and occasionally ankles, not only in the elaborate display customary at their professional sessions, but also, much more reticently, in everyday life. This does distinguish them from the *baprofiti* and their adherents who never wear beads, more so than from the *dingaka* some of whom have gone through rituals and continue to adhere to cults also prescribing the wearing of beads: beads form together a catalogue of the bearer's past sacrifices and current cultic attachments.

At the level of public discourse, people are only dimly aware, if at all, of the esoteric specialist knowledge around which these various medico-religious specialist shape their professional activities, although these matters constitute cherished topics for everyday lay conversation. Most townsmen patronize not just one of the complexes but a combination of them, with this proviso that *basangoma* with their prolonged and expensive treatment searching deep in the patient's existence and history normally are referred to as a last resort.

Poly-ethnic public discourse in town classifies not only major medico-religious complexes and superficially attributes distinctive traits and evaluations to them, it also offers a common-sense aetiology, a provisional classification of symptoms and likely causes necessary for initial crisis mobilization (of kinsmen, neighbours, colleagues, fellow-church members, employer and health specialists) in the urban environment, and stipulates an initial strategy of health action — to be refined once a particular medico-religious complex has been approached, and revised or extended whenever that complex does not soon respond satisfactorily. In this connexion one major common-sense interpretation, far from peculiar to Francistown public discourse, is that of certain complaints (e.g. chronic headache, swollen

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<sup>4</sup> P1 ≈ US\$ 0.50.

extremities, eye trouble, persistent bad luck) as signs of being possessed by spirits, and of certain family conditions (notably the prevalence of such possession in previous generations, handed down in chains of cultic affiliation) as conducive to these complaints.

Francistown finds itself well inside the catchment area of Southern Africa's mayor High God cult, that of Mwali. Through extensive research by Richard Werbner, Terence Ranger and others<sup>5</sup> we are now beginning to understand the cult's history and organizational structure, its significance for the region's rural communities, and its political significance in the struggle for Zimbabwe's independence. It is remarkable that the cult hardly features in the public discourse on medico-religious complexes in Francistown in so far as I got to know it. It is in this connexion particularly that I appreciate Werbner's statement quoted above: 'how much I had to see in order to know' (1989: 326). For many months, there was nothing to see at all, at least not from the yet fairly standard site-and-service area where I lived. Only towards the end of a year's fieldwork did I once see a group of Children of Mwali, *Bawosana*, in uniform (staff, black cloak, white or black-and-white skirt, white or red sash, and strings of black beads or a combination of black, black-and-white, white and red) out on a public road in town; but by that time I had already made contact with a few Francistown lodges where sessions of dancing, treatment and initiation would be held, on private yards which due to the nature of urban space in African towns would still be fairly open to the public eye and ear. For the rest it was as if a conspiracy of secrecy surrounded the Mwali cult. In town, despite my questioning I could hardly ever pick up a spoken reference to the Mwali cult; yet later, after I had dismissed my main research assistant, he turned out to have major Mwali adepts among his close kin.<sup>6</sup> In the rural areas, particularly in the villages of Moroka and Jakalasi-I which are close to the south-western oracle, the presence of the *Wosana* cult (the word Mwali was rarely used before me) and its rain-calling practice were superficially acknowledged but it proved impossible to make contact. Well-known Mwali cultic personnel does have an urban residence: Mr. Vumbu, who is the high priest of the cult's south-western encompassing the North-East District, and has an oracle inside Botswana's border (cf. Werbner 1989: 278 and passim), has a house in Francistown's area L and runs a transport company; but however I tried I did not manage to catch him or his lower-ranking associates in my urban research network. A standard response of my urban informants was that Mr Vumbu had dropped his cultic activities, was absorbed in his transport enterprise, and was no longer considered a true representative of the cult. A similar image of past activities supplanted by present-day inertia was detectable when I confronted Francistown lay (and even a few specialist) informants with my increasing information on what went on in the lodges: the dancers there were interpreted not as actual Servants of Mwali at present incorporated in a regional network of cultic prestations and obligations, but as mere descendants of such adepts, emulating their ancestors' dress and paraphernalia in a fragmented and localized cult which no longer bounds its present-day members in a viable regional network. To what extent such responses were meant to keep me beating about the bush I cannot say. For lack of data there is no reason for me to assume that the extensive cultic network as described by Werbner (1989: ch. 7), spanning the entire North-East district, has ceased operation; the extent of urban-rural ties between Francistown and, particularly, the rural communities of north-eastern Botswana suggest that a considerable number of

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<sup>5</sup> Cf. Werbner 1989; Ranger 1985, 1987; Daneel 1970; and extensive references there.

<sup>6</sup> Even at the public sessions and lodges in Francistown, where Mwali connotations were unmistakable, these were only acknowledged (in much detail) by the lodge leaders; the adepts seemed to be largely ignorant of the Mwali cult dimension of their activities and paraphernalia, and apparently never had been near a central oracle: their ritual identity derived from the leader's, and the latter alone maintained the link. None the less the adepts were present during my conversations with the leaders; perhaps the adepts were just not free to discuss the topic.

urbanites may participate in rural forms of the Mwali cult. If they do, they did not care to tell me. Hence I have nothing to report, for the time being, on the most obvious topic concerning Francistown and the Mwali cult: the interaction between the town and the cultic region in its immediate rural hinterland.

The urban invisibility of the Mwali cult appears to be partly due to the obvious seasonal element in the rain cult: from July to September, towards the end of the dry season, Wosana dancing sessions are staged in several townships of Francistown, by what the public discourse calls *basangoma*, at private residential plots which house lodges — centres of divination, healing and the training of adepts. These sessions, which draw a lay audience of several scores some of whom join in the dancing, are rallying points for senior adepts and cult leaders from other lodges in town, but also for a dozen or more of the *dingaka* who are not *basangoma* and do not have lodges. Participants of the latter category include some of the most senior *dingaka* — chairmen of their local professional associations; while in attire and ritual practice they identify as Wosana during these sessions, contrary to the lodge leaders they are not Ndebele but Kalanga from the North-East district; further research may reveal them to be the very links between Francistown and the cultic region of its immediate hinterland. Whatever I have so far seen functioning of the Mwali cult in Francistown, mainly concerns cultic personnel of Ndebele ethnic affiliation associated with the Manyangwa oracle near Plumtree and the Njelele oracle in the Matopos, in Zimbabwe. Obviously in a new spell of field-work I shall seek to break through this immense one-sidedness.

### 3. Cults and Christianity

Public discourse and public practice in Francistown points (rightly or wrongly) to the Christian healing churches as the most conspicuous, obvious and readily accessible medico-religious complex dealing with prolonged and intensive suffering with a strong mental or psychosomatic component. The *dingaka* and *basangoma* operate in a setting where their lay clients, and even these specialists themselves, tend to regard Christianity as a Great Tradition which in general does not need to be denied or opposed, although in many specific cases this traditional is known to be inadequate to restore a patient's well-being. Antagonism between traditional healing and local churches emanates from the churches' side mainly. It is rare in Francistown to find a *ngaka* or *sangoma* who is entirely unaware of the Christian idiom; the more common response is to spice the traditional professional idiom with references to Christ, the Bible, Christian codes of morality, and even prayers — as if we were not dealing with two or more distinct and rival worldviews but with variants of the same worldview placed in a subordinative relation vis-à-vis each other.

In this context an analysis of the contributions the non-Christian cults make to the reconstruction of social order and the reinsertion of suffering individuals in that order as a condition for their well-being and social functioning, may profitably start with an examination of the confrontation between traditional spirit possession and Christian healing.

Divination in the selected Christian healing churches I studied in and around Francistown context shuns all divining apparatus except sometimes a Bible copy, and usually takes the form of 'prophesizing': during the service the head of the congregation or one of his acolytes with the formal office of 'prophet', makes coherent pronouncements as to the organic and spiritual condition of one of those present. (The speaking in tongues is here also a prerogative of prophets, as distinct from the congregation in general, and is not interpreted in terms of a diagnosis.) Sometimes the person who is thus singled out before the entire congregation has not even presented herself or himself as suffering prior to this prophetic moment, but then the physical complaints indicated (often minor menstrual or reproductive troubles) tend to be sufficiently general to be applicable. Sorcery and possession by spirits

are the stock interpretations of a patient's condition. Besides prophesizing, the healing churches also make it possible for possession to manifest itself through what could be termed auto-divination: the continuous chanting and very rapid dancing and turning in circles of which the many hours of a service consist, creates high levels of regression and lowers thresholds of self-consciousness, — one gets the impression of the entire congregation charging itself with spiritual energy while waiting for the sparks to fly. Thus most services in the healing churches set the scene for the public trance (with violent convulsive movements and screams) of a few members of the congregation, one or two hours after the beginning of the service. Moreover, when towards the end of the service the senior church personnel takes position to lay on hands on every member of the congregation (individually or with two or three at a time), the transmission of Holy Spirit which is supposed to take place at that moment may lead to a short-lived serene trance of benign transport, but often also brings out a dramatic convulsive response interpreted as the spirits' violent rejection of the Spirit.

The following two cases may illustrate these points. Both concern young urban women from the border village of Moroka, at approximately 60 km from Francistown: active members of the budding urban congregation of Saint Mark's Service Church, who in that church seek a solution for the traditional cultic commitments they consider to have inherited.

### **Kitso's case**

Kitso (her name, meaning Knowledge, may have an esoteric cultic implication) is a nineteen year old girl, who like so many has moved to Francistown to find employment. As usual at this age, she has one child, who stayed behind with the grandmother. She found work as a chamber-maid in the town's most prestigious hotel. In services of St. Mark's Service Church, both in Moroka and in the urban branch which was founded in Francistown's Monarch township (an upgraded mining compound) in 1989, she makes herself conspicuous by the most violent and vocal fits of possession which each time assure her of the congregation's undivided attention for an hour or more. The exceptional violence of her state bring the church personnel to equally violent responses, and (as is usual in such cases) she is tied up in the brightly coloured cords of the prophets' gowns, and thus guided and sometimes dragged over the church floor almost like a domestic animal to be broken in; she is smacked in the face and her hair is pulled, while a passionate prophet continues to cry over her for the Holy Spirit's assistance, and admonishes the possessing demon to leave. Although church attendance must thus be a shattering experience for her, she continues to visit the services, and to claim her excessive share of ritual attention. It is common knowledge that she attends church in defiance of her parents and other senior kinsmen, who claim that she has received the spirit of an ancestor who was a prominent cult leader, and want her to follow in these steps. It is not entirely clear why she fears such a commitment (see the discussion below), but certainly the church reinforces her rejection by declaring the possessing agent to be a devil, only fit to be destroyed by the Holy Spirit. Although she is remarkably relieved, almost smug, by the end of each service, the treatment brings no lasting effect: she keeps complaining of severe chronic headache.

Far from being resolved, the conflict propelled her even further afield than Francistown: mid-1989 Kitso moved to Gaborone, and I lost track. I did not get to know her rural background sufficiently to assess in detail whether her spiritual conflict might be accompanied by, or could even be reduced to, a more secular conflict over independence, norms of propriety and economic between Kitso and her senior kinsmen. Superficially there were no signs of this; for a young girl from Moroka, Kitso's situation as a regional labour migrant and absentee-mother had nothing unusual about it.

### **Chidzani's case**

Chidzani ('Helper'), a young woman twenty-four years of age, was raised (even, as she claims, adopted) by her maternal grandparents in Moroka, after her mother had moved to Zimbabwe and entered into a new marital attachment there. In Moroka Chidzani met George



who was temporarily working there, and she joined him when he returned to Francistown in 1984. In 1985 she lost their first child shortly after its extremely difficult birth, her grandmother acting as midwife. In 1986 their second child was born, a girl named Kefilwe ('I have been given', expressing gratitude for this second chance). When Chidzani found employment as a domestic servant in 1988, the girl was alternately looked after in Francistown by her distant cousin Lunyepi from Zimbabwe, or sent to the great-grandmother in Moroka. From Francistown Chidzani would visit Moroka once a month, to keep in touch with her grandparents, her daughter and her church, Saint Mark's Service Church, whose itinerant pastor Gabriel is a boy-friend of Chidzani's sister Constance. There she also occasionally met her mother when visiting from Zimbabwe; throughout her life Chidzani has felt rejected and sacrificed by her mother (whom Chidzani particularly blames for discontinuing her school education after Form II), and the hopes at redress which flare up with every meeting invariably leave her disappointed and confused. Chidzani proved increasingly unable to reconcile the conflicting claims from her Francistown life (organized around George, his co-residing sisters, her work, her dreams of material acquisition which this work begins to make true) and her Moroka attachments, where her enthusiastic and fulfilling participation in church life scarcely counterbalanced the negative aspects: her grandparents' pressure to either formalize or preferably terminate her liaison with George (Kefilwe's stay in Moroka was sometimes interpreted as a reminder of George's lack of paternal rights), and Chidzani's fear for her own safety and especially that of Kefilwe: she knew (but never admitted publicly) that her grandmother was an adept of the demonic cult, that she herself was expected to join that cult too, and she attributed whatever misfortune she suffered (especially the deaths of her first child, and of a cousin in Moroka, 1988; and the increasing estrangement between her and George) to the evil workings of the cult members. For Chidzani (as for many others in Francistown), the cult is the very incarnation of evil, and she struggled desperately against the outside and internalized pressures to join it. In Francistown she began to frequent the services of the Malges Star Apostles Church, which is very similar to Saint Mark's, and without formally joining she acted as a church secretary for half a year, and participated in long evening and night services three times a week.

The pressures tearing Chidzani's life apart came to a head. She suffered a marked loss of vitality and cheerfulness, was given to long spells of headache, gastro-enteritis and apathy, developed skin diseases and persistent pain in the legs, and began to neglect her work — all suggestive of a heavy attack from a spirit. At the same time the theme of personal independence and assertion became very prominent in her conversations and actions during this episode. Under the thin pretext that George's unfaithfulness had caused her to be harmed with his girl-friend's sorcery, she left George and his relatively prestigious, recently extended house in the Somerset East Extension site-and-service area, and rented a miserable single room in Somerset West, Francistown's largest squatter area. Here Chidzani lived very near the Malges Star Church, where during her even increased attendances her condition was diagnosed by prophesizing but initially in such a veiled way that the evasive interpretation in terms of George's unfaithfulness could be maintained. Ironically, a conspicuous visitor and guest star at these services is Raisha, a prophet from Moroka's Saint Mark's, like Gabriel and Lunyepi an illegal immigrant from Zimbabwe; Chidzani had openly resumed a long latent affair with him so that the church diagnosis could hardly be said to be impartial. When at the instigation of her employer her case was diagnosed, on two separate occasions, by sangomas (one using trance divination, the other tablets) George was entirely disculpated by their interpretations, the hidden demonic dimension of Chidzani's life was finally admitted by her, and the obvious path to redress (an animal to be sacrificed in the midst of her family in Moroka, as part of initiation into the cult) indicated, but to no avail: in great distress, sobbing, she declared that she would rather die than join something that horrible and evil. George, who remained loyal to Chidzani throughout this episode and continued to provide for her, Kefilwe and even Raisha, soon broke through the dead-end by reporting Raisha to the immigration authorities (!) and taking Chidzani (who has lost her job) back to Somerset East Extension. Meanwhile Saint Mark's opened its Monarch branch in Francistown, far from Somerset West, and Chidzani's attention shifted away from the Malges Star Church. Here the field-

work ended for the time being, when there was still every indication, in Chidzani's behaviour and appearance, that her fundamental conflict had not been resolved.

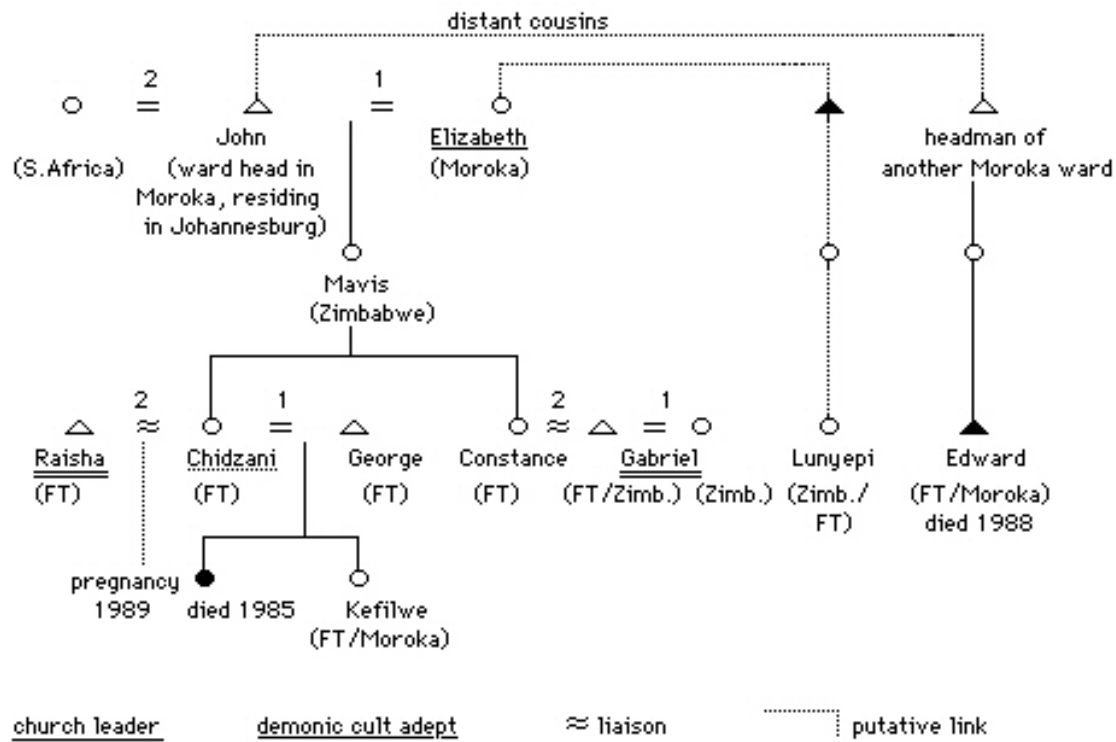


Diagram 1. Chidzani's case

In Chidzani's case there is certainly evidence of deep-seated intrafamilial conflict spanning several generations. In her eyes at least the conflict springs from the family's long-standing involvement with the demonic cult. Considerable light is thrown on these cases by Werbner. He characterizes the cult in question as follows:

'In the course of the ritual, boundaries between domains, such as that between the domestic and the alien and wild, are crossed by possessed women, for the sake of purification and healing, both of the women themselves and their patients. The possessed Kalanga women, while mediating between domains, also act as mediators in interpersonal relations. They give their ritual services for intimates who want benevolence and trust among themselves renewed. Kalanga perform the demonic possession ritual in their ritual homes, never in town, and it is only certain women, specially associated with home and domestic life, who can be possessed' (Werbner 1989: 63)

He stresses the importance of the urban-rural dimension with regard to the cult:

'Throughout the twenty-five year period of my study of demonic possession, the rule has been: once a migrant worker, never a novice host. (...) [H]ow are we to account for the virtual avoidance of cult membership by the young and what are the main implications of this avoidance?

Kalanga themselves give various reasons. One is that young women prefer to join the "churches of the spirit" where, in congregations of kin and non-kin, they speak in tongues and are moved by the Holy Spirit. Such churches reject demonic possession as a backward thing of the past and worse still, a thing of the devil. Another reason mentioned is that young

women are unwilling to undergo the initiation, given its nasty treatment and stink of the wild; it is held to be demeaning and ill-becoming by women who have been educated at school.

In the past, young novices were in the main elite women. At present, such women are often themselves schoolteachers, nurses, or other migrant workers, who are not primarily identified with domesticity in the countryside, or at least domesticity as it has been linked to the role of *dombo* [= host]. (...) In the past, initiation established a long-lasting dependence between senior and junior kinswomen. (...) At present, that dependence and authority can no longer be sustained.' (Werbner 1989: 105-107)

If, as Werbner argues, the demonic cult's main concern is to defend the domestic domain, then Chidzani's and perhaps Kitso's conflict with the cult might have to do with their attempts, as young female urban migrants, to break away from the domestic domain. The young women appear to struggle not so much against concrete control exercised by elders at their rural homes: the latter seem to have largely accepted as inevitable the lives young women live at more or less distant urban centre, or at least seldom oppose this life-style openly. Rather, the young women seek to embrace modern society, with its mass consumption and capitalist relations of production, without this being spoiled by the ideological reserve, by means of which village life has sought to protect itself. They struggle for the freedom to be modern; not realizing that many of their psychosomatic problems spring from the pathogenic effects of modern society, and from their lack of traditional support and anchorage. What is amazing and highly significant, is that the cult which Werbner, from a rural vantage point, describes as serving the integrity of the Kalanga domestic domain should, from the perspective of Francistown, should appear to be not just 'dirty', but full of unspeakable terror. The dependence implied in the acceptance of the cult is not lightly cast off.

While the intrafamilial dynamics of Chidzani's case must be further explored in future research, the available data give the impression that the essential conflict is that between the old woman Elizabeth and her female offspring, in such a way that over time the daughter (Mavis) is substituted by the granddaughter (Chidzani) and then great-granddaughter (Kefilwe) — as if the locus of obligation of the later generation vis-à-vis the elders and ancestors (to inherit the demonic cult?) keeps shifting. In this chain of substitutions the member of the previous generation can only gain her freedom if she trades in her daughter, allowing the latter to remain in the day-to-day custody of the grandmother at the homestead.

It is important to appreciate what the church's contribution is in the process. The affliction is not traced to specific historical causes and family conditions (as in sangoma divination to be discussed below), and the patient's pronouncements when questioned are not woven into an increasingly rich and convincing story of causation, detection and remedy. For no accommodation is sought by means of which the patient can restore his or her relationship with the afflicting agent — the only response can be that of utter and total rejection. In the Christian idiom, the only question that is worth considering when someone is possessed, is simply: *how to get rid of the possessing agent*. Purification, food taboos (particularly on pork and beer), taboos on contaminated environments (such as discos) and activities (such as adultery, ironically), protection not by beads (which are the feared signs of the demonic cult and other similar cults) but by strings of manufactured cotton in selected bright colours,<sup>7</sup> the

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<sup>7</sup> As has been long recognized, on this point, and on many more, the healing churches' symbolic repertoire is a ready transformation of material available in the region's autochthonous cults. The parallels with the sangoma and ngaka complexes are obvious. Werbner, moreover, stresses the lack of conceptual antagonism between local healing churches and the Mwali cult (1989: 311f, 316f); as he shows this does not preclude competition for central places. However such correspondences in form and content do not preclude totally different therapeutic positions taken by these medico-religious complexes.

consumption of medicinal substances which are dispensed by the church leadership, baptism, exposure to Christian reading and preaching, and above all the singing and dancing in church, are all devices to dispel the possessing spirits. The latter are exclusively seen as evil, with no legitimate place in the modern lives of the members of the congregation. Hence the patient is not brought to a subjective feeling of insight and competence with regard to the personal past, but is reinforced in his or her impulse to flee from that past. In the confrontation between the inherited tradition and the modern world of urban living, tradition is resolutely rejected before its specificity, meaning and beauty are allowed to be considered. The healing churches as they manifest themselves in the above cases deny that the patient is part of a history.

By reinforcing the young adherents' abhorrence from the demonic cult, the healing churches support their centrifugal movement away from the ritual and domestic control by their elders, and to town and everything town stands for in Southern Africa. In this respect the church is an instrument of urbanization. As the cases suggest, the churches' intervention is not really therapeutic in that it avoids the issues at stake. In a situation calling for a new definition of the relations between young women and their rural homes, for a transformation that enables them to incorporate the old in the new and vice versa, all the church has to offer is a total rupture, after which there is basically no coming back, so that an essential anchorage of their life in the microcosm of the familiar rural home is lost. To young women wholeheartedly embracing the freedom and material gratification of modern urban life such radical rupture has great appeal; yet the unresolved problem is likely to continue to make itself felt through psycho-somatic disorders, now or later in life, for which it is very doubtful that the healing churches have a remedy.

It is time we turn to a locus of symbolic and therapeutic production in Francistown where similar problems are treated very differently: the cult lodges.

#### **4. A cultic lodge<sup>8</sup>**

Francistown contains a few communities (I use the word almost in the monasterial sense), situated on private plots in residential townships, where the day-to-day life of the members, under the leadership of a major sangoma who is an adept of the Mwali cult, revolves on the diagnosis and treatment of mental and psychosomatic disorders attributed to ancestral and demonic affliction, and, in the process, on the training to sangomahood of those patients who — according to the widespread model of the cult of affliction — can only be cured by

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Meanwhile the striking continuity between the Mwali cult and the healing churches means that not only the latter, form the Great Tradition hovering over fragmented cultic activities of local leaders, but that the Mwali cult also plays this role. Such a view (which I hope to work out in a later version of this paper) would go a long way to explain the evasive and distant, little structured yet persistent presence of the Mwali cult in my data on Francistown lodges: as a distant ultimate authority, a source of integrity (particularly as far as healer/client relations are concerned) and advice. The Christian churches constituting a Great Tradition may then be due not so much to European cultural imperialism but to the churches, as converging High God cults, simply having come to share in a position the Mwali cult had already achieved centuries before the advent of Christianity in the region.

<sup>8</sup> In addition to participant observation and depth interviews, the data on Francistown cults and churches were collected in the form of video recordings. In this connexion I wish to acknowledge the generosity of the Board of the African Studies Centre which enabled me to have the necessary equipment at my disposal; and the contribution by Patricia van Binsbergen-Saegerman, who was largely responsible for the video recording. She and I are now working on a video presentation 'The cows of the ancestors drink muddy water', although frequent malfunctioning of the equipment which proved impossible to repair in the field makes it unlikely that our recordings will ever captivate an audience beyond the participants and ourselves.

becoming therapist in themselves. So far, I have detected and studied in varying detail three of such lodges; there are indications that one or two more exist in other parts of Francistown. The discussion below concentrates on the lodge in Maipaahela; the others are in Monarch township, and in the squatter area of Masemenyenga (see diagram 2).

Maipaahela is a recently upgraded former squatter area. This offered the opportunity to secure a relatively spacious plot and to fill it — see diagram 3 — (in a way which would be impossible in a more controlled site-and-service plot, such as owned these days by an increasing proportion of Francistown inhabitants) with all sorts of inexpensive structures as dwellings for adepts and as treatment rooms, store rooms for paraphernalia and medicines, and a relatively large area occupied by a shrine: a large platform made of tree branches. The medico-religious emphasis is combined with secular economic pursuit: in addition to the lodge members as described in table 1 (about half of whom are close relatives of the lodge leader, as specified in diagram 4) the plot houses two tenants, young working women who are not related to the lodge leader and who have nothing whatsoever to do with the ritual organisation of the lodge.

The lodge is situated at the edge of the township, where complaints about ritual noise etc. will be minimal, relative privacy from neighbours maximum (further enhanced by the secluded arrangement of the buildings, which is very atypical for Francistown), and finally as close as possible to a small stream. Its borders covered with shrubs offer a place for ritual ablutions. Most important however about the stream is that it is (as streams in the surrounding rural areas) a place where ancestral spirits are supposed to be eminently present, and approachable; here novice adepts are chased across the river where they deposit offerings of banknotes (immediately to be forwarded to the lodge leader). The plot's closed lay-out around a central yard, with only one very narrow entrance, is suggestive of a womb nurturing and protecting the humans contained in it. It may also evoke the symbolism (more than the actual physical form) of the Kalanga homestead and local kin group, the *nzi* — which is remarkable given the fact that Ndebele is the language of communication at the lodge; however, the demonic cult in which the cult leader specializes beside her Mwali connexions also has a decidedly Kalanga signature. With its elaborate shrine and the adjacent river the lodge reproduces, in an urban setting where such is very exceptional indeed, a viable rural, kinship-based social order, a ritual microcosm where so many of the traditional elements of the symbolic life are represented. This *sacralisation of space* must be an important aspect of the healing potential of this urban community.

Significantly, the reproduction of a rural social order is however only one aspect of the physical layout of the lodge. The dominant structure on the plot is a fully-fledged modern four-roomed house, which would satisfy all the regulations and requirements of state-controlled urban building, and in appearance, capital investment, and elaborate furnishing testifies to a very considerable adoption of modern tastes and life-style, in no way exceptional in Francistown except among the very poor. *What is exceptional about the lodge is the perceptible balance between the old and the new.* The constant attention for ritual activities and paraphernalia such as drums, cloths, beads and medicine (items which the leader constantly carries around in, significantly again, disposable plastic shopping bags) does not go hand in hand with a rejection of whatever the modern world has to offer in the way of furniture, clothing, utensils, child care requisites etc. Most of the food consumed at the lodge is bought in Francistown's large supermarkets — the lodge reproduces the 'superstructure' rather than the 'infrastructure' of the rural socio-economic order. The beer consumed and libated in considerable quantities at the lodge, particularly during rituals, is not a ritual homebrew but the simple manufactured *Chibuku*, packed in cartons; the leader herself consumes an endless series of canned beer of a rare brand called *Black Label* — the package in red and white against a basic black (cf. the *Wosana* costume) lends it a sanctity which its modern manufacture and purchase for money does not seem to affect negatively.

Against the sense of contamination prevailing, for instance, in the healing churches, at the lodge a carefree sense of immunity appears to reign — not in the least since *money*, that major contaminating agent, *can be sanctified* on the spot: by the leader's handling it, storing it with the paraphernalia in the shopping bags, and forwarding 5 — 10 % of it to the Manyangwa oracle with which she is associated. Fees range from P5 for a simple first consultation, via c. P100 for extensive treatment, to c. P1000 (not counting sacrificial animals, firewood, cloth and beads) for graduation to full sangomahood; by comparison, the average monthly wages in the formal sector in Francistown are in the range of P150 — P200.

Of the other two lodges, the Monarch one is very similar to the one in Maipaahela — their leaders are sisters, and when one of them died in 1989 the other lodge absorbed most of her adepts and patients. The Monarch lodge however is situated not at the edge but more towards the centre of a township, a stream and bush therefore are not conveniently near, and the plot is secluded from neighbouring plots and particularly from the main road by exceptionally dense vegetation. The Masemenyenga lodge, although subservient to the same Mwali oracle in Manyangwa, is different from the other two in that it has far fewer adepts (only three Kalanga women in addition to the Ndebele leader), who in ceremonies wear not the *Wosana* costume but instead emulate nineteenth-century Zulu dress. The main difference lies in the way in which space is sacralized: not primarily by an outdoor shrine made of branches but by fine white-washed one-roomed permanent building which is exclusively used for divination and treatment, carefully kept clean, the floor covered with elegant reed mats, the walls crammed with sacred cloths and other paraphernalia, and with two small decorated ancestral gourds as the mobile centre of the shrine. In the midst of the — in Francistown proverbial — filth and devastation of Masemenyenga, the place (occupied by the lodge leader more than twenty years ago) stands out as a beacon of purity and vital strength.

At the Maipaahela lodge, the sacralisation of space goes hand in hand with the *sacralisation of person*. The lodge leader is seen as the incarnation of a major ancestral spirit, whose presence and sacred status is constantly to be acknowledged by a ritual greeting: whenever an adept or patient wants to enter the yard he or she kneels at the narrow entrance and loudly and slowly claps hands a few times; the leader then calls back 'Yebo, yebo, you may approach, the spirit welcomes you.' The constant awareness (reinforced by frequent divination in which more senior adepts attend to the junior ones under the guidance of the leader) that all adepts host 'incarnations' similarly as the leader albeit on a less exalted scale, lends an extra dimension of ancestral dignity to the adepts' personalities. Whether from a sense of generational continuity reinforced by the constant emphasis on the ancestral dimension, as a reversal of the rejection of children which is attributed to demons (Werbner 1989: ), or simply as another enacting of the quality of rural family life, it is remarkable that the few young children at the lodge are at the centre of everyone's attention, admiration and care. (Such a situation is rather conspicuous in Francistown, where mothers often find themselves unable to balance the demands of maternal care with those of wage labour as a more highly valued activity). The lodge's shrine is a focus for sacrifice and libation, which as elsewhere should be approached respectfully — without shoes and wristwatches, and with a ankle-length cloth wrapped around a woman's legs even if she is in ritual attire (with only knee-length skirt) — but this does not preclude joking and laughter in the presence of this eminently homely epiphany of the sacred.

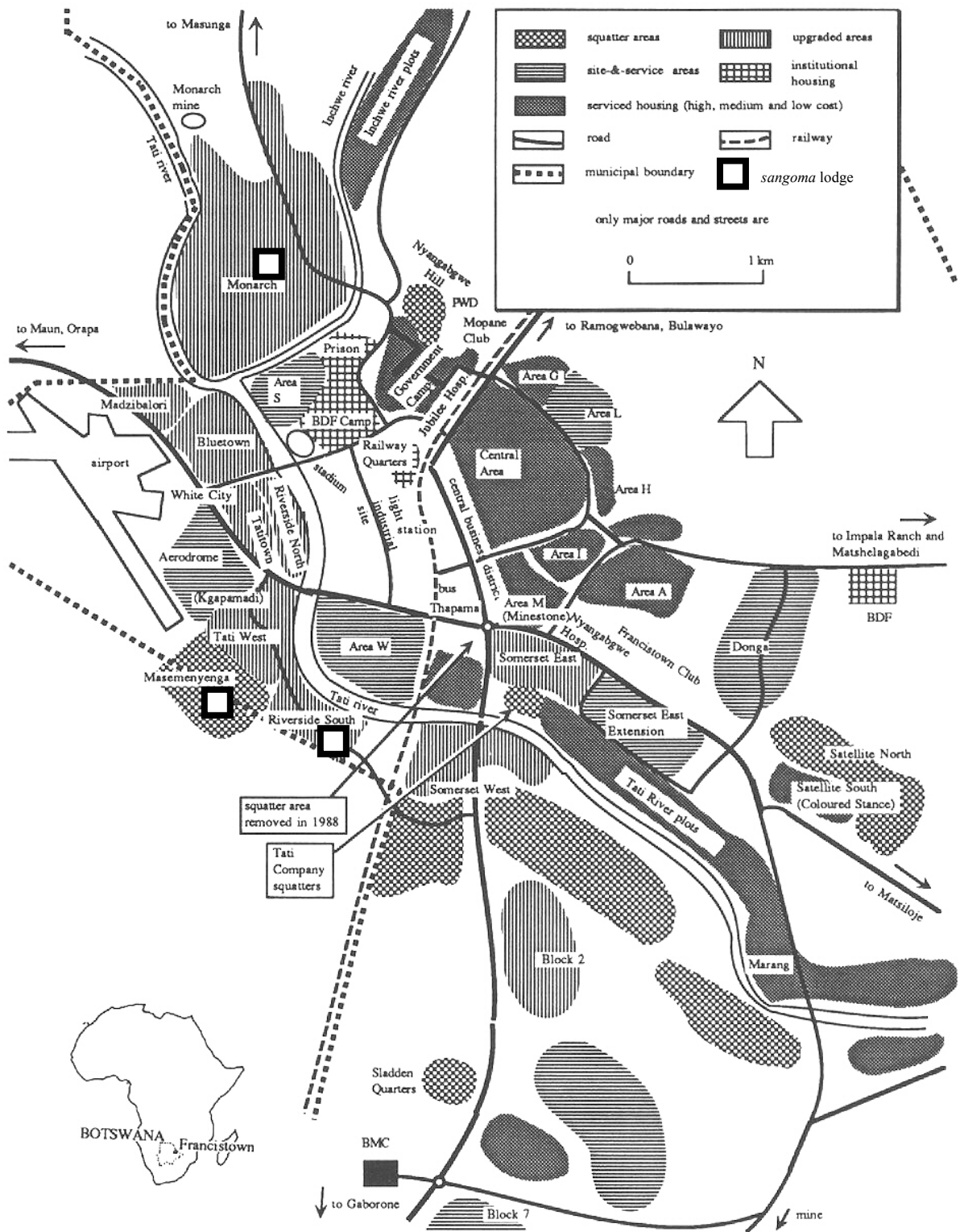


Diagram 2. Aspects of Francistown as a ritual space.

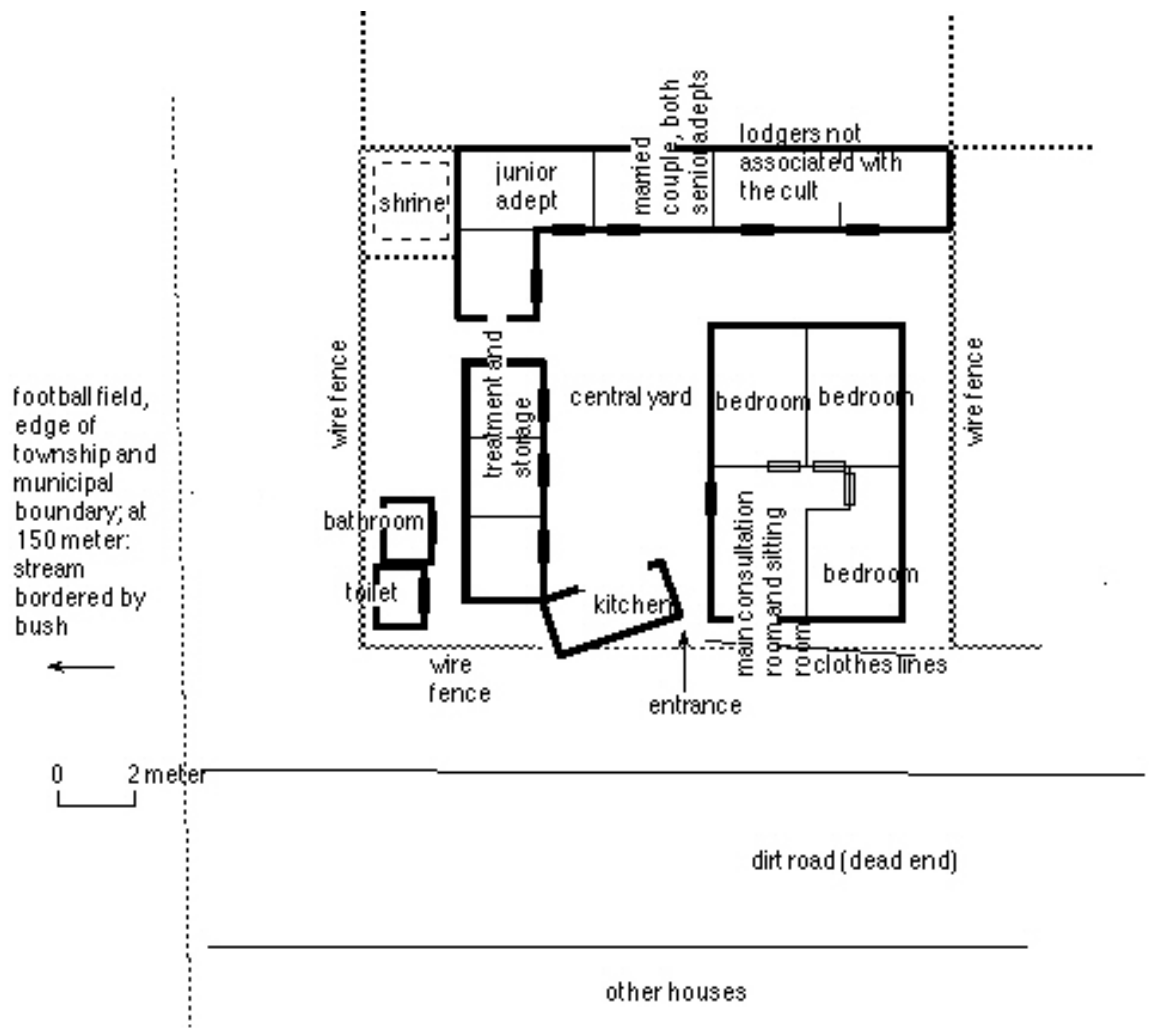
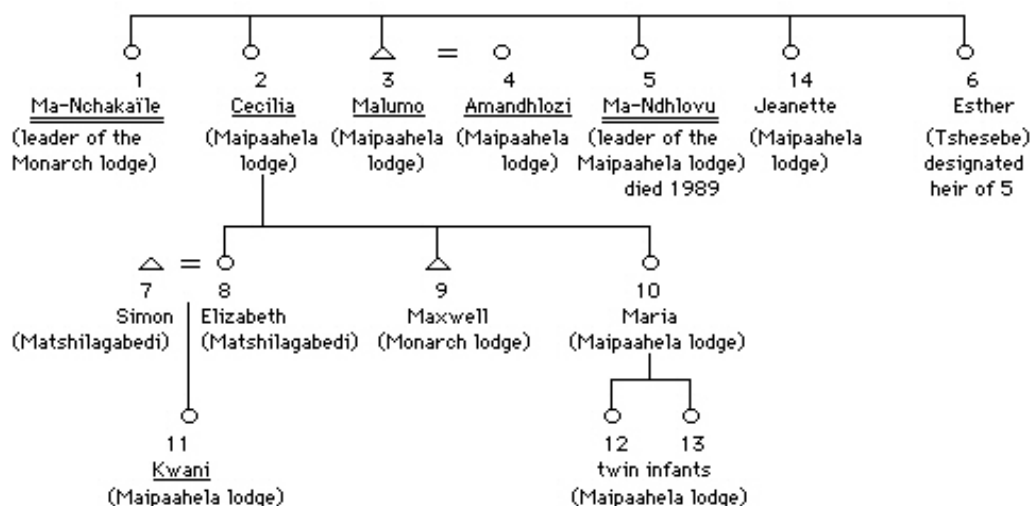


Diagram 3. Plan of the Maipaahela lodge, Francistown.





sangoma singly underlined; lodge leader doubly underline

Diagram 4. Genealogy of core members of the Maipaahela and Monarch lodges, Francistown.

name	sex	rank <sup>9</sup>	year of birth (approx.)	country of origin	ethnic affiliation	regular place of residence	code number in genealogy (diagram 4)	present source of income
Ma-Ndhlovu	F	lodge leader	1936	Zimbabwe	Ndebele/Kalanga	Maipaahela lodge	5	practice + rent
Cecilia	F	adept	1925	Zimbabwe	Ndebele/Kalanga	Maipaahela lodge	2	kin support
Malumo	M	adept	1926	Zimbabwe	Ndebele	Maipaahela lodge	3	general worker
Amandhlozi	F	adept	1937	South Africa	Sotho	Maipaahela lodge	4	housemaid
Bessie	F	adept	1918	Zimbabwe	Ndebele	Maipaahela lodge		kin support
Jeanette	F	adept	1922	Zimbabwe	Ndebele/	Maipaahela lodge/ Tshesebe?	14	kin support
Sarah	F	adept	1956	Botswana	Khurutse	Tonota		?
Annah	F	adept	1961	Botswana	Ndebele	?		?
Ma-Bigi	F	adept	1963	Botswana	Khurutse	Maipaahela <sup>10</sup>		husband
Kwani	F	adept <sup>11</sup>	1972	Botswana	Ndebele/Kalanga	Maipaahela lodge	11	kin support
Ellen	F	(junior) adept <sup>12</sup>	1958	Botswana	Ngwato	Tshesebe <sup>13</sup>		shop assistant
Litapo	M	junior adept	1952	Botswana	Ngwato	Maipaahela lodge		kin support

Table 1. Membership of the Maipaahela lodge, Francistown.

<sup>9</sup> The order from top to bottom roughly represents informal seniority relations at the lodge.

<sup>10</sup> Lives with her husband and child at a distance of c. 75 meter from the lodge.

<sup>11</sup> Despite her tender age, she is a fully-fledged sangoma, graduated in 1987.

<sup>12</sup> Graduated in September, 1989.

<sup>13</sup> She is employed as a shop assistant in Tshesebe; her home is her mother's house in Maipaahela, adjacent to the lodge.

More even than a dwelling place and a shrine, the lodge is a therapeutic community: for the 'outpatients' who come and go regularly, but particularly for the adepts. Kinsmen and non-kin alike identify as children of the leader, despite their considerable variation in age, mother tongue and ethnic affiliation: the lodge leaders are Ndebele, but their co-residing adepts (in so far as they are not recruited from the leader's close kindred) may derive from any ethnic group in and around Botswana. There is great emphasis on mutual warmth, understanding, assistance both in day-to-day domestic matters and in ritual and healing, so that an awareness of belonging and protection is generated (along with the awareness of engaging in something dangerous, exclusive, often despised and repulsive: the pursuit of sangomahood). The members are very much aware of constituting a solidary group, which is further emphasized by their donning the lodge uniform for ritual occasions which, however, occur almost every day. The lodge does not house all adepts permanently. Some of them have, after their graduation from the esoteric training at the lodge, moved to places like Tonota and Tshesebe, 30 to 40 kms from Francistown; they visit the lodge several times a month.<sup>14</sup> Although the lodge members may engage in secular activities, including wage labour, even when not resident at the lodge they are supposed to spend almost all their free time at the lodge, for both ritual and social action.

A fictive family, the lodge has a firm style of leadership which makes it far from a democracy. The leader's plastic bags contain everything that the adepts may ever need for treatment and initiation, and as such represent the constant generous flow of healing care from the leader to her followers, but they also represent the almost total control which she exercises over the material and symbolic resources available at the lodge. Keys to the treatment and store rooms ensure her authority over the lodge's drums, pilgrim staffs, consecrated divination tablets, animals waiting to be sacrificed, butcher's knives etc. — and this authority is reinforced whenever she personally hands out these necessary items. Only fly switches, uniforms (once the material has been bought, and sown into shape by the leader) and exercise tablets are kept by the adepts themselves. Similarly, individual adepts may administer the treatments prescribed by the leader, but she alone can prescribe a therapy, while she oversees all serious (i.e. non-didactic) divination going on at the lodge. This insistence on control is on the one hand in line with the immense responsibilities the leader takes upon herself, braving ancestors and demons in her efforts to restore the patients to health and preserve the wellbeing of the adepts despite the supernatural and psychological risks they run. On the other hand the pattern of leadership is in line with the managerial problems of the position of leader, the cleavages and rivalry within the family which controls both the Maipaahela and the Monarch lodge, potential tensions within the lodge (between senior and junior adepts, adepts who are the leader's kin and those who are not), and the sharp competition with other Francistown healers, in which resort to such drastic means as they have professionally access to is taken for granted.

Throughout the day, but particularly in the afternoon, early evening and weekends, new clients may present themselves. Treatment sessions, during which the patient may be required to be clothed in nothing but a blanket, take place in the small treatment rooms, with only one adept in attendance; there is a strong sense of bodily integrity and privacy. Divination sessions however are a collective undertaking, when all the adepts gather around the leader in order to see the principles which they have been discussing and practicing on virgin exercise divination tablets during the day, applied to real life situations. While the lodge leader oversees all divination sessions and pronounces the main diagnosis and paths to

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<sup>14</sup> An amazing aspect of the lodge's location is that two of the adepts are neighbours! Ma-Bigi, a woman in her late twenties, lives with her husband and his children at a distance of c. 75 meters; and the plot of Ellen's mother is adjacent to that of the lodge.

redress, she often leaves it to a senior adept to cast the tablets, to name and offer a first interpretation of the combinations, and to question the patient in the initial stages. A large proportion of the sessions, meanwhile, concern not outside patients but the adepts themselves, and particularly the decisions that have to be taken at various stages of their progress to healing, graduation and senior status. In these cases, when all adepts intently bend over the tablets and try to read them as signs of misfortune and hope of their fellow-adepts, the nature of the lodge as a therapeutic community becomes particularly manifest. At the same time the training component of such sessions is unmistakable: while present the lodge leader may allow one of the more experienced adepts to go almost all the way in the diagnostic dialogue, showing her increasing mastery and gaining credit for it in the small circle of the lodge.

Each day at the lodge begins with a ritual: in a small treatment room all adepts present as well as an occasional outpatient under special treatment (but never the leader) stage a ritual which in all details is identical to the one described by Werbner (1989: 311f) as the cooling ritual through which a Child of Mwali is initiated and which has also been adopted by the ZCC. While all present repeat the following chorus in Ndebele:

‘We black cows drink muddy water,  
We black cows of the ancestors’,<sup>15</sup>

they take turns in partaking of the foam, and their conscious interpretation is not in explicit terms of the Mwali cult but of fortification through the handling of bitter and repulsive matter, helping the ancestral spirit in them to emerge. After the morning ritual, a few adepts may attend to out-patients, administering fumigation, steam baths, massages etc. Meals are consumed collectively. In the afternoons adepts often occupy themselves with the practicing of divination, learning the basic combinations and improving their skills at spinning meaningful stories out of the chance sequences in which these combinations occur when thrown.

Around the inner core of the lodge there is a very loose network of free-floating senior adepts: traditional practitioners still in the process of building up a practice and a following in Francistown; they have a their own source of esoteric knowledge and status independent from the lodge leader, but may appeal to the latter when needing expert advice and ritual. In addition the lodge sees a coming and going of Francistown lay patients, only very few of whom will ever be caught in to become trainees. Among the clients are members of Francistown’s principal trading and political family.

Every urban lodge heavily relies on nearby (up to than 50 km) rural homesteads as sources of kin support, vegetable medicine, and as locations where such secret ceremonies for the demonic cult can be staged as are considered to be incompatible with the urban environment. This implies that the sacralisation of space at the lodge has its limits, not so much because the lodge is within the municipal boundaries but because its reproduction of the rural order is balanced by the pursuit of a modern life-style and consumption patterns.

The leader is the only lodge member with a personal link with the Mwali cult, having visited the oracle at a critical point in life and having there received the guidance (not the specific training and healing) that led to betterment and ultimately to success as a healer. A junior adept may live at the lodge for years, and graduate as a fully-fledged sangoma, without ever making the journey to a central Mwali oracle, and apparently without developing any

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<sup>15</sup> ‘Zemyama zenatu danga inkomo  
Zemyama za Amandhlozi’

clear awareness of the interregional implications of his or her particular combination of cultic styles, idioms and paraphernalia.

Within the general setting of life at the lodge as described above, the restoration of meaning and well-being is brought about through the movement back and forth between the essential therapeutic situations of divination, performative ritual and sacrifice. Such topics cannot be dealt with in passing — they are too complex and raise too many theoretical difficulties and options (cf. Devisch 1985). Yet a few remarks especially on divination are in order here, since they help to pinpoint the nature of the therapy the lodge has to offer (for instance, by comparison to the churches), and form a stepping-stone to the cases to be discussed below.

Divination at the lodges takes place with a combination of divination tablets and clairvoyant trance. The divining tablets, their names and associations are derived from the basic pattern of four as is widespread in the subcontinent. Individual variations include exchanging or altering the shape and names of certain tablets and combinations, the use of more than one set of four at the same time, the addition of ‘joker’ tablets reflecting the diviner’s personal idiosyncrasies and biography, or the substitution of this system by the more abstract but essentially similar system of unmarked nutshells. Trance divination is supported by such physical requisites as drums, fly-switch, ceremonial dress comprising beads, ostrich feathers and rare skins, ceremonial spears or axes, cloths with representations of sacred animals in prescribed colours, substances to be rubbed onto exposed parts of the body, and ancestral gourds. In both variants the diviner tends to enter into a ceremonially restricted dialogue with the client, picking up minute clues volunteered or inadvertently offered by the client. If a divination apparatus is used the diviner dextrously juggles with the many vectors and complexes of meaning and association with which the physical apparatus is endowed according to a body of professional knowledge in essence shared by all diviners using this apparatus, combining this with the process of verbal exchange during the session. As a result the divination yields a coherent and often very detailed account, naming specific supernatural causes (often to the extent that the exact genealogical position of the ancestor involved may be identified, or the living evil-doer is characterized in terms of sex, age, complexion, and significant anecdotal details of the attack), their effects in the form of illness and other misfortune, and remedies in the form of sacrifice, retaliation, protective medicine, or ritual training as the case may be. The specificity of the message, its symbolic and verbal virtuosity, the generous attention for the patient’s predicament, and its being inadvertently guided by the client’s input, produces the effect of opening up an entire world hitherto hidden, and stipulating forms of redress which restore the patient’s grasp of his or her symbolic order: history, ancestry, obligations and future potential. The restoration of sense gives on (via performative ritual and sacrifice) to a restoration of self.

The divinatory apparatus is essentially a machine to produce stories that are convincing, moving, redemptive, and capable of identification by the patient. The four tablets, the several aspects under which each combination may be read at the same time, and other imagery with its now overlapping now contradictory contents)<sup>16</sup> provide the amazingly complex yet fairly systematic repertoire of possible interpretations. An essential stochastic element introduced by the throwing of the bones. Every new throw (and sessions consist of at least a dozen throws, sometimes up to thirty and forty) to the patient and onlookers carries the suggestion that some blind hand of fate and truth dictates the bones to fall in a specific manner and

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<sup>16</sup> A tentative analysis yielded the following basic aspects of all sixteen combinations: abstract, ancestral, bodily, generational, social, property and animal aspect. In addition, several combinations trigger standard interpretative exclamations from the diviner, while all have their specific praises full of symbolism. Finally, each combination of one, two, three or four tablets facing up implies a converse combination involving the remaining tablets which are facing down; manifest combinations are specified, qualified or reversed by their accompanying hidden combinations.

compels the diviner to interpret them in one way and no other — as if the net is further tightening around the evasive truth that is searched for. Yet in fact each new throw offers the diviner a new opportunity to page through the entire interpretative repertoire available and make his selection, taking a new bend or shortcut through the maze, developing a promising point, abandoning a dead alley, and triggering new reactions on the part of the patient. *The deception of deliberate (although intuitive) selection posing as blind necessity* could not be achieved without the appearance of objectivity achieved by the uncontrolled throwing of the tablets exactly as if they were dice.

The story-producing aspect was never clearer to me than when, at the Maipaahela lodge, I witnessed a small group of three adepts, young women, in their afternoon exercises of throwing the tablets and improvising interpretations. Fondly applying themselves to the task, as children absorbed in a board game, the women bend over the sacrificial goat skin spread out between them and tossed the virgin tablets in their hands. One of the women (Ma-Bigi) threw and the others (Kwani and Ellen) watched and checked whether they agreed with her interpretation. The combination to come up in the throw was Zwibili (SL),<sup>17</sup> and Ma-Bigi interpreted:

‘The two children [Zwibili].... are at home,’.

using the complementary combination underlying Zwibili: Mbango (KN), in its most innocent aspect of the home (specifically the fence post). The next throw brought out Mpululu (SN), with its complementary down-facing combination Take (KL), and while the other women amusedly agreed Ma-Bigi continued:

‘They are playing happily,... running about,... and the yard is peaceful.’

And so the story went on, making the children tie two strings (Mithengwe, NL), deciding to go and rest on a mat (Mashangulu, 0000), etc.— all very serene and of a charming simplicity, the adepts enchanted that their efforts to bring the tablets to life began to succeed. From then on I understood that the purpose of the hours of relaxed joint exercise with the tablets was not so much to memorize the correct meaning of every tablet and combination (although that proves difficult enough), but to develop the ability to spin stories, of increasing depth, relevance and drama, on the basis the evolving sequence of throws. And in the professional sessions with real, medicated tablets, such as would take place a few times a week in the consulting room cum sitting room of the main house, one could see the leader and the most senior adepts display these skills to great heights of performative virtuosity.

This divinatory process, only loosely indicated here, offers the main turning points in the following two cases, which involve first an ‘outpatient’ and then a resident junior adept of the Maipaahela lodge. Their discussion will throw some further light on the career dynamics of sangomahood (Joshua) and on the difficult question of the location, in social and historical space, of the pathogenic forces addressed in the lodge’s healing practice.

## 5. An abortive career? The case of Joshua

Joshua Ndhlovu was born in south-western Zimbabwe in 1937. A brilliant student, he finished secondary school and took a B.A. degree in English. Looking back he can detect in

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<sup>17</sup> The four basic tablets are Kwame (K), Silume (S), Ntakwale (N) and Lingwane (L), each identified by different, although often rudimentary, markings.

his adolescence one or two signs of an inclination to become a traditional healer, but these were eclipsed by his success in a modern career. In the wake of the massive migration from his region of origin to Botswana in the 1960s and 1970s, he settled in the southern town of Lobatse. There he married, had children, built a house, drove a motorcar, and was a successful secondary-school teacher for over fifteen years. In the early 1980s he had the opportunity to go to the USA, where he studied for a diploma in French.

After a few months abroad he was struck by a mental disturbance (described in terms suggestive of agoraphobia) which made him discontinue his studies, and after months of profound distress and confusion he returned to Lobatse. His wife's unfaithfulness and lack of understanding for his predicament aggravated his condition. He proved unfit to continue his teaching job, and resigned. A short course of cosmopolitan psychiatric treatment was soon discontinued when the patient realized, and with his verbal virtuosity brought home to the medical staff, that such therapy was irrelevant to his condition. Leaving his wife in charge of the house and the children, he returned to Zimbabwe in search of treatment, still in a state of severe mental disturbance.

In Bulawayo he came in contact with a spiritual group comprising both Africans and Europeans, and linking Christian inspiration to a respect for African religion and medicine; these contacts he found inspiring but they did not in themselves restore his mental health. He was received as a trainee in a lodge in one of the outlying townships of Bulawayo, where his condition was divined to be due to affliction by his paternal grandmother seeking to emerge in him. He was duly initiated as a sangoma, learning a personal repertoire of dance and song, and receiving the beads, cloak, skirt and pilgrim's staff of a Mwali adept — although he never accompanied the lodge's leader and other adepts on their infrequent visits to the central Mwali oracle of Njelele.

Restored to full health, having undergone in his late forties a metamorphosis from a drop-out western intellectual to a budding traditional healer, he returned to Botswana and settled in Francistown. Here he tried for a few years to establish himself as a trance diviner and healer. Business was generally low but he managed to secure in Francistown's new Block VII a SHHA (Self-Help Housing Agency) plot on which he started to build a four-roomed house and, at the back of the yard, a surgery with such basic paraphernalia as a python skin, drums, ancestral calabashes with sacred honey, a limited selection of herbs, etc. He made every effort to identify as a professional, to improve and broaden his diagnostic therapeutic skills, and to move in circles of other healers where he hoped to make contact with clients. He was not yet eligible to join one of Francistown's professional associations of traditional healers. With one of Francistown's most reputed *dingaka*, hailing from the same region in Zimbabwe but not a *sangoma*, he began to study the casting of divination tablets, although his preference remained with trace divination.

Although since the onset of his disease his sexual interest has been minimum (a condition said to be due to the fact that he is hosting a female ancestor, who must be placated for any — heterosexual — activity on the host's part), after a few years he became involved with his neighbour Elizabeth, a female head of household around thirty years of age, likewise from Zimbabwe. The love and fulfilment that Joshua had missed for many years he found with her, and he looked upon this as an unexpected and undeserved gift. When she became pregnant it was as if a broken vital chain was restored.

Yet Joshua was eaten by frustration. Elizabeth's income from employment and rent had to support him when, through most of 1989, no patients turned up at all. Never very self-confident of his status as a sangoma, he began to consider another metamorphosis again, that towards the status of Christian church leader, which he thought to be a more sociable and less lonely profession, closer to the people and with more response from them. The Bible began to compete with Shakespeare as his favourite reading, for which he had more time than he cared for. The sacrifice of an goat to his possessing ancestor, to take place at full moon on his Block VII plot and to be followed a sangoma dancing session, was planned for August 1989, but it did not materialize, partly for financial reasons, partly for a feeling of ritual incompetence on Joshua's part. In the same month, at a *Wosana* dancing session in Monarch, Joshua self-consciously dressed up in his ritual costume and volunteered a short performance, but without making any impression on the audience. However, at this session he met the

leader of the Maipaahela lodge, and he was soon so impressed by her powers that he asked her to look into the stagnation of his practice. A long and dramatic divination session at the lodge revealed a combination of ancestral wrath and intrafamilial conflict as the causes of misfortune: earlier in 1989, Joshua's sister's son Aaron had asked him to accompany him to a church leader in Francistown's Donga township, and on that occasion Joshua had been persuaded to accept some medicine, through which the diviner in collusion with Aaron had meant to transfer the latter's misfortune to him; in punishment for this stupidity the possessing ancestor had tied up Joshua's practice. Deeply moved by this exceptionally long and dramatic divination session, Joshua agreed that the leader and adepts of Maipaahela lodge would spend a weekend at Block VII and stage the necessary rituals of redress there.

Immediately after a week at the branch's Tshesebe rural outpost where in all secrecy (and to Joshua's horror when he heard about it) two adepts of the lodge were initiated in the demonic cult, the lodge population came to Block VII on a Saturday evening in September. As could have been expected, the other senior Francistown healers which Joshua had invited did not turn up. After beer drinking and chanting a replica of the lodge shrine was built at night in front of Joshua's house under the directions of one of the adepts; a goat was slaughtered there and its meat displayed on top of the platform, while its blood and selected intestines were buried beneath it. After the sacrifice a dancing session is staged behind the house, on which a relieved and triumphant Joshua entered into trance, as well (a rare event) the lodge leader herself. In the late morning dancing was resumed in the unroofed central room of the house; in a way supposed to be good for business, this attracted a considerable crowd of neighbours, who looked in through the openings where doors and windows were to be hung in a later stage of completion of the house and of financial success. Towards the evening the party returned to Maipaahela carrying some of the meat and, as an initial payment, three metal window frames which had been waiting to be fitted. The ritual, though expensive, was considered a great success until, at noon the next day, the lodge leader died suddenly and under suspect circumstances.

Consultation with Albert, the leader of the Masemenyenga lodge (likewise Joshua's home-boy) soon offered Joshua a coherent interpretation of the intrigues, involving both the deceased's family and other Francistown healers, culminating in the leader's death. A surer sign that Joshua's sacrifice had been rejected was impossible, and at Albert's advice the shrine was demolished; the latter considered it alien to Ndebele forms of sangomahood anyway. Accompanying two other patients of Ma-Ndhlovu who found themselves stranded because of her death, Joshua soon travelled to Bulawayo to visit his lodge of initiation, and with the blessing of its leader and accompanied by a few of his fellow-adepts he made the journey to the Njelele oracle in the heart of the Matopos. The nocturnal experience at the oracle gave him a great sense of mystical fulfilment, and he was deeply moved to be one of the many supplicants united there before what Joshua claimed was called the 'Mother of Spirits'. The oracle told him that despite recent setbacks he might yet have hope.

A few months later a healthy child was born and Joshua resumed teaching at a secondary school.

Having fled (or destroyed?) his modern world, Joshua for some years found refuge in the protective alternative world of sangomahood, but he could scarcely summon the self-confidence, monomania, virtuosity, obsession with power etc. necessary for a successful pursuit of the career it offered him. The restorative effects of a new love and a new fatherhood (another inversion of the chain of filiation, back to normality, after ancestral possession had constituted the first inversion) made him less dependent on such a solution. A similar effect was brought about by his continued contact with alternative viable forms of symbolic production besides sangomahood (Christianity, Western literature, my own academic research which greatly interested him, which — thanks to his introductory reading of anthropology in the USA — he could discuss with rare detachment and insight, and to which he made significant contributions as a free-lance research assistant in the later stages of my fieldwork). The opportunity to resume a career as a well-paid employee within a modern formal organization, rather than as a hand-to-mouth ritual entrepreneur (daily

exposed to the terrifying powers of the occult and of rival specialists), tied in with his new responsibilities. Having been restored to health by the pursuit of sangomahood, it was not necessary to continue to make his living as a sangoma.

Although within the inner circle of the lodge and the professional organisation *sangomas* may take pride in their specialty, there is very considerable shame and fear involved: no one with an alternative course will become or remain a *sangoma*, and in many cases (perhaps with the exception of those belong to *sangoma* families, cf. diagram 4) adepts only yielded to the forces pulling them to this cultic complex after having exhausted all other possibilities. It is a choice one makes in utter desperation, when there really is no choice any more.

I hope soon to find out to what extent these developments have meant the end of Joshua's professional activities as a healer. Dropping his identity as a *sangoma* altogether will be impossible without any major conversion fortifying him against the ancestral wrath that such a apostasis would incite; perhaps the church career he envisaged will offer such conversion.

Joshua described a tangential orbit with regard to the Maipaahela lodge, although his case informs us of the lodge's life in a particularly critical episode. More of a centripetal movement is seen in the case of Litopo, which for the rest displays striking parallels in terms of career and conjugal development.

## 6. Healing between intrafamilial conflict and modern society: the case of Litopo

Litopo is a well-educated Mongwato, born in Shoshong in 1952. When I first met him he had spent four months at the Maipaahela lodge. Although by no means the youngest adept he is obviously the least senior, and it is he who performs many of the menial tasks such as killing and butchering sacrificial animals and digging up vegetable medicine. In dancing sessions his attire cannot not be distinguished from that of the others, but his movements are far more awkward, he has not entered in trance yet, and he does not know most of the songs which are in Ndebele; his only languages are Tswana and English. His esoteric knowledge of divination, sacrifice and healing practices is still minimal. He is still rather an outsider to the lodge, and looks with wonder at many of its practices, lacks the background knowledge to interpret them, and occasionally feels bullied by the lodge's forceful style of leadership. He has a clear and coherent conception of what had brought him to the Maipaahela lodge; the following anamnesis summarizes his own account:

Until 1983 Litopo worked for the government of Botswana as a highly successful cooperatives officer. He had been sent to Scandinavia twice for training. He owned a motorcar. (His former, high standard of living was still clear from the few personal belongings he brought with him to the lodge.) He was married, with a few young children. All this was wiped out when towards the end of 1983 illness forced him to give up his job. His complaints were very severe headache; impaired vision; and pain between the shoulders.<sup>18</sup> Western medication only made these complaints worse. He went to a place in Malawi (100 km north of Blantyre) for treatment by a famous traditional healer. Here he stayed for two and a half years, but his complaints only got worse. He looks at his best remembered dreams of that period as revolving on the rejection of Western medicine:

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<sup>18</sup> Such pain is the surest sign of ancestral affliction: the patient's body takes literally the standard phrase (the combination KNL of the divining tablets) 'you are carrying a heavy load'.



In one dream, after taking two painkilling tablets, he vomits a huge quantity of such pills.

In another dream he goes to a hospital to be treated for toothache; the doctor is not in and the nurse tells him to come back some other time, and gives him two pain-killers. As he walks out of the hospital he drops the pills and they break in two; after some hesitation he decides not to pick them up since he has to come back to the doctor anyway.

Litopo's Malawian healer advised him no longer to take Western medicines since 'his spirits' (still unidentified at that stage) apparently objected against them. Looking back Litopo feels that the Malawian failed because the treatment of the complaints was not combined with training through which the patient could become a *sangoma* himself.

After two and a half years Litopo gave up hope of being cured in Malawi, and requested his family in Botswana to send money for the return journey. Meanwhile a letter reached him that his wife had had a baby. Back home he and his family staged a sacrifice of a goat and beer to his ancestors, and his complaints diminished somewhat. This convinced Litopo that he must look further in this direction.

Still in Shoshong he placed himself under the treatment of a female healer who, convinced of the ancestral nature of his complaints, was confident that she could help him. She started on a course of treatment, but the patient ceased dreaming and became more and more confused. The healer claimed that this would get better with an adaptation of her therapy. As a rule, in the course of the therapy the healer or one of her adepts will dream of the specific type of garment which is favoured by the ancestor which is about to emerge in the patient. However, such dreams were not forthcoming. Later the healer dreamed of the patient wearing one type of garment, covered under another garment which however snapped off his body and fell on the ground. The healer could not make sense of this dream, and the treatment was discontinued.

Meanwhile the patient checked with his relatives whether any of his ancestors had been active in cults. None were found in the paternal line, but in the maternal line connexions with the Tswana rain cult were found to have existed. Litopo then went roaming around Botswana looking for treatment.

In May 1989, he ended up in Francistown where one of his brothers is employed, and here he found his way to Ma-Ndhlovu, the leader of the Maipaahela lodge. In her first divination session it was already ascertained that in addition to the maternal ancestor with the rain-cult connotations (whom Mandhlovu is confident to handle in view of her own association of the Mwali cult), there is a paternal ancestor who seeks to manifest himself as well. A struggle was said to be going on between the two spirits as to who will be allowed to emerge first. This struggle not only explained the dream of the two garments, but also Litopo's entire illness. The treatment now consists in the training to become a *sangoma*. Further divination brings out that the paternal ancestor will be allowed to manifest himself first, after which the maternal ancestor will follow automatically. After a few months at the lodge Litopo feels much better. He has not lost interest in his family and national affairs, and obviously misses his children a lot. He intends to go back to Shoshong for two weeks at the end of September, in order to cast his vote in the national elections, and to try and persuade his wife to return to him: she is aware of his treatment and understands what he goes through, yet she has returned to her parents.

Litopo's paternal ancestor must have been reckoned, by the Maipaahela leader, to have belonged to another cult than the Tswana rain cult, otherwise there could have been no difference in garments: the garments identify the cult. As we have seen she was preoccupied with the Kalanga-associated demonic cult. It makes sense to presume that it was this cult to which she was initiating Litopo, too: this being her specialty, it explains the rapid success of her therapy after so many years of suffering, and it also explains why Litopo had to come all the way to Francistown: it seems unlikely that this Kalanga-associated cult has senior

representatives in Shoshong.<sup>19</sup> The rain cult however, and hence his maternal ancestor, would indeed be taken care of ‘automatically’, because of the lodge’s nature of a peripheral Mwali lodge.

Within the conceptual framework of sangomahood, Litopo’s case is clear: ‘without himself or his senior kinsmen being in the least aware of this, the patient was torn apart between two rival ancestors each representing a different cult; after a long process of trial and error he happens to find a specialist who pursues the same combination of cults, therefore for the first time can diagnose his predicament properly, and can begin to effectively cure him.’ The analytical problem is now that we have to formulate the mechanism of illness and therapy in a different idiom, since we cannot make it scientifically plausible that ancestors and demons in their own right (rather than as symbols or metaphors of something else) have distinct influences on their living hosts, particularly not if these hosts during most of the time that the alleged influence makes itself felt, are unaware of the cultic connection which is only later to be revealed and explained. A number of possibilities to make analytical sense of Litopo’s case present themselves.

The first paradigm that comes to mind is one looking at the accumulative effect of social dramas spanning several generations. Marriage is a relationship between sets of people, who in and through the conjugal process get mobilized and articulate themselves vis-à-vis each other in ways which usually, in addition, are informed by other economic, political, ethnic, religious, kinship, residential etc. forms of structural opposition and conflict in the ongoing social process. The classic work of Turner and van Velsen has sensitized students of South Central African societies to this type of social process, the shifting, factionalized alliances to which they give rise, largely in localized kin groups, and the social dramas that evolve around these themes, each involving a unique set of protagonists, events and trajectory, — a unique historicity — yet all displaying permutations of structural possibilities within the same social structure and culture. Often such a social drama can be shown to span decades, its disruptive tendency not spilt and dissipated within one generation but accumulated and (in the form of structural conflict within families, and in the form of mental conflicts within in the individual members) reflecting and re-enacting that unique historicity even if the participants are no longer consciously aware of its details — in fact, it is likely that the members of the family have a considerable reasons for structural amnesia in these matters. It is in this sense that intrafamilial conflict, and individuals’ extreme mental reactions to it, may be said to become ‘hereditary’: not through genes, of course, but by response patterns which are peculiar to the members of a specific family which are repeated, for enforced and imitated, from one generation to another. In North Atlantic society, psychiatric research of family settings of neuroses as by Laing, or studies on the intergenerational cycle of parent/child incest, intrafamilial violence etc. converges with these ideas. The participants’ concept of ‘afflicting ancestors’ then forms an effective shorthand to bring these patterns of pathogenic response within the scope of culturally-patterned discourse, and of symbolic redressive action. The divinatory identification of the point in time or in the family tree to which the disruptive effect is traced, may be entirely spurious in some cases, but it is also quite possible (in fact a point of my repeated personal experience) that the patient, suffering under this burden of his family history, in his verbal answers and other non-verbal reactions to the therapeutic questions in divination inadvertently expresses, once again, manifestations or echoes pathogenic intrafamilial response patterns which made him ill in the first place. A talented and experienced diviner/therapist can scarcely fail to pick up these reactions. The abundance of possible paths through the divinatory forest, the proliferation of interpretative stories which with every progressive throw of the tablets can be further spun out, often

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<sup>19</sup> But not altogether impossible: as Campbell (1979: 65-66) says: ‘To this day there are fairly large Kalanga populations scattered as far afield as (...) Shoshong’.

allows the diviner to end up with an interpretation which is neither stereotypical nor trivial, but which takes aboard oppositions reflecting the patient's conflict. Moreover such an interpretation becomes charged with authority as the awed patient witnesses how an apparently objective divinatory apparatus, in the hands of a stranger, tells a story which is totally new to him but which as it unfolds he is yet brought to believe is his unique life history. Thus reduced to recognizable and manageable proportions, the contradictions can then be resolved, and the patient absolved, through sacrificial ritual specifically built around the story which diviner and patient together have constructed during divination.

According to this rough interpretative model, the story as told by the divinatory interpretation bears only a minimum relation with the reality of the patient's pathogenic intrafamilial past: it only seeks to abstractly rebuild, in metaphoric material, a vectorial system of conflicts and contradiction more or less congruent with the otherwise unknown thrust of family history. The specific ancestors featuring in any divinatory story of ancestral affliction do not stand for real events surrounding the patient's real ancestors. As far as Litopo's case is concerned, the association of the maternal and paternal ancestor each with a cult of his own would be historically spurious as well. These ancestors, and their postulated cult associations, would be largely artefacts of the therapy situation, reflecting the lodge leader's present involvement in several cults.

While such an approach, once much further worked out, might appeal to the positivist intellect, the essential questions remain.

If we accept that Lipobo's dream of the two garments (and hence the conflict between two cults), to which he and his therapist lend key status, was not just a post-facto projection of the insights from Ma-Ndhlovu's divination into the earlier years of his quest for therapy, then how do we account for a situation where an apparently totally westernized, successful young Mongwato, who knows very little of his family history, yet comes up with a dream symbolism which could hardly be interpreted in other terms than that of conflict between cults? Could early childhood experiences of a cultic nature (perhaps an actual confrontation between paternal and maternal relatives on this point), repressed from memory yet lurking as a mental time bomb, be responsible? It seems hardly credible, although without information on Lipobo's childhood and adolescence it cannot be dismissed off-hand. It is important that the time of this dream the patient had already for years been exposed to the cultic idiom in which distinctive garments are of great importance; a fundamental cleavage or conflict may therefore have expressed itself through this imagery even if it had a totally different origin than cult differentiation.

Could it be that the familial domain as a locus of pathogenesis and redress is in itself too narrow? The existence, throughout Southern and South Central Africa, of ancestral affliction as a major model in the public discourse favours a participants' interpretation of mental illness in the particularistic terms of family history (of ancestors!), rather than at the more comprehensive level of ethnic groups, societies, clashes of modes of production and world-views. There is no reason why as analysts we should accept such a limitation. Cults do not exist in vacuum, but have complex and far from straight-forward relations with political, economic and ethnic processes involving large sets of people and vast areas. Could it be that, despite the essentially trans-ethnic nature of cults today, such major historical processes as the Zulu aftermath on the one hand, the imposition of Ngwato and in general Tswana hegemony over the Kalanga (processes which began in the nineteenth century but still make themselves felt today in the political reality of South Africa and Botswana), were also carried through at a cultic level in the form of interaction between for instance the Tswana rain cult, the demonic cult of Kalanga connotations, and perhaps the *Isangoma* complex of primarily Zulu/Ndebele connotations — in such a way that underlying ethnic conflict for some period found an expression in cultic opposition, symbolically and without the actors being fully aware of it? If so, such implicit cultic conflict would then be build into the structure of ethnic

conflict in twentieth-century Botswana, — a lurking culture trait ready to come out in the symbolic expression of individuals. Here we may think especially of individuals whose (again) family history endowed them with double Ngwato/Kalanga identity or otherwise with conflicting loyalties along this ethnic boundary. We do not know yet if Litopo falls in this rather numerous category, and, if so, if this condition triggered his mental illness in the first place. But the emerging hypothesis has two advantages: it adds, to the narrow familial domain of a totally closed traditional worldview, at least the wider scope of regional ethnic conflict — in a part of Africa where the ethnic dimension of possession and membership has been repeatedly argued;<sup>20</sup> and moreover it can account, whereas the first model could not, for the assumed appearance of the theme of cultic opposition in Litopo's case prior to his contact with the Maipaahela lodge.

But again, are we prepared to believe that this (confusing cultic reflections of ethnic conflict) is what made Litopo ill, to such an extent that everything he had so successfully achieved had to be sacrificed and destroyed in his modern career? Frankly, modern Botswana, or modern South and Central Africa in general for that matter, appears to have more potent pathogenic material to offer than just that.

If the aetiology offered by the diviners could be assessed as if it were a scientific theory, we would immediately be struck by its parochial circularity: cults, ancestors and sorcery are the diviner's stock-in-trade, so that has to be what the patient's problem amounts to. The limitations of this position come out most clearly when expatriates from a largely alien cultural orientation submit to the cult's therapeutic apparatus and see their problems, too, rescaled to the dimensions of the familial domain and ancestral wrath. The cults have no idiom to discuss the wider, modern world and its political, economic and existential predicaments in terms derived from that world or meaningful in that world; yet we can safely assume that the patients' problems at least partly stem from that wider world. For instance, a possible reading of Litopo's earlier, medical dreams is that they suggest that his basic conflict had to do with incomplete access to, and partial rejection by, modern Western culture, as only symbolized by cosmopolitan medicine. What is needed most to pursue this line of argument is detailed information on Litopo's work situation and marital situation immediately before the onset of his mental disturbance; the same applies to Joshua's case.

So what do the diviners do? They ignore the input from the wider world, implicitly declaring it irrelevant and non-existent — from the same sense of immunity noted earlier on; instead the diviner re-introduce (or, in the case of the alien patient, introduce) the patient to a much more comprehensible, particularistic world, which essentially revives the archaic world-view of a small-scale society — and suggesting that the key to the patient's personal past lies in a return to the collective past. Having thus led away the patient from his earlier, devastatingly painful confrontation with and in the wider world, the therapist then set out to convince the patient that his misfortune makes sense in the terms of that new cultic world. Next the therapists use the full skills of their symbolic and dramaturgical manipulation to address, and resolve, the problems once these have thus been totally dislocated and redefined.

The ancestral dimension of this therapeutic model (which is the lodge leaders' most cherished dimension, while the sorcery dimension is often presented by them as a poor men's version of the aetiology of misfortune) suggests that the pathogenic moment springs from remnants of ancient symbolic vitality ineffectively encapsulated, again as an ancestral time bomb, in a life of modernity whose detailed analysis is unnecessary from diagnosis and treatment. Translated in sociological terms this is close to approaches in terms of cultural lag, of survival, of a fragmented and dislocated yet potent traditional culture which at all costs — including ethnicity, cults, and individual mental illness, and a combination of these — seeks

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<sup>20</sup> E.g. van Binsbergen 1981: 93, and references cited there.

to break through the modern ‘varnish’ of urbanism, capitalism, and the state. We can understand why the cults must take this position; but when posing as sociological, such views of the fossilization of African culture are theoretically barren and politically paternalistic.

So far this argument has concentrated on the therapeutic end, on which I have no lack of data. In the process we have perhaps, like others before us, identified one possible mechanism through which such disruptive elements could end up in the minds of apparently successfully modernizing individuals: the intergenerational transfer of intrafamilial affects. But more important at this juncture is the discovery of the fundamental paradox of the cults: *their capacity to cure patients from the modern world by ignoring it*. The patients are cured, not because they are being restored to communion with some repressed pre-modern identity lurking at the depths of their souls, but because they are sucked away from modern alienation by the liberating force of a daring imagination, which selectively feeds on personal and collective historical themes. Along this line the radical difference between cults and Christian healing churches may be further explored: the latter, positively, take the modern world at least for granted and often for ideal, but reject and deny even that part of history (e.g. the basic concepts of sorcery and possession) which they did incorporate. Meanwhile the most urgent task at hand would be different: to explore the pathogenic structural conditions of modern Southern African mass society, not just in the particularistic, ancestral terms of the *sangoma*’s imagination, but primarily in those of a liberating sociological imagination, revolving around such themes as erosion of family life under the impact of capitalist relations of production; class structure; political participation; and symbolic and aesthetic production and innovation in the face of mass consumption. But these other themes of my Francistown research I hope to address in subsequent arguments.

## 7. Cult, history and healing

The cultic phenomena discussed are difficult to place in social space: is their referent the micro dynamics of intrafamilial conflict, and intermediate ethnic arena, or the make-up of modern mass society in general? At the same time this opens up a field for historical questions. In the first instance questions concerning the history of specific cults, and what symbolic and organizational elements derive from what aspects of regional and distant cultures and societies. How have theories of causation and styles of cult organization changed over time, with the appearance of new political and economic realities? How have the interactions between cults developed, reshaping the cults themselves in the process. While these are more or less obvious, ‘classic’ historical questions (well in the tradition of Ranger & Kimambo 1971), the most attractive questions in this context I find those which raise the historical aspect to the power two, exploring not so much the cults’ history, but their historicity. Can the dislocation and carrying-over of selected and no doubt transformed symbolic and ceremonial material, from a specific culture, and into new cultic ensembles which are essentially regional and non-culture-specific, be regarded as a means to come to terms with history? A decade ago I proposed that

‘Among other things, religion seems to be a means for people to expose themselves to their collective history in a coded, de-historicized (fossilized?) form. And the scientific study, in other words the decoding, of religion is an undertaking which, among other disciplines, belongs to the science of history, not so much because religious forms have a history, but because religion is history.’ (van Binsbergen 1981: 74).

From this perspective, what does it mean when the members of the Masemenyenga lodge ritually dress up as Zulu warriors? When the lodges of Maipaahela and Monarch make their adepts dress in the *Wosana* costume although the personal link with Mwali oracles is confined to the lodge leader, and reproduce such Kalanga-associated cultural items as the demonic cult and branch platform shrines?

Such elements may make for local and regional variations, and may be exploited by individual ritual entrepreneurs in their quest for ever more impressive and captivating idiosyncrasies in the ritual market (van Binsbergen 1981: ). But these particularistic elements do not preclude that the overall pattern of the cultic complex pursued by the lodge leaders is transcultural, capable of encompassing clients and adepts from a great many of ethnic, cultural and linguistic backgrounds in the region, and likewise capable of being mediated in a lingua franca and in an urban environment very different from the rural context in which the constituent cultic elements may have originated. For instance, we see members of the Maipaahela lodge of Khurutse, Ndebele, Ngwato and Sotho backgrounds engage in a demonic cult which from a Kalanga perspective may appear to be distinctively Kalanga, yet are not appreciated as such by these participants. Their involvement certainly is not aimed at ‘the cultural reconstruction of the domestic domain’ (Werbner 1989: 61 and passim) in which these adepts do not share, neither culturally nor in terms of their personal situation as women in town. Instead, they are simply concerned to complete the therapeutic trajectory identified by the lodge leader (whose own Kalanga affinities, despite speaking Ndebele, cannot be denied).

Along with this dislocation from an original ethnic context, there is the basic cultic uniformity over large distances. It may be underpinned by a fundamental similarity between the cultures of the region, but it is also due to increased contacts, professionalisation, standardization, the impact of mass consumption and the state, and even the recycling of written or audiovisual records of such cults.

As such the cultic complex is far from being out of place in a Southern African urban environment — on the contrary, it offers solutions for some essential problems posed by that environment. Not being culture-specific, it can cater for the heterogeneity that is the reality of that situation. Not actively rejecting neither the modern matrix of capitalism, mass consumption and the state (but rather neutralizing these factors in a more roundabout way), nor the traditional world-view which links patients to their individual histories as members of a family and lends meaning and hope to misfortune, — and not succumbing to the temptation of rendering this world superficially comprehensible in the cheap terms of a sorcery idiom — this cultic complex appears to be in at least as good a competitive position as Christian churches and cosmopolitan medicine to address the existential problems of contemporary urbanites.<sup>21</sup>

There can be no doubt that the lodge’s cultic complex mediates elements which are meaningful because they are historical. After all, history is the only thing left if you want to ‘cure your patient from the modern world by ignoring it’. The complex does so at two connected levels, and part of its therapeutic effectiveness may derive from this very connection. On the one hand the complex mediates historical forms: a once viable and meaningful world-view of collective representations concerning power, causation, continuity, filiation, identity, and the material and corporeal vehicles of these concepts, which in other ways (certainly not in town, and only decreasingly in the villages) are only inadequately and fragmentarily reproduced in the lives of the people who are the potential

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<sup>21</sup> With this qualification, perhaps, that one is struck by the intellectual, symbolic and emotive powers taken for granted among the members of the lodge communities, and sangomas in general. These are unlikely to be at the disposal of the average member in any society. This condition may limit the range of eligible patients and of applicability of the complex: the Joshuas, rather than the Kitsos, of Francistown.

clients of these cults. On the other hand the complex addresses the suffering individual as rooted in these forms through his personal history, and attribute his or her suffering to a temporary disruption of this rootedness.

‘Why have you left your traditional culture? Why did you deviate from the ways of your fathers? (...) There is a royal staff waiting for you, destined for you if you could only revive your link with your paternal grandfather!’

In these unexpected terms, spoken with force and full of reproach, the head of the Masemenyenga lodge began his trance divination for a client whose only conscious problem was the loss of valuable property.

Invariably the lodge’s cultic complex in its divination and possession stress the central position of ancestors, not mechanically as just another aetiological category next to the High God, the spirits of the wild, and humans who commit sorcery, but as the essential ingredients which went into the making of the individual: the lines of his or her personal history, with which one must come to terms. By precisely identifying irate ancestors, and by stipulating ways of redress, the complex creates not only clarity and hope, but also a sense of finality and inevitability, which enables the patient to overcome both resentment and guilt, and inspires one to start off in a new direction and with a regained vitality which, one feels, derives not only from personal resources but shares in the entire steam of generation floating through one’s body. The divinatory reconstruction of the underlying conflict takes on such sophistication and profundity that it manages to look at sorcery, however formidable it may appear at close range, as an almost irrelevant contemporary accident: the important question is why ancestors allowed their descendant to be so vulnerable, and once the ancestral puzzle is solved the ubiquitous sorcerers will be forced to keep their distance. The historical forms proffered by the complex are those of the times of the ancestors, it is the ancestors who allowed or caused the misfortune, and by acknowledging this sore spot and sacrificially acting on this knowledge, the patient gains a new freedom, not under ancestral oppression but with a restored sense of personal history. The sacrificial part is essential, because of the alchemy of identification and dissociation, violence and gift-giving which it entails: the sacrificial animal is at once the patient, the complaint, and the ancestor; the violent death it evokes both the suffering, its termination, the passage from living descendant to dead ancestor, and the patient’s resentment; and the incorporation of the remainders of the sacrifice (meat, prepared skin, beads) in the body and everyday life of the patient is not only a reminder and a reassurance, but also a sign of victory of the living over the dead.

On the personal level this amounts to a psycho-therapy of evident effectiveness and beauty; but on a societal level what we have here is a model of cultural continuity and the reproduction of meaning. As I have briefly pointed out in my introduction, in a society like that of contemporary urban Botswana there is a struggle about the appropriation and transformation of historical forms which derive from the local region rather than from worldwide mass consumption culture. In everyday urban life these historical forms scarcely have a place of their own in the urban setting, and they tend to exist vicariously: implied in the links urbanites continue to have with rural villages and cattle posts. In public life a narrow selection of stereotypical items of ‘our traditional culture’ has entered the official discourse: the traditional village *kgotla* — council, moot — meeting as a model for information transfer, mobilisation and decision making; the myth of the Urban Customary Court as constituting just another *kgotla* meeting; the folklorization of music and dance in the school curriculum; the official policy favouring interaction between traditional and cosmopolitan health care. These and a few others are the symbols, stripped of historical form and political power, which lend a harmless sprinkling of heritage to bureaucratic and

capitalist rationality which increasingly governs not only the state and the economy but also people's personal life-style, especially in town.

Christian healing churches have gone somewhat further in the selective adoption of historical forms, and on this basis they might to some extent be able to cater for forms of suffering which the public discourse interpret in terms of sorcery and spirit possession; but the cases we have discussed suggest that the churches' approach of these elements revolves on rejection and dissimulation, which drives the suffering individuals back in the arms of a modern society, their problem of meaning still unresolved.

In such a context the therapeutic potential of the cultic forms available at the Francistown lodges may be appreciated.

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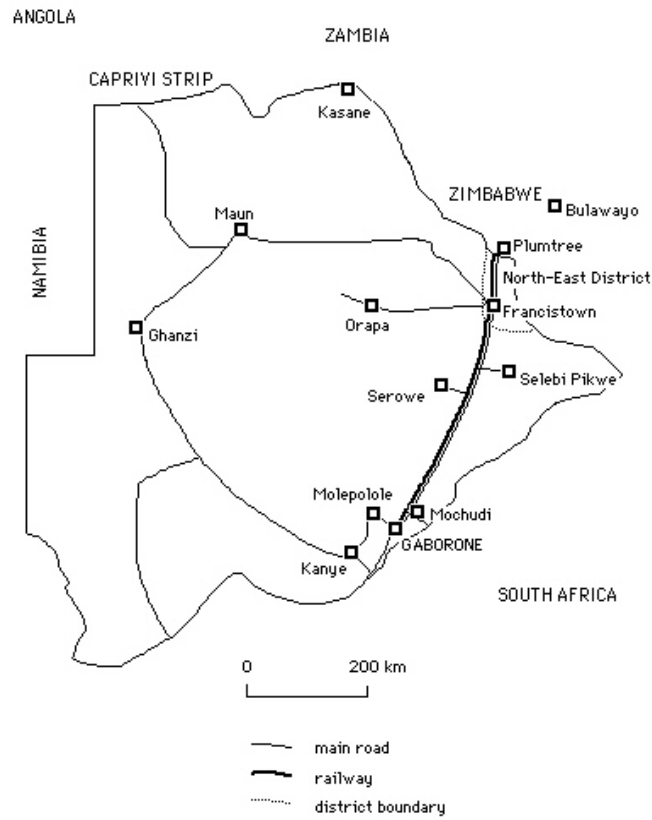


Diagram 5. North-East District within Botswana

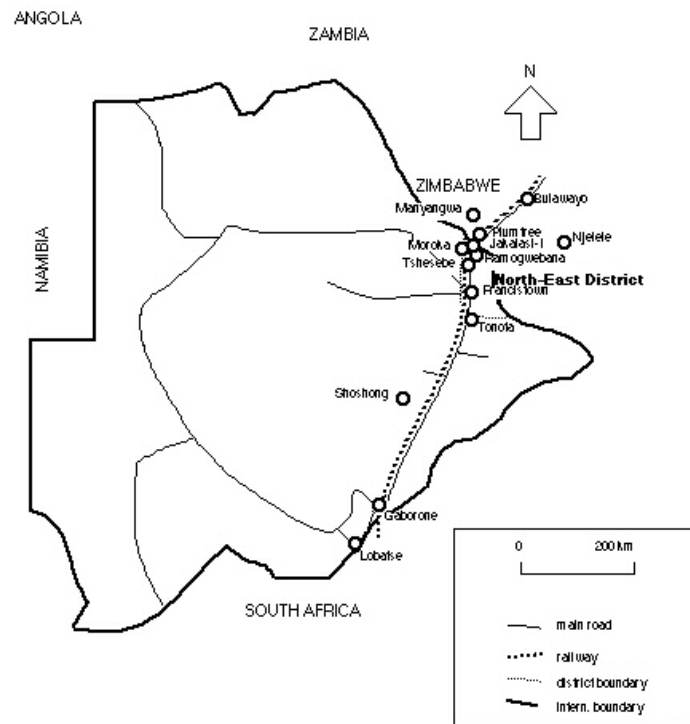


Diagram 6. Localities mentioned in the text.