Bewitching Zulu Women: Umhayizo, Gender, and Witchcraft in KwaZulu-Natal

Julie Parle & Fiona Scorgie

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Bewitching Zulu Women: *Umhayizo*, Gender, and Witchcraft in KwaZulu-Natal

JULIE PARLEa AND FIONA SCORGIEb

aUniversity of KwaZulu-Natal, South Africa; bUniversity of the Witwatersrand, South Africa

Abstract

*Umhayizo*, a form of bewitchment of young women supposedly caused by the use of love medicines, has been reported in south-eastern Africa, especially in the Province of KwaZulu-Natal, for more than a century. Co-authored by an historian and an anthropologist, ‘Bewitching Zulu Women’ begins with an ethnographic description of an incident of *umhayizo* in 2000 and then brings together a variety of sources and perspectives on *umhayizo* including late-nineteenth-century evidence of *umhayizo* from missionary accounts of the use of love medicines; archival documents which reflect increasing African ambivalence about the use of love medicines; accounts and explanations of *umhayizo* by ethnographers, anthropologists and psychologists from the 1950s; and recent observations of and treatments for *umhayizo* in rural KwaZulu-Natal. We argue that it is important to pay attention to the specificities of the phenomenon of *umhayizo* so as to understand how it might be placed in the context of gender politics, including the gendered use of love medicines, and of the control of women’s sexuality both in the past, and now, at a time when HIV/AIDS ravages this region.

Key words: *umhayizo*; witchcraft; love medicines; magic; gender; sexuality; KwaZulu-Natal; hysteria; emotions; HIV/AIDS; power

Prologue

Sometime in late 1999, a young man from the village of Masameni in southern KwaZulu-Natal, South Africa, ‘proposed love’ to Zandile,1 a 16-year-old girl living in a neighbouring village. Although she refused his attentions, the man, named Amu, did not give up and his persistence eventually weakened her resolve. By December that same year, Zandile had ‘fallen in love’ with him. They embarked on a relationship which, in the end, lasted no more than

*Corresponding author. Email: parlej@ukzn.ac.za

1. All names used in this account are pseudonyms. In this article, ‘Zulu’ and ‘isiZulu-speaking’ are used interchangeably, though historically this has not been the case. For discussions of Zulu identity, see B. Carton, J. Laband and J. Sithole, eds., *Zulu Identities: Being Zulu, Past and Present* (Scottsville, Pietermaritzburg: University of KwaZulu-Natal Press, 2008). For the geographic specificity of our research see fn 3.
two months. Amu then proposed a second time, but Zandile refused again, this time stressing
that she would have nothing further to do with him – and almost as if to demonstrate this,
she accepted the love proposals of another boy who lived in another village close by. In
despair, Amu came to Zandile’s village, and began ‘searching’ for her. Every day, he would
walk up and down the main road, shouting out that he loved her and wanted her as his wife.
Still she refused to give in to his pleading and insisted that she no longer loved him.

On the night of 21 September 2000, Zandile was struck by what was to be the first of
many attacks of umhayizo, a form of bewitchment suffered by girls and young women,
locally believed to be caused by young men whose love proposals have been rebuffed.
Zandile’s umhayizo manifested itself in a manner that was immediately recognisable to
those around her: without warning, she became inconsolable, crying loudly with an
unusual high-pitched wail and violently attacking anyone who approached. When
questioned, she insisted repeatedly that she wanted to go to Masameni, swearing and
spitting at those who tried to restrain her or convince her not to go. As Zandile’s crying
became increasingly audible, people gathered in the yard of the homestead and watched as
her mother and several other women tried to pacify her. Water was fetched in large basins
and splashed onto her face and body, while all the time Zandile protested and shouted out,
trying to run away. Eventually, she was taken inside one of the huts and her hands and feet
tied up with rope to prevent her from escaping. The women accompanied her into the hut
and did not leave her side until she recovered from the ordeal several hours later. Inside the
hut, a woman tried to get Zandile to drink water, while another sprinkled holy water
obtained from the local Roman Catholic mission into the air around her. Someone lit
imphepho and kept it burning in a little dish near Zandile, waving the smoke from these
embers into her face. Occasionally, prayers and sacraments were whispered over her.
Gradually these efforts to calm her seemed to take effect and Zandile’s wailing eventually
quietened. Once her distress abated, she dropped off to sleep.

But the umhayizo returned again several times in the weeks that followed. On one such
occasion, the inkosi (chief) of the area came to her homestead to investigate the matter. In the
midst of all the chaos and confusion, his presence appeared to have a calming effect on
Zandile and she seemed to almost regain her composure. As she lay crouched in a corner of
the room, unresponsive to the presence of others around her, the inkosi knelt down on his
haunches and put his hand on her shoulder to address her, asking: ‘Ningobani?’ (‘Who are
you?’) – to which Zandile remained silent. He then asked: ‘Nivelaphi?’ (‘Where do you come
from?’) – in both cases, addressing not Zandile herself, but whatever (or whomever) had
‘possessed’ her in this form. Eventually she responded in a quiet voice: ‘Masameni’. She
revealed nothing further on the matter until the umhayizo returned several days later – this
time, while she was at school. A teacher began to pray for her – specifically, praying for the
‘demons’ to leave her body. He then pleaded that she reveal who had done this to her.
Eventually, Zandile shouted out: ‘Ngingu Amu; ngingo wakwa Dlamini, eMasameni.
Nguyeke!’ (‘My name is Amu; my clan-name is Dlamini, from Masameni. Leave me alone!’).

2. Dried aromatic plants, used as incense in almost all ritual and ceremonial events to facilitate
communication with ancestral spirits.
3. This account has been compiled from conversations and interviews that author, Fiona Scorgie, had with
Zandile and with her mother and sister. Also present the night the chief came to her home, Scorgie lived in
Zandile’s village for 18 months during 2000 and 2001. The village borders the Catholic mission station of
Locating narratives of umhayizo

Zandile’s experience of umhayizo is not uncommon in this area, and frequently afflicts school girls at the local high school. Teaching activities are regularly interrupted by the sound of high-pitched wailing, classroom doors being flung open and the sight of at least one girl running out into the courtyard, screaming and cradling her head in her arms. Usually, she is soon followed by others, for the umhayizo is apparently ‘infectious’: one girl’s screaming is believed to set off others. While this is generally distressing for all concerned, bystanders respond in a variety of ways. Teachers grow impatient and annoyed with these disruptions, classmates of the girls sometimes snigger and make fun of them, others show signs of exasperated boredom, while still others look on in dismay as the intensity of the girls’ wailing escalates and eventually subsides as they fall into a deep, exhausted sleep.

Local villagers commonly explain umhayizo as an affliction that is the direct result of ubuthakathi (witchcraft), caused by the actions of a jealous or bitter man using traditional medicines (imithi; singular umuthi), usually at some physical distance from the girl in question. The screaming and wailing, the possession-like experience of having relinquished control over one’s body, the sense of being ‘pulled’, like a magnet, to the home of the (alleged) bewitcher, these symptoms are regarded as proof of bewitchment, which in turn demands attention and, ultimately, healing.

Our exploration of umhayizo has grown out of a shared interest in the histories and experiences of gender and sexuality in the region that today is KwaZulu-Natal. At first glance, our research fields and paradigms are not directly related. Julie Parle has published a study of the social history of mental health in Natal and Zululand in the late nineteenth and early twentieth centuries. As an anthropologist, Fiona Scorgie has conducted ethnographic fieldwork in southern KwaZulu-Natal on contemporary practices concerned with the expression and control of adolescent fertility and sexuality. In the course of many conversations we noted the enormous difficulties of attempting to locate a phenomenon such as umhayizo within its specific geographical and temporal contexts whilst also refusing complicity in discourses that serve to further distance and exoticise those who experience its distressing realities.

Centocow, in southern KwaZulu Natal, an area dominated by isiZulu-speakers, although its geographical proximity to the Eastern Cape and East Griqualand region implies commonalities in cultural and linguistic terms with AmaXhosa and AmaBhaca peoples. (Indeed, some of our archival sources are drawn from the former Transkei region of the Eastern Cape.) Formerly a part of the Colony of Natal, then of the ‘homeland’ of KwaZulu, residents of this area suffered state neglect and repression during apartheid, and continue to experience major development challenges, especially in the provision of housing, sanitation and other basic services. Unemployment levels are high – many households depend heavily on welfare grants and remittances from migrants – as is the prevalence of HIV. Centocow itself, founded in 1888 by German Trappist monks, remains a functioning mission station that serves a large population and also hosts a district hospital. Despite the continuing dominance of Roman Catholicism in the area, the lively presence of African Independent Churches (mainly Zionist) and evangelical, Pentecostal churches is increasingly evident.

Once we began to look for early accounts of *umhayizo*, they were relatively easy to find. Numerous examples of this phenomenon—sometimes under a different name—can be found in the writings of white missionaries, travellers, anthropologists, and in the testimonies of some African observers. While the bulk of this historical information comes from rural Natal, *umhayizo* has also been recorded in the eastern Cape and in Zululand, where it was said to have been introduced from elsewhere. We have not found any accounts from the Lowveld, the heart of much witchcraft practice in South Africa today, however.

While recent studies of witchcraft beliefs and practices in Africa have shown how witchcraft flourishes in circumstances of socioeconomic strain, and may be mobilised both by individuals and by groups in political and inter-generational conflicts, we foreground *umhayizo* and love magic as illustrations of the interpersonal and gendered dimensions of witchcraft. Beyond this, we also hope to show that *umhayizo* has been significant for mediating emotional and sexual relationships, as well as in concerns about the politics of sexuality and gender, from both within and outside isiZulu-speaking communities. In a time when the devastating impact of HIV/AIDS is so acutely felt, such concerns acquire more than a passing interest.

What is particularly striking about the accounts of *umhayizo* that we have gathered is its essentially unchanging nature. While our information on *umhayizo* today shows how local concerns may shape particular explanations of the phenomenon, the various narratives of *umhayizo*—both past and present—all reiterate common behaviours and frames of reference. Experienced only by girls and young women, caused by the ‘throwing’ of love magic upon them by a young man, resulting in ‘crying fits’, wailing, great physical energy and a need to run, a later loss of consciousness, a propensity to spread to other girls of a similar age, and a potentially fatal nature, descriptions of *umhayizo* appear almost ‘scripted’, so consistent are the symptoms. For instance, our earliest account of *umhayizo*, dated 1900 and taken from the Chronicle of the Centocow Mission, describes symptoms and circumstances that are remarkably similar to those experienced by Zandile a hundred years later:

Towards the end of the year 1900 a very strange happening took place. Viktoria Duma, one of the best girls of the Marienhouse [a reformatory for girls], had on a Sunday a strange attack. She cried and lamented, threw her arms around and behaved like a mad person. She was brought into the Marienhouse to calm her, but it couldn’t be done. Some thought she was poisoned, as the young man, whom she had refused, had threatened to hurt her. We thought it was a hysterical fit. The lamentations of her relatives made her condition worse. Towards evening her parents took her home. It got worse still, terrible cramps cut her tongue each time that they had to put a wooden piece between her teeth. Next day she was like death back to us, but she was still warm and her limbs still supple. Fr. Baldwin hesitated to bury her. We all thought she suspended animation. Her relatives were very angry and scolded Fr. Baldwin so much, that he, against his conviction, buried her. He intended to open the grave later for checking, but it never materialized.6


In his *Zulu Medicine and Medicine Men*, first published in 1911, A.T. Bryant described a form of ‘hysteria’ known as *ihabiya*, that Africans always attributed to the evil “charm” of some malicious young man. Technically the girl is said to have been “thrown at” (*phosiwe*) by him, and the charm used, and supposed to cause the hysteries. The native never administers his charm internally to the individual, mostly not even corporally at all.

This is echoed in an undated published account from American Board missionaries stationed in Natal:

It is early dawn upon the Noodsberg mountains. Soft clouds are sifting through the wattle trees and rolling off onto the hills below. Cocks have begun to crow and birds are twittering in the trees. Suddenly, a scream rents the air, then another and another. As the sound draws nearer, hysterical sobbing is heard and the noise of many voices. Soon a young woman, almost nude, comes running along the road. Her arms are thrown up over her head, and she is crying and flinging herself about as she runs. Close at her heels follows a troop of men, loudly calling and gesticulating, dogs bark incessantly and a loathsome leper brings up the rear, hobbling along on his toelless feet.

The missionary rushes out of his door and asks what all the noise is about. “Oh!” is the reply, “a young man loved this girl and she wouldn’t love him, but loved another man, so her rejected lover is trying to kill her.” “But how is he killing her?” You see, Mfundisi [teacher] our people are very clever about these things. This young man got medicine from a great doctor. He rubbed it on the palm of his hand and slapped this girl on the shoulder. Now she will be very sick and probably die. She is under the spell of his medicine now, and it is making her come to the young man’s house. She can’t help going there. The young men are trying to make her come back home.

Less than two hundred kilometres to the south of the Natal border, a discussion of *ukuposela*, or the enchantment of ‘young girls by hypnotism’, held by the Transkei General Council in May 1917 tells a very similar story. According to Councillor Sigcau ‘this thing was practised among Native girls. Sometimes the girls made an unusual cry, and when they were asked what they were crying about, they said they were enchanted by young men.’ He added that ‘This new practice was becoming so prevalent amongst Native people that they

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7. ‘*Hhabiya*’ or ‘*Ihabiyo*’ first appears in dictionaries in A.T. Bryant’s 1906 *Zulu-English Dictionary*: ‘n. Medicine or love charm of any kind (of modern introduction from Natal) used by young men to cause a girl to hayiza, i.e. to throw her into fits of shouting hysteria in which she repeatedly cries out hayi! hayi! or hiya! hiya!’ ‘*Hayiza* – Have the Native crying hysteria, i.e. cry out involuntarily hayi, hayi, hayi, as hysterical girls, or hysterical men who have become witchdoctors’. In C.M. Doke, D.M. Malcolm, J.M.A. Sikakana, and B.W. Vilakazi, *English-Zulu Zulu-English Dictionary* (Johannesburg: Witwatersrand University Press, 1990: 292). *ihabiya* – “n. 1. Medicine or love-charm used by young men to cause a girl to have hysterical fits. 2. Hysterical fit [cf. umhayizo]” ‘*hayiza*’ - “v. [ > perf. -hayizile; pass. hayizwa; ap. hayizela; caus. hayiziza; umhayizo; umahayiza.] Have the Native crying hysteria; rave (as girls who are believed to be affected by charms); be hysterical” (299). Several authors note the similarity between the peculiar cry made under an attack of *umhayizo* and that during *uthwasa* (the state of possession by the *amalozolo* [ancestral spirits] of those called to undergo training as *izangoma* [diviners]), but historically there have many significant differences between *umhayizo* and *uthwasa*.


must try to get rid of it’. His fellow councillors endorsed his concern, among them, Councillor Poswa, who reported that, when he was

attending a church across the Umtata River, a young girl took up her frocks and started to run, shouting that somebody was calling her. Her father left her alone because he could not manage her, therefore he wanted the young girl to go to the young man and see what he was going to do with her.10

Today, this uniformity and ‘scriptedness’ of symptoms moves some observers to dismiss many incidents of umhayizo as ‘fake’, as being easily copied. At one of the secondary schools in the Centocow region, for instance, teachers believe that most of the girls who are periodically afflicted by umhayizo are merely ‘playing’: pretending to be incapacitated so that they might escape the ordeals of a test or exam, or simply to avoid attending classes. It is difficult, however, to believe that the girls would deliberately endure the distress of an umhayizo attack or, indeed, the ridicule that sometimes greets such incidents, simply to shirk schoolwork. But the potential for faking umhayizo nonetheless raises the issue of volition on the part of the girl. It is the question of choice, of complicity, or intent, that has lain at the heart of many debates about the nature of umhayizo over the years, and one to which we shall return.

With the anthropologist’s concern to capture the specificity of local meanings and the historian’s imperative to suggest explanations for change – or, in this case, durability – across time, our appeals to explanatory frameworks and wider categories of analysis have been sometimes illuminating, more often, frustrating. Nonetheless, the endurance of umhayizo over more than a hundred years suggests that it has been, and remains, a significant and relevant channel for the individual and social expression of powerful emotions.11 One important reference point, we believe, is the fact that umhayizo usually first occurs in girls at around the age of puberty, but seldom, if ever, appears to strike women after menopause.

As many studies have shown, historically, puberty has been regarded as a significant turning point that ushered in a new set of dynamics influencing social identity and gendered concepts of personhood.12 These were profoundly ambiguous. In pre-colonial African societies, including those in Natal and Zululand, puberty was customarily acknowledged and affirmed for both boys and girls through ceremonial rites of passage that focused intensely on their emerging sexuality and fertility. In these societies, the

expression of sexuality was not stigmatised: to the contrary, a range of sexual practices was permitted, even encouraged. Nonetheless, the control of women’s fertility was of central concern, ostensibly to protect the ‘purity’ of the lineage. There were strong sanctions against pre-marital pregnancy, which brought condemnation and shame, which ultimately also extended to the girl’s peer group. Until they were married, girls therefore carried the burden of simultaneously satisfying their suitors’ (and their own) sexual impulses, and avoiding pregnancy – an ambiguity sometimes expressed in the cultural ‘fetishisation’ of virginity.

Peter Delius and Clive Glaser have described how sexuality has historically been an area of great contestation in southern Africa. Particularly during times of social turmoil, sexual activities and the control of women’s fertility became sources of conflict between genders and generations. From the late nineteenth century and through the twentieth, with migrant labour and urbanisation, the ability to monitor and control youths’ sexuality by both elders and peer groups broke down. Manhood and masculinity were increasingly demonstrated through independent action and forms of violence such as stick-fighting. In many rural areas there was also a marked increase in violence directed against women. The erosion of sanctions that had formerly prohibited full penetrative sex was, in some communities, accompanied by Christian mores that denigrated practices such as ukusoma, regarding them as permissive and immoral. One result was an escalation of the rate of pre-marital pregnancies.

Puberty was therefore the beginning of a time of great ambiguity and conflict for girls, whose paths to socially-sanctioned womanhood had to be negotiated through an emerging sexuality that could prove to be both physically and socially dangerous. That umhayizo should apparently coincide with the phase of a woman’s life that was defined by these ambiguities suggests that we need to see the phenomenon within the context of the conflicting pressures of sex, marriage, and fertility. It is here too that we need to situate our discussion of umhayizo and ‘love medicines’.

‘Look only at me’: The coercive power of love charms

Love charms — more recently called ‘love medicines’ — have long played an important role in the efforts of men and women to influence the course of their relationships with one another. Today they number among the many remedies sold by herbalists and healers across both rural and urban KwaZulu-Natal, including in Centocow, where they form a


15. Intercrural sex, a non-penetrative form of sexual practice.
significant portion of the *imithi* purchased from herbalists (*izinyanga*) or ‘traditional chemists’. Whether swallowed, smeared onto the face or hands, slipped into someone’s food, or placed under a doormat over which they are likely to pass, these medicines are almost always administered in secret. Their powers are activated with a spoken invocation and are often expected to do their ‘work’ across considerable physical distance. In this respect, the assumed efficacy of Zulu love medicines rests on a principle of ‘sympathetic magic’ in the sense described by Frazer more than a hundred years ago: where ‘things act on each other at a distance through a secret sympathy’. In the case of *umhayizo* in Centocow, for example, locals have explained that boys collect the tears from a baby and add this to a mixture of *umuthi* and water, which is then briefly held in the mouth before spitting out and saying the name of the girl they desire. This has the effect of magically linking the girl’s *umhayizo* to the crying of any baby nearby: whenever the girl hears the sound of a baby crying, her own crying is triggered.

Earlier sources suggest that the desired effects of love medicines, such as those associated with *umhayizo*, may also be set in motion through other means. One such account tells of:

> a man who tied medicine to a cow’s tail to make a girl love him. The cow whisked her tail in the direction of the girl’s kraal. The charm flew through the air and smote the maiden’s heart, whereupon she became very sick, but capitulated at last and loved him.

Writing in the 1950s of the use of love medicine by a young Xhosa man whose romantic overtures had been rejected, J.B. Shephard recorded that:

> Sekhuti knew a thing or two, and refused to mope, reject his food or heave romantic sighs. Instead, he went off to the witch-doctor and bought a magic herb which he took back to his hut and boiled in a little pot. As he boiled, he stirred, and a white froth formed like a head on a beer tankard. This froth Sekhuti took upon a stick and blew in the direction of Asilia’s kraal.

In this instance, however, the medicine failed to have the desired effect, and Sekhuti and three others assaulted Asilia on her return from the local store:

> Like hounds behind a hunted buck, two men leapt the hedge and in three strides they seized her, dragged her down and threw her in the dust. Asilia fought with all her strength, biting, clawing, and kicking, and all the time screaming like a train whistle. A third man stood to see fair play while her assailants stripped her naked as an eel. When her struggles ceased from sheer exhaustion Asilia turned her face, half buried in the dust, and saw Sekhuti, pot in hand, standing over her. Instantly she spat a mouthful of dirt and fought again, hating, despairing, and afraid. Sekhuti only grinned as he knelt beside her and, while his friends repressed the wriggling girl, rubbed the medicine from his pot all over her supple body.

> A crowd gathered, but nobody came to Asilia’s assistance: instead, ‘some laughed, some jeered, while others shouted coarse advice to Sekhuti, busy with his undesirable massage’.

After an apparently set period of time, Aisila was released, and ran home, sobbing and ‘half hysterical’. Within a few months she had married Sekhuti.

Fiona Scorgie was not able to witness love medicines being prepared or used, largely because of the secrecy and furtiveness that surrounds their use, but also because the traditional healers who specialise in their preparation are understandably reluctant to share this information with someone who is not an apprentice healer. She was, however, shown some of the herbs, powders and ointments purchased by locals at informal markets for the purpose of attracting the attentions of would-be lovers.

The specific contents of such preparations have long been a topic of interest in Natal. *The Collector*, compiled in 1911 and 1912 by the Reverend W. Wanger of the Roman Catholic Mission at Mariannhill, with contributions by a number of African commentators, devotes several pages to love charms. Generally, they were combinations of ‘all kinds of animal fats, flesh or excrements, plant-roots, and European chemicals and minerals, from load-stone to washing soda’.

Some ingredients were bought from ‘Arab traders’ in the towns and were put together to produce ‘love medicine of any kind smeared or spotted on the forehead etc., by a young man and supposed to mysteriously draw the girls’. Other concoctions produced *ihabiya*, which was ‘used by young men to cause a girl to *hayiza*, i.e. to throw her into fits of shouting hysteria in which she repeatedly cries out hayi! hayi! or hiya! hiya!’ Once the *ihabiya* had ensured the desired result, the man would turn to *ukubetelela* medicines, which served to ‘solidify’ the affections of the girl. According to A. Lassak, writing in *The Collector*,

Take of the *imBambela* (cuttle-fish), *uManaye* (plant), *uNginakile* (plant), *uZilio* (plant), *amafuta engwe* (leopard’s fat) and *uLukuningomile* (plant) each a part and mix with the spittle of any particular girl and your own; place all carefully covered up, beneath a projecting rock in some precipice, and the girl is “fixed” firmly to you against all comers!

Over time, the rich variety of love medicines suggested in these historical sources appears not to have been lost. Today, they are sought out and used in a broad range of situations where the desired course of love threatens to go awry. There are medicines, for example, that are used to ‘keep’ a lover interested in you [e.g. ‘*isibambelo*’ = ‘to catch/to hold’], medicines for making love ‘exclusive’, by removing the threat of real or imagined rivals for your lover’s attention [e.g. ‘*bhekaminangedwa*’ = ‘look only at me’], and even medicines for calming down a violent (male) lover [e.g. ‘*ikhathazo*’ = ‘to make tired/weary’].

Any attempt to map or categorise the range of medicines used in these situations must, at the very least, take cognisance of the gender of the user and of the intended ‘target’. In Zulu communities, as elsewhere, women have traditionally been more closely associated with witchcraft than have men, yet the use of love medicines specifically to induce the behaviours and experiences associated with *umhayizo* appears to mark a significant exception. *The Collector* does not detail any love charms that were used by girls or women.

in a similar way in order to attract or ‘fix’ the attentions of young men, or indeed to drive them into hysterical fits.\textsuperscript{23} This may reflect the fact that the writers, and the people they consulted, were all males, but is also likely to have been so because – and this remains true today – girls did not have knowledge of the particular medicines linked with umhayizo, nor would their use of these medicines have been approved of by others.

Medicines in general may be regarded as substances which offer a ‘short cut’ to achieving some transformation in one’s situation (beyond the immediate treatment of particular dis-ease) and in this sense, they serve as repositories of control.\textsuperscript{24} The use of love medicines, in particular, appears to tap into this empowering potential, thereby revealing how women and men alike may seek to increase their leverage of control over relationships and over choices and actions that will affect their lives. Traditional healers interviewed in Centocow claim that, today, while both men and women make recourse to love medicines, most clients who request them are indeed girls and women. The ‘capabilities’ of women and men vis-à-vis the creation of love relationships differ in important ways, however. Locally, courtship is shaped by contrasting gender roles, reflected in the difference between ukushela (to propose), which is an exclusively male activity, and ukuqoma (to accept a proposal), its female counterpart. This relative passivity of women’s role in courtship may explain why they are most likely to use love medicines mainly to increase their physical attractiveness to potential suitors, and medicines to keep their partners committed and faithful.\textsuperscript{25}

Divergent attitudes towards these quests to influence love relationships through magical means are equally shaped by the gendered dimensions of courtship. For instance, Adam Ashforth describes the actions of korobela, a ‘potion for securing a lover’s obedience’, openly advertised by izinyanga in Soweto as a ‘muthi capable of returning an absent father to his duties’.\textsuperscript{26} While men regard the use of korobela as a form of witchcraft motivated by women’s desire to infringe their autonomy, women, ‘are more likely to think of it as a legitimate, albeit lamentable, medicinal assistant for securing the attentions of the wayward fathers of their children’.\textsuperscript{27}

Importantly, the perceived effect of women’s use of love medicines does not include anything resembling the alteration in behaviour and overall well-being that so powerfully characterises umhayizo. Ethnographic evidence from present-day KwaZulu-Natal thus echoes the observations made a century ago by The Collector: a girl driving a boy to ‘hysteric’s is unheard of; a man might be bewitched and ‘fall in love’ against his will but he would never succumb to anything as destructive or humiliating as umhayizo.

There are hints here of the personal politics, the gendered access to resources in the material world, and the ways in which witchcraft becomes a medium for regulating and manipulating the tangles of emotion and power that lie beneath the gloss of ‘romantic relationships’, beneath ‘love’. This is a point made by Suzanne Leclerc-Madlala, in her

\begin{itemize}
\item \textsuperscript{23} According to informants, it is possible for a girl to send the umuthi back to the boy (which would bring an end to her umhayizo) but this is quite unusual.
\item \textsuperscript{25} See also B. Keller, ‘Marriage and Medicine: Women’s Search for Love and Luck’, \textit{African Social Research}, 26 (1978), 489–505. Keller observed similar dynamics among women in urban Zambia in the mid-1970s.
\item \textsuperscript{26} A. Ashforth, \textit{Madumo: A Man Bewitched} (Cape Town: David Philip, 2000), 158–159.
\item \textsuperscript{27} \textit{Ibid.}
\end{itemize}
study of a peri-urban community on the outskirts of Durban, of how social responses to the AIDS epidemic have led to a ‘demonisation’ of women.28 Her informants (both male and female) believed that women are increasingly utilising love medicines that were once the preserve of men alone. Moreover, she argues, local interpretations of this apparent shift draw on and feed into broader discourses of blame associated with HIV/AIDS, so that when women use these love medicines, they are accused of exerting power that does not legitimately ‘belong’ to them, of ‘being out of control’ and ‘promiscuous’. Analysis of the gendered use of these medicines today – and apparently also in the past – suggests that it is one arena where contestations over power and influence are played out by ordinary women and men. That it is men who have historically controlled these medicines, and the power they are thought to embody, and that it is now women who are claiming the need to use them is testimony to continued gendered struggles over sexual behaviour and the material significance of love relationships.

While the manifestations of umhayizo, and the role played by love medicines in its genesis, have apparently remained essentially the same, responses to it have been varied and have changed with time, reflecting both the differing positions of the observers and the paradigms within which it has been interpreted. Today, while for some, umhayizo causes great concern for the suffering of the afflicted girl, for others it is regarded as something of a nuisance. In the past, on occasion it has elicited greater, even hostile, reaction.

‘Black arts and hypnotism’: Explaining umhayizo, 1890s–1950s

Over the past century, etic (‘outsider’) explanations of the causes and characteristics of umhayizo have followed two broad trends: on the one hand locating its impetus in theories about the innate nature of women in general, and on the other, supporting interpretations that choose to foreground the nature of women’s social position as a factor in their supposed propensity to succumb to ‘disorders’ such as ihabiya, umhayizo, and various forms of spirit possession, such as indiki. In the former interpretation, the association of women and irrational behaviours – often dismissed as ‘hysteria’ – meant that explanations could be found in the body or mind of Zulu women. For instance, in A.T. Bryant’s opinion, ihabiya was a form of hysteria, which was very common among native girls. In the majority of cases it is the result of a mental disorder, and although not necessarily caused by any physical derangement, is often sympathetically aroused, through the nerves, at those times when the sexual functions are most active. The Africans being a race of strong emotions, both sexually and sentimentally, we should almost expect hysteria to be rife among them.”29

Similarly, writing in the 1930s, Max Köhler, a doctor stationed at Centocow mission, linked umhayizo with a set of assumptions about the nature of the female psyche, couched

29. Bryant, Zulu Medicine, 70.
in more universal terms. In a published pamphlet entitled *Marriage Customs in Southern Natal* (1933), he writes:

If a young man casts a spell over a girl by means of drugs . . . she is thought often to get *umhayizo*. Now the *umhayizo* or *ukuhayiza* met with in Zulu girls and women is the simple hysteria which especially the female sex has always, the world over, resorted to in circumstances of difficulty.30

Others regarded episodes of *umhayizo* as harmful, even dangerous, and as a threat to good order. Combining the authority of science and law, in a paper ‘Native Superstition in its Relations to Crime’ published in the *South African Journal of Science* in 1917, the Honourable Justice Cecil Gower Jackson of the Natal Native Court stressed the serious consequences of some instances of love magic. He quotes a case where ‘the girl immediately reported the fact; her lover, a man named Cetshwayo, was pursued, and on his denial of the allegation that he had bewitched the girl, and his refusal to return and set her free, he was killed’.31 Less than a decade earlier, in 1909, whilst District Magistrate of Ndwandwe Division, Zululand, the same C.G. Jackson had been actively involved in investigations into an ‘epidemic of hysteria’ amongst Zulu women.32 In his opinion – one that strongly prefigures that of Köhler some 16 years later – the women were:

prey to a frenzy which may be as real and as little simulated as that sometimes associated with ordinary hysteria. That the symptoms attendant on the novitiate are simply a form of hysteria there can be little doubt;– and a form well-known to the medical profession in females of civilised communities.33

It was not only colonial officials that were concerned about the use of love medicines, however. Africans themselves – particularly African men who identified themselves as Christian – also viewed the use of such charms and potions as a threat to the social sanctions that regulated the sexual practices of the younger generation. In 1917 the Transkei General Council voted in favour of a formal motion: ‘That the Government be respectfully requested to issue a Proclamation making it a criminal offence against young Natives who practice black arts and damage young girls by hypnotism (*ukuposela)*. Stories from English detective literature of young women abducted and rendered unconscious by being made to smell ‘a certain drug’ (chloroform?), provided Councillor Sigcau with a possible explanation for the cause of the hypnotic ‘trick’ that lay behind *ukuposela*. His fellow councillors showed alacrity in seconding the motion, claiming they ‘had reason to believe that this enchantment of girls existed in every district, and was becoming quite common’. Some believed that ‘there was a good deal of that sort of thing in the Western

Province amongst the Malays, and they were being constantly punished for those sorts of things. For those who believed in witchcraft, or who unquestioningly accepted the vulnerability of women to the tides of irrational emotions that periodically swept through their bodies and thence to their minds – umhayizo required no further explanation. For others, however, the ubiquity and reality of its occurrence demanded rationalisation. In the years around the First World War, for example, both the editor of The Collector and the Transkei Councillors had rejected the idea of a magical connection between love charms and umhayizo. In their accounts, instead, power lay in the realm of hypnotism, suggestion and auto-suggestion: ‘... a power of which the native makes, though unconsciously, such an immense use in his ukwelapa, love charms etc. etc.’ This indicated one way forward for situating such apparently illogical behaviours within the realm of the comprehensible, even if the precise manner in which hypnotism actually ‘worked’ could not be fully explained.

Thus, whether dismissed as ‘superstition’, condemned as ‘belief in witchcraft’, or trivialised as ‘hysteria’ or ‘hypnotism’, until the 1950s (at least in the accounts that we have found so far), frames of reference for describing how love medicines produced umhayizo all reflect, at some level, assumptions about the vulnerability of women’s minds and bodies to their charms. It could be said that they locate the impetus for the phenomenon ‘within’ women. In the second half of the twentieth century, these themes continued to remain central to descriptions of umhayizo, but a number of new ways of understanding the phenomenon – both by those who experienced it and by others – emerged.

Dreams, disorders and demons: Umhayizo, 1950s–2000s

From the 1950s onwards, analyses would attempt to move umhayizo further away from ‘superstition’ or ‘black arts’, and into an ‘objective’ and ‘scientific’ paradigm that sought to locate women in a wider social context. To a greater or lesser extent embedded within the racialised discourses of their time, these interpretations underscored the association between Zulu women and umhayizo. From the 1930s, an ethnographic approach – such as that of Köhler and Max Gluckman – was chiefly interested in umhayizo in the context of courtship and marriage. A second important line of enquiry is that of the medicalised research of S.G. Lee, published in the 1950s and 1960s.

S.G. Lee who, before the Second World War, had been an official in the Native Affairs Department of Natal, earned his doctorate in Psychology at the University of London in 1954 with a dissertation titled ‘A Study of Crying Hysteria and Dreaming in Zulu Women’. He recorded that ‘crying hysteria’ was common amongst Zulu women at the Polela Health Centre (around 40 km north of Centocow) and at the Charles Johnson Memorial Hospital in Nqutu, Zululand, where he conducted research in the late 1940s. Lee attempts to trace the underlying reasons for the existence of the Ukufa Kwabantu (‘Bantu Diseases’), such as

34. ‘Black Arts and Hypnotism’, 121.
36. See Delius and Glaser, ‘Sexual Socialisation in Historical Perspective’, 2–3, for comment on the ethnographic paradigm’s attempts to ‘describe and analyse total social systems’, with an emphasis on family, marriage and the socialisation of children.
Umhayizo (or ihabiya or isipoliyana), iziwe, ufufunyane, amandiki, amandawe, umeqo and ukuthwasa. 37 Specifically, he explores the psychological and social association between Zulu women and the fits of crying that he had known of ‘throughout [his] life and experience in Zululand’.

Lee established a chronology of the terminology for the different conditions, with umhayizo being amongst the earliest recorded terms, from the 1880s, and isipoliyana only appearing in dictionaries after 1923. He records that his research into oral traditions bore out the appearance of these terms in dictionaries. According to the Zulu people that Lee consulted, these were new ‘Bantu diseases’ that were rapidly assuming ‘epidemic’ forms. In 1931, for example, the epidemic of isipoliyana had been ‘so severe that schools in the Nkandla and neighbouring districts had to be closed’. 38 The usual pattern was that a lull would follow, with symptoms persisting in individual cases, and thereafter there would occur sporadic outbreaks of minor epidemics. Broadly speaking, new ‘diseases’ emerged after periods of major social upheaval: amandiki and amandawe in the wake of the rinderpest epidemic that decimated cattle, and thereby further rent the tattered fabric of African social institutions, in the late 1890s; iziwe from the 1920s after the influenza pandemic; and isipoliyana as an epidemic originating in the Nkandla district in the early 1930s. Lee’s initial assumption was that there was indeed a host of new ‘diseases’ that could, in Western parlance, be understood as forms of ‘conversion hysteria’. By the end of his research, however, he concluded that although, in ‘the opinion of the old men in the tribe, medical men working among the Zulu, and anthropologists in the field . . . there had been a great increase in their incidence within the last fifty years’, in fact many of the complaints were ‘. . . “old” diseases, known for at least sixty years, that have altered in their nomenclature, their superficial manifestations, and their incidence’. 39 Importantly, Lee recognised that umhayizo, ihabiya, ufufunyane and isipoliyana were the same phenomenon, as they were seemingly indistinguishable in terms of their presentation and in that they were said to be the result of love magic. 40

37. S.G. Lee, ‘A Study of Crying Hysteria and Dreaming in Zulu Women’ (PhD thesis, University of London, 1954), 2. See also S.G. Lee, ‘Some Aspects of Zulu Psychopathology’, in Proceedings of the Social Science Conference Relating to Problems Arising from the Structure and Function of a Multi-Racial Society, University of Natal, Durban, July 1956, 203–208; and ‘Spirit Possession Among The Zulu’, in J. Beattie and J. Middleton, eds, Spirit Mediumship and Society in Africa (London: Routledge and Kegan Paul, 1969), 128–156. Many of these ‘conditions’, ‘diseases’, or ‘syndromes’ have been more properly identified by other authors as forms of spirit possession that do not necessarily – as Lee’s work implies – reflect forms of psychopathology. Similarly, we would not wish to endorse such a negative and instrumentalist interpretation of spirit possession. Rather, here we are concerned to show how umhayizo has been discursively framed over time. It is interesting to note Lee’s association of umhayizo with spirits at this time, while his research subjects apparently continued to attribute its cause to ‘love charms’. See Lee, ‘Some Aspects’, 204.


39. Ibid., 2.

40. The plasticity and inter-changeable nature of many of these terms is shown in that ufufunyane was, in the 1920s, regarded as an ailment caused by possession of either women or men by hordes of ‘Indian’ and ‘white’ spirits. Lee’s research assistant and interpreter, Charles Mthembu, however, was of the view that ufufunyane was synonymous with the symptoms of umhayizo. In contrast, it seems that it is only recently that the term umhayizo has begun to be applied to ‘disorders’ that are caused by something other than love magic.
The influence of a Freudian psychoanalytic framework in Lee’s work is clear. He deduced, from interviews and dream interpretation, that ‘child-birth is dreaded by the individual woman, though demanded by society’. But, as might be glimpsed in that quotation, he was also strongly concerned to place the women he was studying in a social context. The first chapter of his PhD traces the history of economic and social change in Natal and Zululand, especially as it affected Zulu girls and women. While he retains the term ‘crying hysteria’ throughout much of his work, in summing up his findings – and in subsequent publications – Lee re-frames umhayizo ‘in Western psychopathological theory’ as ‘crying anxiety attacks’. He noted that the ‘attacks’ tended to run in families, but whether this was due to environmental or genetic factors, he could not be sure. Interestingly, he seemed to find a ‘statistically significant’ relationship between ‘cryers’ and ‘persons who had undergone the “ukuthwasa” state, to which they were themselves immune’. Bearing out all the accounts of umhayizo that we have, Lee isolated the onset and occurrence of the crying anxiety attacks ‘at adolescence, before marriage, or immediately after marriage’. Afterwards, precipitated by any ‘shock’, the attacks featured once more at menopause, but disappeared in ‘great age’.

Noting that his clinical group tended to be ‘more traditional’ than Zulu women who did not experience the anxiety attacks, Lee sought explanations for their distress in the pressures experienced by these girls and women at puberty and after marriage. In conscious and overtly stated opposition to the more widely known and notoriously racist and sexist writings of B.F. Laubscher, Lee’s analysis bridges the individual psychopathology of Freudianism and the functionalism of contemporary anthropologists such as Max Gluckman. Lee makes the argument that adolescent girls in Zulu society faced a peculiar predicament because they were ‘taught that deflation is a serious disgrace’ and yet they are permitted to engage in a limited forms of sexual intercourse, such as ukusoma. He assumed (possibly incorrectly, according to current testimony) that these were ‘a source of great physiological satisfaction to the girl’, but

41. Lee’s methodology involved an initial ‘extensive investigation’ of 416 questionnaires administered to both women and men, followed by an ‘intensive investigation’ through the administering of a much longer questionnaire to more than a hundred subjects, supplemented by a specifically designed thematic apperception test, interviews, and dream analysis.
42. Lee, ‘Some Aspects’, 207.
43. Ibid., 204.
44. Ibid.
45. B.F. Laubscher, Sex, Custom and Psychopathology (London: Kegan Paul, 1937). Laubscher regarded hysteria in Africans as commonplace and, in the case of women, largely due to ‘unfulfilled erotic desires’. There is some danger of attributing such crudely racist interpretations to Lee, but in his dissertation in particular he pays heed to the wider socioeconomic context that ‘produces psychopathology’ rather than seeing such ‘dysfunction’ as innate. Indeed, along with his contemporaries, Sidney and Emily Kark, Lee recognised the material and emotional impact of migrant labour, rural immiseration, and the worsening nutritional and health situation for Africans in Natal in the mid-twentieth century. In his landmark study ‘The Social Pathology of Syphilis in Africans’, South African Medical Journal, 23 (1949), 77–84, Sidney Kark noted that in Polela, 80 per cent of the men aged 20 to 40 had been absent for an average of eight months during the past year, with profoundly destabilising effects on marriage, ‘social relationships’ and ‘family life’, including an increase in the number of widows (and decrease in levirate marriage), as well as ‘intercourse with single girls at rural homes’. For a recent analysis of these factors and their historical and contemporary implications, see Mark Hunter’s Love in the Time of AIDS: Inequality, Gender and Rights in South Africa (Pietermaritzburg: UKZN Press, 2010), especially ch. 3.
the relevant point here is that the predicament, according to Lee, arises from this tension. As he puts it: ‘Despite the physical satisfaction [of ukusomu] there is always the fear of loss of control and thus of virginity’. He continues by suggesting that as a ‘fairly severe conflict’, this is one of the factors underlying the prevalence of umhayizo attacks in adolescent girls.

After marriage, while ‘full sexual intercourse is available’, according to Lee, the Zulu woman becomes subject to a range of cultural restrictions that, on the one hand, rein in her ability to openly express her sexuality and, on the other, in a polygamous relationship, starve her of both attention and sexual fulfilment. Even when engaged in sexual intercourse, the married woman is subject to ‘the selfishness of the male’ and her prime function, he suggests, is to produce children. For Lee, therefore: ‘Early marriage is a time of great psychological distress to the Zulu woman’. Later in life, though frequently neglected by her husband in favour of a younger bride, a Zulu wife gained ‘as a recompense . . . some of the social status of a man’. 46 As the sexual and social conflicts subsided, so too, did the umhayizo.

Although located within a different theoretical tradition, Max Gluckman’s well-known writings on ‘rituals of rebellion’ – published at around the same time as Lee’s work – point towards similar conclusions. Like Lee, Gluckman argues that after marrying, Zulu women are more susceptible to disorders such as umhayizo. This trend derives mainly from their subordinate social position, reflected primarily in legal and ritual contexts, which Gluckman sees as inherently ambiguous. But for him, the root of this ambiguity lies not in the tensions borne out of a frustrated sexuality, but rather in the fact that traditionally, women were economically valuable as cultivators, yet at the same time regarded as symbolically ‘evil’: believed to have the propensity to use their ‘inherent wickedness’ to bring harm to others through the use of witchcraft. Further ambiguity arose from the interpretation of women’s fertility as both valuable and dangerous. In Gluckman’s words, ‘while the group’s continuity and strength depended on its offspring by these women, its very increase in numbers threatened that strength and continuity’47 by producing new male rivals for property and position. As strangers from another lineage, women were further considered to be ‘outsiders’ bringing potential discord to the family and lineage into which they had married. These contradictions typically culminate in what Gluckman describes as Zulu women’s experience of ‘great strains’ in their marital situations, ‘. . .which are never well subdued’ and become evident in ‘. . .women’s liability to nervous disorders, hysteria in fear of magical courting by men, and spirit possession’.48

The approaches typified by both Gluckman and Lee, whilst over-determined in many senses, are nonetheless useful for our purposes. They draw attention to the ambiguities and potential for conflict embedded in women’s position in social life - as wives, sexual beings and mothers - and the complex ways in which these ambiguities must somehow be navigated and ultimately ameliorated and addressed. These are insights to which we (in

47. M. Gluckman, Rituals of Rebellion in South-East Africa (Manchester: Manchester University Press, 1954), 8. Here, Gluckman cites several sources which deal with these aspects of Zulu women’s psychological disposition – among them, S.G. Lee’s PhD, and Sidney Kark, who had established a community health centre at Polela in the 1940s, and who has left a substantial archive of documents and manuscripts dating from his work at this time.
some ways the legatees of these paradigms) will return. We recognise, however, that such frameworks of explanation in all likelihood remain alien to those who are most directly affected by the phenomenon we seek to describe.

Any paradigm that attempts to account for the underlying cause of afflictions such as umhayizo carries important clues for appropriate responses. Regarded as unfortunate at best and potentially fatal at worst, there has been little doubt that the sufferer requires treatment. Formerly, it was believed that umhayizo could only be cured by administering, as an antidote, the same plant that had caused it in the first instance. Since only the man who had ‘thrown’ the charm in the first instance was aware of its composition, ‘he alone will be cognisant of the proper remedy’. Today, however, like most illnesses, the question of treatment for umhayizo is a much more disputed one, reflecting a plurality of explanatory paradigms and therapeutic practices, which both coexist and compete.

As reflected in the account of umhayizo with which we began this article, several immediate steps are usually taken to release the girl from the power of her wishful suitor. In the case of Zandile, for instance, initially her mother (‘Mrs N’) took her to the home of a Zionist prophet-healer in the village. He proceeded to treat her by submerging her in the river, praying for her as she sat in the water. Then he gave Mrs N a bottle of ‘isiwasho’, water believed to have curative, protective and transformative powers, by virtue of having been blessed by a prophet-healer. A staple of Zionist healing practice, isiwasho is commonly used in ritual contexts ‘to counteract dangerous mystical conditions’. Zandile duly drank

49. Bryant, Zulu Medicine, 71.
51. The anthropological, historical, theological, psychological and other scholarly literature on healing, religion, and spirit possession in the region is vast and cannot be reviewed here. Suffice to say that African Zionists have been engaged in healing and cleansing people in KwaZulu-Natal – through exorcism, the combating of Satan, and the use of isiwasho – since the early twentieth century at least, and these churches and groups were given great impetus in the decades after World War 1 and the Great Influenza. For a recent helpful article, see J.A. Draper, ‘A Broken Land and a Healing Community: Zulu Zionism and Healing in the Case of George Khambule (1884–1949)’, Studia Historiae Ecclesiasticae, 36, 1 (May 2010), see http://umkn-dsp01.unisa.ac.za/handle/10500/4571?show=full, accessed 20 December 2011. For participation of isi-Zulu-speaking women in evangelism, revivalism and the Holy Spirit in the first half of the twentieth century, see R.J. Houle, ‘The American Board Mission Revivals and the Birth of Modern Zulu Evangelism’, in Carton et al., Being Zulu, 222–239.
the isiwasho as instructed, but this did little more than calm her down on isolated occasions. The episodes of umhayizo returned again and again. Mrs N’s next option was then to find a traditional healer (inyanga) with the ability to reverse the effects of umhayizo through application of specific, and often expensive, imithi. This is still accepted by many as the most effective form of treatment.

As hinted at earlier, what complicates the contemporary discourse on umhayizo as witchcraft-related is that many people simultaneously attribute the disorder to demonic spirit possession. Indeed, it is precisely the symptoms of umhayizo that, for onlookers, lend credence to the witchcraft paradigm, namely, the girl’s loss of control over and responsibility for her actions, her altered personality and generally odd behaviour, that for some are signs that she has been possessed and ‘taken over’ by an alien – and evil – entity. In this case, prayer is seen as an option, although its appropriateness and efficacy is much disputed. Even those who subscribe to the paradigm of ‘possession’ will ultimately concede that witchcraft remains the primary mechanism through which umhayizo is set in motion, and that the power of prayer to reverse witchcraft is dubious. Only an appeal to the same paradigm – a ‘counter attack’ using the same umuthi – will work.

In Centocow in the twenty-first century, the spirits which are deemed to have possessed the girl experiencing umhayizo are conceptualised as demonic spirits in a Christian sense, possibly linked to the growing visibility and influence of African Pentecostal churches in the area, which are carving out a new social space alongside the much older path worn by at least a century of Roman Catholic missionary activity. The interpretation of possession as demonic suggests the need for a kind of ‘exorcism’ – and several such events were witnessed by Scorgie during the course of her fieldwork. She observed how the person performing the exorcism lays his hands on the girl’s forehead, pushes forcefully at her cheeks and neck, and brushes her shoulders as if to remove dirt (since the demons are said to be sitting on the shoulders of the girl, this brushing ‘irritates’ them, eventually causing them to flee). At the same time, he shouts various instructions at the girl, like ‘phuma!’ [‘Get out!’] and ‘Nifumani?!’ [‘What do you want?!’] and ‘Hamba!’ [‘Go!’]. Prayers are uttered continuously, and for days afterwards the girl will be monitored by the exorcist, who will attempt also to secure her salvation as a member of his church: an act ultimately deemed necessary for her full recovery.

Our sources do not offer easy explanations as to why demons were incorporated into emic explanations of the origins of umhayizo only after the 1950s. Future research is likely to shed light on local narratives and specific framings of particular instances and experiences of umhayizo, whether for individuals or within contexts such as schools. For instance, today, emic understandings of the cause of umhayizo include not only the ‘throwing’ of love medicines and demon possession, but even the outcome of angry or neglected ancestral spirits acting on their living descendants. Alternatively, although less readily spoken of, umhayizo is attributed to excessive anger on the part of the girl herself, in which no imithi or bewitchment are involved. Contemporary narratives therefore reflect ruptures in the close, virtually exclusive, identification between love medicines and umhayizo that appears to have existed for at least a century. This calls for an explanation, however provisional.
‘Scripts’, symptom pools and syndromes: Umhayizo and the ambiguous transitions to social adulthood

A phenomenon that has been attributed to love charms, to witchcraft, to hypnosis, to hysteria, and to spirit possession, defies easy or simple understanding. In the past, attempts to account for umhayizo have tended to focus on only a single explanatory framework, with the unfortunate result of locating the cause within the individual – or, at times, allegedly ‘racial’ – propensity of African women for irrational behaviour. Alternatively, there is also a danger, when focusing on umhayizo and women’s largely subordinate but often ambiguous social position, to downplay the many forms of bewitchment (including those effected through love medicines) that are utilised by women. And, whilst the literature on spirit possession offers us many potential insights, it is important to remember that umhayizo has apparently only recently become associated with spirits. Moreover, any attempt to explain the phenomenon that is umhayizo must be sufficiently flexible to account for both its remarkable consistency across time and its ability to take on new explanations without losing its not inconsiderable power to affect young women. Importantly, it needs to be asked: what is distinctive about umhayizo that helps to explain its longevity and continued relevance? We would argue that the answers lie, at least partially, in a more critical analysis of broader social relations governed by gender and the ways in which love, sexuality, and power are played out within these relations. This is not to say that the individual girls and young women affected are completely without power, choice or agency in multiple areas of life, but rather that umhayizo continues to be of significance precisely because, for many girls and women, its experience continues to carry meaning, both to themselves and to those who witness an episode. What that meaning – in symbolic and cultural senses – might be, is tentatively explored below.

Recall that at the heart of the multiple narratives of umhayizo is the suffering and loss of control experienced by the girl in question, and consequent distress felt by those who witness this suffering. Apparently, inner conflicts – never capable of conscious articulation – are physically manifested in her urge to run towards the boy’s house. She seldom gets there, however. She is usually physically restrained by family members, or sometimes, the stories say, her desperate flight ends in death. In the chaos that follows an attack of umhayizo, usual patterns of life are disrupted: classes are interrupted, relatives rally round, special prayers are said, demons are cast out, remedies sought, and chiefs, teachers and other influential figures pay special attention to the sufferer.

53. As numerous studies have shown, spirit possession is often more characteristic of women in African contexts, than of men. The explanations for this are varied, but many revolve around the subordinate status of most women and spirit possession as a limited, but powerfully socially sanctioned, means through which they express their experiences, both subjective and objective. The literature on spirit possession, gender, and agency is considered in greater depth than is possible in this article in Parle’s States of Mind, ch. 3. Key texts on this subject also include J. Boddy, Wombs and Alien Spirits: Women, Men and the Zar Cult in Northern Sudan (Madison: Wisconsin University Press, 1989) and ‘Spirit Possession Revisited’, Annual Review of Anthropology (1994), 407–434. See also G.T. Haar and S. Ellis, ‘Spirit Possession and Healing in Modern Zambia: An Analysis of Letters to Archbishop Milingo’, African Affairs, 87, 347 (April 1988), 185–206.
In all this, what remains a central reference point is the fact of girls’ imminent entry to adulthood and the ambiguous possibilities attendant upon the relationships with young men that this transition will bring. What sufferers of umhayizo arguably appear to be enacting – albeit not at a conscious level – are the range of contradictory pressures which are initiated at this stage of their lives. In rural KwaZulu Natal, as much today as it appears to have been in the past, the attainment of adult status for girls is closely tied up with marriage and childbearing. But this transition is far from smooth and brings with it numerous conflicting pressures that appear, if anything, to be intensifying in recent years.

Seen in this light, the particular form taken by umhayizo acquires significance. If one of the most striking symptoms of umhayizo is that the girl attempts to run to the home of the boy who, in one interpretation at least, is supposed to have bewitched her, what is important is that her actions are seen as beyond her control. They are not seen as revealing intent on her part. But her attempts to reach the boy’s home are nonetheless interpreted by others as a sign of his intention to possess her as a lover or even take her as his bride.54 It is male agency by proxy then, that is read into the girl’s movement towards the home of the boy, an act that historically holds immense symbolic meaning in this region. This is the ‘long journey’ upon which a Zulu woman is said to embark: from her natal home to the home of her affines, a journey that is much more than physical, since it entails the act of leaving behind one’s blood relatives and joining a new family as a stranger and outsider. In this society, it is acknowledged by many to be a difficult – albeit necessary – journey for women to make.

During the extended period of bridewealth payment (which can take several years and is often never fully completed) a number of ceremonies are performed at the groom’s home, which symbolically re-enact the ‘journey’ upon which the new umakoti (bride) is embarking. But because marriage is expensive and largely beyond the reach of most families in Centocow, as in much of KwaZulu-Natal today, it is therefore not very common and many young couples opt to elope instead. This practice, known as ukugana,56 is public and tacitly accepted, although initially it may become the subject of gossip. What is important is that in ukugana, it is the movement of a young woman to her lover’s homestead which effectively alters her status from girl (intombi or intombazane) to bride and daughter-in-law (umakoti). At times, it is difficult to disentangle matters of intention and choice from the complex arrangements worked out by young lovers: upon whose initiative has the elopement been set in motion? In extreme cases, however, the practice of ukugana is decidedly one-sided and usually involves coercion: a girl is effectively abducted while she is out fetching water or buying goods at the village store, and carried forcefully back to the man’s homestead by his male friends and relatives. Representatives of his family

54. It matters little that the boy himself is seldom named. In a way, there does not need to be a specific boy implicated in each case. The girl may, quite feasibly say that she simply does not know who has done this to her. This would not be surprising or suspect to observers because it is common for young girls to receive numerous love proposals from boys at any one time.


56. In his The Roots of Black Africa (Johannesburg: Jonathan Ball, 1993), 126, W.D. Hammond-Tooke mentions a custom of ‘ukubaleka’ (lit. to ‘escape’ or ‘run away’) practiced in the past by North Nguni which appears to be similar to ukugana.
then arrive at her home the following morning to inform them of what has transpired and to begin bridewealth negotiations with her parents. This scenario recalls the story of Sekhuti and Asilia recounted earlier, where the application of ‘love medicine’ was an adjunct to the exertion of male will on an unwilling girl, who was both physically and magically subdued into marriage.

Clearly, when a girl enters the home of her husband-to-be, this act is highly significant to all concerned. While not a rite of passage in a formal sense, it is nonetheless a crucial moment in the refashioning of her personhood as a member of a new lineage, as a new bride and, ultimately, as an adult woman. We would argue that it is this movement which is ‘mimicked’ in the symptomology of umhayizo. In this respect, the dynamics of patrilineal, virilocal marriage in general and ukugana involving abduction in particular, are symbolically echoed in the particular form taken by the affliction. What abduction achieves in the most unambiguous sense – enacting a marriage despite a girl’s resistance to that marriage – umhayizo invokes in a more indirect fashion, through the girl’s compulsion to run to the boy’s home. That she is usually prevented by others from reaching it, is also in itself significant for without this act – symbolic of an accepted love proposal – she cannot complete the transition to womanhood. For those whose umhayizo remains untreated, this transition will be further thwarted by an inability to bear children later in life, as some villagers in Centocow have claimed.

What is revealing in many responses to instances of umhayizo is that while the suffering that it brings to girls usually elicits sympathy and concern from others, there is little open condemnation of the alleged actions of the boy (irrespective of whether he is named or not). What characterises villagers’ response to this matter is closer to reluctant resignation than it is to outrage or offence. That boys’ use of medicines to cause a girl to hayiza is, on one level, normalised in this way is thus consistent with the local understanding of sexual initiative being the prerogative of men alone and the expectation that to be admired as a man is to have multiple sexual conquests (notwithstanding the recent imperative for ‘behaviour change’ that HIV has created). It is not surprising, then, that persistence in these proposals is considered to be the norm; the alleged use of umuthi to bring a girl more forcefully and directly under one’s control, is then regarded as merely an extension of this pattern. Whether regarded as a consequence of ‘forced love’ or of a boy’s destructive or jealous impulse to seek revenge on a girl who has spurned him, this tacit acceptance hints at the extent to which contemporary love relationships in this region are marked by coercion.

The factors that trigger an episode of umhayizo in a particular girl lie, presumably, in the complex interaction between personal circumstance and cultural cues that help sculpt the expression of powerful feelings into patterned behaviours signalling meanings that cannot otherwise be outwardly or unambiguously demonstrated or articulated. In addition, the scripted nature of umhayizo calls to mind the ‘symptom pools’ described by Elaine

Showalter and others in their discussions of hysteria in the West. These are repertoires of culturally acceptable and recognizable ailments and behaviours that are historically and socially fashioned. In this explanatory paradigm, the ‘legitimacy’ of symptoms differs from place and time, in response to cultural idioms and social pressures.  

Individuals who experience feelings of anxiety, distress, and conflict, search for the cause of their dis-ease. Answers will be found within the dominant cultural paradigms of illness and healing, whether medical, spiritual, or supernatural (including witchcraft), or in a plurality of such frameworks.

In a complex interaction between the sufferer and socially influential actors – such as healers, priests, or other ‘experts’ – a coherent explanation begins to emerge that provides a ‘prototype’ or template for later episodes of illness. In turn, the unconscious mind produces only those symptoms – physical or emotional – that currently receive recognition within the society. Over time, individual ‘diagnoses’ come to form what have been described as narrative conventions that develop their own prototypes, archetypes and plots. Cultural artefacts – myths, metaphors, media, folklore, literature – help to disseminate these narratives of dis-ease that then serve to ‘draw vague, unspecified fears and puzzling symptoms’. Crucially important is the role of charismatic and influential authority figures who sanction the narrative and who play a pivotal role in the alleviation of the suffering. In many of the instances of umhayizo that we have reviewed, the presence of such an authority figure is strongly marked. In the narrative from Umzumbe, ‘Mrs Missionary’

... steps up to the frightened child and places her hand on the girl’s head. It is quite cool. Her pulse is delightfully steady and strong and the girl’s eyes are wide open and look at Mrs. Missionary quite intelligently, but the only response is a paroxysm of hysterical sobs.

For Zandile, with whose experience of umhayizo we began, it was the power of the inkosi that managed to bring calm and order to the confusion and distress. For the many minor outbreaks of umhayizo that occur at high schools in the area (including in Zandile’s own case) and as anecdotal sources have told us, elsewhere in KwaZulu-Natal, authority figures stepping temporarily into the role of exorcists respond by casting out demons.

Once both sufferers and ‘experts’ have established a tacit agreement on the existence of a ‘script’, it weaves its way into the cultural fabric, and, in ritualised or institutionalised settings, acquires a social life of its own. A possibly useful – albeit provocative – analogy may be seen in the increased incidence of anorexia and bulimia amongst adolescent girls in the West since the 1970s when, as historian Joan Jacobs Brumberg describes, a disorder that had been


59. Showalter, Hystories, 6, 18.

60. Cowles, Flash Lights, 11–12.

61. Many ‘scripts’ or narratives may coexist and, to some extent, compete. Schools in southern Africa are not infrequently the site of ‘epidemics’ of spirit possession that call forth a variety of treatments and responses.
documented for centuries, suddenly escalated into an epidemic. Within the wider cultural context of a society that was becoming increasingly obsessed with the body, thinness and exercise, awareness of anorexia and bulimia was heightened and spread both by serious, medical texts that attempted to explain the phenomenon and through popular culture. Tapping into a ‘susceptible patient pool’ of adolescent girls, these behaviours acquired an identity that was simultaneously tragic for those directly affected and notably formulaic in its wider manifestations. In this way, it is possible for the tensions, conflicts, and stresses experienced by individuals to find expression in an environment that provides meaningful idioms – which not only supply ready interpretations of the experience, but also shape it. In times of social, political or economic upheaval, these socially constructed outlets acquire a new relevance and urgency that have increasing resonance for those who feel vulnerable. Given a sufficiently volatile combination of insecurity and decisive response from influential actors, an epidemic is born.

The remarkable consistency of behaviours that are demonstrated in attacks of umhayizo – and, until recently, the apparent consistency of its believed causes – are strongly reminiscent of the uniformity and internal similarities that characterise other ‘syndromes’ elsewhere in the world. This is not to deny the specificity of its individual causes or the reality of its subjective experience. On the contrary: we would argue that paying attention to such specificities is crucial to any understanding of the phenomenon. As we hope to have shown, umhayizo manifests itself in girls and women during a phase of life that brings with it conflicting and ambiguous pressures and possibilities, sexual and otherwise. Umhayizo provides but one means of expression for these pressures.

Like witchcraft more generally, umhayizo is unlikely to disappear: rather, it may take on new forms in response to changing social pressures. Some of these are intensified forms of older patterns, such as the threat (and, increasingly, the reality) of sexual and domestic violence. That sexual violence has become a common feature in the relationships of young women and men in KwaZulu-Natal as well as elsewhere in southern Africa, is now well documented. Moreover, the pressure of socioeconomic circumstances and the legacy of a time when sexuality per se was not stigmatised, arguably combine to push many young women into sexual relationships with older men in return for money and other material benefits. Within schools, girls are not infrequently involved in exploitative arrangements with male teachers that require them to perform a range of ‘services’, from house-cleaning to sexual intercourse.

This distressing reality takes on more urgent implications in the presence of another, more historically recent, cause for deeply conflicting responses (conscious and otherwise) to sexuality and fertility by girls and women in KwaZulu-Natal: HIV/AIDS. High levels of coercion and sexual violence effectively reduce the ability of girls and women to protect


themselves from infection. Moreover, while HIV/AIDS interventions have engendered a more critical re-examination of masculinity and prevailing gender norms, the epidemic has, at the same time, generated a renewed interest in female chastity – and somewhat dubious attempts at ‘preserving’ it.64

Thus, at a time in their lives when they are preparing for the challenges, and rewards, of adulthood, young Zulu women today are faced with almost impossible demands: to maintain their apparent sexual innocence whilst fending off often violent sexual pressures from young men, to celebrate their fertility – which remains a potent precursor to social adulthood – whilst also dealing with the shame of ‘unchecked’ fertility, and all the time, treading the very narrow path of sexual expression at a time when the dangers of HIV infection loom large. Tragically, AIDS contributes a further level of anxiety, as women have – in the giving of life – also come to be intimately connected with the very real possibility of being also the agents of death.

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