

This is a draft of a paper which forms the basis for a talk to be given at a conference in the USA soon. The text requires polishing, some of the formatting needs attention, as do some of the references, and there is, as yet, no formal conclusion. As you will see, it is very much work-in-progress, so please do not cite. Comments will, however, be much appreciated.

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

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I.

Some time in mid-1999, a young man from the village of Masameni in southern KwaZulu-Natal, South Africa, 'proposed love' to Zandile, a 16-year old girl from the nearby village of Makholweni. She promptly refused his attentions. But the man, named Amu, did not give up, and his persistence eventually weakened her resolve. By December that same year, Zandile 'fell in love' with him. They embarked on a relationship which, in the end, lasted no more than 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 began seeing another boy who lived in Newtonville, another village close-by. In despair, Amu came to Makholweni, and began 'searching' for Zandile. Every day, he would walk up and down the main road in the village, 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 September 21st last year, 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, which is believed to be caused by young men who have been rejected in love. Zandile's *umhayizo* manifested itself in the usual way, and was immediately recognisable to those around her: without warning, she became inconsolable, crying with an unusual high-pitched wail, violently attacking anyone who approached. She insisted repeatedly that she wanted to run to Masameni (the home of Amu), swearing and spitting at those who tried to restrain her or convince her not to go. 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 were tied up with rope (so that she would not escape). 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*¹ 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 person. Gradually these efforts to calm her seemed to take effect. Zandile's wailing eventually quietened, and once her distress abated, she dropped off to sleep.

But the *umhayizo* returned again several nights in the weeks that followed. On one such occasion, the *inkosi* [chief] of Makholweni came to her homestead to investigate the matter. In the midst of all the chaos and confusion, his presence had a remarkable effect on Zandile and she seemed to almost regain her composure. He 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 [note: both questions formulated in the plural]. Eventually she responded only: '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, he prayed for the 'demons' to leave her body. He pleaded that she reveal to him who had done this to her. Eventually, Zandile shouted out: '*Ngingu Amu; ngingo wakwa Dlamini, eMasameni. Ngiyeke!*' ('My name is Amu; my clan-name is Dlamini, from Masameni. Leave me alone!').²

¹ Dried aromatic plants, used in almost all ritual/ ceremonial events where communication with *amadlozi* (ancestors) occurs.

² This account has been compiled from conversations and interviews with Zandile, her mother and her sister. FS was present the night the chief came to her home.

Zandile's experience of *umhayizo* is not uncommon in the village, and is frequently manifested by 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 sets off others. The affliction is distressing for all concerned - there is no doubt about that - but people respond in a variety of ways. Teachers often grow impatient and annoyed with these disruptions, class-mates of the girls sometimes snigger and make fun of them, others show signs of exasperated boredom, while still others look on in dismay - no matter how many times the *umhayizo* strikes those around them.

Umhayizo is commonly explained as an affliction that is the direct result of witchcraft [*ubuthakathi*], caused by the actions of a jealous or bitter man, performing - usually at some physical distance from the girl in question - a particular ritual act involving *umuthi* [herbal medicine]. 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 bewitcher, these symptoms are a visible manifestation - *proof* - of bewitchment, and it is *this* that calls for treatment.³

II.

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 is engaged in a study of the social history of mental illness in Natal and Zululand in the late nineteenth and early twentieth centuries. As an anthropologist, Fiona Scorgie is conducting ethnographic fieldwork in KwaZulu-Natal on contemporary practices concerned with the expression and control of adolescent fertility and sexuality.⁴ In the course of many conversations we have 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 exoticize those who experience its distressing realities.

³ In the case of *umhayizo*, it is not necessary for a particular man to be named. Nor would a boy who is believed to use *umuthi* for inducing *umhayizo* in a girl would not, in all probability, be identified as a 'witch' in other contexts where use of witchcraft is suspected. We discuss love medicines more generally in a later section.

⁴ For the past 18 months, FS has lived in Makholweni ('Place of the Christians') village, which is some 30 km to the south-west of Bulwer, in the Southern Drakensberg, and approximately 120 km from Pietermaritzburg. Roughly 60 km north-west of the village is the national border with Lesotho, while further to the south lies the province of the Eastern Cape. The area is dominated by Zulu-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. Formerly a part of KwaZulu, residents of this area experience over-crowding, poverty and destruction of grazing land. Makholweni sits at the edge of a well-established Roman Catholic mission station - 'Centocow' - founded in 1888 by a German Trappist monk. Two churches have been built on the site, in 1892 and 1913, as well as a hospital, St. Apollinaris. The vast majority of Makholweni residents are Roman Catholic; this is also true of all the surrounding villages. A number of other churches function in the area, most notably: Zionist, Shembe, the American Apostolic Faith Mission, and Methodist - but together, these churches claim the loyalties of only a small percentage of villagers.

Once we began to look for early accounts of *umhayizo*, they were relatively easy to find. A number of examples of this phenomenon - sometimes under a different name - can be found in the writings of white missionaries, travellers, ethnographers, anthropologists, and from the testimonies of some African observers. While the bulk of our information comes from Natal, *umhayizo* has been recorded in the eastern Cape and in Zululand. In these two regions, it was said to have been introduced from elsewhere. Apparently, however, it does not exist in the Lowveld, the heart of much contemporary witchcraft practice in South Africa.⁵

While recent studies of witchcraft beliefs and practices in Africa have shown how witchcraft flourishes in circumstances of socio-economic strain, and may be mobilized both by individuals and by groups in political and generational conflicts, we foreground love magic and *umhayizo* as an illustration of the interpersonal dimensions of witchcraft. Beyond this, however, we 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 Zulu 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 many accounts of *umhayizo* that we have gathered is its essentially unchanging nature. Our information on *umhayizo* today shows how local concerns may shape the phenomenon, but the various narratives of *umhayizo* all reiterate common behaviours and frames of reference.⁶ Experienced by girls or young women, caused by the 'throwing' of love magic 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.⁷

⁵ Personal communication with Isak Niehaus, July 2001.

⁶ In Centocow, for example, recent accounts explain some manifestations of *umhayizo* in terms of demon possession, but this appears to be a relatively new phenomenon.

⁷ Page 65 of hand-written Chronicle of Centocow Mission. Thanks to Father Stanley Dziuba of the Monastery of the Pauline Fathers of Centocow for kindly permitting access to this document.

In his *Zulu Medicine and Medicine Men*, A.T. Bryant described a form of 'hysteria' known as *ihabiya*, and which is synonymous with *umhayizo*, that Africans '... always attributed to the evil "charm" of some malicious young man.⁸ Technically the girl is said to have been "thrown at" (*phosiwe*) by him, and the charm used, and supposed to cause the hysterics... The native never administers his charm internally to the individual, mostly not even corporally at all.⁹ 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 toeless 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.¹⁰

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 Sigcu '... 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 must try to get rid of it.' His fellow councillors endorsed his concern, Councillor Nohi Makaula opined that the practice was '... very common in the locations, and they saw girls crying around young men. Sometimes the girls felt sick'. Finally, Councillor Poswa reported that, that Sunday 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

⁸ *'Thabiya'* or *'Thabiyo'* 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 Doke, C.M., Malcolm, D.M., Sikakana, J.M.A., and Vilakazi, B.W. *English-Zulu Zulu-English Dictionary*(Jhb: Witwatersrand University Press. p. 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. hayizisa; 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 *amadlozi* of those called to undergo training as *isangoma*), but historically there have many significant differences between *umhayizo* and *uthwasa*.

⁹ A. T. Bryant, *Zulu Medicine and Medicine Men* (Cape Town: C. S. Struik, 1966 [1911]), pp70-71. Bryant was writing some time before the First World War.

¹⁰ Pietermaritzburg Archives Repository (PAR), Accession A4/59, A. Cowles, 'A Love Tragedy' in *Flash Lights into Zulu Homes* [n.d.], pp.10-12. Our thanks to Robert Houle for this reference.

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.'¹¹

Today, this predictability and uniformity of symptoms moves some observers to dismiss certain incidents of *umhayizo* as 'fake', as being easily copied. At the Centocow High School, for instance, there are a handful of teachers who believe that most - but not all of the girls - who periodically suffer with *umhayizo* are merely 'playing'; they are supposedly pretending so that they might escape the ordeals of a test or exam, or simply to skip a class they don't particularly enjoy. It is hard to believe that the girls would deliberately endure the unpleasantness - to put it mildly - of an *umhayizo* attack, not to mention 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 volition, of complicity, or consciousness, that has formed the heart of our many debates about the nature of *umhayizo*.

With the anthropologist's concern to reflect 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 feelings. One important reference point, we believe, is the fact that *umhayizo* usually first occurs in girls at around the age of puberty, but seldom strikes women after they have undergone menopause.

As many studies have shown, puberty has historically 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 African societies, including those in Natal and Zululand, puberty has customarily been publicly acknowledged and affirmed for both boys and girls. In pre-colonial African societies, sexuality was not stigmatized: to the contrary, a range of sexual practices was permitted, even encouraged. Nonetheless, the control of women's fertility was of central concern and there were strong sanctions against pre-marital pregnancy. Pregnancy brought condemnation and shame, which was extended

¹¹ National Archives Repository, Pretoria, NTS vol. 9465 5/394 'Transkeian Territories: Witchcraft' Transkeian Territory: General Council, Printed Debates, Wednesday 2 May 1917, 74, pp. 120-121: 'Black Arts and Hypnotism'.

¹² In 'Sexual Socialisation in Historical Perspective', paper presented at the conference 'AIDS in Context', University of the Witwatersrand, Johannesburg, April 2001: forthcoming in *African Studies*, Peter Delius and Clive Glaser trace the ways in which sexuality has been forged and contested in Southern Africa over the past century and more. For Zulu-speaking societies, they draw mostly on Eileen Krige, *The Social System of the Zulus* (Pietermaritzburg: Shooter and Shuter, 1950), and Benedict Carton, *Blood From Your Children: The Colonial Origins of Generational Conflict in South Africa* (Pietermaritzburg: University of Natal Press, 2000). Much has been written about the unacceptability of pre-marital pregnancy in Zulu society, especially in the literature on Zulu kinship and in more recent work on HIV/AIDS in South Africa. See especially: E. Preston-Whyte, 'Families without Marriage: A Zulu Case Study.' In J. Argyle and E. Preston-Whyte (eds.) *Social System and Tradition in Southern Africa*. (Cape Town: Oxford University Press), 1978; E. Preston-Whyte and J. Louw, 'The End of Childhood: An Anthropological Vignette' In S. Burman and P. Reynolds (eds.) *Growing Up in a Divided Society: The Contexts of Childhood in South Africa*. (Johannesburg: Ravan Press), 1986; H. Ngubane, *Body and Mind in Zulu Medicine* (London: Academic Press.), 1977; C. Varga, 'Sexual Decision-making and Negotiation in the Midst of AIDS: Youth in KwaZulu-Natal, South Africa' *Health Transition Review*, 1997, Vol. 7 (2): pg. 13-40.

to the girls' peer group. Until they were married, girls therefore bore the brunt of simultaneously satisfying their suitors' (and their own?) sexual impulses, and protecting their virginity.

Peter Delius and Clive Glaser have usefully described how sexuality has historically been an area of great contestation in southern Africa. Particularly during times of social turmoil, sexual activities and control of women's fertility formed areas of conflict between genders and generations. From the late nineteenth century and through the twentieth, with migrant labour and urbanization, 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*.¹³ The result was an escalation of the rate of pre-marital pregnancies.

Puberty was therefore the beginning of a time of great ambiguity for girls, whose paths to socially-sanctioned womanhood had to be negotiated through a 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 her fertility 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'.

III

Love medicines have long played an important role in the efforts of men and women to influence the course of their relationships. Today they form a significant proportion of the remedies sold by herbalists and healers in KwaZulu-Natal. Indeed, in present-day Centocow, most *imithi* purchased from *izinyanga* or from 'traditional chemists' are those which are intended to cause another to fall in love with the user. Whether smeared onto the face or hands, mixed in water and then swallowed, slipped into someone's food, or placed under a doormat where they are likely to pass, the medicines are almost always administered in secret. Their powers are 'activated' with some sort of spoken invocation and are able to do their 'work' across considerable physical distance. In this respect, one could say that the assumed efficacy of Zulu love medicines rests on a principle of 'sympathetic magic' in the sense used by Frazer: where 'things act on each other at a distance through a secret sympathy'¹⁴. In the case of *umhayizo*, for example, Scorgie's informants explain that boys take the tears from a baby and add this to the mixture of *muthi* and water (which is then briefly held in the mouth before spitting out and saying the name of the girl). This has the effect of linking the girl's *umhayizo* to the crying of any baby nearby: whenever the girl hears a baby crying, her own crying is triggered. The procedure need be performed only once and it is believed to be so powerful its effects may endure for the girl's whole lifetime - sometimes even causing infertility later in life.

¹³ A non-penetrative sex practice.

¹⁴J.G. Frazer, *The Golden Bough: A Study in Magic and Religion* (London: MacMillan, 1957 [1890]), p. 16.

Earlier accounts of love medicines and *umhayizo* tell 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.'¹⁵ 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.¹⁶

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.¹⁷

A crowd gathered, but nobody came to Aisila'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, sobbing and 'half hysterical', ran home. Within a few months she had married Sekhuti.

Fiona Scorgie was not able to witness the love medicines being concocted or used, largely because of the secrecy and furtiveness that surrounds their use, but also because as the *izinyanga* and *izangoma* who specialize in their preparation are understandably reluctant to share this information with someone who is not undergoing apprenticeship/training. The components of such preparations have, however, 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.'¹⁸ Such love charms included *iHlali*, a herb 'whose roots are mixed with the flesh of a kingfisher (*isivuba*)'; *'umDakawendhlovu*: Gall-bladder or soft pellet found in an elephants [sic] gall-bladder, a very strong

¹⁵ Cowles, 'A Love Tragedy' in *Flash Lights into Zulu Homes*, p.11.

¹⁶ J.B. Shephard, *Land of the Tikeloshe* (London: Longmans, Green and Co., 1955), p. 47. Thanks to Helen Sweet for drawing our attention to this passage.

¹⁷ *Ibid.*, p.48.

¹⁸ Campbell Collections, Durban: *The Collector*, Rev. W. Wanger (ed.), Printed as MSS at Mariannhill, No. 1 (June) 1911, 313, p.41.

medicine to attract and charm girls.'¹⁹ 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.'²⁰ 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 fixed' 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!'²¹

Over time, the rich variety of love medicines suggested in these historical sources appears not to have been lost. Today, such *imithi* is 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 or to increase his (or her) love for you [e.g. '*isibambelo*' = 'to catch/ to hold'], medicines for making love 'exclusive', by removing the threat of real or potential rivals to 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']. Another set of medicines - which would appear to shade into a different category altogether - are directed specifically at enhancing one's *own* body, one's sexual appeal and attractiveness, and therefore bear some resemblance to medicines used in other situations where 'luck' in general is sought.

Any attempt to map or categorise the range of medicines used in 'love' situations must, at the very least, take cognisance of the *gender* of the user - *and* of the person whom they are intended to affect. For it is this detail that makes all the difference to an understanding of the use of witchcraft in such inter-personal contexts. While in Zulu communities - as elsewhere - women have traditionally been more closely associated with witchcraft than have men, love medicines 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 'fix' the attentions of young men, or indeed to drive them into hysterical fits.²² 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 related with *umhayizo*, nor would their use of the medicines be approved of.

This does not mean that girls and women do not, themselves, make use of love medicines. On the contrary: all *izinyanga* and *izangoma* interviewed have claimed that, today, it is girls and women who make up the largest percentage of customers for these substances. But what is significant is that while both men and

¹⁹ Ibid., (April) 1911, p. 13: 138, 141, and 144.

²⁰ Ibid., 142 and 145.

²¹ Ibid., (April) 1911, p. 13: 149.

²² According to Scorgie's 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.

women make recourse to love medicines, gender is strongly associated with different 'capabilities' or 'capacities' vis-a-vis the creation of such relationships. This is partly a consequence of the fact that courtship follows a fairly set pattern, dictated by contrasting gender roles - reflected in the difference between *ukushela* (to propose) which is an exclusively male activity and *ukuqoma* (to accept a proposal) - an exclusively female activity. Girls and women have much more usually been associated with love medicines that make themselves more attractive to lovers, and with those used after marriage, that keep a husband faithful. 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'.²³ However, where girls *do* use medicines to make a particular man begin to love them, the effect of such acts does not include anything resembling the alteration in behaviour and overall well-being that so powerfully characterises *umhayizo*. The crucial point is that only boys [are believed to] have the ability to *umhayizisa* a girl; a girl driving a boy to 'hysterics' is unheard of. So, a man might 'fall in love' against his will - as a result of women's use of bewitching medicines - he would never succumb to anything as destructive or humiliating as *umhayizo*.

In indigenous African practice, medicines are commonly seen 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, may be regarded as repositories of control²⁴. The use of love medicines, in particular, appears to tap into this 'empowering' potential, thereby revealing how both women and men - although in quite different ways - attempt to increase their leverage of control over relationships, over choices and actions that will affect their lives. This is revealed in the divergent attitudes towards the 'legitimate' use of love medicines. For instance, while men regard the use of *korobela* as a form of witchcraft motivated by a 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.'²⁵

There are hints here of the personal politics, the gendered access to different resources in the material world, and the ways in which witchcraft becomes a medium for regulating and manipulating the tangles of emotive and practical necessities and power that lie beneath the gloss of 'romantic relationships', beneath 'love'. This is a point made by Suzanne Leclerc-Madlala in her study (drawing on research conducted in a peri-urban area on the outskirts of Durban) of how social responses to the epidemic have led to a 'demonisation' of women.²⁶ She found that both male and female informants alike maintained that women are increasingly making use of love medicines which 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 *do* use love medicines, they are accused of 'being out of control' and of being 'promiscuous'.

²³ Adam Ashforth, *Madumo: A Man Bewitched* (Cape Town: David Philip, 2000), pp.158-9.

²⁴ Susan Reynolds-Whyte, Sjaak van der Geest and Anita Hardon, *Social Lives of Medicines*, in press.

²⁵ Ashforth, *Madumo*, pp.158-9.

²⁶ Suzanne Leclerc-Madlala, 'Demonizing Women in the Era of AIDS: An Analysis of the Gendered Construction of HIV/AIDS in KwaZulu-Natal' (unpublished Anthropology PhD Thesis, University of Natal, Durban, 1999). Chapter 7 is titled 'The Kiss of Death: Women and Love Medicines'.

Analysis of the gendered use of these medicines today - and apparently also in the past - suggests that it is one arena where struggles over power and influence are played out by women and men. 'Love' medicines can bring on the first attack of *umhayizo*, or in extreme cases, kill an errant spouse or their lover. 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 struggles over women's sexual behaviour.

While the manifestations of *umhayizo* 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 paradigms within which it has been viewed. Today, *umhayizo* causes great concern for the suffering of the afflicted girl on the part of her immediate family but can often be regarded as somewhat of a nuisance by others. On occasion, it has elicited greater, even hostile, reaction.

IV

'Black Arts and Hypnotism': Love Magic and Umhayizo, 1890s-1950s

Over the past century, explanations of *umhayizo* have followed two broad trends: one the one hand locating its impetus in theories about the innate nature of women in general, and on the other, 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, 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.²⁷

Similarly, writing in the 1930s, Max Kohler, a doctor stationed at Centocow mission, linked *umhayizo* with a set of assumptions about the nature of the female psyche. 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.'²⁸

²⁷ Bryant, *Zulu Medicine*, p.70.

²⁸ Max Kohler, *Marriage Customs in Southern Natal*. Ethnological Publications, Vol. IV (Pretoria: Department of Native Affairs, Government Printer, 1933), p.28.

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.'²⁹ 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.³⁰ In his opinion - one that strongly prefigures that of Kohler some sixteen 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.'³¹ Apparently, both the state and African men perceived the actions of these women - known as the *amandiki* - as a threat and, rather than receiving medical attention, the women were arrested and tried for the crime of witchcraft.

Indeed, stamping out witchcraft was a matter of great concern to colonial authorities and in the 1890s the 'selling or administering [of] reputed love philtres' was criminalized. Unfortunately, we have found no directly relevant remaining court records cases, but criminal statistics show that between 1899 and 1909 nearly three hundred Africans were arrested this offence in Natal. Beginning with the arrest of 27 persons in 1899, the figures that we do have peak in the years immediately following the South African War, with 48 people so charged in 1902, and 47 in 1903.³² Interestingly, this was a separate offence from 'practising as a or consulting a witch doctor or diviner' or from 'practising as a medicine-man or herbalist without licence'. It is not clear why the matter of love medicines was singled out and regarded as a particular practice. Perhaps, at a time when the socio-economic base of African societies was fast being eroded - especially after the rinderpest epidemic of the late 1890s wrought havoc with the conventions governing marriage (and all that that signified) - and when males and female youth were openly flaunting customary restraints on sobriety and courtship, the potential for love charms to circumvent socially sanctioned forms of behaviour, acquired a particular salience.

²⁹ C.G. Gower, 'Native Superstition in its Relations to Crime', Reprinted from the *South African Journal of Science*, (January) 1917, p. 8.

³⁰ Julie Parle, 'Witchcraft or Madness? The *Amandiki* of Zululand, 1894-1914' (unpublished paper presented at the conference 'Medicine - Magic - Religion', held by the Society of the Social History of Medicine, University of Southampton, UK, July 2000.

³¹ Ibid. PAR, Secretary of Native Affairs, I/1/452, 4045/1909 = R 1126/1909, Enclosure No.7. Summary of Magistrates' Replies to S.N.A. Circular No. 53, 1909, & D.N.C. Circular No. 62, 1909: Ndiki. Further Enclosure No. 3 G, C. G. Jackson, Magistrate, Ndwandwe to D.N.C., Minute Paper N.D. 8/1910, Forwards report on the practice known as "'indiki". Dated 4 January, 1910.

³² Extracted from tables 'Natives Tried For Offences Committed Under The Code of Native Law', Criminal Statistics of the Colony of Natal, in *Natal Blue Books and Statistical Yearbooks*, 1899-1909.

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 Sigcu with a possible explanation for the cause of the hypnotic 'trick' that lay behind *ukuposela*. He went on to link the use of such drugs with a recent incident in Johannesburg where:

... a European was arrested when a girl became insane, and when a search was made it was found there was a little drug wrapped round her pocket handkerchief. One day, he and another man were working outside the mines at Johannesburg, and two Europeans came to them selling something in a small bottle. When he asked what the thing was he was told it was medicine with which they could enchant girls. They had been told to report to police any man selling drugs or medicine. His companion said "let us arrest these people: stay here and I will say I am going for money." The companion came back with money in the shape of a policeman and the Europeans were arrested. He found that this thing was practised amongst 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. This new practice was becoming so prevalent amongst Native people that they must try to get rid of it.³³

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.'³⁴

The city especially offered new possibilities for young men and women to strike up relationships outside the purview of both elders and the peer groups that had formerly monitored sexual practices. Both urban African elites and the emergent African working class aspired to notions of western respectability, notions that involved a belief in law and order, in education, and a disapproval of gambling, drugs, alcohol and promiscuity³⁵ In this context, the use of love medicines gave rise to new anxieties, not least of which was that about the possibilities they created for illicit intercourse, racial and sexual.

Generally, just as modern mental health practitioners regard *uthwasa* and *ufufunyane* as 'culture bound syndromes', so most Africans who believe in the reality of spirits and sorcery have long insisted that

³³ NAR, Pretoria, NTS vol. 9465 5/394 'Transkeian Territories: Witchcraft' Transkeian Territory: General Council, Printed Debates, Wednesday 2 May 1917, 74, pp. 120-121: 'Black Arts and Hypnotism', p.120.

³⁴ Ibid. p.121.

³⁵ David Goodhew, 'Working Class Respectability: The Example of the Western Areas of Johannesburg, 1930-1955', *Journal of African History*, 41, 2000. pp.241-266, cited in Delius and Glaser, 'Sexual Socialisation in Historical Perspective', p.13.

witchcraft practised amongst Africans cannot affect whites.³⁶ According to 'Mrs Missionary' of Umzumbe, for instance, when she asked: 'If he should slap *me* with that medicine, would it make *me* run to him and would it kill *me*?', the response came, "Oh, no! Nkosikazi (lady), - you see you are white"³⁷ This immunity was not absolute, however, and fears that love - and love magic - could cross racial boundaries grew along with the pressures for racial segregation. For those who believed in the efficacy of the charms, their sale to whites threatened socially sanctioned and increasingly legally enforced barriers between Africans and Europeans. Such witchcraft now became overtly defined in opposition to Christian tenets. And, love medicines threatened the very foundations of what some Africans saw as 'Western Civilization'.³⁸

In a passionate letter directed to the Secretary for Native Affairs in Pretoria, in 1938, Israel B.A.C. Mbono of St. Mary's Mission in Krugersdorp attempted to warn the state authorities of the 'great danger to white people' that was emerging as they frequented 'witch-doctors' in search of love medicines. He referred to reports in the "Star" newspaper that told of '.. a number of Europeans who visit native "Witch-doctors" by night and take them in their cars to their homes to trace out their troubles and allow them to doctor them'. He went on to state that he had '...seen many white ladies of high rank visit one native which doctored at Pretoria and also white gentlemen of rank....' One of the greatest dangers of whites consulting 'witch-doctors' lay in the possibility that the medicines procured from them would lead to cross-racial relationships. Young white women in particular would be 'sure ... to go to native males and ask for lucky and love philtres ... [O]ne day, and to great surprise you will .. find a number of European girls and women in deadly love with non-Europeans no matter what the circumstances will be ' He tried to warn the Native Commissioner that the consequences of this 'evil' would be dire, since 'there the causal connection begins because the parties are now linked by a certain form of mutual misunderstanding and intimacy. Who can break off the bonds of love after that? Ultimately, the power of [the white] vote [would] become weakened for negligence of this bad system.'

For Mbono, so subversive was the power of love magic - or of fraternization and sexual attraction - that it had the potential to undermine all other efforts at segregation. He expostulated: 'on the Reef, to-day, the Police are out hunting for pass less natives, tax defaulters and Skokiaan queens, but what about this evil? ... If things are allowed to stand like this why do you not pass a law abolishing the present Western Civilization? It must be discouraged for it is against the aims and objects of the English Throne and the Law of God.' Furthermore, it was not only that love philtres could undermine white purity, but also that in snaring white women, those guardians of respectability, the boundaries of the 'civilized standard of living' - to which many petty bourgeois Africans aspired - would be blurred. In his view, both the 'witch-doctors'

³⁶ See Isak Niehaus (with Eliazaar Mohlala and Kally Shokane), *Witchcraft, Power and Politics: Exploring the Occult in the South African Lowveld* (Cape Town and London: David Philip and Pluto Press, 2001), especially Chapter 4 'Witchcraft and Whites: Further Notes on the Symbolic Constitution of Occult Power'.

³⁷ Cowles, 'A Love Tragedy' in *Flash Lights into Zulu Homes*, p.11.

³⁸ National Archives Repository, NTS, vol.9465, Witchcraft: General File, 1911. 3/394 Letter 'Barbarism Competing With Civilization' to The Native Commissioner, Native Affairs Department, Krugersdorp from Israel B.A.C. Mbono, St. Mary's Mission, 34 Seventh Street, Krugersdorp, 19 February 1938.

and the 'Europeans found in this evil should be severely punished.' He stated that 'we wish our women and children to imitate and learn the type and civilized standard of living from white ladies and children ... instead the civilized are being absorbed by the barbarity. This is a point [sic] ought to be wiped out by the Authority and save the integrity of Western Civilization...'³⁹

Although Israel Mbono clearly identified love philtres as 'evil', it was primarily to their social consequences that he was referring. It is not clear if he believed in the actual power of the herbal charms. Belief in witchcraft practices and Christianity are, after all, far from mutually exclusive. Nor was it necessary to accept that material substances could have magic properties to vehemently condemn, if not suppress, their use. Indeed, it was the intimacies promised (or threatened) by belief in love charms - whether in defiance of long-established and carefully monitored courtship rules amongst African youth, or whether across racial lines - that was so alarming and potentially subversive in the view of those who sought to have them criminalized.

For us, what is notable in these early accounts of the effects of *umhayizo* is that there is no mention of the demonic spirits that dominate explanations of the phenomenon in southern Natal today. Indeed, whether dismissed as 'superstition', condemned as 'belief in witchcraft', or trivialized as 'hysteria', 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*. A number of different ways of understanding the phenomenon - both by those who experienced it and by others - emerged, however.

V.

Dreams and Demons: Umhayizo, 1950s-2001

For those who did believe 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 rejected a physical 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.'⁴⁰

³⁹ Ibid.

⁴⁰ Editorial by Rev. W. Wanger, The Collector, (April) 1912, pp.110-111.

This indicated one way forward for situating such apparently illogical behaviours within the realm of the comprehensible, even if the precise manner that which hypnotism actually 'worked' could not be fully explained. Later 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 racialized discourses of their time, these interpretations underscored the association between Zulu women and *umhayizo*. From the 1930s, an ethnographic approach - such as that of Kohler and Max Gluckman - was chiefly interested in *umhayizo* in the context of courtship and marriage.⁴¹ A second important line of enquiry is that of the medicalized 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. The title of his dissertation is: 'A Study of Crying Hysteria and Dreaming in Zulu Women.' He recorded that 'crying hysteria' was common amongst Zulu women at the Pholela Health Centre (30 km from Centocow) and the Charles Johnson Memorial Hospital in Nqutu, 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 *umhayizo* - or *ihabiya* or *isipoliyana* - *iziwe*, *ufufunyane*, *amandiki*, *amandawe*, *umeqo* and *ukuthwasa*.⁴² Specifically, he explores the association - psychological and social - between Zulu women and the fits of crying that he had known of 'throughout [his] life and experience in Zululand'.

Lee established a chronology for the emergence of the different terms, with *umhayizo* being amongst the earliest recorded terms, from the 1880s, and *isipoliyane* 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'⁴³ 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:

⁴¹ See Delius and Glaser, 'Sexual Socialisation in Historical Perspective', pp.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 socialization of children.

⁴² S.G. Lee, 'A Study of Crying Hysteria and Dreaming in Zulu Women', unpublished PhD., Psychology, University of London, 1954, p.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, pp.203-208; and 'Spirit Possession Among The Zulu', in John Beattie and John Middleton, eds, *Spirit Mediumship and Society in Africa* (London: Routledge and Kegan Paul, 1969), pp. 128-156. Many of these 'conditions', 'diseases', or 'syndromes' have more properly been identified by other authors as forms of spirit possession that do not necessarily - as Lee's work implies - reflect forms of psychopathology. 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. It is interesting to note the association of *umhayizo* with spirits at this time from Lee's analysis, while his research subjects apparently continued to attribute its cause to 'love charms', Lee, 'Some Aspects', p.204.

⁴³ S.G. Lee, 'A Study', p.24.

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; *izizwe* 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 was of the opinion 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. ...'⁴⁴ Lee recognized 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.⁴⁵

Lee's methodology involved an initial 'extensive investigation' of 416 questionnaires to both women and men, followed 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. The influence of a Freudian psychoanalytic framework is clear in Lee's dream interpretation in particular. He deduced, from interviews and dream interpretation, that 'child-birth is dreaded by the individual woman, though demanded by society.'⁴⁶ But, as might be glimpsed in that quotation, he was also strongly concerned to place the Zulu 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'.⁴⁷ 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.'⁴⁸ 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

⁴⁴ Ibid., p.2.

⁴⁵ 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 by hordes of Indian and White spirits. Parle, 'Witchcraft or Madness', pp.29-30. 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.

⁴⁶ Lee, 'Some Aspects', p.207.

⁴⁷ Ibid. 204.

⁴⁸ Ibid.

- 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 as Gluckman.⁴⁹ Lee makes the argument that adolescent girls in Zulu society faced a peculiar predicament because they were 'taught that defloration is a serious disgrace' and yet they are permitted to engage in a limited forms of sexual intercourse. He assumed (possibly incorrectly, according to current testimony) that this was 'a source of great physiological satisfaction to the girl', but the relevant point here is that the predicament, according to Lee, arises from this tension. As he puts it: 'Despite the physical satisfaction [of *ukusoma*] there is always the fear of loss of control and thus of virginity'. He continues by suggesting that is as a 'fairly severe conflict' and that this is one of the factors underlying the prevalence of *umhayizo* attacks in adolescent girls.

After marriage, while 'full sexual intercourse is available', 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'.⁵⁰ As the sexual and social conflicts subsided, so too, did the *umhayizo*.

Lee's argument bears some resemblance to that suggested in Gluckman's various writings on Zulu women's social position. Although proceeding from a different theoretical starting point, Gluckman's well-known work on 'rituals of rebellion' - published at around the same time as Lee's work - points towards similar conclusions. He also focuses on marriage: arguing that the nature of Zulu women's social position as a factor in their supposed propensity to succumb to the disorder, making reference to Zulu women's experience of 'great strains' in their marital situations, '...which are never well subdued'. Evidence of such strain, he continues, may be detected in '...women's liability to nervous disorders, hysteria in fear of magical courting by men, and spirit possession.'⁵¹

Gluckman is concerned to demonstrate how Zulu women's subordinate social position - reflected primarily in legal and ritual contexts - also carries with it a strong note of ambivalence. This derives from the fact that they are/were economically valuable as cultivators, yet ritually 'evil' - believed to have the propensity to use their 'inherent wickedness' to bring harm to others through the medium of witchcraft. Furthermore, as wives

⁴⁹ 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 an interpretation to Lee, but in his dissertation in particular he pays heed to the wider socio-economic context that 'produces psychopathology' rather than seeing such 'dysfunction' as innate.

⁵⁰ Lee, 'Some Aspects', p.207.

⁵¹ M. Gluckman, *Rituals of Rebellion in South-East Africa* (Manchester: Manchester University Press, 1954), p.27. 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, the doctor who established a community health centre at Polela just 30 km from Centocow, in the 1940s, and who has left a substantial archive of documents and manuscripts dating from his work at this time.

and mothers, their fertility enabled the procreation of the agnatic lineage but simultaneously threatened the very unity of that lineage. 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'⁵² by producing new male rivals for property and position. As strangers from another lineage, women were further considered to be outsiders bringing potential disruption. These factors enable Gluckman to explain the curious reversals of social positions that characterise his main subject of enquiry in this work, what he came to term 'rituals of rebellion'. For the symbolic ambivalence of Zulu women's social position, according to Gluckman, implies *danger* and hence the need for some sort of mechanism of control. His now-familiar argument, built largely on material from the Zulu case of *Nomkhubulwana* rites, but extended to cover other rites elsewhere, contends that these rituals are essentially conservative. They provide a space for the open expression of social tensions - here, for women to 'assert licence and dominance as against their formal subordination to men'⁵³ - and in so doing, they enable the system itself to remain intact. The temporary ritual reversal of power 'allows for instituted protest, and in complex ways renews the unity of the system.'⁵⁴

While Gluckman's work on this topic has received much critical attention in anthropology, and his somewhat teleological assumption of a self-perpetuating social 'system' would draw mixed response today, the insights he provides on gender are nonetheless valuable for our purposes. The approaches typified by both Gluckman and Lee, whilst over-determined in many senses, nonetheless draw our attention to the conflicts inherent in women's position in social life - as wives and mothers - and the complex ways in which these ambiguities must somehow be navigated and ultimately ameliorated and addressed. These are insights which we - in some ways the legatees of these paradigms - will return. We recognise, however, that such frameworks 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 *umhayizo* carry important clues for appropriate responses. Always 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 the *ihabiya* 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'.⁵⁵ Today, however, our like most illnesses (with or without 'spiritual' dimensions), the question of treatment for *umhayizo* is a much more disputed one, reflecting a variety of explanatory paradigms and therapeutic practices.⁵⁶

As reflected in the account of *umhayizo* with which we began this paper, usually, several immediate steps may be taken to release the girl from the power of her wishful suitor. In the case of Zandile, for instance,

⁵² Ibid., p. 8

⁵³ Ibid., p. 3

⁵⁴ Ibid.

⁵⁵ Bryant, *Zulu Medicine*, p.71.

⁵⁶ At a girls' school in Umtata, formerly Transkei, in 1999, over a hundred girls were affected by an outbreak of *ufufunyane* spirit possession: all underwent exorcism, some were hospitalized as being 'ill', others were recommended for psychiatric treatment. Discussed in Parle, 'Witchcraft or Madness?' This pluralism of explanatory frameworks and treatment is quite usual and illustrates that therapeutic paradigms both coexist and compete.

soon after the first incidents of the *umhayizo*, Zandile's mother ('Mrs. N') took her to the home of a Zionist priest 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*', a potent mixture made up of water, salt, methylated spirits, household disinfectant, antiseptic bath-oil and sheep dip. *Isiwasho* is commonly freely distributed at Zionist church services as a kind of protective medicine: people either drink it or inhale it in steam baths, in order to treat a variety of minor illnesses or to banish evil influences from their homes. Since Zandile's *umhayizo* began, she has been drinking *isiwasho* but it has done little more than calm her down on isolated occasions - the *umhayizo* returns again and again. Now, the only solution, according to her mother, is to find an *inyanga* - by far the most expensive option - who will supply *umuthi* for the girl (and here there are numerous possibilities) usually in exchange for a sizeable payment in cash. This is still accepted by many as the most effective form of treatment.

What complicates the contemporary discourse on *umhayizo* as witchcraft-related is that many people simultaneously locate the disorder within the realm of spirit possession. Indeed, the very symptoms of *umhayizo* that, for onlookers, lend credence to the witchcraft paradigm - the girl's loss of control over and responsibility for her actions, her altered 'personality' and generally odd behaviour - provide adequate 'proof' (for some) that she has been possessed and 'taken over' by an alien entity. In this case, prayer becomes an option. The appropriateness and efficacy of prayer is disputed, however. Some say that praying can cure a girl, but the fact that *umhayizo* is attributed to the actions of witchcraft indicate, for others that prayer is useless - it has no power over witchcraft. Only a 'counter attack' using the same *umuthi* will work.

In Centocow today, the spirits which are deemed to have possessed the girl are conceptualised as demonic spirits in a Christian sense - hence the need for a kind of 'exorcism'. The exorcist lays his hands on the girl's forehead, pushes forcefully at her cheeks and neck, and brushes her shoulders as if to remove dirt (the demons are said to be sitting on the shoulders of the girl, so this brushing 'irritates' them, eventually causing them to flee). At the same time, he shouts various things at the girl, like '*phuma!*' ['Get out!'] and '*Nifunani?!!*' ['What do you want?!'] and '*Hamba!*' ['Go!']. Prayers are uttered at the time, and for days afterwards the girl will be 'monitored' by the exorcist who will attempt to secure her salvation as a member of his church: only this, he maintains, will guarantee her full recovery. One of the Centocow High School teachers has established himself as something of an expert exorcist for girls experiencing *umhayizo*.

Today, emic understandings of the source of *umhayizo* include not only the 'throwing' of love medicines and demon possession, but also the outcome of angry or neglected ancestral spirits acting on their living descendants. Alternatively - and this is less readily spoken of - *umhayizo* is attributed to excessive anger on the part of the girl herself. No *umuthi* or bewitchment is involved. Contemporary narratives therefore reflect ruptures in the close identification between love medicines and *umhayizo* that appears to have existed for at least a century. Nonetheless, the experience of *umhayizo* - the distinctive high pitched cry, the urge to run, the later loss of consciousness in particular - remains remarkably similar to earlier accounts. This calls for an explanation, however tentative.

VI

Umhayizo, and the Power of Love

A phenomenon that has been attributed to love charms, to witchcraft, to hypnotism, to hysteria, and to spirit possession, defies easy or simple understanding. In the past, attempts to account for *umhayizo* have tended to focus on one of these explanatory frameworks, with the unfortunate result of locating the cause within the individual - or, at times, racial - propensity of African women for irrational behaviour. Alternatively, there is also a danger, when focusing on *umhayizo* and women's social position to downplay the range of forms of bewitchment - including those effected through love medicines - that are utilized by women. And, whilst the literature on spirit possession may offers us many potential insights, *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 for 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 account for its longevity and its continued relevance? We would argue that the answers lie, at least partially, in broader social relations governed by gender and the ways in which love, sexuality, and power are played out within these.

At the heart of the multiple narratives of *umhayizo* is the suffering and loss of control experienced by young women. Whether or not a specific man is named as the instigator of her affliction, the *umhayizo* results in distress and turmoil for the girl and those around her. Apparently inner conflicts - sometimes of demons, sometimes of ancestors, but never capable of conscious articulation - are physically manifested in her urge to run towards the boy's house. She never gets there, however. She is always 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 and teachers pay special attention to the sufferer.

In all this, what remains a central reference point is the fact of girl's imminent entry to adulthood and the ambiguous possibilities attendant upon the relationships with young men that this transition will bring. What sufferers of *umhayizo* appear to be enacting - albeit not at a conscious level - is 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. Recall that one of the most striking symptoms is that the girl attempts to run to the home of the boy who is supposed to have bewitched her; she is compelled to do so by the power of the *umuthi*. Importantly, intent on the part of the girl is not read into her actions - over which she is said to have no control. As she is believed to be possessed, she bears no responsibility for her speech or action while 'under the spell', so to speak. But her attempts to reach

the boy's home indicate to others *his* intention to take her as a bride.⁵⁷ Now while the act of physically bringing a desired person closer to you is something that 'makes sense' as an end in itself, it is worth considering further the particular symbolic value of this act as well. When marrying, a Zulu woman embarks on a 'long journey'⁵⁸: from her natal to her affinal home, a journey that is acknowledged by many to be a difficult - albeit necessary - one for women to make. For the journey is much more than a physical one; it entails, primarily, the act of leaving one's natal family and joining another as a stranger and outsider. During the extended period of bridewealth payment (which can take several years - and is often never completed) a number of ceremonies are performed at the groom's home, which symbolically 're-enact' the 'journey' upon which the new *umakoti* [young bride] is embarking. But because marriage is expensive and largely beyond the reach of most families in the area (and therefore not very common), many young couples opt to elope instead. This practice, known as *ukugana*⁵⁹, is public and seldom disapproved of, although it may raise eyebrows and become the subject of gossip initially. What is important is that in cases of *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' (*umakoti*). What is difficult to disentangle from the complex arrangements worked out in this way by young lovers, are the matters of intention and choice. In some cases, the practice of *ukugana* may be forced: a girl is effectively abducted while she is out fetching water or buying goods at the village store - then carried back to the man's homestead. Representatives of his family then arrive at her home the following morning to negotiate bridewealth payments with her parents. In the story of Sekhuti and Asilia recounted earlier, the application of 'love medicine' was an adjunct to the exertion of male will on an unwilling girl who, both is physically and magically subdued into marriage. Less commonly, there are also cases where it is the *girl* who has 'forced' the elopement - although this is never openly admitted, for such an act would be considered disgraceful (the initiative for love and marriage must always be seen to have come from a man, never from a woman).

Clearly, when a girl enters the home of her husband-to-be, this act is highly significant to all concerned, for it is a crucial moment in the refashioning of her personhood as a member of a new lineage as a new bride and, ultimately, as a woman.. We would argue that it is this movement which is 'mimicked' in cases of *umhayizo*. In this respect, the dynamics of patrilineal, virilocal marriage in general and the 'abduction' version of *ukugana*, in particular, are symbolically echoed in the symptomology of 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. That she is prevented from reaching the boy's home, however, is also symbolically important for without reaching it, she cannot complete the transition to womanhood.

⁵⁷It 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. The potential 'culprit' is therefore seldom known for certain.

⁵⁸Harriet Ngubane, 'Marriage, Affinity and the Ancestral Realm: Zulu marriage in female perspective' in Eileen Jensen Krige and John L. Comaroff, *Essays on African Marriage in Southern Africa*. Cape Town: Juta. 1981. p. 84.

⁵⁹Hammond-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* (1993: 126).

What is revealing in many responses to instances of *umhayizo* is that while the suffering that it brings to girls always elicits sympathy, if not distress, 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. Perhaps this tells us something about the boundaries of 'acceptability' in everyday situations where young women and men interact as [potential] lovers. Whether prompted by the desire to 'force love' or by the destructive/ jealous impulse to seek revenge, the particular manifestation of *umhayizo* speaks volumes about the extent to which contemporary love relationships are marked by coercion. In this region, many men pride themselves on being '*amasoka*' - a term that describes someone who has many sexual partners simultaneously. In general, it is a term that applies to men rather than women; for the latter, the term '*izifebe*' tends to be used - this is derogatory and the closest English translation is probably 'whore'. Indeed, men's (numerous) sexual conquests define the very parameters of masculinity itself. The boy who has only one lover - or worse, none at all - faces ridicule from peers and possibly even censure from parents who are eager to see him marry. It is not surprising, then, that persistence in these proposals is considered to be the norm; the use of *umuthi* (alleged or otherwise) to bring a girl more forcefully and directly under one's control, then, merely becomes an extension of this pattern.

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. The scripted nature of *umhayizo* that we have stressed throughout this paper calls to mind the 'symptom pools' described by Edward Shorter 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. The 'legitimacy' of symptoms differs from place and time, in response to cultural idioms and social pressures.⁶⁰ 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 Elaine Showalter describes as narrative conventions that develop their own prototypes, archetypes and

⁶⁰ See Elaine Showalter, *Hystories: Hysterical Epidemics and Modern Culture* (London, 1998), especially Chapter 2: 'Defining Hysteria'; and many works by Mark S. Micale, including 'On The "Disappearance of Hysteria": Notes on the Clinical Deconstruction of a Diagnosis' in *Isis*, 84 (1993), pp.496-526; *Approaching Hysteria* (Princeton, 1994); and Sander Gilman, Helen King, Roy Porter, G.S. Rousseau, and Elaine Showalter, *Hysteria Beyond Freud* (Berkeley, 1993). These works historicize hysteria, which they see as 'a universal human response to emotional conflict'.

plots. Cultures - myths, metaphors, media, folklore, literature - help to disseminate these narratives of disease that then serve to 'draw vague, unspecified fears and puzzling symptoms'.⁶¹ 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.'⁶² 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. For the many minor outbreaks of *umhayizo* that occur at Centocow High School - and as anecdotal sources have told us - elsewhere in KwaZulu-Natal - exorcists respond by casting out demons.⁶³

Once both sufferers and 'enthusiasts' have established a tacit agreement on the existence of a 'script', it weaves its way into the cultural fabric, and, in ritualized or institutionalized 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 documented for centuries, suddenly escalated into 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.⁶⁴ 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 help to interpret the experience, but also to shape it. In times of social, political or economic upheaval, these socially constructed outlets acquire a new relevance and urgency that tend to have increasing resonance for those who feel vulnerable.⁶⁵ 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, the internal

⁶¹ Showalter, *Hystories*, pp. 6 and 18.

⁶² Cowles, *Flash Lights*, pp.11-12.

⁶³ Many 'scripts' or narratives may coexist and, to some extent, compete. Schools are not infrequently the site of 'epidemics' of spirit possession that call forth a variety of treatments and responses. See Parle, 'Witchcraft or Madness?'

⁶⁴ Joan Jacobs Brumberg, 'From Psychiatric Syndrome to "Communicable" Disease: The Case of Anorexia Nervosa', in Charles E. Rosenberg and Janet Golden (eds), *Framing Disease* (New Brunswick, New Jersey: Rutgers University Press, 1992), cited in Showalter, *Hystories*, pp. 18-22.

⁶⁵ The current world-wide scares about anthrax serve as a timely reminder of the universality of hysterical epidemics and illustrate some of the mechanisms by which they operate.

similarities, that characterize 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 these is crucial to any understanding of the phenomenon. As we hope to have shown, *umhayizo* manifests itself in girls and women at a phase of life that brings with it conflicting and ambiguous pressures and possibilities. *Umhayizo* provides one means of expression for these.

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, has been well documented. Moreover, socio-economic circumstances and the legacy of a time when sexuality *per se* was not stigmatized, 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 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 recent HIV/AIDS awareness initiatives have attempted to draw attention to this point, stressing the need for men to re-examine their relationships with women, there has been an equally strong emphasis on the importance of female chastity. This takes the form of public ceremonies performed to 'check' that girls are not sexually active and various ritual acts intending to validate *ubuntombi* [virginity], and to reinstate it with the symbolic importance it once had in pre-colonial times.

Thus, at a time in their lives when they are preparing for the challenges - and rewards - of adulthood, young Zulu women are faced with almost impossible demands: to maintain their apparent sexual innocence whilst fending off numerous sexual pressures from young men, to celebrate their fertility - the very thing that will enable them to take up their positions as adult women - whilst also dealing with the retribution that 'unchecked' fertility (i.e. outside marriage) might bring, 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 the agents of death.