

CHAPTER SIX

REVENGE: RECASTING AIDS AS WITCHCRAFT

Anti-AIDS activists in Swaziland are facing a growing problem as thousands of HIV/AIDS sufferers in the rural areas flock to traditional healers believing the killer disease was caused by witchcraft and not unprotected sex (SAPA 2003).

As this statement suggests, witchcraft beliefs are invoked in cases of AIDS illness and death, rejecting biomedical explanations and undermining attempts to prevent the further spread of the disease. The danger of this happening has led to public health promotion urging people to distinguish clearly between AIDS and witchcraft. One slogan reads: *Don't Be Fooled. AIDS Is Not Witchcraft. AIDS is Real. Avoid Sex Before Marriage, Stick To One Partner or Use a Condom* (PATH 1997).

The conflation of witchcraft and AIDS has not gone unnoticed by social analysts. Ashforth's research in the Soweto townships near Johannesburg suggests that residents there confuse the symptoms of AIDS and *isidliso*, a poison sent by witches. He suggests that given the high rates of morbidity and mortality due to AIDS, South Africa faces a parallel epidemic of witchcraft.

As the pandemic of HIV/AIDS sweeps through this part of Africa, suspicions of witchcraft arise amongst many in the pandemic's path. To the extent that this occurs, the pandemic becomes an epidemic of witchcraft (Ashforth 2002, 122)

In Bushbuckridge, I found little to support Ashforth's assertion. Here, villagers contrasted clearly between witchcraft and AIDS. Some, such as this young man, regarded AIDS as a more potent source of illness and death: 'AIDS is much more powerful than

the witches. There is no way they can send AIDS'. Others felt that AIDS had replaced witchcraft as the mode of suffering. An elderly woman commented: 'We used to suffer from the witches, but nowadays AIDS is the new witchcraft'. Although people often invoked witchcraft as a cause of their illness, this was not well supported. During a workshop held with villagers to discuss and prioritise health issues, witchcraft was identified as the most critical issue, closely followed by HIV/AIDS, cancer and violence. Again, witchcraft was clearly distinguished from AIDS.

When, at age 27, Xolani showed signs of HIV infection, her mother urged her to consult the AIDS clinic at Tintswalo Hospital. Xolani's mother's suspicions were well founded: Xolani had lost weight, had open wounds on her body, was losing her hair, and her lips were raw. Her mother had recently discovered that she herself was HIV positive, infected by her husband who had returned home after a long absence and then left her again. Xolani refused to go to the hospital. She claimed that she was a victim of bewitchment sent by other women who were envious of her relationship with a wealthy mine worker in Randfontein. Her mother and neighbours that I spoke to denied Xolani's claims as a poor excuse. 'She is afraid to go to the hospital because they will say she is HIV', said Xolani's mother.

Researchers have also found little to support the assertion that people believe that AIDS can be sent by witches. In one survey the researchers asked: 'do you believe that witchcraft causes AIDS'. Few of their respondents answered in the affirmative.¹ In the anthropological literature, the aetiology of AIDS in southern Africa has more in common with pollution beliefs than with witchcraft (cf. Heald 2002; Ingstadt 1990; Niehaus & Jonsson 2005). It appears that the connection between witchcraft and AIDS is a myth

inspired primarily by sensationalist media reporting, misunderstandings, and perhaps the quest for the exotic.

Nonetheless, throughout my fieldwork, witchcraft insinuations and accusations emerged in cases of suspected AIDS illnesses and deaths. AIDS sufferers and their family members frequently sought the services of traditional healers. In these cases witches were ‘smelt out’ (*ku femba*) by witch diviners (sing. *n’anga*, pl. *tin’anga*). Witches were believed to send a disease that mimicked the symptoms of AIDS.

One possible explanation for impugning witchcraft is that this is a convenient scapegoat in the absence of more suitable explanations for AIDS. For example, Yamba (1997) argues, witchcraft beliefs are rational responses in the absence of a biomedical solution. This coalesces with the (erroneous) view of witchcraft as ‘African science’ (Ashforth 2005a). Yet, this does not explain why witchcraft beliefs and not theories of pollution are evoked in cases of AIDS illness and death.

The comparison between biomedicine and witchcraft is also misguided. Witchcraft beliefs and biomedical knowledge are not necessarily opposing systems, but attempts to answer different types of questions. Witchcraft beliefs are a ‘personified theory of accountability’ rather than an attempt to understand the mechanics of causation, as is the case with biomedical explanations (Andersson 2002). However, what witchcraft beliefs do address are the effects of the AIDS epidemic on peoples’ sense of security. The high incidence of illness and death promotes a greater fear of witchcraft (cf. Colson 2000). Given this, witchcraft accusations reflect ‘spiritual insecurities’, that indeed could erupt into an ‘epidemic of witchcraft’ (Ashforth 2005b). But this does not necessarily imply that people believe witchcraft is responsible for the AIDS epidemic. Rather,

increasing mortality and morbidity intensify feelings of insecurity and fear and people respond by invoking witchcraft.

Along these lines, I agree that witchcraft does not solely offer a theory of causation. Instead I argue that witchcraft accusations can be seen as a form of therapeutic practice that has emerged in the path of the AIDS epidemic. Because AIDS tends to affect the young and often the most productive members of society, suspicions of unnatural death are extremely common. By redefining these deaths as the result of bewitchment, people are able to take steps to protect themselves against further attacks. For example, residents may fortify their homesteads and their bodies, conduct ancestral sacrifices to request their protection, or participate in church confessionals. These actions may help to mitigate anxiety and fear and provide a sense of control over the epidemic. Furthermore, unlike infections with HIV, witchcraft attacks can be avenged. Public censorship prevents individual family members from publically identifying AIDS as the cause of death and from acting against those who infected the deceased. To do so would be to admit to personal culpability and cause shame for other family members. Redefining AIDS related illness or death as witchcraft provides the opportunity to use vengeance magic, returning the affliction to its instigator, causing that person and often their kin to die in a similar fashion. In these ways witchcraft provides a means to successfully breach the censorship surrounding AIDS.

Part of the reason why it is possible to shift between witchcraft and AIDS is due to the ambiguities surrounding the cause of death. Secrecy as I noted earlier generates mystery and uncertainty about the origins of the illness and the cause of death. Even when the symptoms are identical to known signs of AIDS, this can be reinterpreted as a

form of fictive AIDS². At another level of analysis there are appealing analogous similarities between the idiom of witchcraft and that of AIDS. This is most obviously expressed with regard to the themes of secrecy and desire, and the identity of those seen to be most likely to be the victims of AIDS and witchcraft. People who are HIV infected are *like* witches, but only at the level of metaphorical analogy.

This chapter is structured along these lines. I begin below by exploring the analogous similarities between discourses of witchcraft and AIDS. Witchcraft is a dynamic belief, reflecting and incorporating advances in technology and generating new types of affliction. I then look at how AIDS symptoms are incorporated into beliefs about witchcraft. Following on from this the final section of the chapter uses case studies to illustrate how witchcraft is used to satisfy the desire for revenge in cases of AIDS death.

WITCHCRAFT AS AN ANALOGY FOR AIDS

The phenomenon of witchcraft in the Bushbuckridge area has been well documented (Niehaus 2001; Ritchken 1995; Stadler 1996). Residents evoke witchcraft in the event of incomprehensible misfortune of a physical and a psychological nature. Death resulting from illness, accident and other misfortunes can be ascribed to witchcraft, as may divorce, loss of employment and insanity.

There are three forms of witchcraft: poisoning, mystical potions, and witch familiars. Methods of attack are usually surreptitious and invisible. The victims of witchcraft are transformed into zombies (*xindhachani*) and forced to perform labour for the witch. Witches are motivated by their envy ('jealousy') of other peoples' fortune.

Logically, accusations of witchcraft are often levelled at the poorer, older men and women who are most likely to experience feelings of jealousy and resentment toward the younger generation. Elders also possess the secret knowledge required to conduct acts of witchcraft (Stadler 1996). The prevalence of witchcraft accusations have increased over the last 50 years, a result of increasing tensions between neighbours and within families (cf. Niehaus 2001). This is also because of the economy of witchcraft. Almost any person can purchase mystical potions (*muthi*) to commit acts of witchcraft. Witches were believed to use loaves of bread to fly at night. Villagers insisted on purchasing their bread fresh in the morning as they feared the bread left over from the night before may have been used as a form of transport by witches. This story serves as a metaphor for the democratisation of witchcraft: anyone can buy a loaf of bread, the most ordinary and pedestrian grocery item.

It would be a mistake to regard the belief in witchcraft as unchanging and static. In their accounts of witchcraft, my informants described witch-gatherings as modern bureaucratic organisations. Witches were believed to hold regular business meetings on the local sports field at night, where they drafted lists of people targeted for attack, and debated strategies to kill their victims. It was not surprising then to hear how witches adapted their methods to suit the AIDS era.

A significant transformation is in the treatment of witches, which has become increasingly violent. In the 1950s, suspected witches were removed from their homes and sent to the open bush to live. For example, a village located close to a game reserve was a home for expelled witches, symbolically appropriate because of its proximity to wildlife. Yet, in the 1980s and 1990s, more forceful means were used to punish witches. Those

suspected of witchcraft were assaulted, stoned and burnt to death through ‘necklacing’³ (Niehaus 2001). In the early 1990s, an informant revealed how she had witnessed a witch-hunt during which an elderly woman was burnt to death. She recalled how the fat dripped off the woman’s burning body (Stadler 1996).

But, retribution can also be expressed through mystical means. Victims of witchcraft often employ vengeance magic, sending the affliction back to its originator (or ‘owner’), causing them to suffer the same misfortune. In 1982, 58 year-old Mablom (Flowers) Maimela was found dead in his room. He had hung himself from the wooden beams that supported the tin roof of his two roomed house. Mablom did not leave a note. His mother consulted a *n’anga* who sniffed (*ku femba*) out Mablom’s two sisters and his brother as the culprits who had bewitched Mablom, causing him to commit suicide. A healer, Iscariot, was consulted to take further action. Iscariot was reputedly an extremely powerful man who had learnt his skills from a healer in Mozambique. Iscariot first talked to the Maimela family and told them that if any of them were guilty it was advisable that they needed to confess. If any family member confessed then he would leave the issue alone, deeming it to be a family matter. Nobody in the family admitted guilt, and Iscariot proceeded. He took seeds from a certain plant and buried them on top of Mablom’s grave, above where the head lay. After some time a plant began to grow, bore flowers and then seed pods. The seeds burst and spread over the grave, forming new plants. At the same time as the first seeds burst Mablom’s sister suffered a fatal heart attack. Very soon after, Mablom’s second sister died. Mablom’s mother, realising that the vengeance magic was working, approached Iscariot and asked him to stop the process. But Iscariot replied that he was powerless ‘how can I stop a plant from spreading’ he said.

Sexuality and especially unrestrained sexual desire are core themes in witchcraft beliefs. Witch familiars such as the *nwamlambo* and the *tokolotši* have sex with their owners. The *nwamlambo* transforms itself from a snake into a beautiful white man or woman for the sexual pleasure of its owner (see below for a detailed discussion of the *nwamlambo*). The *tokolotši* has exaggerated sexual features and has sex with its victims. The following accounts explore these beliefs in detail.

Married to the *fenha*

A thirty two year-old unmarried woman, Felicia Ngumane, complained that she was unable to have long-lasting intimate relationships with men. Although Felicia had several lovers and gave birth to three healthy children, she never married. In our interview she told me tearfully: ‘The others of my age are all married. The girls call them *manana* [mother]. But me I am still *sesi* [sister]’. Her social status and the ability to demand respect from women junior to her in age was seriously compromised.

Felicia explained that her predicament was because she was already ‘married to a baboon (*fenha*)’. At night when she slept she could feel its hot breath in her ear, and often awoke feeling wet between her thighs, as if she had had sex. Her sexual partners were repulsed by the pungent scent of the baboon’s semen and its furry body (cf: Niehaus 2001, 54). Felicia’s great grandmother was a ‘big’ witch and passed the *fenha* on to her first born daughter, Magreth. On Magreth’s wedding day to Ximiresi the marriage party (*tishangwana*) helped to build Magreth’s hut. According to Magreth’s mother’s instructions they placed a small twig in a bottle and hid the bottle between the poles and the mud bricks of the hut wall. At night the twig transformed into the *fenha* and had sex with Magreth. This had a disastrous effect on Magreth’s marriage. Ximiresi drove trucks

in Benoni on the East Rand. His visits home and remittances became less frequent when he acquired a second wife and built a new home for her in Daveyton. Concerned by his behaviour, Magreth's mother-in-law consulted a *n'anga* who revealed the existence of the *fenha*. Magreth rid herself of the *fenha* by giving it to Felicia and her marital circumstances improved.

Felicia consulted several healers who diagnosed her problem. She consulted a prophet (*maprofeta*) of the apostolic St John's Church who instructed her to use candles and burn pages of the Bible to cleanse her home and expel the *fenha*. However, Magreth learnt of these intentions and chastised Felicia: 'how can you do that – we are church goers. We don't use *muthi* here'. Felicia was not surprised at her mother's reaction and said 'She knows that if the *fenha* leaves me it will go back to her'.

Theko Magagule's secret

The *munjhonjhela phansi*⁴ allows men to have sex with women without physically touching them, like a modern remote control⁵.

Theko Magagule was an elderly man who had never married. Local youth used the pejorative label *ngwenza* (bachelor) to describe him. They claimed he was single because he was stingy and on occasion would eat an entire chicken on his own. Theko's appetite for meat, much like his appetite for women, was characterised by a lack of reciprocity⁶. Theko used his *munjhonjhela phansi*, to have sex with unsuspecting women at a local shebeen where old men and women drank maize beer (*xikhapakhapa*). After a few jugs of beer, Theko would fall asleep with his hands deep inside his pockets. Female patrons complained of a wet sensation in their vaginas. When they looked at Theko they

could see his hands moving inside his pockets. They claimed that Theko pretended to sleep while manipulating his *munjhonjhela phansi* to have sex with them.

Snakes and secret lovers

As a young man, Farius Ndlovu desired a beautiful wife, but was unsuccessful in his proposals to women. After many rejections Farius came across an advert in the classifieds of *Ilanga* (a Zulu language newspaper) that guaranteed him success with attractive women. He sent off R100 as requested and received a parcel containing a small root and instructions for use. When Farius saw a woman he desired he simply had to touch the root and speak to her. Farius was soon married to a beautiful woman who was described as ‘light in complexion’⁷. After being married for some years, one night Farius discovered a huge snake in his bathtub. He ran away and called out to his wife to beware of the snake. To his surprise his wife emerged from the bathroom. Later, he recounted this event to his uncle who told him his wife was a *nwamlambo*.

Despite the overtly erotic and sexual content of these narratives, villagers did not draw a direct link between the sexuality of witchcraft and the spread of HIV⁸. Felicia was not at risk of contracting HIV from the *fenha*. Nor did Theko’s *munjhonjhela phansi* spread HIV. Although witch familiars were dangerous to their owners and those around them, they were not a source of HIV. However, I suggest that these narratives draw attention to themes that are common to popular thought about witchcraft and AIDS. These themes are discussed in detail below.

SECRECY AND DESIRE: NARRATIVES OF AIDS AND WITCHCRAFT

Secrecy and excessive and untrammelled desire are themes that often emerge in narratives of witchcraft and also about AIDS. The two discourses have parallel concerns about secretiveness and ways in which to control desire.

AIDS and witchcraft share official denial of their existence. For example, at the time of my fieldwork, uncertainty surrounded the existence of AIDS. Although the existence of the disease was acknowledged, reflected in campaigns and fiscal spending, the causal link between HIV and AIDS was often denied by state officials. Likewise, the belief in witchcraft is acknowledged, but its existence is denied because of its inappropriateness with the modern African state (Ashforth 2005b). Current legislation makes it illegal to impute or point a person as a witch, a crime punishable by a fine or imprisonment⁹.

The official denial of witchcraft and AIDS is mirrored by responses at the local level. Informants were hesitant to use the name of a person that they suspected of witchcraft, fearing prosecution. Similarly my informants treated the identity of people suspected to be living with HIV/AIDS in an extremely secretive manner. Villagers were appalled by health workers who gossiped about patients who were HIV positive. They were aware that civil charges could be made against those who breached confidentiality¹⁰. The state was seen to protect the identity of witches and people suffering from AIDS or infected with HIV.

Interestingly, the official position on witchcraft has resulted in suspicions that the state and its organs collude to protect witches. However, the state's position regarding AIDS (under Mbeki) did not provoke similar speculations.

AIDS and witchcraft also share a common difficulty with establishing evidence. Witches cannot be identified from their physical features. Witches assume the form of familiars at night, but hide during the day. Witchcraft accusations are often based on circumstantial evidence: the sight of a baboon or a snake in a person's yard, incriminating statements, a close relationship with well-known witches and 'excessive secrecy' establishes the identity of witches (Niehaus 1997, 255-256).

Witchcraft is also invisible and undetectable, until this manifest as illness. Mystical potions are concealed on foot paths and entrances to properties to catch unsuspecting victims. Witches eat their victims invisibly while they sleep and use dreams to send poison, and can pass unhindered through walls and underneath doors (Stadler 1996).

Similar ideas exist with regard to AIDS. HIV infection is undetectable unless subjected to a blood test. The results are kept confidential. Locally HIV is called *xitsongwanwana* which translates as 'microscopic'. Certain signs and symptoms can be used to establish the evidence of illness, yet not without uncertainty. As I pointed out earlier, the evidence of AIDS is often difficult to ascertain is highly ambiguous and subject to debate (See Chapter 4).

Accounts of witchcraft are concerned with the problem of unrestrained desire. Witches are thought to be completely dominated by their desires: 'Witches, like animals (...) do not merely succumb to their desires at times, but are completely dominated by their cravings for food, sex, money and revenge' (Niehaus 2001, 49). This is most cogently expressed in beliefs about witch familiars. As I suggested earlier, familiars such as the *tokolotši* represent an 'animal-like craving for uninhibited sexual expression'

(Niehaus 2001, 46). The *nwamlambo* provides sexual gratification, wealth and power to those who acquire it, but is highly destructive because of its excessive and increasing demand for (human) blood. The *nwamlambo* ‘objectifies the desire for money in a context of social and economic deprivation, and highlights the destructive social effects brought about by the unrestrained quest for wealth’ (Niehaus 2001, 47). Men often acquire the *nwamlambo* due to their lust for women. In contrast, women seek wealth and commodities.

Geschiere (1997, 11) states that witchcraft is the ‘dark side of kinship’. A witch requires intimate knowledge of their intended victims. At times they also require the cooperation of a person on the inside, for example a household member, who can provide an opening for the witch to enter. Villagers diligently fortify their homesteads against attack. Yet these fortifications can be broken.

Along these lines, narratives about the spread of HIV express concern with the dangers of the world outside the homestead. AIDS is acquired by those who go outside and infect those who remain at home. Women complained that their husbands had extra marital affairs and infected them. ‘You don’t know what he does when he goes out there’ commented a young woman. Secret sex took place at night, in the bushes next to the road with strangers. Most significantly, HIV is a silent epidemic, only manifesting itself as AIDS after a period of a few years. Many villagers were aware that people who are infected by HIV cannot be easily detected. People infected by HIV were also rumoured to surreptitiously and purposely infect others, so as ‘not to die alone’ (Chapter 5). As with witchcraft, narratives of AIDS drew a link between AIDS and sexual desire.

The symbolic resonances between AIDS and witchcraft are based on their highly secretive nature and that suspicions and accusations rely on circumstantial evidence and subjective interpretations. Both AIDS and witchcraft also attempt to deal with the perennial problem of untrammelled desire and restraint.

My observations are borne out in the ways witchcraft and AIDS are positioned in church sermons of Pentecostal churches. A poster at the local shopping centre once announced a revival tent church: *'Yes!!! HIV-AIDS Victims healed and 3 of them are here to testify!!!'* *'Sick, Demon Possessed, Cripple and trauma deliverance'* The International Holiness Pentecostal Church (IPHC) held public confessionals to heal the sick and those possessed by demons and witch familiars. Men and women confessed to alcoholism, unfaithfulness, witchcraft and AIDS. According to the IPHC, AIDS, like witchcraft, possessed the body and could be expelled from the body. By confessing their sins (such as AIDS and witchcraft and other afflictions) the sufferer released their afflictions. A senior member of the IUPHC explained how this worked:

The word of God enters the ear and goes to the place where the person feels pain. For you – you just sit there and listen. But even if the pains do not disappear you will feel good, you will feel happy. They don't even touch you. You just sit there on your chair. The *mufundise* [preacher] reads from the Bible and explains the words that he has read. The words heal.

The IPHC hosts its annual pilgrimage in Zeurbekom near Randfontein in the North West. During one of these ceremonies a man witnessed another who literally soiled himself after hearing the words of the preacher, so powerful were the words. The diarrhoea was a sign of the expulsion of disease from his body.

The metaphorical similarities between witchcraft and AIDS have been noted elsewhere. Fordham (2001), remarks that in Thailand prostitutes are demonised and portrayed as the antithesis of ‘good women’ because of their ‘uncontrolled and rapacious sexuality’ (2001, 295). Like witches, prostitutes invert normal social behaviours and expectations: they were only seen at night, they appropriate male behaviours (such as drinking), yet they are able to conceal their true identities during the daytime. Finally they are accused of destroying the moral and the physical foundations of society and of spreading HIV.

Kelly (1976) provides a fascinating discussion of witchcraft and sexual relations in New Guinea that has relevance to the current analysis. He argues that ‘(W)itchcraft and sexual relations occupy analogous structural positions within a larger conceptual system’ in which ‘life and death are complementary and reciprocal aspects of the transmission of life-force’. A person’s life force is contained within a man’s semen, but is in limited supply. In terms of this conceptualisation, women ‘who engage in excessive sexual relations’ are accused of witchcraft. They wastefully and greedily take the life force of men. Likewise, male youth who engage in unsanctioned homosexual intercourse are like witches, because they deplete other men’s life forces (semen) at their expense (1976, 50-51).

At an analogical level witchcraft beliefs provide a manner of conceptualising AIDS. However, I suggest that it would be simplistic to interpret this to infer that people living with HIV/AIDS are literally conceptualised as witches. Rather, I follow Kelly’s lead who argues that ‘the analogic correspondence between acts of witchcraft and acts of sexual relations connotes a *like* relation between the characteristics of the (respective)

actors' (Kelly 1976, 5, emphasis added). The analogy is appropriate because of the distinct symbolic resonance between the two discourses, in terms of the denial and secrecy and the attributes of avarice.

AIDS AS A KIND OF WITCHCRAFT

Writing almost 100 years ago in Portuguese East Africa (Mozambique) the Catholic Swiss missionary and ethnographer Henri Junod noted how witches often used subterfuge to mask their actions. Witches enticed young men to leave home to work on the mines in South Africa. Because mining accidents were so common, witches used this as an opportunity to kill young men without alerting suspicion that they were victims of witchcraft. Junod wrote:

When a boy dies in the mines, as hundreds of them do, his parents think: - 'He has been killed by such and such a disease.' But the author of his death is not in Johannesburg, he is here at home; it is the *noyi* [witch] who hated him and made him go by '*ntchutchu*' [inspiring him] (Junod 1962 [1912], 512).

In a similar fashion, my informants pointed out that witches hid behind AIDS while they killed their victims. Moreover, AIDS sufferers weakened by the disease were easy prey for witches who could cause their deaths without being suspected. In a similar vein, witches also produce innovative forms of illness that mimic the symptoms of AIDS and thereby avoid detection. Here are two examples and a case study that illustrate these innovations in witchcraft in response to the AIDS epidemic.

The new witchcraft: *mabandi*

An appropriate example of the new witchcraft was an affliction called *mabandi* ('the belt'). This appears as a rash that formed irritating and painful welts around the torso (like a belt)¹¹. A few older informants speculated that *mabandi* was actually the manifestation of what the elderly NwaAbraham called 'fire of the night' (*ndzilo vu siku*). She said: 'It is like a fire that has burnt you while you sleep...you just woke up with burns on your body like blisters'. However, unlike *mabandi*, *ndzilo vu siku* caused small blisters that were scattered randomly all over the body. The blisters usually disappeared soon after they appeared. NwaEphraim, a healer who had treated several patients with *mabandi* explained that unlike *ndzilo vu siku*, *mabandi* could be fatal. It required immediate treatment to prevent the 'sores from forming inside the body'. When Gloria, a 30 year old HIV positive woman was pregnant with her second born she developed a rash like *mabandi* and consulted NwaEphraim who smeared petroleum jelly mixed with ash on the rash. NwaEphraim also made incisions between the sores 'to cut the belt' to prevent the sores from spreading. Her new born baby died before it was six months old and Gloria died of AIDS related illnesses in 2004.

NwaEphraim was shocked by the huge number of cases of *mabandi* that she had seen that year (2003-2004). Many of the cases she saw were people from a village in the southern part of Bushbuckridge where migrants from Mozambique often settled. NwaEphraim attributed the outbreak of *mabandi* to a new form of witchcraft from Mozambique.

This is the first time I have ever seen it like this...it is from Mozambique...it is like something walks on you and bites you as it is walking along your body. Then

you get pustules. It is like AIDS, but it is not AIDS because there are many young children who are infected with *mabandi*. It burns your skin and it burns inside you. While it is eating you outside, it also eats you inside and you lose weight. One of my patients – a young girl – had this. She had eaten a poisoned sweet.

Her reference to Mozambique as the source of *mabandi* resonated strongly with the idea that foreign Africans often held the knowledge of new and powerful forms of witchcraft. NwaEphraim conjured up a vision of total mayhem in which people were using witchcraft to kill for the pleasure of killing:

People from Mozambique used to use *muthi* to capture animals. Now they are using this magic to kill people. They are killing people for nothing – they won't even take your money. They just kill you.

The affliction was 'like AIDS' but its source was witchcraft. Another affliction that is similar to AIDS is 'slow poison'.

Slow Poison

Nhlakanipho Mnisi was a 25 year old woman and an only child. Her family was relatively comfortable; her father had worked for the railways and had left his wife and child with a pension. Nhlakanipho worked for the local municipality, clearing the main roads in and around Bushbuckridge. She had a reputation as a loose woman (*ngwadla*). The neighbourhood boys joked about her: 'she supports the nation' (*u pfuna ri xaka*) they said. They knew that if they were desperate for sex they could sleep with her for a little money. In 2001 Nhlakanipho visited her friend Abigail and the two of them went to Gauteng. When Nhlakanipho returned from Gauteng in 2002 she was pregnant with her son Nyiko. The baby was born with severe disabilities. He was mute, couldn't move his legs and struggled to feed himself. Nhlakanipho received a disability grant for the boy

and hired a local woman to care for him. In 2003, Nhlakanipho became ill and was admitted to Tintswalo Hospital in Acornhoek. One day Nhlakanipho's mother discovered Nyiko lying on a mat in the sun abandoned by his care provider. The neighbours heard the apparently drunken Nhlakanipho's mother shouting 'It is better that I finish this boy – look at how he is suffering'. Three days later Nyiko died. Nhlakanipho's mother visited Nhlakanipho in hospital. Nhlakanipho was extremely ill: she had lost a huge amount of weight and had sores all over her face. Drips were attached to her arms. The old woman ripped out the IV lines. When she returned home she told her neighbours that Nhlakanipho was dead. Later it was revealed that Nhlakanipho died three days after her mother's announcement. By now it was known that Nhlakanipho's mother had killed both her grandson and her own daughter using 'slow poison'. This was explained as an outcome of a dispute between Nhlakanipho and her mother over household resources.

The many theories about MaKwaMary-Jane's death

When I first met MaKwaMary-Jane (mother of her first born child, Mary-Jane) she complained of being unable to swallow properly, persistent diarrhoea, and painful mouth sores. A common affliction the AIDS ill experience is severe oral thrush caused by the bacterium *candida albicans*. This appears as a white coating on the tongue and lining of the throat. These conditions create difficulty in swallowing food and liquid (Evian et al. 1993).

When MaKwaMary-Jane died, neighbours, relatives and friends suggested that she had been infected with HIV, although suspicions of witchcraft soon emerged following her burial. MaKwaMary-Jane married Robert Mathebula. They were described as 'first loves' and 'childhood sweethearts'. They met when they were school children at

a Christian revival gathering. MaKwaMary-Jane gave birth to two girls. She was extremely happy with her new status as mother. Atypically her mother- and father-in-law adored her. MaKwaMary-Jane soon dropped out of school. She boasted to her friends about the panties and beauty products that Robert bought for her. He even hired a domestic to clean and wash for MaKwaMary-Jane. He also encouraged MaKwaMary-Jane to complete her schooling.

After ten years of marriage, Robert met Dineo, a school teacher from a wealthy family in Thulamahanshe. Robert told MaKwaMary-Jane to take her children and go home to ‘wait’ at her parents. He married his new girlfriend and purchased a four roomed house in a suburb in the previously white only town of Hoedspruit.

Penniless and desperate, MaKwaMary-Jane left for Witbank, hoping to sell second hand clothes to support her children. In Witbank she met Sesi, another young woman from KwaBomba. Sesi introduced her to sex work and for a while the two travelled up and down the N4 with truck drivers. Later, MaKwaMary-Jane moved in with a married man in Witbank. However, after one year she became ill and returned to KwaBomba to live with her parents.

On her last night MaKwaMary-Jane slept with her daughters. According to those who attended MaKwaMary-Jane’s funeral, on the day she died she said goodbye to her daughters. She gave her eldest her mobile phone, saying ‘I have nothing to give you...but you can use this to remember me by’. Robert did not attend her funeral and it took him several months before he visited his daughters.

Narratives about MaKwaMary-Jane’s death had very distinct implications for her moral character. Stories about her sexual activities in Witbank were sympathetic; after all

she had little choice and had two young girls to support. Yet at the same time my informants suggested that there were other things that women could do to earn money to support their families. A close friend of MaKwaMary-Jane remarked ‘She didn’t have to sleep with men. Others make money selling or even working for the whites in their homes’. Others speculated that she had been infected by Robert. Policemen were notorious womanisers. Blame for MaKwaMary-Jane’s illness and death was directed towards Robert on only one occasion: a few months prior to her death MaKwaMary-Jane was taken to a medical doctor in Mkhuhlu. The doctor examined MaKwaMary-Jane and informed her sister that she was suffering from severe stress. MaKwaMary-Jane’s sister argued that Robert’s treatment of her sister had resulted in this condition. Stress is often a euphemism for AIDS.

A third clearly discernible theory was that MaKwaMary-Jane was bewitched by the wife of her lover from Witbank. A few days after the funeral I met MaKwaMary-Jane’s sister at the Acornhoek Plaza. Close to tears she divulged that MaKwaMary-Jane had not died of AIDS. Prior to becoming ill, MaKwaMary-Jane had a dream in which she had eaten a piece of fatty meat offered to her by her lover’s wife. The meat was *xidyiso* (lit. to eat), a mystical substance that could transform into any manner of creature which then inhabit the upper intestine and throat. *Xidyiso* is most often sent through dreams.

In MaKwaMary-Jane’s case the *xidyiso* changed into a frog that could be felt moving up and down her throat and into her stomach. This prevented MaKwaMary-Jane from swallowing properly and eventually killed her through suffocation. MaKwaMary-Jane’s lover’s wife was not known to the family, but she had met MaKwaMary-Jane on one or two occasions. When MaKwaMary-Jane was ill and living with her parents in

KwaBomba her Witbank lover had tried to speak to her over the telephone. When he attempted to come to visit her at her home his wife smashed his foot with a brick rendering him immobile.

This account asserted MaKwaMary-Jane's innocence. It also allowed for the allocation of blame to be directed towards another woman. It created an opportunity to direct anger for her death away from MaKwaMary-Jane, especially for her sister who had been extremely close.

The fluctuations in theories about the cause of death and the confusion that resulted fitted into an overall pattern observable in other accounts of suspected AIDS deaths. At first, gossip circulates identifying AIDS as the cause of illness or death. Then, during the funeral, or following it, talk of witchcraft emerges. For me, as an outsider, it was possible to observe the constant tussle between explanations that attributed illness and death to witchcraft and those defined this as AIDS. Constructing AIDS as a form of witchcraft did not simply deny the existence of AIDS. The witchcraft idiom made it possible to identify a human agent, and as I argue below, avenge AIDS deaths.

AVENGING AIDS: COMBATING WITCHCRAFT

Ashforth (Ashforth 2005b) writes of 'spiritual insecurity' amongst residents of Soweto who constantly fear occult attacks, intensifying suspicions of witchcraft, and potentially accusations thereof. In KwaBomba I was not able to gauge whether witchcraft suspicions had increased in relation to the rise in mortality from AIDS. In the period of escalating mortality there were no large scale witch-hunts, nor were there significant outbreaks of accusation of suspected witches. However this is not an indication that fears

of witchcraft were not increasing in relation to AIDS illnesses and death. Indeed, the response to an increased sense of spiritual insecurity may be expressed through counter-attacks using mystical means.

A response to increasing fears of occult attack is hyper-vigilance in protecting the home and the body. Villagers fortified the boundaries of their homes using mystical substances. They also fortified the body through the insertion of medicine into their blood (*ku tlhavela* – to cut). Fortification of body and home not only prevented attack, it also enabled the victims of witchcraft to avenge illness and death.

The potential for violent revenge against alleged witches was highlighted in many of the cases of AIDS death that I recorded. Revenge is an important aspect of local concepts of justice, particularly so in cases of what is often defined as ‘bad death’ (cf. van der Geest 2004). Accidental deaths were construed as wrongful and often resulted in revenge attacks. In one case revenge was acted out on a young man’s face with a broken bottle because he had caused the death of a young girl in a car accident. The men who did this told him the scars on his face would remind him of what he had done. In the early 1960s, a migrant returned home to find his wife had been poisoned. He suspected his neighbours. He and his brothers attacked the neighbours with stabbing spears, slaughtering three people. They fled to live in Phalaborwa only returning 30 years later.

Yet, revenge is also enacted through witchcraft. Simon Hlatswayo was 23 years old when he accidentally ran over and killed his neighbour Goodwill, a 15 year old school boy, and also Simon’s good friend. It was hardly Simon’s fault: Goodwill was drunk and simply ran in front of Simon’s car. Simon apologised to the family and paid for the costs of the funeral. However, he was aware that his life was in danger and he fled

Bushbuckridge and lived in Soweto for the next 12 years. Two days after his return to Bushbuckridge Simon had a car accident and died in the very same spot where Goodwill had met his fate. It was widely rumoured that the family had used vengeance magic to cause the accident.

What about cases of AIDS? Although people may harbour extreme anger and frustration and desire to avenge infections and death, these emotions and designs are suppressed. To accuse another of infecting you is to accept personal liability for acquiring the disease. Redefining AIDS death as witchcraft creates the possibility for revenge. Two case studies are presented below. In the first, witchcraft is used to defend the family against misfortune. In the second, witchcraft is used to avenge death.

The Good Friday Deaths

The long Easter Weekend is an opportunity for family members to gather together and socialise at home, to relax, and do repairs around the house. The maroela (*nkanyi*) berries ripen and beer (*vukanyi*) is brewed and shared amongst neighbours. Tombstones are laid and unveiled, ancestral rituals (*ku mamba*) are conducted, men pay bride wealth (*ndzovhola*) and celebrate. Thousands of ZCC members make the pilgrimage to the holy site of Moria, and members of the International Pentecostal Church go to Zeurbekom to attend special services. It is a time of intense spirituality and sociability, but also of tensions within families. Family members, who have not seen each other for some time meet, discuss and exchange gossip. Old rivalries, jealousies and hatreds come to the surface.

For the Mzimba family, the Easter vacation had become a time of mourning and bitterness. The family consisted of two houses, of the first and the second wives, their

children and grandchildren. Shortly after the creation of the Gazankulu Bantustans in the late 1970s the large polygamous household split up due to continual conflict between the two wives and between their respective children. Conflict revolved around the failure of the first wife to care for the children of the second wife and intense jealousies over who was the preferred wife.

For many years this time of year was announced with a death or some form of misfortune. And, even when deaths did not occur, Good Friday was the occasion for unveiling a tombstone or releasing a widow from mourning, recalling deaths that had passed. Ten deaths over a 7 year period, 1998 – 2005 (See Table 7) had occurred between the months of February and May, coinciding with the Easter holidays.

Table 7: Deaths in the Mzimba Family

| <i>Age, Gender</i> | <i>Symptoms</i> |
|--------------------|----------------------------|
| 32, Female | Incessant menstruation |
| 38, Male | Diarrhoea and vomiting |
| 37, Female | Headache |
| 45, Male | Not known |
| 48, Male | Vomiting blood |
| 65, Female | Vomiting blood |
| 39, Female | Vomiting blood |
| 43, Male | Vomiting blood |
| 35, Female | Typhoid |
| 4, Male | High fever and convulsions |

According to the family members I interviewed, all but one of the ten deaths listed above were attributed to witchcraft. Vamia Mzimba, the first wife, a frail woman in her 60s, was accused of causing these deaths. Her identity as a witch was made public on several occasions. For example, during a funeral at another household, an 18-year-old

boy wielding an axe shouted at Vamia ‘you and my mother killed my father so you had better go before I kill you’. The boy was subdued by the other men. Vamia was suspected to be in league with the boy’s mother, also suspected to be involved in witchcraft.

The Mzimba homestead was situated next to a small dam. Vamia owned ducks and geese that bathed in the water. Yet, her neighbours recalled mysterious events surrounding the dam. Once, a fisherman attempted to suck water out of the dam to catch fish. As he was busy setting up his equipment he noticed a small tin of snuff floating in the water. He tried to pick it up and then looking up, saw an old white man with a long grey beard, floating in the water. The fisherman ran away, calling to the people in the neighbourhood to beware. It was rumoured that the old man was Vamia’s *nwamlambo* in human form. Vamia’s nephew told me how Vamia had come to acquire the *nwamlambo*. Several years ago, the old woman earned a small income by selling flower pots to residents of the towns on the East Rand. Her husband worked in Springs, and whenever she visited him she would purchase flower pots from a warehouse in the town. Vamia walked house to house in the white neighbourhoods offering to swop her flower pots for second hand clothing. She then sold the clothes in Bushbuckridge where, prior to the mass importation of Chinese made clothes, there was huge demand for used clothing. Yet her business did not run well. Vamia purchased her *nwamlambo* after consulting a healer who told her it would guarantee her wealth by convincing her white customers to give her their best clothes. At first Vamia fed chicken blood to the *nwamlambo*. Later, it required goat and then cow blood. But, by the early 1990s the *nwamlambo*’s appetite had grown to desire human blood and family members began to suffer.

The death that concerns us here is that of her first born son, Robert. The 38 year-old worked for an Italian bakery in Johannesburg. He was married and had four children. About three years before he died, Robert experienced mysterious afflictions. Whenever he tried to have sex with his wife his penis would shrink into his scrotum. If he managed to penetrate his wife he would immediately have diarrhoea. His wife speculated that Robert had a former secret lover (*xigangu*) who wanted to win him back and had bewitched him to stop him having sex with her. In 2003, Robert became seriously ill. The first symptom was an irritating rash all over his body that erupted into watery sores. Later he complained of fatigue and chronic diarrhoea. Early in 2005, plagued by illness, Robert resigned from his job. He returned home. On the way home Robert collapsed and was taken to his home in KwaBomba, close to death. The family hired a car and started off for hospital. Tragically, Robert died before arriving at hospital.

The funeral was held on the following Saturday. The night after the funeral, when only family members remained, Robert's mother danced and sang songs in the funeral tent. 'Why do you laugh and sing and dance' asked her co-wife, to which she replied, 'I am so happy...I have been given what I had asked for'. Two years previously Robert had started to build a house in Thulamahanshe, a township near KwaBomba. His mother opposed the move and they had argued bitterly. It was clear to everyone who saw her dancing and singing that Vamia was celebrating her victory over her son.

The night of the funeral, Robert's first born daughter, Memory calmly and openly accused her grandmother of killing Robert. She said 'I don't understand why it is that every Easter we have to bury someone or we are removing mourning clothes. I still want

to ask that question to my grandmother'. The old woman's oldest step-son also commented quite openly:

I am tired of burying my brothers and sisters every year it is always at Easter time. I am going to buy a gun and kill the whole bloody family – all of them. If this doesn't stop

Not more than six months later and Vamia's last born daughter's four-year old son died. According to witnesses, she was at home while her grandson was in hospital. Referring to her grandson she asked 'is he already dead?' When her daughter heard about this she took a short, thick club and beat her mother severely. Twelve months later, Robert's widow died.

A detection ritual (*ku femba*) ritual was held to detect who was responsible for the deaths, although suspicions were directed at Vamia. During the ritual the *n'anga* 'sniffed' Vamia out and acting as her medium, confessed to causing the deaths of several family members.

While there was general agreement within the extended family that the cause of Robert's death was witchcraft, private conversations revealed contradictory interpretations. Ezrom, a close relative, was in agreement that many of the deaths were due to witchcraft. Yet, after Robert's widow died, Ezrom speculated that this was proof that Robert had indeed died from AIDS. There were also strong suspicions that another two of the deceased had succumbed to AIDS and their deaths were not caused by witchcraft.

In spite of this new evidence, members of the second wife's household felt concerned that they may become the next victims. A healer was consulted and the

homestead was fortified. At Christmas, each household member was protected against witchcraft by making small incisions at the nape of the neck and rubbing medicine (*muthi*) into the cuts. The incisions also provided a guarantee that the sender of witchcraft would be avenged. Ever since these ritual actions were undertaken, Vamia was rendered powerless and according to one of her children, ‘acts as if she is mad’.

Avenging a wrongful death

When Sibongile, a 40 year old married woman was close to death, her niece informed me that her illness was caused by AIDS. Another relative who spoke to the funeral home director confirmed seeing the words ‘AIDS’ written on Sibongile’s death certificate. Sibongile, had suffered for two years with tuberculosis, a disease that is often recognised as a co-infection amongst people with compromised immune systems due to late stage AIDS.

Two months before she died, Sibongile’s husband, a migrant worker from Mozambique, took Sibongile to consult a powerful *n’anga* in that country. The healer fortified Sibongile’s body by making small incisions (*ntseme*) on her wrists, at the nape of her neck and below her collar bone. Medicine (*muthi*) was then rubbed into the incisions. As he performed the ritual, the healer stated that should Sibongile die, the person responsible for her death will also die.

On the evening before Sibongile’s funeral family members drove to Elite funeral home to inspect and bring Sibongile’s body home. Among the mourners was NwaMaGodi (Sibongile’s father’s sister). Upon entering the mortuary NwaMaGodi started to shake and shiver so strongly she was unable to proceed. The funeral procession travelled with the body to begin the night vigil. NwaMaGodi, still shaking and feverish

went to her house to collect a blanket. She never returned. Later that evening, NwaMaGodi's grandchildren discovered her sprawled on the ground a few metres from the toilet. She was pronounced dead on arrival at the hospital.

After Sibongile's funeral, family members discussed the implications of these events. They recalled Sibongile's visit to the healer in Mozambique and the words that he had spoken. Several family members changed their initial suspicions that Sibongile's death was caused by AIDS. The sudden and surprising death of NwaMaGodi provided evidence of witchcraft. MamaLindiwe - Sibongile's younger sister - claimed that NwaMaGodi had sent a disease similar to that of AIDS to kill Sibongile. Other relatives and neighbours speculated further that Sibongile indeed had AIDS yet was also bewitched. Perhaps NwaMaGodi had recognised that Sibongile was AIDS ill and had taken advantage of this, hoping that her witchcraft would go undetected.

CONCLUSIONS

This chapter has suggested three possible areas of intersection between AIDS and witchcraft. In the first instance, witchcraft is an explanation for illness and misfortune and provides a means to conceptualize the massive suffering that the AIDS epidemic has caused. This is made possible because narratives of witchcraft and AIDS share similar, recurring social concerns of sexual avarice and secrecy. Witchcraft is a metaphorical analogy for AIDS. Yet, the relationship between AIDS and witchcraft does not only exist as metaphor and symbol. Witches are thought to have created innovative forms of bewitchment that mimic AIDS, and use the high levels of mortality to cover up their deeds.

The second important point about the existence of witchcraft is that it breaks down the finality of AIDS illness and death. It creates new possibilities beyond that of infection from a socially shameful and secretive disease. Conceptualizing AIDS as witchcraft provides the possibility of dispute and ambiguity. And as I have shown, it makes it possible to act against the epidemic in ways outside of the constraints and limitations of biomedicine. AIDS deaths are not avenged; despite the enormous numbers of deaths and the emotional anguish these cause, and the desire to avenge them. Those suspected of spreading HIV are not punished. In contrast however, witchcraft may be avenged, through accusation and the hunting of witches, or through the employ of vengeance magic. It is in this allocation of blame for death, not necessarily only AIDS deaths that the danger of the destructiveness of witchcraft beliefs lies. As AIDS mortality increases, it is likely that the tensions and conflict within households that are currently occurring may threaten those relationships that are most required for care and support of the infected and affected.

END NOTES

¹ The HSRC national HIV/AIDS survey reports that six per cent of those respondents over 50 years of age and 4.2 per cent of those aged 15 to 49 'believed that witchcraft could cause AIDS' (Shisana and Simbai, 2002:82). In another of 150 schools in South Africa, Peltzer and Promtussananon (2005) report that 10.4 per cent of their respondents believed that AIDS could be transmitted through witchcraft, although 35 per cent of their respondents reported that they 'did not know' the answer. Finally, Kalichman & Simbayi's (2004) 'street intercept survey' of 487 men and women in Cape Town reports that 11% of respondents 'believed that AIDS is caused by spirits and supernatural forces', while 21% 'were unsure'.

² Mogensen (1997) notes that witches in Zambia could not send real AIDS, but sent something that was 'like AIDS'.

- ³ A car tire is placed around the body of the intended victim and set alight.
- ⁴ The *munjhonjhela* is a bird that resides in the tall thatch grass ducking its head up and down as it runs.
- ⁵ Reports of this form of witchcraft appeared in the local news: ‘Bushbuckridge - Limpopo women are claiming they're being raped "long distance". The women in Edinburgh village near Bushbuckridge say their attackers are using *muti* called *Mtshotshaphansi* that allows men to rape the women without being physically present. "I don't sleep at night because I keep on feeling as if a man is having sex with me, causing me to reach a climax and I become very tired," Hleziphi Ngwenya told a public meeting at the kraal of local induna Mngoni Malamule’ (Hlatshwayo & Mnisi 2004).
- ⁶ An obvious metaphorical relationship exists between eating and sex. The same term *ku dya* (to eat) is used to refer to eating and sexual intercourse
- ⁷ Physical beauty is often associated with a light complexion. Dark skin was regarded as ugly and a sign of illness or emotional disturbance. A light complexion also implied affluence. Labourers and farm workers became dark from toiling under the hot sun.
- ⁸ The popular daily newspaper, The Daily Sun, often carries front page stories about witch familiars that cause AIDS. My informants did not support these claims.
- ⁹ This refers to the Suppression of Witchcraft Act No. 57.
- ¹⁰ Action can be taken against someone who identifies you as HIV positive in terms of defamation of character.
- ¹¹ I lack the training and first hand evidence and thus cannot do more than speculate that *mabandi* may be herpes zoster or shingles, a condition often associated with HIV infection (Evian et al. 1993).