**Ethical Dilemmas in the Field:**

**Witchcraft a Biomedical Aetiology in South Africa**

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In 1990 I began doing fieldwork in Impalahoek- a village in the South African lowveld, populated by approximately 20,000 Northern Sotho and Tsonga speakers. At the time this region of South Africa was on the brink of revolutionary change. Comrades had rendered Lebowa – the Northern Sotho Bantustan of Apartheid South Africa - ungovernable. A few years previously, Comrades had accused a number of elders of witchcraft and executed them. There were now ongoing battles between Comrades and the Sofasonke Civic Union, which had resulted in three brutal killings.

As a white anthropologist I soon recognized the need to hire research assistants. My research hampered by my poor command of local languages, and I also required local helpers to steer me through the minefield of tumultuous political situations. One of the men who agreed to work for me was a 27-year old university graduate and teacher, Jimmy Mohale, with whom I formed an exceptionally productive working relationship. Since I held full-time lecturing positions and could not secure prolonged research leave, I became a migrant, oscillating between the South African cities where I lectured during term time, and Impalahoek, where I conducted research during vacations. I managed to complete 30 months of fieldwork that formed the basis of a monograph on witchcraft beliefs; and articles on topics such as dances, ethnicity, politics, sexuality, taboos, and violence. Jimmy was more of a co-researcher and friend than a mere guide, interpreter, and research subject. He assisted me in identifying research problems, selecting informants, doing participant observation, and also in interpreting information. The latter task often provoked fierce debates. Jimmy also visited me in Johannesburg, Cape Town, Durban, and Pretoria.

In 2002, Jimmy abruptly ceased working with me. There was never any overt disagreement between us, but I found it virtually impossible to locate him in the afternoons after school, or even on weekends. On the few occasions that I did meet him, he always offered some or other excuse. He either desperately had to go somewhere, or urgently had to attend to some or other family matter. I gained the impression that Jimmy purposefully avoided me, because he no longer wished to work for the small daily stipend or assuming the stressful position of being a research assistant (Van Binsbergen 2003:51-74). However, Jimmy’s kin and friends told me a different story. Far from being too proud to work as a research assistant, they said he was in a great predicament and was ashamed. Jimmy had deserted his wife and three children for a much younger woman, drank heavily, and became extremely short-tempered. Moreover, I learnt from Jimmy’s brother that he now openly accused his own father, Luckson Mohale of witchcraft.

Perhaps Jimmy’s strategy of avoiding me was wise. I was furious at what he had done to his wife and children, and despite his earnest attempts to educate me about witchcraft, I could not bring myself to share his beliefs in his father’s hidden malevolence. I greatly respected his father, a man who had always treated me courteously and kindly. As my anger receded, I began to fear that I might lose a friendship that still meant a great deal to me. I was therefore extremely happy, early in 2004, when Jimmy approached whilst I was reading a newspaper underneath the shade of a large tree. Jimmy realized that I had already heard of his divorce and of his assertions about his father’s witchcraft, but that I had not learnt about their details. Believing that a little knowing is a dangerous thing, he vowed to tell me the full story of the events that had transpired in his life.

His telling took the form of a biographical narrative: told with great honesty and considerable narrative skill during the course of 21 sessions at my rondavel (round thatch-roofed house), at the Wits Rural Facility [1], and at the home he shared with this girlfriend. On 11 June 2005, Jimmy suffered a serious attack of pneumonia. To Jimmy it was obvious that his sickness was the result of his father’s witchcraft, and he consulted a range of diviners and Christian healers in his quest for a cure. He only once consulted a general practitioner. I suspected that Jimmy’s sickness might well be AIDS-related, pleaded with him that he go to hospital, and gave him money for this purpose. But Jimmy argued that biomedical practitioners cannot cure witchcraft, and proceeded to visit yet more diviners and Christian healers. His health rapidly deteriorated.

I drove to Bushbuckridge to see Jimmy during the winter vacation, and also on the first weekend of September, and was shocked to see how much weight he had lost and how shallow his breathing had become. I asked Jimmy whether there was anything that I could do for him. But he commanded me not to become involved in managing his sickness and therapeutic consultations, but rather to do my job, which was to record his biography. ‘Go to your car!’ he said. ‘Take your notebook! Write what I tell! We must finish this story.’ Less than two weeks after I bid Jimmy farewell, his brother, Henry Mohale, phoned my office in Pretoria to inform me that Jimmy had died in the hospital near Polokwane.

I soon realize that what I learned from Jimmy could potentially offer genuinely new analytical insights in understanding witchcraft beliefs and accusations in the context of a transforming South African society [2]. But my experiences of fieldwork also raise important, yet uncomfortable, ethical concerns arising from the study witchcraft and biomedical etiologies in times of HIV/AIDS. In particularly my encounters with Jimmy raises vital, yet uncomfortable, questions about the appropriateness of divination in relation to HIV/AIDS, the limitations of intellectual relativism. My experiences show the need to balance empathy with critical engagement.

**The Pre-existence of Witchcraft**

Influential scholars relate the proliferation of discourses about witchcraft in South Africa to the ambiguities of the post-Apartheid situation. Ashforth (2005) characterizes the latter situation as marked, not only by the rise of a black middle class, but also by declining fortunes of the poor, an upsurge in crime, inexplicable deaths, and by pervasive ‘spiritual insecurity. Comaroff and Comaroff (1999), in turn, deploy the concept of ‘occult economies’ to denote the actual or imagined deployment of magical means for material ends. Techniques such as the use of witchcraft to abort processes of natural reproduction are brutal forms of extraction that have all the allure of making profit without ordinary production costs. Young men for whom the promise of postcolonial prosperity is most obviously blocked, have taken it upon themselves to cleanse the country of witches.

Any strong formulation of an argument that treats witchcraft as a response to this particular set of circumstances, does not recognize the long historical presence of witchcraft beliefs in many regions of South Africa (Delius 2001, Niehaus with Mohlala and Shokane 2001). A more appropriate conception is a weaker formulation of this argument, which treats the sorts of frustrated expectations encountered in places such as Bushbuckridge at this particular historical juncture, as merely one possible context in which witchcraft attains an aura of factuality.

The life story of Jimmy Mohale casts important light on the relationship between context and belief. Unexpected sickness and death at a time of heightened expectations in the country, was certainly an important context for the accusation of witchcraft by Jimmy against his father. But suspicions that Luckson practiced witchcraft had arisen much earlier.

Jimmy was born in 1964, as the third child of Luckson’s first wife, Selina Ngobeni. He described his own childhood as marked by great social insecurity. Although Luckson held a stable position as a truck driver in Pretoria, he required his two wives and thirteen children to share a single four-roomed house. Luckson also expected his wives to care for his aged mother, Nana, for whom he built a small two-roomed house elsewhere on his stand. Despite the intense solidarity that prevailed between siblings and half-siblings; there were frequent tensions between Selina Ngobeni and her younger co-wife. Moreover, Jimmy recalled that his grandmother, Nana, was constantly involved in disputes with her daughters-in-law, and even with her own grandchildren.

As a child Jimmy came to believe that his grandmother practiced witchcraft. This is because she was exceptionally secretive and always kept the doors of her homes locked. ‘She did not want children to play near her house or to go into her rooms’. Moreover, Nana possessed expert knowledge of potions (*dihlare*). Jimmy learned that she fortified circumcision lodges against misfortune, and helped neighbours ‘finish off’ terminally ill elders (i.e. to perpetrate euthanasia). ‘I this not witchcraft?’, he asked me. Jimmy recalled that he and his mother once observed Nana run with the speed of a teenager at night, and dig in the ground. They also heard that neighbours once accused Nana of sending witch-familiars to steal their relish.

Despite attending school under adverse circumstances, Jimmy distinguished himself as an excellent pupil. He never failed a single test or exam, and always attained one of the top positions in his class. He matriculated in 1982; with excellent grades for History, Northern Sotho, English and Agriculture; and was one of only 10 percent of Lebowa’s pupils to attained a university exemption (Ritchken 1990). His educational achievements were a source of great pride, both to himself and his family.

Eventually, in 1981, Luckson built his youngest wife her own three- bedroomed home in another village section, where Luckson spent most of the time from work. Three years later, a most tragic event occurred. Jimmy’s younger brother, Kevin, developed severe ear ache and was hospitalized. Jimmy heard somewhere that witches had planted cockroaches in his ear. But, despite his sickness, Luckson sent Kevin to the circumcision lodge. Kevin became very weak after he was circumcised. From the lodge Kevin was again hospitalized, but died from a respiratory disorder.

A diviner’s lots revealed that two witches had doctored with potions the gifts family members gave Kevin, when they welcomed him home from the lodge. nms re to welcome him home from the lodge. ‘The fingers pointed to my grandmother, Nana. People complained about her all around Impalahoek.’ This event shook Jimmy. ‘For two years after Kevin’s death, I used to see him in my dreams, playing football and attending school.’ Eventually, Jimmy’s mother and a Christian prophet rubbed soil from Kevin’s grave on Jimmy’s back and chest, and asked Kevin’s spirit not to trouble Jimmy any longer. In retrospect, Jimmy was surprised that Luckson seemed to be unconcerned about Kevin’s death. At the time he believed that by not shedding tears, his father demonstrated his status as a proper man.

Jimmy later heard rumours that Luckson inherited Nana’s sinister powers. This is when Luckson’s older brother, Aaron (Jimmy’s paternal uncle, *ramogolo*), accused Luckson of being responsible for the death of his two children. At the time Aaron worked in Johannesburg, and although he was informed of their deaths by telephone, failed to arrive to come home. This was possibly due to severe alcoholism. In his absence, Luckson, who chaired the Mapulaneng Burial Society, paid for, and arranged their funerals. Aaron subsequently quit drinking and joined the Zion Christian Church (ZCC). He now alleged that Luckson merely pretended to be generous to mask his nefarious deeds.

During 1982 and 1983 Jimmy taught at the Impalahoek Primary School as an unqualified teacher, and obtained a bursary to study education at the University of the North (now University of Limpopo). In 1987, the year before his graduation, Jimmy paid an initial instalment of bridewealth and married his girlfriend, Lerato Mashile. Jimmy told me that he could not have wished for a better wife. Lerato gave birth to three healthy children: Kgopotšo in 1987; another daughter, Thandi, in 1989; and a son, Katlego, ten years later, in 1999. After graduation, Jimmy joined the staff at Moletele High School as a history teacher. His wife Lerato, obtained a Primary School Teacher’s diploma from a local college, and secured a position at Malapane Primary School in 1993. Despite attaining financial security, the couple continued to reside in Jimmy’s natal household [3].

In 1996, Luckson Mohale, retired from working at a transport company in Nelspruit to became a pensioner at home. He now resided primarily with Selina Ngobeni. The issue of his witchcraft again resurfaced in October 1999, when in the space of only two weeks, Luckson’s nephew and niece died (the former was a victim of a motor vehicle accident the latter of excruciating headaches). During each funeral, Luckson’s unbecoming behavior attracted attention. Although Luckson was never on good terms with his nephew, he took his nephew’s wife to the scene of the accident in Phalaborwa, and identified his corpse in the mortuary. When Luckson heard of his niece’s death he offended other mourners by entering the room in which her corpse lay, and saying: ‘My niece! Wake up! Are you dead?’ Luckson then failed to attend her funeral, saying that he had to tend to another, more urgent, obligation.

Within the next few years there were further mysterious deaths. During 2001 Luckson arranged for the ZCC to hold an all-night prayer meeting at his home, for the purpose of strengthening his family against misfortune. Luckson’s youngest sister, Basebele, attended the event, but became terminally ill immediately when she returned. After her funeral, Basebele’s sons came to the gate of Luckson’s home and loudly proclaimed that he was a witch. They told Jimmy, ‘Your father killed our mother. We don’t want him at our house. There is a snake [*mamlambo*, a witch-familiar] at your home. Why are you staying with the snake?’

Jimmy sincerely believed that his father was innocent. For more than six months he alone lived with his father, seeking to protect him against his accusers. Lerato left to live with her own kin, and Selina Ngobenin with her daughter. Jimmy believed that the source of misfortune lay well beyond the gates of his parent’s homestead. Envious women neighbours, who had pestered the household for decades, were responsible for these deaths.

**Things Fall Apart**

By 2003, Jimmy no longer defended his father, and had become one of his most vocal accusers. Jimmy changed his opinion as he came to realize that something of someone obstructed his progress in life, experienced a series of perplexing misfortunes, and heard the revelations of successive diviners and Christian healers. He entered the teaching profession in Bushbuckridge during an extremely tumultuous time. Students challenged the way teachers ran local schools, protesters frequently disrupted classes, and learners suffered very high failure rates. (One year a mere 4% of students at the school Jimmy taught passed their final exams.) Despite occasionally working for the ANC, some students and teachers branded Jimmy as a ‘reactionary’. For more than thirteen years, he failed to secure promotion, and felt a deep sense of injustice when incompetent and lesser qualified colleagues were appointed to senior posts.

His lack of progress was soon also evident in other arenas of his life. Throughout his life Jimmy bought five different cars, none of which lasted for more than a year. He also began to engage in extra-marital love affairs and in ‘one night stands’ with women he met in drinking taverns. These affairs drained his salary and contributed to regular arguments between him and Lerato. She stared spending more time with her own kin, and the couple separated for nine months. When they reconciled, Jimmy moved in to live with Lerato at her mother’s homestead. The couple made ambitious plans: they used all their savings, and took out bank loans, to start build their own home in the town of White River. They also resolved to send their children to English-medium schools. But these plans did not come to fruition.

Jimmy resented interference by his mother-in-law, drank even more heavily, and became increasingly aggressive towards Lerato. In 2003, he left his wife and three children to live with Iris Maluleke, a woman fifteen years younger than him. Jimmy’s decision cost him dearly. Lerato instituted a claim for child maintenance at the magistrate’s court, resulting into the monthly deduction, by stop order, of R1,500 from Jimmy’s salary. There were further deductions for a car he no longer drove, a home in White River, life insurance and rent, leaving him with only R650. ‘I’m left with absolutely nothing’, Jimmy said. ‘I’m a charity case now.’

It gradually became clear to Jimmy that the source of the destructiveness was closer, more powerful and more sinister, than something which might emanate from the homes of neighbours, and lay at the very apex of his own family. During 2002, whilst he was separating from his wife, Jimmy took his daughter, Kgopotšo to a school in Middelburg by car. On the way there, the rear door of a trailer in front of them swung open and bricks fell from it onto the road. Two wheels from Jimmy’s car went over the bricks and burst. Past midnight, on the way back, Jimmy’s car hit a leopard. The next day, when Jimmy relayed these experiences, Luckson shouted at him, ‘No! You are imagining things! You were drunk.’ Jimmy left his father’s home, shaking with anger. To make matters worse, he learned that Lerato had told Luckson about his extramarital affairs.

Later that year, Jimmy’s mother developed respiratory problems, and his 12-year old niece, Duduzile died after suffering from severe fever. Before her funeral, the Mohale brothers consulted Dr, Sugar, who was one of the most renowned diviners in Bushbuckridge, to ascertain what, or whom, had caused their mother’s sickness and niece’s death. Dr, Sugar said that his divination lots showed: ‘There are dangerous things at your home’. ‘Your father has a snake [*mamlambo*]. He inherited it from his mother and ordered potions from Durban to strengthen his witchcraft.’ ‘He has killed many people.’ These revelations shook Jimmy, and he sat in the rear seat of the car, crying, whilst his brother drove home. A Christian prophet subsequently confirmed Dr, Sugar’s revelations as truthful.

**Oedipus and AIDS**

Rebecca Mohale, Luckson’s 27-year-old granddaughter, worked as a chef at a nearby game lodge. In September 2004, she fainted and became terminally ill. Rebecca fainted at work and colleagues brought her to her mother’s home by car. Neighbours gossiped that Rebecca had died from AIDS-related diseases, such as tuberculosis.

. Jimmy disagreed. Whilst we researched the impact of AIDS in Impalahoek, Jimmy told me of several of his acquaintances who had contracted the ‘dreaded disease’. He was well aware of biomedical perspectives on HIV/AIDS, and shared my conviction that government underestimated the seriousness of the pandemic in rural areas. Jimmy knew there was no cure for AIDS, and seemed receptive to my stories about persons such as judge Edwin Cameron, who had successfully managed to live with AIDS, through the use of effective medication (Cameron 2005). He agreed that government should provide free antiretroviral drugs. But, unlike me, Jimmy was of the opinion that some persons, who were said to suffer from AIDS-related diseases by neighbours, were in fact victims of witchcraft. Whilst witches could not send AIDS, they were perfectly capable of creating ‘artificial AIDS’, that is a witchcraft-induced sickness that mimics the symptoms of AIDS. In this manner, he said, witches used the pandemic as a shield to mask their nefarious activities.

‘If anybody gets ill, people will say that her or she has AIDS. Sakkie [my nickname], I know AIDS is there. But when you die of AIDS your partner will also show symptoms of the disease. I don’t think it is AIDS when a person dies, but the partner shows no symptoms and lives for another ten years. These cases are questionable.’

By seeing witchcraft where others saw AIDS, Jimmy and his siblings were going against the drift of blaming victims for contracting the sickness through their own sexual conduct. They also entertained a measure of hope. Unlike persons with AIDS, diviners might be able to save some victims of witchcraft.

The Mohale siblings decided to act against their father by asking a 70-year-old Shangaan diviner, called Fundani Maluleke, R1500 to use vengeance magic against him. As a mystical means of punishment, vengeance magic operates in the same invisible realm as witchcraft, a realm located outside South Africa’s public legal system. Fundani and his assistants asked the Mohale siblings to drive them to the Injaka Dam. Here they placed coins, meat, maize porridge and potions in the water, and left a chicken to roam on the firmament, next to the dam. The coins were meant to lure Luckson’s snake into a trap; the chicken to make it believe it was in someone’s yard where it is welcome; and the food and potions to poison it. Fundani said that when the snake realized that it had been deceived, it would kill its owner. Fundani also fortified all members of the Mohale family.

When these measures proved ineffective, Fundani pierced green, hollow reeds into the soil of the graves of the deceased. As the wind blew through the reeds, he said, it would call the witch to follow his deceased victims.

**On Referees and Players**

Jimmy’s assertions about witchcraft also expressed – whilst half obscuring – concerns about his own health. His friend Patrick Monna told me that Jimmy had contracted a sexually transmitted disease in 1999, allegedly from having engaged in intercourse with a woman who had had a backstreet abortion. Jimmy took three days’ sick leave and consulted a well-known diviner, who administered an effective herbal concoction.

The next time that Jimmy became ill was during 2003, whilst he resided with Iris. One evening Iris woke Jimmy and asked him to accompany her to the outside pit latrine. Whilst keeping guard, Jimmy saw and heard figures that might have been zombies. Later, during the course of the week, Jimmy began suffering from respiratory difficulties. He was very ill for nearly two weeks and told me: ‘I coughed. I felt weak. I had a lack of appetite and also constipation.’ Jimmy consulted a diviner, who, after casting his divination lots, revealed that witches laid a potion [*xifulane*] on his path. This incident prompted Jimmy and Iris to move out of the neighbourhood, and temporarily to hire another room, further away from his father.

In the time that we were out of touch a mutual friend and his wife suggested to me that Jimmy might be displaying the initial symptoms of AIDS. They noticed that Jimmy had lost weight, his glands were swollen to the size of golf balls, and there were sores on his face, which could not possibly have been the result of a shaving accident. Further confirming this possibility, his wife told me that she had met Jimmy at Tintswalo Hospital where he had been treated for diarrhea and dehydration. (Jimmy acknowledged this, but shrugged it off as being of minor importance.) One of Jimmy’s drinking partners told me that some of Jimmy’s former sexual partners were known to have contracted HIV. He commented that Jimmy was losing weight, but that he initially assumed that marriage problems might be to blame.

Upon my arrival in Impalahoek during the winter vacation of 2005, I heard that Jimmy had been seriously ill, and was recuperating at his sister’s home. Jimmy was very happy to see me, and insisted that he had recovered sufficiently to help me complete the biographical study. He requested that I should interview him at my home at the Wits Rural Facility. Here he felt safe from his father’s witchcraft, could bathe in hot water, and enjoy energy drinks and vegetarian meals. For the first time I noticed lesions on Jimmy’s lips and forehead.

We first went over the script I had written previously, and Jimmy proceeded to give me a day-by-day account of how his sickness had progressed. On Friday 10 June, Jimmy slept in a colleague’s car after he had completed his lessons. When Jimmy awoke his entire body ached. ‘My eyes itched, my throat was sore, and I had a headache and a swollen stomach*’.* He continued:

‘Thabo [his colleague] then dropped me off at home. When I alighted from the vehicle I felt as if something had sat upon me. I went into the house and could not even climb onto the bed. I had no power. My legs dangled in front of me and I felt terribly cold. I also had palpitations and I found it difficult to breathe. This was no ordinary sickness. As I lay on the bed my body went numb…I had never experienced such pain in my entire life.’

‘On the weekend, I could not get out of bed and walk to the toilet [outside]. But I had diarrhea. Iris would shift me onto a pot. To simplify things I stayed naked on the bed. I was very jittery and nervous. I could not sleep and I was sensitive to any movement. I did not like food and I did not like noise.’

On Monday, 13 June, a neighbour drove Jimmy to a general practitioner. The doctor diagnosed chronic bronchitis and pneumonia, and gave Jimmy an injection, tablets and a bottle of cough syrup. But Jimmy found the medicine to be of no use. ‘It worsened everything’, he claimed. On Tuesday Jimmy’s mother consulted a diviner, whose lots revealed that witches had used potions and sent an ape-like familiar (*tokolotši*) to weaken him. She instructed Jimmy’s mother to burn herbal concoctions in a clay pot, and to make him inhale the smoke through a reed. This, too, did not have the desired effect. ‘Just imagine the pain I felt in my chest: the weak body of mine smoking heavy concoctions’, he remarked.

On Thursday, 16 June, Jimmy’s nephew came to visit him, and afterwards Jimmy informed Jimmy’s mother that he was dying. A woman overheard their conversation at the market and offered to assist. When she came into Jimmy’s bedroom, she reportedly remarked, ‘Yes. This is the potions [*xifulane*] witches use these days to kill people.’ She worked quickly, smeared potions on his head, legs, waist, and breasts; used a new razor blade to make small incisions on different parts of his body; and then lifted his arms to let the heat escape from his torso. Jimmy immediately experienced relief and was able to sleep.

Early on Friday morning, Jimmy’s brothers consulted a powerful witch-diviner. He took them into his divination hut and asked them to drink a concoction from small glasses. Jimmy relayed what he heard in the following words.

‘Moses and Kagišo took the drug. They sat there and fell into a sort of a trance. The diviner then told them to stare at a white wall in front of them and call out the name of anyone whom they thought is a witch. The wall works like a sort of television. They called our father and the guy immediately came out on the screen…. My brothers also saw my father’s familiars – the snake [*mamlambo*], white woman [*missies*], and the *tokolotši* [ape].’

The diviners promised that he would kill Luckson, but instructed the young men first to focus on Jimmy’s sickness, and gave them herbs, which he said their brother should drink. From the divination hut, Kagišo rushed to confront his father and screamed at him. ‘You are a witch! I give you two days to cure my brother. Otherwise I’m prepared to go to maximum security prison [be imprisoned for murder].’ Luckson said that as a Zionist he did not know what Kagišo spoke about, and pleaded with him to enter the yard.’ But Kagišo refused.

By Saturday evening, 18 June, Jimmy felt a great deal better, and moved into his sister’s home, which his brothers had fortified, following a diviner’s instructions. They guarded the room against outsiders. Jimmy was certain that he would make a complete recovery and that the diviner would soon defeat his father.

I did not share Jimmy’s optimism. Despite his recovery from what I believed had been some of the graver symptoms of pneumonia, Jimmy was still weak and coughed persistently. I also noticed him staring at his skin lesions in my bathroom mirror. I had an earnest conversation with Jimmy. I told him that I believed his sickness might reappear and that he should not merely rely upon diviners, but also upon physicians. To be on the safe side, I advised Jimmy to undertake a test for HIV antibodies, and emphasized that even if he tested positive, he could control the condition with antiretroviral therapy. I also begged Jimmy to accompany me to Pretoria, which had excellent medical facilities. Jimmy was adamant that he would first consult the diviner, and to ensure his father’s final downfall. As a compromise, I gave Jimmy R1,000 and asked him to consult the best available local doctor.

To me Jimmy’s apprehension of pain seemed to be ‘present-orientated’ (Wolff and Langley 1968). In his quest for immediate relief, he was extremely attentive to minor improvements, whilst, in the long-term, his health steadily deteriorated. As puzzling to me was his continued trust in processes of divination, despite acknowledging the failure of particular diviners. In retrospect, I have come to see his commitment to the divinatory paradigm as an effect of diagnostic labelling and of the politics of culpability. From a pragmatic viewpoint which seeks to understand ‘lived social processes’ (Ortner 2006), the difference between Jimmy’s and my perspectives involved more than a simple ‘clash of values’. From Jimmy’s perspective, accepting a diagnosis of witchcraft excused him from blame. A diagnosis of AIDS would have compelled Jimmy to confront the consequences of his sexual liaisons and to accept the possibility that he had spread the dreaded disease to his sexual partners. Such a diagnosis would have undermined his claim to moral personhood. These factors did not apply to my own perspective, rooted in a position of relative detachment. Nonetheless, I cannot avoid the feeling that I made a serious mistake by not being more confrontational, and by not taking him to an HIV clinic.

On Thursday, 25 August, another research assistant phoned my office in Pretoria from Bushbuckridge. He told me that Jimmy was seriously ill and not receiving appropriate biomedical care. Unfortunately, having health problems myself, I was unable to drive to Bushbuckridge that weekend. Only once an exceedingly expensive MR scan had revealed a growth on my pancreas to be a cyst rather than a tumour was I able to drive the necessary 480 kilometers.

On Saturday morning, 3 September, I knocked at the door of Jimmy’s two-roomed house. His siblings, who guarded his room, allowed me to enter, perhaps because my status as a white person was antithetical to witchcraft. Jimmy sat on a sofa, eating soft porridge. He looked like an old man. He was trembling, his eyes protruded, he was notably darker in complexion, and he had lost a great deal of weight.

Jimmy greeted me politely and invited me to sit next to him. I noticed that his demeanor had changed. Despite being able to speak only with great difficulty, and despite being characteristically sociable, his voice also had a new note of authority. It was, ironically, at the time of his greatest vulnerability Jimmy assumed a dominant persona. At times, he spoke as if he was issuing commands, and even when he did not, his words seemed to be especially thoughtful and profound. I immediately asked him whether there was anything that I could do for him. He looked me straight in the eyes, and said:

‘Sakkie. You cannot be both a player and a referee.’

Jimmy had learned, via Moses, about my concern that he was not receiving appropriate biomedical care, and resented my attempts to interfere. He made it clear that he and his siblings were the players: they were in a better position to understand the nature of his sickness. As his biographer, I was a referee who merely had to observe ongoing events.

I nonetheless drove to the nearest supermarket to purchase groceries, energy drinks and fresh fruit and vegetables for the sick man. He no longer tolerated meat. For that day and the next, I sat beside Jimmy, chatting to him and recording his words. Jimmy’s breathing was rushed and shallow, and when he asked to use the bucket, his urine was strikingly bright and orange in colour (possibly due to dehydration.)

From Jimmy’s truncated speech, supplemented by interviews with his neighbor and maternal cousin, I was able to learn what had transpired in my absence. From these accounts, I learnt that Jimmy’s siblings had constituted themselves as his ‘therapy management group’ (Janzen 1979); who arranged for his therapeutic consultations, and guarded his home against possible agents of witchcraft. The Mohale siblings had expelled Iris from the home she once shared with Jimmy, because they felt that she had not taken proper care of their brother. She had reportedly left Jimmy alone at home, without food, whilst she left to work as a hairdresser in Hoedspruit. Kagišo returned home from Johannesburg, where he had been seeking work, and assumed responsibility for washing Jimmy’s clothes and bedding.

Jimmy and his siblings did use the money I gave him to obtain biomedical treatment. Instead, he had consulted an array of different diviners and Christian healers. An elderly Mohale man fortified him with potions, a woman diviner massaged him with oil, to remove the witch-familiars from his body, and a minister of the Paradise Church treated Jimmy with steaming. Had it not been for their interventions, Jimmy argued, he would have died long ago. He was dead set against going to the under- resourced Tintswalo Hospital.

‘Sakkie. Western medication is very good. But the Western doctors cannot diagnose what I have. Sakkie. Witchcraft is there. . . . Let’s not talk about the hospital. What do they give you at Tintswalo? Medicine? What else? Tablets? They only come to your bed at ten [am], twelve [noon], three and six [pm]. If they find you asleep, they leave you. There is no nursing… Tintswalo is bad. Go to the TB [tuberculosis] ward. Horrible things happen there. [3]

Jimmy vehemently denied any possibility that he might be suffering from AIDS. He told me that when Lerato gave birth to their son Klatego in 1999, the doctors screened Lerato’s blood for HIV antibodies. This, however, had been almost six years before he became seriously ill; and the form of screening was probably sentinel surveillance testing, conducted purely for generating statistical knowledge about the epidemiological distribution of HIV. Physicians do not communicate the results of these tests to their patients, unless explicitly requested to so. Further testimony to Jimmy’s disinclination to engage with biomedical diagnosis was the fact that when his friend, Ronald Mokoena, advised him to test for HIV antibodies. Jimmy bluntly refused.

It is hard to assess the consistency and sincerity with which Jimmy held these views. At times Jimmy’s claims about witchcraft sounded very much like veiled speech: they seemed to express what he could not directly say. Jimmy perceived himself as located in the liminal domain, betwixt and between life and death. As his illness progressed, he increasingly described himself as a living corpse, who was socially dead yet physically still alive. This metaphor describes both persons living with AIDS, and those being transformed into zombies by witches (Niehaus 2005).

During our conversation, I again pleaded with Jimmy to use clinical medicine. As in the case of most things in life, I said, true strength and healing comes from a combination of ‘tradition’ (*setšo*) and ‘things of the whites’ (*sekgowa*). Clinical medicine was powerful and, even if he was dying, it could alleviate his pains. Moses agreed, but said that he would first take Jimmy to Polokwane to consult yet another, allegedly powerful, diviner. Jimmy, himself believed that a Christian prophet, might be able to save him and defeat his father. Nonetheless, I again left Jimmy money with which he could seek clinical care.

Before I left Jimmy called together all the members of his therapy management group, and told them always to regard me as their brother. He cried as I walked out of the door. I felt extremely humbled and distressed. Despite our very intimate social ties, I could not share the conviction of witchcraft that united Jimmy and his siblings. My suspicion of AIDS confirmed my status as a perennial outsider.

Jimmy died 10 days later, in a hospital near Polokwane. After the news of Jimmy’s death reached home, his siblings confronted their father, bearing a firearm, a knife, bricks and an axe. Luckson ran indoors and locked himself in his own room. A policeman dispersed Jimmy’s siblings. He argued that if they killed Luckson, they would be arrested, and there would be nobody to bury Jimmy. The Mohale siblings eventually calmed down and set about organizing his funeral.

Nearly 2000 mourners attended. At sunset on Friday evening, 13 September, kin moved his coffin from the mortuary to his father’s home, hereby locating Jimmy in the social space of his patrilineage (Smith 2004). His estranged wife and not the girlfriend wore mourning attire, signifying that she would inherit Jimmy’s property (Durham and Klaits 2002). Mourners fashioned an ideal biography for Jimmy, portraying him as a successful professional and playing down all conflict within his broader kin group.

An all-night vigil was held on Friday night, and on Saturday morning his funeral service was conducted in a church hall. Mourners then transported his corpse to the graveyard by white Limousine. A minister, school principal, lawyer, police officer, college lecturer and I gave speeches, describing Jimmy as a good Christian; a loyal member of the ANC; an excellent student, teacher, research assistant; and a good husband and father. Nobody referred to the cause of his death and his brother Moses announced that he had been ill for only a short time. The minister laid reefs of on his coffin and read out messages of support from his beloved wife and grief-stricken father. The issue of witchcraft remained a subtext to this public event, and was confined to the domain of backstage gossip. The funeral concealed social divisions and conflicts (V. Turner 1969), and choreographed an ideal model, not of the Jimmy’s actual life, but rather, of what it ought to have been.

**Conclusions**

The story of Jimmy ‘s life and death raises important issues in anthropological theory and, perhaps even more crucially, in the ethics of doing ethnographic research. His narratives illuminate the immensely complex relationship between witchcraft with the contexts in which it occurs. Rather than a response to specific situations, witchcraft appears as a fluid and shifting, but nonetheless, ever-present discourse that is constantly being redeployed, reinterpreted and reconfigured. Jimmy’s father had long been suspected of practicing witchcraft before this seemed plausible to him. His life story also shows how unexpected incidence of misfortune informed the way specific social actors experience witchcraft. These include the correspondence between his father’s retirement and the untimely deaths of some of his kin at home. In this respect witchcraft appears to be as much a product of ‘conjunctive’ as ‘systemic’, agency (Sahlins 2004:155). His narratives do not support any causal relationship between social insecurity and witchcraft. But it does suggest a relationship of ‘elective affinity’ (Weber 1905) between experiences of interpersonal violence, sickness, and of bereavement, and beliefs in the mystical malevolence of elderly village residents. Successive deaths among Jimmy’s kin seem to have been intimately related to his fears of being persecuted. Here psychoanalytic theory is illuminating. Following Klein (1988), Stephen (1999:713) postulates that at an unconscious level, subjects equate the loss of loved ones, with the painful loss of ‘inner objects’. This effect is enhanced in contexts such as Bushbuckridge, where the self is viewed socio-centrically, and is invested in social relations with others.

The study of Jimmy’s life and death raises ethical dilemmas that pertain to the relativist orientation of anthropology. The relativist goal, which asserts that culture must be evaluated in its own terms, challenges the Eurocentric assumption that Western valued and concepts constitute a universal yardstick. This orientation is apparent in interpretive anthropology (Geertz 1973), the postmodern concern with the representation of indigenous voices and social criticisms from subordinate positions (Rosaldo 1989), and in the more recent ‘ontological turn’ (Viveiros de Castro 1998).

This orientation also informs the exceedingly generous manner in which anthropologists have treated divination and witchcraft - separate, but as we have seen, intrinsically linked phenomena. Anthropologists of an earlier generation see divinatory processes as crucial to the formation of social consensus (V. Turner 1967), and argue that witchcraft accusations bear positive functions. They articulate hidden tensions, and allow for the readjustment of social relations (Evans-Pritchard 1937). More recently, some anthropologists contest the claim that divination and witchcraft are based on erroneous ontological assumptions. Van Binsbergen’s (2003) defends divination as a valid form of extrasensory knowledge, whilst Stoller and Olkes (1987) and E. Turner (1992) treat witchcraft as objectively real – even if inexplicable in terms of scientific knowledge. A volume of the journal *Social Dynamics* discusses the role of diviners in treating AIDS-related diseases. Different contributors accept the spiritual authority of diviners, and portray their services as being accessible, psychologically soothing, and culturally appropriate. Their medication, they argue, can suppress the effects of the virus and prolong life (Devenish 2005, Henderson 2005, and Wreford 2005).

The aims of allowing ethnographic subjects to speak for themselves and of debunking assumptions about the superiority of Western thought are indispensable for anthropological understanding. Yet, my experience of recording Jimmy’s biography has taught me the pitfalls of treating the evocation of local meanings and perspectives as the only anthropological aims. Anthropology can ill afford to adopt an uncritical, purely interpretive stance, to witchcraft beliefs and divination, especially in the era of AIDS. Lett (1991:313) suggests that accounts of social life based purely upon the explication of meaning can lead us to absurd conclusions, such as endorsing claims that persons can turn themselves into elephants.

An uncritical stance towards divination sometimes identifies diviners with the subaltern. This was only partially true during Thabo Mbeki’s presidency, when government formed an alliance with the Traditional Healer’s Organization and encouraged sick persons to use remedies that stood outside the remit of scientific regulation (Geffin 2005). Moreover, analysts frequently overlook how divinatory revelations about witchcraft foment anxiety and enhance fear. The story of Jimmy’s life and death concurs with Ashforth’s claim about spiritual insecurity. ‘Life in a world of witchcraft’, he writes, ‘is lived in the light of the presumption of malice: one must assume that anyone with the motive to harm has access to the means and that people will cause harm because they can’ (Ashforth 2005:69). Jimmy’s acceptance of divinatory revelations about witchcraft led to the disruption of the most intimate relations in his life. Moreover, by labelling the AIDS-related diseases as symptoms of witchcraft, diviners discouraged people from seeking effective biomedical treatment.

Peek (1991) argues that consultations with diviners attain value in situations of dialogue and medical pluralism. He suggests that in times of crisis, diviners generate a shift to a contrary, non-normal mode of cognition, which enables their clients to scrutinize known facts in the light of a different perspective. Because the language of divination is cryptic and ambiguous, all revelations are translated and discussed, and there is a transference and counter-transference of information. As such old elements are reorganized into new arrangements. In the later stages of Jimmy’s life, divination lost these dialogical properties, and attained conceptual closure. Witchcraft became a circular and totalizing - an all-consuming world of potions, familiars and zombies. It came to resemble a ‘phantasmagoric space’, a space with an inner praxis that exists outside everyday logic, beyond external falsification. Its force derives not from what it represents, but from potentialities that open within itself (Kapferer 2003:22). The pervasiveness of misfortune helps explain the all-consuming nature of witchcraft in Jimmy’s life. An admission of HIV/AIDS would have made Jimmy responsible, not only for his own sickness, but also for the deaths of others, whom he might have infected with HIV through unprotected sexual intercourse.

Though indispensable, anthropological engagement based purely upon the explication of meaning is perennially incomplete. Critical empathy seems to be a more appropriate intellectual and ethical stance. For me the relevance of anthropology lies in inter-subjective encounters and open-ended, cosmopolitan, dialogue. To these conversations, the discipline brings comparative, inter-contextual, understanding (Gudeman and Rivera 1990, Kuper 1992).

**Notes**

Due to the sensitive nature of the material I present, I use pseudonyms to refer to all personal names and to the place of fieldwork. All non-English terms are in Northern Sotho.

1.The Wits Rural Facility is operated by the University of the Witwatersrand and provides accommodation to research workers. It is located a few kilometers outside Impalahoek.

2. For a far more detailed and much longer account of Jimmy Mohale’s life and death, see Niehaus (2013).

3. Sons are expected to leave their parental homes in order of seniority, and set up their own, independent, households, as soon as their younger brothers marry. Contrary to these expectations, Jimmy resided with his parents, even though two of his younger brothers were already building their own homes. Subversions of these seniority rules are believed to unleash an affliction called *di feka* (*eka*, literally ‘betray’), marked by the birth of crippled children.

4. Tintswalo Hospital suffered financial cutbacks. Thom (2004) reports that health-care expenditure ‘limped behind’ in Limpopo (previously Northern) Province. The province spent only 16 per cent of its budget on health. This is in contrast to an average of 22 per cent in other provinces. One doctor in the public sector had to serve a population of 8,544, while a professional nurse had to serve 1,001 people.

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