



ISSN 2336-3274 (Print) ISSN 2570-7558 (Online)

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Thornton, Robert J. 2017. Healing the Exposed Being: A South African Ngoma Tradition. Johannesburg: Wits University Press. 336 pp. ill. ISBN: 978-1-77614-018-3

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Recommended citation:

Pěničková, D. (2018). Thornton, Robert J. 2017. Healing the Exposed Being: A South African Ngoma Tradition. Johannesburg: Wits University Press. 336 pp. ill. ISBN: 978-1-77614-018-3. Modern Africa: Politics, History and Society, 6(1), 151–156. <https://doi.org/10.26806/modafr.v6i1.234>



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of Africa to their students. Its unmasking of “myths” is unlikely to excite European readers with their novelty.

Bill Freund

Thornton, Robert J. 2017. *Healing the Exposed Being: A South African Ngoma Tradition*. Johannesburg: Wits University Press. 336 pp. ill. ISBN: 978-1-77614-018-3

Robert Thornton is a cultural and medical anthropologist with a long-standing interest in African indigenous knowledge and practices of so-called “traditional healing,” specifically *bungoma*. His current ethnographic research investigates responses to HIV and other health problems in South Africa; it builds on and is a thematic extension of his over sixteen year-long research exploring the lives and practices of local “traditional healers” *sangoma*, spanning the rural chiefdoms, formal town and townships and informal settlements of Mpumalanga province. This nearly two-decade long exploration yielded the present book *Healing the Exposed Being* – a rich ethnographic account of the therapeutic application of *bungoma* healing and philosophy of life carefully embedded in the complexity of the modern-day political, economic and ecological as well as environmental context.

In Thornton’s view, *sangoma* are a kind of anthropologists of the local environment and life ways. Thus, rather than interpreting their knowledge and action as one of the African religions or kinds of healing, such as “Zulu religion,” he presents their practice as an indigenous anthropology and analyses it in a way that a professional anthropologist would interpret the work of his or her colleagues. He presents *bungoma* as an intellectual tradition that has its own set of fundamental concepts that guide its practice. While trying to describe it in its own terms, where needed, Thornton explains it in his own words (while making clear he does so) and highlights particular points he feels are most significant. Thus, he takes on the role of a participant observant of his fellow anthropologists – *sangoma*. Throughout the book, Thornton makes a conscious and deliberate effort to refute the existing and often deeply ingrained misconceptions in both popular and academic literature, public health and medicine,

as well as governmental documents and conceptualisations that *bungoma* is about witchcraft and “*muti* killings.” In his book, therefore, many may be disappointed in not finding the familiar vocabulary of a non-Western, primitive religion whose crux lies in the practices of witchcraft and witch doctoring. As he states in his Conclusion, one of the book’s theoretical objectives was to destabilise terms such as “tradition” and “religion,” as well as “health,” “healing,” and, most importantly, “magic.”

Ever since the emergence of religious studies as an academic discipline in the late 19th century, authors have regularly invoked “magic” as one of the fundamental categories of social analysis. Interpreting and understanding magic has seemed key to the effective analysis of human society, especially in cross-cultural perspective, and as such it appeared in countless texts by the leading theorists of social studies and humanities, including such founding scholars of modern anthropology, sociology, psychology and religious studies as Tylor, Malinowski, Durkheim, Weber, or Freud. One of the primary functions of studying magic in this context has been to serve as a foil to religion and science, helping defining the nature of both and demarcating their proper boundaries (Styres 2004: 6). In this sense, as Allison Coudert points out, the debate over magic has provided an outstandingly rich platform for exploring modernity and its values by proving useful in separating what is supposedly “modern” from what is “non-modern.” Modernity then has been defined as “rational,” “progressive,” “empirical” and thus, indeed, “scientific.” In fact, all that magic is considered not to be (Coudert 2011: 28). Magic as a spurious system of natural law as well as an erroneous guide of conduct is summed up in Frazer’s (in)famous definition of magic as “the bastard sister of science” or pseudo-science, similarly how it has been vilified as a corrupt form of religion by Durheim or Mauss. The common format in which *sangoma* and their practice have been portrayed fits this early modernity paradigm. For instance, the label “pseudo-medicine” and “superstition” commonly pop up when searching information about the practice of *bungoma* or *ngoma* (the use of drums in healing) online. However, as Thornton’s careful analysis based on extensive ethnography illustrates, magic utilised in *bungoma* is not a failed instrumentality and a primitive predecessor of science. Neither is it a deficient medicine. Rather, he says, “it is a set of practices, including knowledge practices that envelop and situate

pragmatic and empirically-grounded acts in an appropriate emotional, or spiritual, context” (p. 289).

Thornton interprets *sangoma* action as a metapractice, in which the *muti* – a set of materials that is intertwined with the “ritual” – the acts that index the patient’s suffering as a legitimate concern of the healer, the relatives/ancestors, and the patient him- or herself. Whatever these do together, that is, what makes the magical, constitutes a metapragmatic discourse about the illness, bad luck, evil, or however the cause of suffering is understood. In this way, each person’s suffering is given a specific meaning, uniqueness, vis-à-vis individualising it. In a cultural environment with a high value placed on social equality and interpersonal connection, the uniqueness of the therapy gives it a key emotional value. Thus, Thornton asserts, the “meta” status of the practice makes the magical and the empirical compatible and interconnected – rather than pitted against each other as in the early modern definition of magic.

The central principle on which the practice of *bungoma* is predicated is that all human beings are vulnerable to each other’s presence – which means they are affected by “power,” “energy,” and “capacity” of other people, including the healer’s. Thornton emphasises that in Western notions, being vulnerable implies a differential social power in which the vulnerable is potentially a victim of the other. However, the relation among the Zulu should be better interpreted, as the book’s title suggests, as being “exposed,” which emphasises the mutuality of the patient-healer relationship as well as the general equality of persons understood in the local culture. The human body is taken as necessarily whole and healthy until this quality is disrupted by any external influence which is ubiquitous, unpredictable, and often invisible. A number of phenomena and beliefs are integrated into the notion what this external influence may be, including beings such as ancestors and (their) spirits, witches, zombies and other apparently transcendent immaterial entities. Beings, or “occult” persons such as zombies and witches, in Thornton’s analysis do not present a primitive religious phenomenon, a precursor to the Western notion of religion, or a deficient science, but are part of an intellectual system that can be likened to what Christian theologians define as “theodicy” – a theory of evil.

Thornton describes how *sangoma* then counter the exposure by “augmenting the person.” Each healer does this in a unique way, using a wide range of actions, including bathing – in water or smoke, cleansing – by sweating, washing, vomiting, or emetic-induced diarrhea, the ingestion of medicine (*muti*), the rubbing of natural substances into the skin or making small cuts on its surface at points of juncture – neck, elbow, wrist, knees, ankles, waist, or brow, and by using a wide range of amulets – worn on the body, usually also at points of juncture because these are considered the bodily points where exposure is the greatest. Amulets may be made from beads and strings of other kinds of powerful substances, such as marine shells, conus and whelks, glass and metal items, seeds, pieces of wood and herbs that can be strung on a cord and worn. All these items may be interpreted “as constituting parts of a material logic that when constructed and placed in relation to vulnerable parts of the body, achieve the protection that the *sangoma* attempt to provide” (p. 288). They, in fact, provide or substitute the wholeness that represents one’s health. Thornton labels this process “apotropaic magic,” by which he means the technology of a material logic of protection that stops negative exposure and may even reflect it back to its source. As Thornton shows throughout his book, these methods and processes connect persons with other persons as well as the larger environment, especially with the ecology of the bush. The bush is seen as “pure” because it is free of humans. It is, at least in its ideal form, a space uninhabited by people. This is an important concept also for urban areas, where Thornton works, which also have “bush”-like spaces: waste grounds between settlements and mine dumps, or any area not developed for construction. These are the best areas to gather healing materials (*muti*) – although nowadays these can also be farmed or purchased – used in the process of making the patient’s suffering meaningful and valid, which seems to be the key objective, rather than achieving the absolute cure.

Thornton describes the intellectual tradition of *bungoma* in ten chapters, complemented by sixteen figures consisting of the author’s own black and white photos. He begins with explaining the philosophy of life in whose context the tradition needs to be understood, continues with an interpretation of the fundamental principles of *bungoma*, including the elaborate process in which *sangoma* become healers via strict training, initiation and induction into the guild while explaining

the politics of healing. There are four principles in the work of *sangoma*, which guide social relations and determine the nature of conflicts and their resolution on a local level: 1) a sense of respect; 2) the idea of equality and equivalence; 3) a feeling of jealousy, and 4) the illness and the suffering. Thornton shows that local people are often skeptical about the efficacy of both traditional healing and biomedicine, and of other alternative therapeutic systems (such as healing by herbalists – *inyangas*, or African syncretic prophets – *amaprofeti*) that the author calls “a market for healing.” He explains that while their approach to health and healing is fluid and uncertain, and healing options seem always conditional, people who suffer seek not only relief but the meaning of their suffering. Suffering is understood as part of the human condition *ubuntu* and only as such is it open to the possibility of being healed. Healing includes the protection against the above mentioned principle of jealousy. The last three chapters then explore the nature and social function of magic in the complex intellectual tradition of *bungoma*.

While the analysis of the internal logic and workings of *bungoma* healing traditions are explained in great detail and the author takes great effort to illustrate their embeddedness in the local philosophy of life, which make the tradition authentic and legitimate, in a couple of places he hints at a comparison with biomedicine which, however, remains quite abbreviated. Without much further explanation, Thornton reaches the conclusion that “ultimately, both biomedicine and ‘traditional’ healing require magic” and “if some forms of healing seem ‘magical’ in relation to the empirical science of other therapies, it is not because one precedes the other but because this is the way in which parallel medical systems define one another” While the evolutionistic view of various medical/healing systems is well refuted by Thornton’s ethnographic account, his assertion about biomedicine requiring magic without further elaboration reminds the reader of the famous Latour’s quip *not to trust those who analyze magic because they are usually magicians in search of revenge*.

Nevertheless, it may be concluded that if Thornton was after revenge (meant intellectually), he, overall, succeeded in presenting a highly comprehensive account of a psychological and philosophical system that has survived from precolonial to postcolonial times, while describing it in its own terms and thus creating a counterpoint to the

many common accounts presenting the system of *ngoma* and *bungoma* as a reflex of modernity, a reaction to colonialism, or as indigenous pseudo-science. His book is a key narrative in the ongoing debate on the nature and role of so called non-Western, alternative, or traditional healing systems in the increasingly delocalised world.

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Ninsin, Kwame A. (ed.). 2016. *Issues in Ghana's Electoral Politics*. Dakar: CODESRIA. 217 pp. ISBN: 978-2-86978-694-3

The issue of elections in Africa is frequently and variously discussed by political scientists, especially those of non-African origin who tend to apply “Western” models, theories or at least general assumptions about the elections’ *raison d’être*, their role within society and the political system, or the way in which the elections were conducted. It is very useful, though, to combine (or contrast) this kind of academic production with publications from African authors describing particular experiences from their homelands, solving commonly omitted issues, or proposing concrete recipes for improvements of the African elections’ character which is (both by “insiders” and “outsiders”) generally perceived as flawed and dubious. An anthology of essays focusing on elections in Ghana edited by Kwame A. Ninsin certainly represents that kind of publication, which is worthy of a deeper concern.

As Emeritus Professor of Political Science at the University of Ghana, Kwame A. Ninsin, now 80 years old, represents a unique juncture of the era of colonial Ghana (formerly Gold Coast), when the first political parties were established, and of current Ghana’s Fourth Republic, famous for (inter alia) three successful democratic