

Witchcraft or Madness? The Amandiki of Zululand, 1894-1914¹

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To establish connections between the productive process and ideology in a social formation, or between social being and consciousness in an individual, is the most important and the most formidable of the historian's tasks.

Jeff Guy²

~ ABSTRACT ~

Part of my wider study of the social history of mental health in this region, this paper is an investigation of an 'epidemic' of *indiki* spirit possession in Zululand in the period between 1894 and 1914. It shows that in Natal and Zululand in the late nineteenth and early twentieth centuries, African concepts of mental illness were in a state of flux. Therapies for psychological distress adapted in the face of the entrenchment of colonialism, Christianity and a cash economy. Furthermore, African mental health strategies were not always as inclusive and group-oriented as has often been suggested by scholars. I also seek to show that colonial psychiatry was not necessarily or simply a blunt tool for social control. Instead, changing Western concepts surrounding, and responses to, criminal responsibility and mental illness posed legal problems for the colonial authorities in their attempts to distinguish between witchcraft, hysteria, and spirit possession. As a result, both colonial officials and African people had to attempt to define and negotiate the boundaries between medicine, magic and religion. This had very real consequences for a number of women - known as the *amandiki* - tried in a colonial court for the crime of witchcraft in the period between 1894 and 1914. The paper places the *amandiki* in the wider contexts of the histories of women, hysteria, and protest elsewhere in the world.

I. Introduction

Umtata 1999

In late May 1999 Anglican Archdeacon, Ebenezer Ntlali, performed an exorcism to drive out evil spirits from a hundred or so schoolgirls at St John's College, a church school with over a thousand students in Umtata, of former Transkei region of South Africa. According to newspaper reports, the outbreak of hysteria had been mounting for over a week, with some of the girls foaming at the mouth, fainting, jerking and screaming. No boys were affected. Whilst initially dismissing the behaviour as a hoax because of the forthcoming June examinations, the principal was eventually forced to 'send out an urgent request for priests'.

¹ Work-in-progress: please do not quote. Further comments - to parle@history.unp.ac.za - would be very welcome. My thanks to the usual suspects, but particularly to Pieter Nel and Unnay Narrine of the Pietermaritzburg Archives Repository for their professional assistance and personal enthusiasm for my project; and to Steve Terry, whose forbearance has been phenomenal.

² Jeff Guy, 'Ecological factors in the rise of Shaka and the Zulu Kingdom' in S. Marks and A. Atmore (eds.), *Economy and Society in Pre-Industrial South Africa* (London: Longman, 1980), p.117.

The first attempt at exorcism - with all the affected girls in one classroom - was a failure because 'the spirit was moving from one girl to another', and Ntlali was forced to do individual exorcisms instead. Thirty-two girls were afterwards admitted to Umtata General Hospital where twenty-five were sedated and sent home, four were placed under observation in the casualty section, two were sent to the medical outpatients department because it was suspected they were 'ill', and one was sent to the psychiatric section. The hospital's medical superintendent, Dr Shadrack Ndindwa, described these patients as being in a 'very hysterical state'. The school was closed for a week after the exorcism.

Episodes and articles such as these reflect a wider common association of femaleness and irrationality, sometimes expressed as hysteria, that can be seen in writings about African women ranging from the psychiatric to the popular.³ In this instance, and in an interesting synchronicity of interests, both the Anglican Church and the popular press portrayed the incident as one that was instigated by spirit (specifically, evil spirit) possession. The media, however, possibly reflecting public ambivalence about matters supernatural, also found it necessary to provide an alternative context, one that was sociological and secular and which highlights the many debates surrounding the relationships between mental health and culture. Professor Felicity Edwards, head of the religion and theology department at Rhodes University, was quoted as saying that the phenomenon was described 'in African culture' as *amafufunyana*, and that:

research had shown it could be directly linked to the stresses of rapid social change, such as transition from a traditional society to an urbanised competitive and perhaps confusing Western culture. 'All of this would sit with these girls at an Anglican college - it's a classic upheaval situation'.... In sociological terms, spirit possession was an expression of an inability to cope, where those affected sought to authenticate their needing attention. A parallel in Western society was the nervous breakdown.⁴

Although it is mentioned that Edwards had investigated a similar episode at a boys' school in Queenstown nearly twenty years earlier, the article commented on further parallels with reports of peri-pubescent girls' greater susceptibility to para-psychological phenomena elsewhere in the world, including in the West. The appropriate response, this expert suggested, was 'a lot of care and attention and therapy'. This, she believed, was being symbolically demonstrated through the exorcism ceremony.

³ For instance, 'Belinda's Book for Colonial Housewives', from the 1930s, observes that 'Native girls' are 'frequently attacked with a peculiar kind of hysteria, and many a white mistress has been frightened nearly out of her wits'. Psychiatric views on African women and madness have been discussed by many authors. See my 'The Fools on the Hill: The Natal Government Asylum and the Institutionalization of Insanity in Colonial Natal' (unpublished paper presented at the History and African Studies Seminar at the University of Natal, Durban, 17th March 1999) for a brief overview of the historiography.

⁴ *The Star*, 28 May 1999: Lead story, 'Ghostbuster called in to school: Expert blames stress for supposed evil possessions that led to Anglican priest being summoned to exorcise more than 100 schoolgirls'. A large photograph of a number of the female pupils, many of whom are being held, confronted or comforted by fellow pupils - male and female - bears the caption 'Victims of stress or demons? ...some of the children writhing, screaming and crying at St John's in Umtata during an exorcism ceremony yesterday.' Also, *The Natal Witness*, 27 May 1999, 'Exorcism for school after "demon possession"', and 28 May 1999, '100 girls have demons exorcised'.

Fort Beaufort 1922

In 1922, in the Eastern Cape, South Africa, Nontetha Nkwenkwe, the Xhosa diviner, herbalist, and millenarian prophet, who preached 'salvation, ... a synthesis of Christian and Xhosa spirituality and demand(ed) abstinence from alcohol, dances, and other traditional customs', was arrested after encouraging Africans to boycott white churches.⁵ She was never formally charged however, but instead committed to Fort Beaufort Mental Hospital, and, in 1924, transferred to Weskoppies Asylum in Pretoria. Diagnosed by white psychiatrists as 'hysterical', Nontetha was deemed by the Commissioner for Mental Hygiene to be 'a source of disturbance' and 'a danger to the preservation of order'. Nontetha Nkwenkwe died in Weskoppies in 1935.

Rescued from obscurity and now literally laid to rest by historians Bob Edgar and Hilary Sapire, the story of Nontetha has been interpreted as an illustration of the ways in which 'psychiatric practices were used against Africans perceived to be a danger to the monolithic nature of white rule.'⁶ The authors of *African Apocalypse* show how the South African state sought 'the imprimatur of expert psychiatric opinion'. For, 'combining the authority of "science" and the humanitarian gloss of "medicine", meant that such a decision could be represented in humanitarian rather than custodial terms'. Thus, by the 1920s, South African 'psychiatric institutions and professionals had become inextricably involved'.⁷

Eshowe, Zululand, 1910

In November 1910 eleven women, their ages ranging between fourteen and thirty, were brought before the Resident Magistrate of Eshowe, and charged with the crime of witchcraft.⁸ Strongly denying the charge, the women insisted instead that they were the victims of a new form of spirit possession - called *indiki* - that caused them much physical and mental suffering. Colonial officials were, however, unable to decide whether the women (known as the *amandiki*) were in fact practising witchcraft, were merely fraudsters, or whether they were actually mentally ill - the victims of an 'epidemic' of 'hysterical mania' that was said to have been 'raging' through Zululand since the mid-1890s. While some *amandiki* were released with only a strong warning, others were sentenced to a term of hard labour.

⁵ Review of Robert Edgar and Hilary Sapire, *African Apocalypse: The Story of Nontetha Nkwenkwe, a Twentieth-Century South African Prophet* (Athens, Ohio and Johannesburg: Ohio University Center for International Studies and Witwatersrand University Press, 1999) by Peter Limb, H-Net Book Review, H-SAfrica@msu.edu (March, 2000).

⁶ Ibid.

⁷ Robert Edgar and Hilary Sapire, *African Apocalypse: The Story of Nontetha Nkwenkwe, a Twentieth-Century South African Prophet* (Johannesburg: Witwatersrand University Press, 2000), pp.125-126.

⁸ Pietermaritzburg Archives Repository (PAR), Secretary for Native Affairs (SNA), I/1/452 4045/1909. Enclosure No.11, 'Copy of Notes of Evidence taken by the Magistrate, Eshowe in Criminal Case Rex vs Nomlenze and Ten Others (Rex 471/1910), Eshowe, 24th November 1910. Including Particulars of Charge Sheet in Summary Case Rex vs Nomlenze and Ten Others'.

What is of particular interest to me, in my research into mental health concepts and practices in this region, is the way in which episodes such as those I have described above reflect the many explanatory frameworks that coexist - and, to some extent, compete - in our attempts to account for expressions of human psychological distress. The terms possession (whether by spirits or by the ancestors), bewitchment, hysteria, mental illness, psychopathology, psychosis, nervous breakdown, and so on, resonate with our efforts to come to grips with states of mind that are both universally recognizable and culturally and temporally specific. They signify, too, our long history of negotiation - or medical pluralism, if you will - between differing rationales for and treatments of mental dis- ease.

In recent times a variety of interpretations of *indiki* have been put forward by a number of anthropologists, ethnographers, psychologists, and historians. Many of these have been framed in terms of accounts of beliefs surrounding spirit possession and witchcraft. Eager to understand the *amandiki* as a psychological response to the enormous social pressures experienced by African women at this time, explanations have followed a number of related themes. The anthropologist Harriet Ngubane sees *indiki* possession as 'closely related to [an] extreme form of depression or nervous breakdown which may be coupled with hysteria and suicidal tendencies'⁹. Patrick Harries explains the practice in Mozambique as the expression of women's 'libidinal and aggressive sentiments' in the face of the extended absence of men on migrant labour contracts.¹⁰ Most recently, Sean Hanretta has suggested that *indiki* may have been part of a process by Zulu women to claim dominance as *izangoma*, or diviners.¹¹

To an extent, these views all cast *indiki* possession in terms of a protest - albeit an unconscious one - by women, and this will be an important issue in this paper. However, I want to argue that by placing the *amandiki* of Zululand in a somewhat different context, that of the social history of mental health in southern Africa in the late nineteenth and early twentieth centuries, a different and important perspective can be gained. Such a context also tells us much about the changing nature of both African and western discourses and practices surrounding mental health, mental illness and madness in this region around the turn of the twentieth century.

⁹ Harriet Ngubane, *Body and Mind in Zulu Medicine: An Ethnography of Health and Disease in Nyuswa-Zulu Thought and Practice* (London: Academic Press, 1977), p.149.

¹⁰ Patrick Harries, *Work, Culture and Identity: Migrant Labourers in Mozambique and South Africa, c.1860-1910* (Johannesburg: Witwatersrand University Press, 1994), p.165.

¹¹ Sean Hanretta, 'Women, Marginality and the Zulu State: Women's Institutions and Power in the Early Nineteenth Century', *Journal of African History*, 39 (1998), pp.410-415.

II. The 'amandiki nuisance' in Zululand, 1894-1914.

The archival sources about the *amandiki* begin in the mid-1890s with a letter from a Norwegian missionary stationed in northern Zululand alerting the District Magistrate to the emergence of a new 'disease'. This disease, called 'Mandike' was said to be extremely 'contagious' and to cause people to:

start up in a rage, declare themselves to be possessed by the ghost of a defunct person, and ask for dogs [sic] flesh or other uncommon kind of food, the person in question menacing that he will kill so-and-so, "as the body of the spirit who has beset him (or her) was killed in a similar way for a similar reason" if he does not get what he asks for. They sometimes throw themselves in the water and are drowned. The persons thus afflicted will often, it is said, commence to speak in a language thoroughly unknown to them... .

The Natives [of Mozambique and Swaziland] think it to be a possession of evil spirits, and they call their *izinyanga*, and *izangoma* to drive them out by drumming and singing, night and day. The drum is heard for such purpose in the village nearly every night, and the children are attending and singing in a peculiar strain together with the elders through the whole night. I recently have had proofs in Zululand, of native female *Izangoma* (four at a time in one kraal), singing the very melodies, in one night, and attracting the participation of the children.¹²

As the Reverend Nils Astrup indicated, African people themselves were said to attribute the onset of the 'disease' to a new form of spirit - called *indiki* - possession that had been introduced from 'the North', from what today are Mozambique and Swaziland. Those possessed by the *indiki* spirit were later called *indiki* or *amandiki*, even after being 'cured' of the complaint.¹³ The earliest African accounts of the origins of this form of spirit possession told how it was caused by a form of retaliation by 'certain Shangana doctors' who had been the among the victims of a Swazi impi's raid into Gazaland.

Through the magic of these men, a transmigration of their spirits was effected (and that of other victims) into the bodies of the raiders, to the great discomfort of the latter. Much mental and physical suffering ensued... . This form of retaliation became a common privilege of every soul whose body had suffered injury, and the number of patients, who were known as "amandiki" or "amandawe", increased accordingly. Compensation for the original injury would usually appease the "spirit"¹⁴

While initially *indiki* spirits apparently possessed both men and women, as we shall see, the phenomenon became rapidly and almost exclusively associated with women.

Although officials and missionaries in Zululand immediately agreed that the *amandiki* were engaging in practices that were allied with witchcraft and therefore outlawed under Section 9 of Zululand Proclamation No.II of 1887, colonial responses showed uncertainty and ambivalence

¹² Pietermaritzburg Archives Repository (PAR), Secretary for Native Affairs (SNA), I/1/452 4045/1909. Minute Paper 386/'94, 30th November 1894. R2732/94 Copy of letter from the Reverend Nils Astrup, Church of Norway Mission Station, Umtunjamili, to Resident Commissioner, Zululand, dated 17th November 1894. Emphasis in original.

¹³ Ngubane, *Body and Mind in Zulu Medicine*, footnote 1, p.144.

¹⁴ PAR, SNA, I/1/452 4045/1909. Minute Paper 386.'94, 30th November 1894. Enclosure No. 3 G, C. G. Jackson, Magistrate, Ndwanwe to D.N.C., Minute Paper N.D. 8/1910, Forwards report on the practice known as "indiki". Dated 4th January, 1910.

about the nature of *indiki* possession.¹⁵ Uncertainty would grow as to whether or not the condition was essentially psychological, medical, or criminal. The terms 'alleged', 'so-called', or 'supposed', disease were frequently used. For instance, in response to Astrup's letter, the Resident Commissioner issued a Circular ordering the District Surgeons of Zululand to investigate and report on the origins, causes and symptoms of the 'alleged disease'. He also instructed that the legal measures against witchcraft be 'strictly enforced'¹⁶ In response to the Circular, one or two District Surgeons replied that a few such 'cases' had come to their notice, but that the affliction had proved temporary. The Resident Magistrate of Nongoma was of the opinion that:

It has occurred to me that the malady may have originated in the excessive use of ardent spirits [i.e. alcohol] by the Natives, along the East Coast, and that those who profess to have been infected by it are simply impostors or so weak-minded as to have fallen victims to a belief in its capability of being communicated from one person to another.¹⁷

James Petrie, District Surgeon at Melmoth, had not encountered any *amandiki* in Zululand, but had been acquainted with the phenomenon whilst resident on the Zanzibar coast. He stated that he believed that:

The subjects of the so called disease are mostly Women and Girls; Boys and men are also affected but not nearly so often. ... There is no such disease as Mandike at all; that it is simply a name for Hysterical feelings and symptoms which are in most cases entirely imaginary, but which may in some cases be associated with real disease of the ordinary types. ... These feelings are immensely fostered by the powers of the imagination, by the ignorant sympathy of the relatives &c and by the self interested medicine man.

Petrie concluded that the proper enforcement of the 'existing laws against the practise of incantations &c are quite sufficient,' though he urged that it 'might be a wise precaution ... to prevent the use of the native drum should its use be spreading in the country.'¹⁸

For the next ten years little or nothing more was heard of the 'amandiki nuisance', but in 1909 a second round of official concern was ignited, sparked once more by missionary concerns. According to the Reverend O S Norgaard of the Ulwamba Mission Station in the Lower Umfolozi Division, the 'indiki nuisance' was now prevalent in much of Zululand and that there were now specific 'schools' formed to 'initiate pupils'.¹⁹ This time, Dick Addison, the District

¹⁵ PAR, Natal Colonial Publications (NCP) 6/2/2/1. Zululand No.II., 1887. Proclamation, Laws and Regulations For the Government of Zululand. Witchcraft - and witchcraft accusations - are criminalised, but not defined or described, hence there was considerable fluidity and room for interpretation as to what, exactly, constituted 'witchcraft'.

¹⁶ PAR, SNA, I/1/452 4045/1909. Minute Paper 386.'94, 30th November 1894. Circular from Resident Commissioner of Zululand to Resident Magistrates Ubombo, Ndwandwe, Hlabisa, Lower Umfolozi and Entonjaneni, 30th November 1894.

¹⁷ Ibid., From Resident Magistrate, Nongoma to Resident Commissioner for Zululand, 16th December 1894.

¹⁸ Ibid., ZP. NK/R 8/1895. Report of District Surgeon, Melmoth, 12th December 1894.

¹⁹ Ibid., Minute Paper E1176/1910, Enclosure No.1, LU 732/09. From Revd. O S Norgaard, Ulwamba M.S., Biyela, to DNC, Lower Umfolozi, 26th November 1909. Some cases of *indiki* and other forms of possession had been brought to the attention of various RMs in this interim period, and had been dealt with in a variety of ways - stern admonitions, whippings, and, in the case of 'all the girls at Moyeni Mission Station ... [who were said to be] ... suffering from "hysterical fits", having buckets of water thrown over them. The girls soon got over their fits, and

Native Commissioner (DNC), swung into action much more decisively. Within a few weeks of receiving Norgaard's complaint, he referred the matter to the Secretary for Native Affairs (SNA) in Pietermaritzburg and shortly thereafter - on 28th December 1909 - he fired off a series of telegrams to the Resident Magistrates (RMs) of Zululand asking them to submit reports on the prevalence of *indiki* possession in the areas under their jurisdiction. The majority reported back with admirable speed, but when, by April 1910, the reports from the magistracies of Ubombo and Ingwavuma were still outstanding, Addison pursued them with further telegrams.²⁰

Once the reports were in, Addison took little time before forwarding them to Pietermaritzburg. James Stuart, then Assistant SNA, referred the matter to the Law Department, seeking an opinion as to whether or not prosecution under the 1887 Zululand Proclamation was the correct charge. In Stuart's view:

the practice is intimately associated with the influence of spirits. ... (I)t panders to the worst propensities of the people, notably the unmarried female sex, and so fascinates that, not only are the principal exponents of this form of witchcraft kept from following their normal avocations, but it wields its spell over the circle of their respective relatives, who under a polygamistic system, are sometimes very numerous. They, in their turn, in consequence of the pernicious influence of the "amandiki" not only fritter away their time, but squander the little wealth they have in satisfying the extortionate demands of those practising the evil arts in question.²¹

Significantly, he added that *indiki* possession was a 'comparatively recent innovation on the habit and customs of the Zulu, and for this reason the older and more experienced section of the population regards it with disfavour if not positive dislike ...'. The Magistrate of Ndwandwe confirmed this, saying: "The older Natives who regard it with repugnance, would welcome any means by which its spread could be checked".²² From the Ubombo Division, where by 1910 the practice was said to be dying out after being 'most fashionable' among the young women, the RM reported that: 'Kraal-heads do not regard it as seriously as they did when it first appeared, and its professors are officially "discouraged"'.²³

From a number of the magisterial reports it seems that, after the initial outbreak, chiefs had been instructed to quash the practice. Though not very successful in their efforts, they showed little reluctance to do so, and may, in fact, have been the instigators of Norgaard's approach to the DNC.²⁴ According to A. Boast, Magistrate, Eshowe, during 1909 three of the chiefs in his Division had reported that:

gave no further trouble.' However, it had not apparently seemed necessary to take these matters above the Magisterial level. Ibid., Enclosure No.7. Summary of Magistrates' Replies to S.N.A. Circular No. 53, 1909, & D.N.C. Circular No. 62, 1909: Ndiki. And, Enclosure No. 3 D, C.C. Foxon, Magistrate of Mtunzini Division to D.N.C., dated 6th January, 1910.

²⁰ Ibid., Circular DNC No.62/1909, 28th December 1909.

²¹ Ibid., Assistant SNA to Secretary, Law Department, 26th May 1910.

²² Ibid., Enclosure No. 3 G, C. G. Jackson, Magistrate, Ndwandwe to D.N.C., Minute Paper N.D. 8/1910, Forwards report on the practice known as "'indiki". Dated 4th January, 1910. According to Jackson, "ubuNdiki" was 'unknown in Zulu land until after the Zulu War. It is said to have been first started in Swazi land in the time of Mbandeni, ...'.

²³ Ibid., Enclosure No. 3 K, dated 5th April, 1910.

²⁴ See Norgaard's letter - Ibid., Minute Paper E1176/1910, Enclosure No.1, LU 732/09. From Revd. O S Norgaard, Ulwamba M.S., Biyela, to DNC, Lower Umfolozi, 26th November 1909.

the "amandiki" had started in their wards, and had asked for my advice and assistance. Two of the Chiefs, viz: - Mgandeni and Sikonyana, asked if they might arrest and send to me any person practicing or pretending to be an "Indiki". I directed the Chiefs to call up their people and warn them that I had authorised them to arrest any person or persons practicing the art, and that I would place them in prison to be examined by the District surgeon with a view to their being sent to the Asylum. The Chiefs did this and they have since informed me that the threat had the desired effect, and they have heard no more of the practice.²⁵

It is extremely difficult to know how widespread the practice of *indiki* possession actually was. No official figures exist. Stuart noted that '... although it has not yet made an appearance in Natal, has already assumed extravagant proportions in Zululand'.²⁶ According to the RM of Ndwandwe, 'ubunidiki' had 'spread practically throughout Zulu land, and is making headway in Natal',²⁷ and the report from Lower Umfolozi claimed that "'amandiki" are more or less general everywhere; ... and, as each "indiki" must have 2 or 3 personal attendants, a large number of other persons consequently result.²⁸

Consulted about the causes of *indiki*, Africans agreed that, like 'etwasa' - the state of spirit possession experienced by those called to the life and role of an *isangoma* (diviner) - *indiki* possession was not induced, and that those afflicted 'could not help themselves'.²⁹ Instead, the woman began to cry, to beat herself on the chest with her fists. Other symptoms included numbness of limbs and fingers, trembling and twitching of the muscles, a growling or 'subdued roaring', an obliviousness of all surroundings.³⁰ This attack would culminate in a fit or with the woman falling into a state of unconsciousness. This violent onset of *indiki* possession occurred only once as the spirit entered the woman's body.

The initial explanation for *indiki* had stressed its exogenous nature, as it was said to be due to the 'spirit of revenge', the result of possession of men or women by the spirits of foreigners killed in battle or who had died without the customary burial rites being fully performed. By 1910, however, the almost exclusive association of women and *indiki* possession was well established and attested to by both colonial officials and African informants. Furthermore, the possessing *indiki* spirit was now generally held to be that of a deceased father, brother, or other near male relative.³¹ While no clear ill-will towards the woman could be perceived, she nonetheless sought to have a living male relative perform sacrifices to relieve her of the possession. For one colonial authority at least, this shift in the 'motive power' of *indiki* marked a shift from the desire for revenge to the desire for gain.³²

²⁵ Enclosure No.3 A (E1572/1909), 1909. Magistrate, Eshowe to D.N.C, Zululand. 29th December 1909.

²⁶ SNA, I/1/452 4045/1909. From Assistant SNA to Secretary, Law Department, 26th May 1910.

²⁷ Ibid., Enclosure No. 3G. C. G. Jackson, Magistrate Ndwandwe to DNC, Zululand. Minute Paper ND 8/1910. 'Report on the practice known as "indiki".' 4th January 1910.

²⁸ Ibid. Enclosure J. LU 732/09. Report Magistrate, Lower Umfolozi to DNC, Zululand. 31st January 1910.

²⁹ Ibid., Enclosure, 3C, Magistrate, Nkhandla to DNC, Zululand, 31st December 1909.

³⁰ Enclosure No. 3G. Magistrate Ndwandwe to DNC, Zululand. Minute Paper ND 8/1910. 'Report on the practice known as "indiki".' 4th January 1910. In a very full report, Jackson explained that the name 'ubuNdiki' 'is derived from dikiza, which means "to tremble and have muscular twitchings"'.
³¹ Ibid.

³² Ibid.

Treatment for the woman's condition was received from other *amandiki* in the form of medicines (sometimes administered through the ear), and a specially prepared emetic. What was possibly most disturbing for both homestead chiefs and colonial officials alike was the fact that *amandiki* were beginning to band together in groups of between eight and twenty, who would sometimes 'hang about one kraal for a few days. ... Dancing and making the most horrible rows ... Their noises sometimes last even throughout the night... much to the annoyance of the inmates of the kraal where they happen to be staying.'³³ At a gathering of *amandiki*, drums would be beaten, the women would don garments made of red handkerchiefs, and they would begin to dance, this lasting sometimes well into the night. Either immediately after their first possession or at these 'ceremonies' - the evidence is mixed and contradictory - relatives and homestead heads would be required to present the *amandiki* with gifts and to sacrifice an animal - usually a goat - to drive the possessing spirit away. *Amndiki* did not claim the power to divine or to treat other ailments, but they did assert a group identity and exclusivity in treatment. What colonists saw as exorcism from a cult, and what Africans themselves described as a 'cure', *amandiki* began to charge a cash fee, ranging from 5/- to £2 to £3. For some Africans and officials they also appear to have developed a menacing and intimidating role, threatening to turn anyone who refused their demands into *amandiki*.

This was hardly desirable behaviour, least of all by women. Clearly, if they were to be controlled, the practice was to be stopped and an example made. Exacerbated by the description of *indiki* possession as a form of hysteria, however, for some time official responses were marked by confusion as to the consciousness or culpability of the *amandiki*. The Secretary of the Law Department, for instance, refused to commit himself as to whether *amandiki* could be found guilty of witchcraft, and he insisted that 'It would ... depend on the facts in any particular case whether the charge can be proved or not.'³⁴ Accordingly, in June 1910 Addison - following instructions from Stuart - asked his RMs to start looking for *amandiki* in their division so that a 'suitable test case' could be brought to book.³⁵ The matter, it should be noted, was no longer deemed to be one for the expertise of the local District Surgeons, but was placed firmly in the hands of the Native Police (indeed it is significant that no *amandiki* were institutionalised under the 1868 Natal Lunacy Act). Rising manfully to their task, the various police divisions sent out search parties and, in November 1910, were successful in bringing a group of *amandiki* before A. Boast, the RM of Eshowe.

Thus, the (archival) story culminates in late November 1910 with the trial of eleven women for the crime of witchcraft.³⁶ Yet, in this, the case of 'Rex vs. Nomlenze and Ten Others', Boast faced the same difficulty that had vexed other colonial officials, European missionaries, and possibly some African men, ever since the outbreak of this 'epidemic' in the mid-1890s. Were Nomlenze and her co-accused - all women aged between fourteen and thirty - practising witchcraft; or were they simply frauds extorting gifts and sacrifices under false pretences; or were they, in fact, the victims of a form of mental illness? The accused freely admitted to being *amandiki*, but denied that they were practising witchcraft. They insisted, instead, that they were the victims of 'a distinct

³³ Ibid. Enclosure 3E, Acting Magistrate Melmoth, Emtonjaneni Division to DNC, Zululand. 4th January 1910.

³⁴ Ibid. Assistant Secretary, Law Department to Assistant SNA, 8th June 1910.

³⁵ Ibid. Series of telegrams to the RMs of Zululand over the period 20 June 1910 to 8 September 1910.

³⁶ Ibid., Enclosure No.11, 'Copy of Notes of Evidence taken by the Magistrate, Eshowe in Criminal Case Rex vs Nomlenze and Ten Others (Rex 471/1910), Eshowe, 24th November 1910. Including Particulars of Charge Sheet in Summary Case Rex vs Nomlenze and Ten Others'.

disease over which the patient has no control, until the spirit within [her] is appeased'.³⁷ Boast was unable to pass judgement.

The case was then referred on to the DNC, from Addison to the Secretary for Native Affairs, and then on to the Attorney General himself. Officialdom - divided even amongst themselves - could not decide what, exactly, these women were guilty of and, after being issued with a 'stern warning' the women were released. The ambivalence felt by colonists and lawmakers towards the motivations of the *amandiki* is reflected in this opinion of J M Bird, Attorney General of Natal: 'If the women are genuinely subject to a form of hysteria or the like, so that they cannot help themselves, they could not of course be charged criminally...'. But, he went on to add:

perhaps this condition may be self-induced, through giving way to superstitious ideas. But in so far as they may be capable of controlling their acts (and many a person is capable of resisting superstitious impulses even though he believes himself he cannot) these practices seem to come very close ... to witchcraft.

The women pretend to have been brought under the influence of a spirit and indulge in practices which cannot, I imagine, but be detrimental to not only to their own physical and mental condition, but to that of all who are drawn into their company. In some cases, though apparently not in the present, there may be an element of cheating, people being induced to make presents, but however that may be, if punishment is likely to bring such women to their senses one should be cautious in dismissing the idea that there is anything criminal in such conduct.³⁸

Arthur Shepstone, Acting Under Secretary of Native Affairs from January 1911 was less ambivalent, however, and soon the police search for *amandiki* was on again. In 1911 and 1912, several more women were brought to the Eshowe court and were charged with witchcraft. In each case the verdict was guilty. The sentences ranged from fines of £1 to £2 to three months hard labour.³⁹ Whilst the CNC would later claim that the effect of these sentences had been 'marvellous as "Ubundiki" lost its devotees in the Division in question'⁴⁰, in January 1914 yet another missionary was complaining to the Magistrate - of Mtunzini this time - that "ubundiki" was on the increase once more. The hapless official complained that 'I have done all I can to stop it here but it still continues. I do not see how it can be stopped.'⁴¹ Intriguingly, however, his is the last archival record of the *amandiki*, though all the papers concerned with the phenomenon were gathered together some time in 1914.

³⁷ Ibid. Henry Nevill, Sergeant Native Police to Magistrate, Eshowe. 28th November 1910.

³⁸ Ibid. JM Bird, Attorney General to Acting Under Secretary for Native Affairs. 31st December 1910.

³⁹ Chief Native Commissioner (CNC) vol.157 1914/139, Native Affairs Department. From CNC, Natal to Magistrate, Mtunzini Division, 14th February 1914. Here the CNC refers to a 'second batch' of women who had been brought before the RM of Eshowe. My searches have shown that three or four more trials under the Section 9 of Zululand Proclamation No, II of 1887 were held in this District between 1910 and 1914. Although *indiki* is not specified, it seems likely that the accused - all but two women - were involved in the same practices and Nomlenze and her co-accused. See Durban Archives Repository, 1/ESH, 1/2/1/1/1/6, Criminal Record Book, 1908-1912. Cases No. 98/1912 Rex vs Zondelia Nxumalo and Nomqamu Ndhlovu, 10th April 1911; No. 287/1911 Rex vs. Nomhosi Ntuli, 30 August 1911; No.29/1912 Rex vs. Simitini Tshandu and Mtani Xulu, 7th February 1912; No. 31/1912 Rex vs. Nkombosi Thandu, Mgainga Sibisi, and Ntoni Ntuli, 9th February 1912. Unfortunately, I haven't been able to track down further details of this second 'batch' - the CNC's term - of women. Nor am I likely to: criminal records from this period have been 'scrutinized', and appear to have been destroyed in their entirety. The reasons for the authorities' new-found firmness of will in sentencing remains therefore unclear.

⁴⁰ Ibid.

⁴¹ Ibid. Minute D.D. 1.13/14. C C Foxon, Magistrate, Mtunzini Division to CNC, Natal. 27th January 1914.

III. Mental health, madness, and witchcraft

The use of the term 'mental health' in relation to nineteenth and early twentieth century Zululand may be seen as problematic for a number of reasons. Firstly, the very concept of 'mental health' as a self-conscious sub-category of more general health is a relatively recent construct.⁴² Secondly, it proposes a model for understanding psychological distress that rests upon a particular - Western - construct of the relation between mind and body. Thirdly, this model:

does not provide a neutral stance from which to analyse or represent the way 'other cultures' conceptualise disorders of the person and social behaviour. To begin with, the boundary between disorders of the mind (the province of psychiatry and neurology) and of the body (the province of internal medicine) is itself a cultural construction which underlies the segmentation of a class of illness we refer to as 'mental'.⁴³

As Suman Fernando and others have argued, Western biomedical models of psychiatry are unusual in terms of world cultures in that they posit a strict separation between parts of the self, determined as 'mind', 'body', 'spirit/soul'. In this frame, wellness and illness have increasingly been seen in terms of purely physical phenomena, which can only be treated through medical expertise. Cultures beyond the West, however, it is suggested, have resisted the mind-body dualism, with significant implications for explaining the origins and healing of disease.

Yet, I would argue that - sufficiently contextualized and defined - the concepts of mental illness and mental health are useful ones in that they reflect shorthand expressions now widely acknowledged (if imprecisely articulated) of a universal human concern with 'illness as an area of problematic human experiences'.⁴⁴ For it is important to recognise that *all* societies have therapeutic systems - sets of beliefs and practices - designed to alleviate suffering. These 'medical' systems may not all have the same definitions of illness or necessarily similar explanatory models of the origins of the discomfort, but all societies recognise behaviours and actions that are deviant, unacceptable, threatening, and of normality and abnormality. It is the nature of that 'normality' that is context and culture specific.

Conversely, all societies have a concept of desirable states of being that are characterized by 'something wider than the absence of mental illness'. Used in this sense:

'mental health' is a rubric, a label which covers different perspectives and concerns such as the absence of incapacitating symptoms, integration of psychological functioning, effective conduct of personal and social life, feelings of ethical and spiritual well-being and so on. But culture determines both the perception and level of concern in the case of each of these qualities.⁴⁵

Western societies, for example, tend to be highly concerned with the individual and self-autonomy, whereas Fernando and others suggest, many Asian, African and 'other' cultures would

⁴² Suman Fernando, *Mental Health, Race and Culture* (Houndmills, Basingstoke and London: Macmillan and MIND Publications, 1991).

⁴³ Ibid., p.2. Here Fernando is quoting G. M. White, 'Ethnographic study of Cultural Knowledge of "Mental Disorder"', in A. J. Marsella and G. M. White (eds.) *Cultural Concepts of Mental Health and Therapy* (Dordrecht: Reidel, 1984), pp.69-95.

⁴⁴ This phrase is taken from Fernando p.65.

⁴⁵ Ibid., p.76. Fernando takes this quotation from S. Kakar, *Shamans, Mystics and Doctors: A Psychological Inquiry into India and its Healing Tradition* (London: Unwin, 1984), no page reference.

tend to play down a concern with the individual in favour of a concern with social relationships. Indeed, it has now become somewhat of an orthodoxy to stress that African therapeutic systems emphasize 'collective, social responses to afflictions' rather than individualistic diagnoses and treatments.⁴⁶

A further and significant value of this broad concept of 'mental health', as I see it, is that it permits us to reject strict dichotomies between mental illness (insanity, deviance, pathology, madness) and a clearly-defined and recognizable state of health. Instead, psychological distress may be expressed in a variety of different forms and levels of intensity. Thus, mental illness-health should be regarded as a continuum, ranging from widely recognised and clearly named forms of deviant or disruptive behaviours ('madness') at one extreme, through to states of mind that are distressing and even disturbing, but that do not require drastic measures (individual or collective) for their alleviation. In this light, *indiki* and other forms of spirit possession can be seen not as madness, but rather as attempts to assuage social and psychological stress that could not be expressed in other ways.

Nonetheless, it is an interesting paradox that 'mental health' is most easily defined and understood in relation to its opposite, 'mental illness', and it is for this reason that a by now very rich historiography has emerged that explores the histories of those who have been said to be mad. Studies tracing the shifting discourses and practices surrounding madness in the western world have been particularly prolific. More recently, these have widened to encompass some of the ways in which nineteenth and twentieth century western psychiatry - as well as beliefs about human psychology more generally - intertwined with colonialism, to produce a particular strand of scientific racism.

Broadly speaking, the history of colonial psychiatry in Natal and Zululand follows that elsewhere in southern Africa.⁴⁷ We know far less about African conceptions of mental illness and mental health in the nineteenth and early twentieth centuries, or how these may have undergone change as a result of socio-economic changes and interaction with colonialism and Christianity. What does seem clear, however, is that in south-eastern Africa - as elsewhere in the world - a range of means for the expression of psychological stress and conflict existed. Western scholarship, with its insistence on the divisions between mind, body and spirit - between medicine, magic and religion - has tended to encourage scholars to treat these as different entities (madness, witchcraft, spirit possession, and later, syncretic Christianity). I would suggest, however, that it is helpful to regard these as a variety of culturally and historically dynamic therapeutic systems that reflect the spectrum of mental health.

For instance, African societies clearly recognized different forms of 'mental' afflictions 'that manifested themselves in frenzied, violent, and irrational acts, in dysphoric, melancholic states, as well as in the "loss of the senses" which included stupors and fits.'⁴⁸ A variety of states of mind and mental capacity, some of which would only be differentiated and named in Western psychiatry in the 1800s and 1900s are suggested by the following Zulu terms:

⁴⁶ Edgar and Sapire, *African Apocalypse*, p.46. The classic statement of the position is John M. Janzen. *The Quest for Therapy in Lower Zaire: Medical Pluralism in Lower Zaire* (Berkeley and London: University of California Press, 1978). See also, Toyin Falola and Dennis Itavayar (eds.) *The Political Economy of Health in Africa* (Athens, Ohio: Ohio University Center for International Studies, Monographs in International Studies, Africa Series No. 60, 1992).

⁴⁷ Julie Parle, 'The Fools on the Hill' reviews this historiography.

⁴⁸ Edgar and Sapire, *African Apocalypse*, pp.44-45.

manetha: 'a person whose brain is soft and who is not all there'; *nathanatha*: 'a half-witted person'; *mpompa*: 'to be delirious; to speak as a lunatic; speak nonsense'; *nqe*: 'mental anxiety or uneasiness; a vulture'; *yenjane*: 'an idiot; a person not responsible for his own act'; *yingayinga*: 'a half-witted person'.⁴⁹

Epilepsy was understood to be a distinct, incurable, and sometimes hereditary condition, called *isithuthwane*.⁵⁰ All these terms suggest the recognition of underlying organic causes. According to Harriet Ngubane, inherited disorders were known as *ufuzo* (resemblance). Many diseases were understood not to be 'the result of any personal malice or a fault of the patient; they just happen'.⁵¹ Such illnesses - ranging from the common cold to epidemics of smallpox - are generically called *umkhuhlane*. Included in this category could also be forms of 'madness', known as *uhlanya*, and *umhayizo*, which Ngubane identifies as a form of hysteria 'whereby [the affected person would] weep aloud uncontrollably'.⁵² Treatments for these diseases combined medicines and behavioural therapies, but were not ritualized, and could therefore presumably be administered by either an *izinyanga* (herbalist) or *isangoma* (diviner). For instance, in his *Zulu Medicine and Medicine-Men*, A. T. Bryant was of the opinion that 'native doctors have an inkling of the curative effect of "shock" on certain nervous and muscular diseases'. He goes on to describe how:

A native is reported as "unable" to move his limbs - perhaps from paralysis of some kind. The doctor orders him to be placed amid a heap of dry faggots completely encircling him, and perhaps a foot or more high, at a foot's distance. The sticks are then set on fire, and the patient, "unable to move", is compelled to see and feel the nerve-disturbing flames arise on every side around him. Water medicated with *iCimamlilo* and similar herbs is constantly sprinkled by the doctor on the firebrands nearest the patient, so as to control the flames and prevent burning. This sprinkling also further creates an amount of steam about the patient scarcely less dreaded than the fire. At length the fire burns itself out; the sufferer is removed "much exhausted", but sometimes quite recovered.

... in the case of epilepsy the patient was ordered to supplement the medical treatment by plunging, at a certain hour, into a particular pool - everywhere known to be especially infested with crocodiles, and reputedly also with pythons - in one of the rivers in further Zululand. The object of this, it seems to me, could have been nothing other than to cause a vitalising shock to the brain and nerves.⁵³

Medicines (though this term may be misleading as they were not necessarily administered to the 'patient') included animal fats, roots of the *uKhathwa* herb, the *umMbehezi* tree, or the *amaPhofu* bush, or the poisonous bulb of the forest climber *inGcolo* (*Scilla rigidifolia*) boiled in water. Parts of the plants *uBhubhubhu* (*Helinus ovata*), *umHlonishwa* (*Psoralea pinnata*), and the fleshy stalks of *uZililo* (*Stapelia gerradi*), *iLabetheka* (*Hypoxis latifolia*), and *inDawoluthi emnyama* (*Belamcanda punctata*) were used specifically in the treatment of insanity or hysteria.⁵⁴

Further forms of illnesses - including insanity - could be caused by sorcery; or, as in *qungo*, 'insanity, caused by failing to get purified after killing another'⁵⁵, from failure to observe certain rituals; or by possession by alien or ancestral spirits. In such cases, the source of the illness having been divined by

⁴⁹ *The King Cetywayo Zulu Dictionary*, compiled by R.C. A. Samuelson (Durban : Commercial Printing, 1923).

My thanks to Karen Flint for this information.

⁵⁰ Ngubane, *Body and Mind in Zulu Medicine*, footnote 1, p.150.

⁵¹ *Ibid.*, p.23.

⁵² *Ibid.*, footnote 1, p.150.

⁵³ A.T. Bryant, *Zulu Medicine And Medicine-Men* (Cape Town: C. Struik, 1966) [first edition - 1917?]

⁵⁴ *Ibid.* pp.86-115.

⁵⁵ *The King Cetywayo Zulu Dictionary*.

an *isangoma*, rituals and sacrifices would be performed. Many anthropologists have seen these explanatory frameworks and healing ceremonies as the means and metaphors through which broader societal conflicts were channelled and appeased.

Significant differences existed however in the type of spirit possession: spirits that were said to possess an *isangoma* were those of ancestors that had reached the desired complete state of spiritual being. The state of *uthwasa* was unbidden by the initiand and could cause considerable anguish if resisted indefinitely. Ultimately, however, the possession of the diviner was seen as being for the good of society and she would avoid unclean situations and use white symbols to emphasize her purity and her special association with the purity of the ancestral spirits.⁵⁶ Once fully initiated, the *isangoma* retained her status for life. Other forms of spirit possession - including *indiki* and later, *ufufunyane*, were less benign, and did not necessarily bestow upon the members of the possession cult a significantly enhanced social role. Instead, they caused both physical and mental suffering that had to be alleviated.

Many interpretations have seen spirit possession as an 'idiom of sickness or ... as an index for social conflict or as a means to generate power'.⁵⁷ Furthermore, since the 1960s, the association of women and spirit possession has been of central concern in the literature, stressing how, in creating hierarchies, the possession of women by male spirits seems to replicate the existing inequalities between men and women. In this view, spirit possession is seen to represent a marginal experience by the weak and powerless. Possession is a form of 'safety valve' allowing the socially subordinate, the marginalized and oppressed, to 'assert themselves temporarily without being held responsible for their actions ... Women's preponderance in possession activities cross-culturally is described as evidence of their subordinate status in contrast to men, who occupy formal positions of power'.⁵⁸ In this view, the possessed (woman) becomes the (male) spirit, and is permitted to speak and act in ways that would, under usual circumstances, earn sanction if not retribution.⁵⁹ The *amandiki* often spoke in a deep voice, demanded contributions from relatives, and would occasionally 'strike people "without reprisal"'.⁶⁰ All these acts and behaviours became possible only because of the acknowledgement by the other actors that it was the *indiki* that was in control.

More recently, feminist scholars and anthropologists have shown how spirit possession amongst women can be a much more central phenomenon and may allow for a re-negotiation and redefining of stereotyped gender roles.⁶¹ And, as one study of contemporary Hindu goddess worship in Natal has demonstrated, possession by female deities can be an empowering experience for women.⁶²

⁵⁶ Ngubane, *Body and Mind*, p.142.

⁵⁷ Heike Behrend and Ute Luig (eds) *Spirit Possession, Modernity and Power in Africa* (Oxford: James Currey Ltd., 1999), p.xiv.

⁵⁸ Lesley A. Sharp, 'The Power of Possession In Northwest Madagascar: Contesting Colonial and National Hegemonies', in Behrend and Luig (eds), *Spirit Possession, Modernity and Power in Africa*, p.4.

⁵⁹ I am indebted to Alleyn Diesel for this point.

⁶⁰ SNA, I/1/452 4045/1909. Enclosure 3 IA, Acting Magistrate, Ingwavuma to D.N.C., Zululand, 18th April, 1910.

⁶¹ See Behrend and Luig, Introduction, for an overview of this anthropological shift.

⁶² Alleyn Diesel, 'The veneration of the goddess as an empowering symbol for both Hindu and contemporary feminist women : with special reference to the worship of the Hindu Amman goddesses in KwaZulu-Natal', (unpublished Ph.D thesis; Religious Studies, University of Natal, Pietermaritzburg, 1998), and 'The empowering image of the divine mother : a South African Hindu woman worshipping the goddess' in *Journal of Contemporary Religion*, 13(1), 1998.

However, the *amandiki* experiences would tend to reinforce the view that possession was an idiom for the expression of anxieties and hostilities towards the strong by the less powerful. The historian Patrick Harries describes the proliferation of spirit possession - including *indiki* - cults in Mozambique in the late 1800s as both 'clearly similar to ... the hysteria epidemics sweeping through much of the industrialized world in the late nineteenth century', and, as a 'social conduit for tensions'.⁶³ Gender roles in particular were undergoing change - and strain - as men became drawn into migrant labour. Women were under increased pressure to perform domestic and agricultural labour. Anxiety about cash remittances from husbands, the pressures to produce a cash crop to pay taxes and for the purchase of commodities, as well as a variety of environmental and natural hazards and disasters, combined to intensify social and economic strains being experienced by many African women at this time. In addition, for Harries, in the absence of men, women were 'forced into sexual asceticism' and were unable to 'express their powerful libidinal and aggressive sentiments'. The psychological pressures experienced by women were exacerbated as:

concepts of female worth, defined both subjectively and objectively, suffered a relative decline and patriarchal authority was increased, at a time when women were required to shoulder a heavier load within the domestic economy... feelings of aggression harboured by women had to be suppressed. Women were trapped within a culture that, in a contradictory manner, required both obedience and a commanding strength.⁶⁴

Possession states, however, allowed women to express some of the thoughts and feelings, not admissible either to others, or to their own consciousness. According to a number of scholars, membership of particular possession cults or 'guilds', 'provided women and disadvantaged males with an alternative political structure that was, at once, a mutual aid group and an arena for individual advancement'.⁶⁵ Spirit possession was thus both a medium of protest, and a means of exercising emotional control within the family. Ultimately, however, while the spirit possession guilds permitted marginalized women some space for expression and a measure of freedom of action, because they did not overtly challenge the basic structure of society, they could not lead to any significant change in the position of subordinate women.

New forms of spirit possession reflected changing cultural expressions and treatments of behavioral and affective disorders⁶⁶, and were profoundly shaped by changing social pressures. They offered a 'means of handling the psychic traumas of a rapidly changing way of life, and ... displayed an eclecticism that reflected widened intellectual and experiential horizons of their participants'.⁶⁷ Relying on Ngubane's 1977 study, most of the explanations for the rapid rise of the *indiki* possession guild stress the role of alien spirits 'invading' Zululand as a result of the rise of labour migrancy from the late nineteenth century. In this guise, the replacement of the intrusive spirit by that of an ancestral male is seen to restore social harmony.⁶⁸ I would argue, however, that the mutation in the nature of *indiki* possession - as it became associated not with foreigners and threats to Zulu societies from outside, but almost exclusively with young women and possession by the spirit of an immediate male ancestor - reflected gender and generational conflicts *within* Zulu social formations.

⁶³ Harries, *Work, Culture and Identity*, pp.164-166.

⁶⁴ *Ibid.*, pp.164/5.

⁶⁵ *Ibid.*

⁶⁶ Edgar and Sapire, *African Apocalypse*, p.48.

⁶⁷ *Ibid.*

⁶⁸ *Ibid.*, p.49. Ngubane, *Body and Mind in Zulu Medicine*, pp.142-150.

As Leith Mullings has noted in her study of psychological and ritual therapies in Ghana:

in all societies the ability to manipulate healing can be used to reinforce selected social relations, classes, and ideologies. ... Therapies may align themselves with the interests of specific classes and groups of a given society, may mediate and reinforce certain ideological elements. They are created within a given social order, but also reproduce that order. An essential issue is which set of values is being transmitted and in whose interests. What becomes important, particularly in light of the critique of biomedicine and the reevaluation of indigenous therapies, is to trace the way in which psychotherapeutic systems are linked to the structure of a given type of society.⁶⁹

Central to the structure of African societies and the homestead mode of production was the control of women's bodies, of their productive and reproductive abilities. As this system - and the politics that it sustained - came under great pressure in the 1800s and 1900s from colonial land invasion, ecological disasters, and overpopulation - women's agricultural and domestic contributions to the homestead economy would become essential for continued survival.⁷⁰ Homesteads and households are not, however, inherently harmonious units. Rather, they are frequently characterized by tension, by conflicting interests, and shifting alliances, that flow around the axes of gender and generation.

Struggles between men and women, and particularly fathers and sons, within family units have only recently become an explicit focus in studies of the links between political culture and protest, and gender and generational conflicts, in Natal and Zululand in the nineteenth and twentieth centuries.⁷¹ Increasingly, it is being shown that both political and homestead dynamics were being shaped, and disrupted, by struggles over attempts to maintain - and to contest - patriarchal authority. From the mid-1800s, however, the power and control of male chiefs, elders and homestead heads in Natal and Zululand came under threat from a number of sources. In an uneasy and ambivalent relationship with colonial authorities under the Shepstonian system of indirect rule, African males sought to shore up their wavering influence over male youth, wives, and young women. Younger men asserted their growing independence, especially through seeking paid employment in the urban areas and on the mines at the Rand, while both young men and women found that the colonial legal system afforded them opportunities for challenging patriarchal authority.

⁶⁹Leith Mullings, *Therapy, Ideology, and Social Change : Mental Health in Urban Ghana* (Berkeley and Los Angeles: University of California Press, 1984), Introduction.

⁷⁰ Happily, the literature on the importance of women and gender in Africa is growing significantly. It is well reviewed by Thomas V. McClendon in his 'Genders and generations apart : labor tenants, law, and domestic struggle in Natal, South Africa, 1918-1944' (unpublished Ph.D. dissertation, Stanford University, 1995). The cornerstone contributions in the South African historiography are Belinda Bozzoli, 'Marxism, Feminism, and Southern African Studies', *Journal of Southern African Studies*, vol. 9, no.2 (1983), and Jeff Guy, 'Gender Oppression in Southern Africa's Precapitalist Societies', in Cheryl Walker (ed.) *Women and Gender in Southern Africa to 1945* (Cape Town: David Philip, 1990).

⁷¹ See especially, Benedict Carton, *Blood From Your Children: The Colonial Origins of Generational Conflict in South Africa* (Charlottesville: University of Virginia Press, 1999); Michael Mahoney, 'Between the Zulu King and the Great White Chief: Political Culture in a Natal Chiefdom, 1879-1906' (unpublished Ph.D. dissertation, University of California, Los Angeles, 1998); and McClendon, 'Genders and Generations Apart'. Here it is also tempting to refer to Helen Bradford's inspired feminist re-readings of the prophecies of Nongqawuse that reveal possible instances of incest and sexual abuse that occurred within Xhosa society as patriarchal structures came under increasing pressure. Helen Bradford, 'Women, Gender, and Colonialism: Rethinking the History of the British Cape Colony and Its Frontier Zones, c.1806-1870', *Journal of African History*, 27 (1996), pp.351-370.

Chiefs' and parental control was also challenged through greater freedom of association amongst younger persons, especially at beer drinking ceremonies and gatherings. Indeed, in the testimony recorded at the trial of 'Nomlenze and Ten Others', all of the accused, including the fourteen year-old Nonhlanhla, stated: 'I was at Nhlenhle's kraal, but I did not do anything beyond drink beer. I went home when the sun was going down.'⁷²

It is not surprising then, that older people and, in particular, male African homestead heads, were not prepared to observe the usual rituals of appeasement and propitiation that were made in the case of *uthwasa* possession or to accept that *amandiki* should be accorded positions of power and respect.⁷³ Furthermore, the act of women taking at least some of the responsibility for healing into their own hands - though sacrifices were still necessary - may have been perceived to undermine patriarchal authority. So, too, would the growing popularity of cash payment for cures.

Thus, in the early decades of the twentieth century, African psychological healing systems were in a state of flux. Reflecting the many and severe strains being experienced by indigenous societies, they mirrored some of the causes of those strains, and allowed a limited means of protesting them. Colonial expansion and capitalist encroachment wreaked havoc with existing familial and kinship groupings and undermined 'traditional' - and here I do not wish to imply unchanging or inflexible - methods of relieving individual and social stress. Yet, as 'new afflictions emerged, so too did healers who specialized in their treatment, giving rise to new guilds and cults in town and countryside'.⁷⁴ Not only did the *amandiki* claim exclusive purview over treatment for this particular form of spirit possession, but African herbalists also began claim expertise in treating forms of madness and possession.⁷⁵ A significant alternative to possession cults was the solace sought and found through Christianity, particularly for women, in the independent African churches.⁷⁶

What the experiences of the *amandiki* show, however, is that colonial psychiatry had limited influence in this period. Though a number of RMs threatened removal to 'the Asylum', it seems that no *amandiki* were institutionalized under the provisions of the Natal Custody of Lunatics Act of 1868. African inmates at the Natal Government Asylum had outnumbered whites from the mid-1880s, but the number of African women so institutionalized in the period up to 1910 was always very small - the highest number being 26 in 1907. In the vast majority of these cases, the

⁷² SNA, I/1/452 4045/1909. Enclosure No.11, 'Copy of Notes of Evidence taken by the Magistrate, Eshowe in Criminal Case Rex vs Nomlenze and Ten Others (Rex 471/1910), Eshowe, 24th November 1910. Including Particulars of Charge Sheet in Summary Case Rex vs Nomlenze and Ten Others'.

⁷³ I disagree with Sean Hanretta that *indiki* possession can be seen as synonymous with *uthwasa*. See Hanretta, 'Women, Marginality and the Zulu State', pp.410-415. Yet it may be in actions such as the *amandiki* to administer healing to each other, in addition to the sacrifices performed on their behalf by male relatives, that we might trace women's move to carve out a more powerful space for themselves within Zulu societies during this period.

⁷⁴ Edgar and Sapire, *African Apocalypse*, p.51.

⁷⁵ Ibid. See also Catherine Burns, 'Louisa Mvemve: A Woman's Advice to the Public on the Cure of Various Diseases', *Kronos: Journal of Cape History*, vol.23 (1996), and Karen Flint, 'Diagnosing Their Ills: Competition Between African Healers and White Medical Practitioners in KwaZulu-Natal in the 1920s and 1930s', paper presented at the History and African Studies Seminar Series, History Department, University of Natal, Durban, no.28 of 1998, 11 November 1998.

⁷⁶ I shall return to this point below. For a recent account of African peoples' participation in and shaping of Christianity in this region, see Michael Mahoney, 'The Millennium Comes to Mapumulo: Popular Christianity in Rural Natal, 1866-1906', in *Journal of Southern African Studies*, vol.25, no.3 (September 1999), pp.375-391.

cause of their madness was deemed to be 'Unknown'. Where aetiology could be ascribed, it was most commonly said to be the result of pregnancy or parturition. This gendered pattern of colonial asylum populations was not unusual. The reasons for this are complex, and have usually been explained in terms of the greater proximity of African men 'to European worlds through migrant labour, and thus the higher visibility to Europeans of aberrant behaviours'.⁷⁷ It has been suggested that only when African women became 'destitutes and vagrants' because indigenous therapies had failed, or kinship networks were unable to control or care for them, that they commonly came to the attention of the white authorities.⁷⁸ Should, in the opinion of the magistrate, her mental state be in doubt, she could be committed to an asylum.

In the case of the *amandiki*, however, being brought to the attention of state authorities did not lead to their incarceration at the Natal Government Asylum in Pietermaritzburg. Instead, as we have seen, the claim that spirits possessed them was interpreted as witchcraft. As Megan Vaughan has shown, while there was no clearly thought-out policy towards insanity on the part of colonialists, there was nonetheless general acceptance that all Africans were essentially irrational, and that African belief in witchcraft was merely an extension of this. Bryant, for example, believed that 'native witch-doctors are always afflicted [with a] physical or mental affection'.⁷⁹

Vaughan points out that in Nyasaland (as in Natal and Zululand) colonial authorities simultaneously recognized 'witchcraft' as both a source and a cause of mental illness. Yet, 'while the Lunacy Legislation was being enacted in order to bring ... the supposed benefits of European psychiatry, so attempts were also being made to curtail the activities of the "witch"'.⁸⁰ In deciding which cases were to be tried under the witchcraft ordinances, and which were suitable for committal under the Lunacy Legislation, authorities were, to some degree, dependent on the definitions of the society with which they were dealing. Apparently, some relatively more powerful Africans sometimes used appeal to the lunacy laws to have those who had become troublesome, or against whom they bore grudges, presented to the RM as 'insane'.⁸¹ Magistrate Boast did not consult 'Native Assessors', but the consistent insistence of Magistrates' reports on *indiki*, the testimony of members of the Native Police, and the *amandiki* themselves, that *indiki* possession was a form of disease - and not witchcraft - perhaps carried some weight in the trial of Nomlenze and her co-accused.

⁷⁷ Edgar and Sapire, *African Apocalypse*, p.38. This question has been explored by many writers on colonial asylums in southern Africa. See especially, Lynette Jackson, 'Gendered Disorder in Colonial Zimbabwe: Case Analyses of African Female Inmates at the Ingutsheni Mental Hospital'. Collected Seminar Papers on The Societies of Southern Africa in the 19th and 20th Centuries, vol. 19, no. 45 (October 1991 - June 1992), University of London, Institute of Commonwealth Studies. I have also explored this question in my 'Fools on the Hill' paper.

⁷⁸ Edgar and Sapire, *African Apocalypse*, p.39.

⁷⁹ Bryant, *Zulu Medicine and Medicine-Men*, p.71. I find it an interesting irony that Bryant, a Catholic priest, could so subsume the mysticism and spiritual dimensions of his own ministry and religion beneath the veil of normality that they disappear in his observations of African healers and diviners. 'Hysteria' of course had a scientific ring to it, though it had been disappearing as a phenomenon and diagnosis in Europe since the late 1800s. More on this below.

⁸⁰ Megan Vaughan, 'Idioms of Madness: Zomba Lunatic Asylum, Nyasaland, in the Colonial Period' in *Journal of Southern African Studies*, vol.9, no.2 (April 1983), pp.219 and 234.

⁸¹ *Ibid.*, p.237. Of course, a common explanation for the existence of witchcraft practices - both past and present - is that they are another means of channelling social and individual stresses and conflicts, and of bringing a moral economy into being. I do not explore this literature here because all the African participants in this *amandiki* episode denied that witchcraft was being practiced.

As Tim Lane shows, the colonial position on witchcraft was fraught with problems and contradictions. Colonial law conflated the roles of those whose function it was to detect witches - including *izinyanga* and *izangoma* - and those who actually perpetrated witchcraft, or *uthakathi*. As Lane comments:

This simple but alarming elision formed the basis of all witchcraft eradication efforts ... The authorities had to take a very narrow reading of the social context ... To go any farther than this, to establish a set of objective criteria - facts! - by which a person was proven to be a witch-doctor would come too closely to having to admit that there existed such a thing as "witchcraft" which these "witchdoctors" either combated or practiced themselves. ... It is well known that British colonial law is riddled with mental gymnastics designed to achieve the cultural transformation of the civilizing mission.⁸²

What seems particularly unusual in this case is the role that the state took in initiating proceedings against the *amandiki* under the Witchcraft Ordinance. Most witchcraft cases originated from Africans themselves.⁸³ However, as has been shown elsewhere in southern Africa, because those who made accusations of witchcraft were criminalized, in the view of many African men, colonial courts were seen to favour 'women and witches'.⁸⁴ Thus, the *amandiki's* 'disease' was not just a new medicalized metaphor for the expression of mental suffering, it may also have been a means of escaping official sanction of witchcraft accusations and practices.

The Natal Code of Native Law of 1891, had recognized the distinction between *izinyanga* and *izangoma*, and provided for the licensing of the former as herbalists or 'native doctors'. Licensing of *izinyanga* began in Zululand in 1895, and was usually restricted to older men. Women were generally denied licences.⁸⁵ The association of men as herbalists/doctors and of women with sorcery, witchcraft, and spirit possession was one that was shared by both Africans and Europeans. Hanretta suggests that it was only in the mid-nineteenth century that this separation of healing functions occurred in Zululand.⁸⁶ While the legal acknowledgement of *izinyanga* possibly rested on the observable similarities between their herbal treatments and biomedicine, it was commonly believed by colonists that *izangoma* were wicked, mentally ill, or both. The form of their mental illness, according to Bryant, was hysteria. Thus western traditions that associated women and hysteria, and a failure to understand different forms of African healing therapies, led to the trial of 'Nomlenze and Ten Others' in Eshowe in 1910. And yet, a court case about witchcraft was complicated by the intrusion of a late nineteenth century medical, psychiatric, discourse that while still emphasizing the links between women and hysteria, also insisted on the inability of the insane to control their actions.

Thus, hysteria proved to be a complicating factor in colonial responses to the '*amandiki* nuisance' of 1894 to 1914. In the next section, I would like to show that hysteria may also be used as means of illuminating the actions of the *amandiki*, as well as in placing them in the wider context of women, hysteria, and protest elsewhere in the world.

⁸² Tim Lane, 'The Bones and the Law: Witchcraft Suppression in Early Twentieth Century Northern Transvaal, 1900-1925', p. 17. Paper presented at the Joint Berkeley-Stanford Center for African Studies Annual Spring Conference, 'Southern Africa in Perspective', 25 April 1998.

⁸³ Ibid., p.8.

⁸⁴ Alan R. Booth, "'European Courts Protect Women and Witches': Colonial Law Courts as Redistributors of Power in Swaziland, 1920-1950', in *Journal of Southern African Studies*, vol.18, no.2 (June 1992), pp.253-275

⁸⁵ Karen Flint, 'Diagnosing Their Ills', p.4.

⁸⁶ Hanretta, 'Women, Marginality and the Zulu State'.

IV. Women, Hysteria, and Protest

As description of their behaviour and an explanation of its origins, many colonial officials, (including District Surgeons) and missionaries drew on the popular (and medical) concept of the relationship between women and 'hysteria'. As Bryant explained:

Hysteria is very common among native girls. In the majority of cases it is the result of a mental disorder, and although not necessarily caused by any physical derangement, is often sympathetically aroused, through the nerves, at those times when the sexual functions are most active, as is evidenced by the fact of hysteria occurring so frequently around the menstrual period. The Africans being a race of strong emotions, both sexually and sentimentally, we should almost expect hysteria to be rife among them.⁸⁷

For the RM of Ndwandwe, C. G. Jackson, 'that the symptoms attendant on the novitiate are simply a form of hysteria there can be little doubt; -- and a form well-known to the medical profession in females of civilised communities.'⁸⁸ This reference to female hysteria elsewhere in the world has been picked up by Patrick Harries. In an important - but unfortunately undeveloped - insight, Harries likens 'the etiology of spirit possession in southern Mozambique' to 'accounts of hysteria in Europe'. Quoting Jan Goldstein, Harries goes on to say that hysteria was 'a protest', ... 'made in the flamboyant yet encoded language of the body by women who had so thoroughly accepted [the] value system that they could neither admit their discontent to themselves nor narrow it in the more readily comprehensible language of words.'⁸⁹ Thus, the *amandiki* of Mozambique and of Zululand in the late nineteenth and early twentieth centuries made recourse to the same coded means of expression of conflict and aggression as women in contemporary Europe.

Hysteria has an enormous historiography that has charted its rise and fall as both a phenomenon and as a diagnostic category in the West in the nineteenth century, and now hysteria is undergoing a fashionable revival in academic and popular writings. A recent and extremely accessible overview can be found in Elaine Showalter's *Hystories: Hysterical Epidemics and Modern Culture*.⁹⁰ Showalter's claim that hysteria is alive and well in the twenty-first century, and manifesting itself in new epidemics such as Gulf War and chronic fatigue syndromes, and belief in alien abduction, has resulted in enormous controversy. What is useful for our purposes, however, is the way in which she shows how hysteria can be seen as a mirror for social conflicts and stresses.

As Showalter and others explain, hysteria is a 'universal human response to emotional conflict' that cannot be expressed freely, perhaps not even consciously. Hysteria is not, however, a single, unified, or consistent disorder, and its meaning and presentation have changed across time. In the

⁸⁷ Bryant, *Zulu Medicine and Medicine-Men*, p.70.

⁸⁸ SNA, I/1/452 4045/1909, Enclosure No. 3 G, C. G. Jackson, Magistrate, Ndwandwe to D.N.C., Minute Paper N.D. 8/1910, Forwards report on the practice known as "'indiki". Dated 4th January 1910.

⁸⁹ Harries, *Work, Culture and Identity*, p.165. And J. Goldstein, "The Hysterical Diagnosis and the Politics of Anticlericalism in Late Nineteenth-century France", in *Journal of Modern History*, 5, 4 (1982), 212.

⁹⁰ Elaine Showalter, *Hystories: Hysterical Epidemics and Modern Culture* (London: Picador, 1998). The wide literature of the social history of hysteria is best exemplified in several works by Mark S. Micale, including 'On The "Disappearance of Hysteria": Notes on the Clinical Deconstruction of a Diagnosis' in *Isis*, vol.84 (1993), pp.496-526; *Approaching Hysteria* (Princeton: Princeton University Press, 1994); and Sander Gilman, Helen King, Roy Porter, G.S. Rousseau, and Elaine Showalter, *Hysteria Beyond Freud* (Berkeley: University of California Press, 1993).

nineteenth century, for example, hysteria was regarded as an affliction of the body that affected the mind; today this has been reversed, and hysterics are people whose unconscious minds produce symptoms and maladies that appear to be 'real' diseases.⁹¹ Albeit under different names, and with different manifestations, hysteria appears to exist around the world and in most cultures.

So inconsistent are the symptoms, it is impossible to give a precise definition or diagnosis of hysteria. Associated behaviours and afflictions include limps, seizures, paralysis, coughs, headaches, speech disturbances, depression, insomnia, exhaustion, and eating disorders.⁹² Crucially, it is a mimetic disorder, mimicking culturally acceptable expressions of distress. What may be regarded as an acceptable disease in one society may not be in another, and 'symptom pools' - a repertoire of culturally acceptable and recognizable ailments and behaviours - also change over time.

In the West, hysteria has increasingly come to be expressed and understood in medical terms. Thus, in the nineteenth century, real biological and neurological disorders that resulted from infections, inherited birth defects, alcoholism, and syphilis provided a template for the mimetic hysterical afflictions of limps, paralyse, and aphasia. By 1900 hysteria - now explained in terms of hereditary weaknesses and cultural decay - had reached its zenith in Western Europe and the United States. Soon afterwards, hysterical afflictions appeared to be on the wane. Micale explains that this was because behaviours that had formerly been diagnosed as hysterical were now reclassified as being of organic origin, or were explained by the emerging field of psychoanalysis.⁹³ By the 1970s, it was difficult to find a diagnosis of hysteria. In the twentieth century, or so Showalter argues, symptoms have assumed new forms, ones more reflective of the times. In medical and psychiatric discourse they are now cast in the terminology of neurological impairments or as somatization, conversion, or associative identity disorders.⁹⁴ In the wider sphere they may also be expressed through illnesses that have no clear organic origin, and in social panics that may rapidly assume epidemic proportions.

As is well-known, hysteria has long been associated with women and their supposedly wandering wombs. By the 1800s, however, women's greater propensity for hysterical symptoms and attacks was explained in terms of their nervous systems, which were said to be weaker and more prone to stress and breakdown - particularly during different phases of the reproductive cycle - than those of men. Women's hysterical symptoms could be manifested in convulsive attacks, choking sensations, and random pains.⁹⁵ Certain 'races', too, were believed to be more susceptible to hysteria, and Africans, it was theorized, had 'low developed brain-functions'.⁹⁶ Thus, patriarchal European beliefs about women and about Africans combined to suggest to colonial authorities that hysteria was common among African women.

⁹¹ This section is drawn largely from Chapter 2 of Showalter's *Hystories*.

⁹² Showalter, *Hystories*, p.14.

⁹³ Micale, 'On The Disappearance of Hysteria', p.504.

⁹⁴ Showalter, *Hystories*, p.17.

⁹⁵ See, for example, Beng-Yeong Ng, 'Hysteria: a cross-cultural comparison of its origins and history' in *History of Psychiatry*, vol. x (1999), pp.287-301 for a history of hysteria in China.

⁹⁶ T. Duncan Greenlees, 'Insanity Among the Natives of South Africa', *Journal of Mental Science*, 41 (January 1895), p72.

For feminist scholars writing in the 1970s and 1980s:

women's hysteria was the consequence of nineteenth century women's lack of a public voice to articulate their economic and sexual oppression, and their symptoms - mutism, paralysis, self-starvation, spasmodic seizures - seemed like bodily metaphors for the silence, immobility, denial of appetite, and hyperfemininity imposed on them by their societies.⁹⁷

However, much like the ultimately conservative role of women's spirit possession cults - including *indiki* - these forms of hysterical protest were not a conscious form of proto-feminism, and only served to underscore the belief that women were fundamentally irrational, if not 'mad'.

In the context of asylums and colonialism in Nigeria, Jonathan Sadowsky has eloquently reminded us that, no matter what the causes of mental illness, 'the specific content of the symptoms retains significance'.⁹⁸ Whereas Sadowsky is concerned to show how the symptoms of African lunatics reflected the realities of colonial power relations, in Zululand we can not establish an uncomplicated relationship between women's spirit possession cults and overt protest of any kind. Nonetheless, it seems to me that the observation that hysteria served as an outlet for *gendered* social conflicts is what is most significant in the case of the *amandiki*. For the latter the local African 'symptom pool' permitted women to express their conflicts through spirit possession, pains in the chest and shoulders, bellowing like a bull, frenzied activity, and uncharacteristically assertive - if not aggressive - behaviour. The form of the possessing spirit - a close male ancestor - was expressed at a time when patriarchy was under threat and women were simultaneously experiencing the possibility of greater autonomy and increased responsibilities.

The 'accommodation of patriarchies'⁹⁹ that developed in Natal and Zululand ironically offered African women significant, albeit limited, opportunities to exercise independent agency in seeking protection from abusive or unwanted fathers and husbands. Both black and white patriarchs sought to prevent the movement of women from the land to the urban areas. Yet, girls and women could - and did - flee to cities and to mission stations to escape undesirable marriages, and in some cases, they initiated divorce proceedings in colonial courts. It is also through these court records that historians have occasional glimpses of intra-family and homestead dynamics. By the second decade of the twentieth century some African women were openly and coherently protesting against oppressive political and economic conditions. Nonetheless, it is unusual to find any testimony at all by African women in Zululand in this period, least of all of the tensions and troubles that beset them within the domestic arena.¹⁰⁰

Perhaps we have been looking in the wrong places. If, as feminist scholars have suggested, women in a patriarchal society are denied access to the public domain, and if they are unable to speak out about the pressures and conflicts that they experience, then the search for protest in public domain activities will be largely frustrated. Furthermore, if women are unable to appeal to anything other

⁹⁷ Showalter, *Hystories*, pp.54-5.

⁹⁸ Jonathan Sadowsky, *Imperial Bedlam: Institutions of Madness in Colonial Southwest Nigeria* (Berkeley: University of California Press, 1999), p.76.

⁹⁹ The phrase is Jeff Guy's from his 'An Accommodation of Patriarchs: Theophilus Shepstone and the Foundations of the System of Native Administration in Natal', paper presented to the Masculinities in Southern Africa Colloquium, University of Natal, Durban, 2-4 July 1997.

¹⁰⁰ A number of significant texts about the lives of African women do exist - see the discussion by Liz Gunner in her 'Let all the stories be told': *Zulu Woman*, Words and Silence, Afterword to Rebecca Hourwich Reyher, *Zulu Woman: The Life Story of Christina Sibiyá*, with a Historical Introduction by Marcia Wright and Literary Afterword by Liz Gunner (Pietermaritzburg: University of Natal Press, 1999), pp.199-213.

than a further patriarchal authority - and if they cannot able to express these strains even to themselves - then their expressions of psychological distress in the form of socially-sanctioned outlets, such as *indiki* possession or 'hysteria', become significant channels of powerful emotions.

Hysteria posed a particularly thorny problem for law courts, however. The M'Naghten rule, accepted by British and US courts after 1843, freed the defendant from responsibility if she or he could not distinguish right from wrong. However, a problem lay in establishing criminal responsibility in the situation of persons who did appear to be able to make this distinction, but who nonetheless claimed to be *unable* to control his or her actions.¹⁰¹ By the mid-nineteenth century, psychiatrists were being recognized as the appropriate experts on insanity, though they did not gain this status without considerable reluctance on the part of some judiciaries. Psychiatrists were divided on whether hysterics - those whose madness could not, despite their best efforts, be traced to a specific and localized organic cause - were truly mentally ill. As hysteria increasingly came to assume its modern form - that of somatic expressions of mental conflicts - the questions of suggestibility and culpability became even more complex. The details of the *amandiki* case that came before RM Boast, the SNA, and finally the Attorney General of Natal, reflected these ambiguities. It is notable, however, that no psychiatric opinion appears to have been sought from James Hyslop, Medical Superintendent of the NGA, who was certainly *persona grata* in colonial circles. Favouring Nomlenze and her co-accused, however, the English legal system had long held that 'in criminal cases where there was no evil intent, there could be no blame and therefore no crime or punishment', and this was the opinion reflected in J M Bird's review of the 'Nomlenze' case.

Further insights about the ways in which hysterical panics spread and become epidemics may also help to explain the '*amandiki* nuisance'. As Showalter outlines, hysterical syndromes develop in defined communities that are undergoing social, political, or economic stresses, and take their shape through interaction with 'social forces such as religious beliefs, political agendas and rumour panics'. They result in mass hysteria... when, because of panic and fear, people simultaneously contract physical or mental symptoms without any organic cause¹⁰². Mass hysteria is contagious, spreading from one afflicted person to another, but episodes are usually abrupt and brief. The response and reaction of authorities is crucial, and may further fuel the development of the epidemic. Ironically therefore, through their recognition of *indiki* possession both African men and colonial authorities may have unwittingly prolonged its existence.

The changing nature of hysteria might also help to explain why it was that, after 1912 or so, the epidemic appeared to die down. But *indiki* did not disappear. In the 1950s, the psychologist S. G. Lee was writing about *indiki* after researching fits of 'crying and hysteria' amongst Zulu women in Nqutu.¹⁰³ Harriet Ngubane's study in the 1970s devotes considerable attention to interpreting *indiki* possession in terms of 'psychogenic disorders' that resulted from the socio-economic changes that were due to industrialization and urbanization. Yet, reflecting the plasticity and responsiveness of both hysteria and spirit possession, by this time *indiki* had acquired new forms of expression and behaviours, and new explanations for its origins. According to one of Lee's

¹⁰¹ Norman Dain, 'Psychiatry and Anti-Psychiatry in the United States' in Mark S. Micale and Roy Porter (eds.), *Discovering The History of Psychiatry* (Oxford: Oxford University Press), p.422.

¹⁰² Showalter, *Hystories*, pp.21-22.

¹⁰³ S.G. Lee, 'Spirit Mediumship Among the Zulu' in John Beattie and John Middleton (eds.), *Spirit Mediumship and Society in Africa* (London: Routledge and Kegan Paul, 1969), pp128-155.

informants, for example, the *amandiki* had come into Zululand 'after Dinuzulu's return from overseas', and was later revived during the influenza epidemic of 1918, and that of malaria in 1933. Interestingly, she told Lee that '*amandiki* sit like men'¹⁰⁴.

New forms of spirit possession also emerged. Bryant and Ngubane date the emergence of *ufufunyane* as some time later than that of *indiki*, probably from the late 1920s and 1930s.¹⁰⁵ *Ufufunyane* acquired some of the characteristics of *indiki*, but there were many significant differences: *ufufunyane* was believed to be caused by sorcery, and sufferers said to be 'possessed by a horde of spirits of different racial groups. Usually there may be thousands of Indians or Whites, some hundreds of Sotho or Zulu spirits'. For Ngubane, 'the thousands of spirits of various races that were believed to possess an *ufufunyane* sufferer and that showed their presence by violent aggression, hysteria or threat of suicide, indicated the social disorder which had led to many forms of social deprivation of the indigenous peoples of South Africa. She also notes that 'whereas *indiki* which is not so good is treated with red and white symbols, and *ufufunyane* which is thoroughly bad is treated with black and white medication.'¹⁰⁶ *Ufufunyane* possession was not associated with cult membership or with any healing powers. And, as we saw at the start of this paper, *ufufunyane* would also become associated with demon possession.

Ufufunyane was associated with demon possession as early as the 1920s. In an account of what sounds very much like a form of hysteria, the staunch Christian, Paulina Nomguqo Dlamini recounted:

The sorcerer will, for instance, take used oil from a motor car and add it to his *muthi*. With this he will implant in a person the characteristics of a motor car. A person possessed by these demons will then imitate the movements and noises of a motor car. We observed this phenomenon in the case of one of our church elders, Hemeliyothi Ntenga, when he was treated with *fufunyane* while he had a haemorrhage of the lungs.¹⁰⁷

Organized religion offers, of course, another outlet for people's psychological strains and tensions. From the start of mission activity in Zululand, Christianity was more attractive to women and children than it was to men. This may well have been because missions offered a refuge for women who were fleeing from unwanted marriages or from over-bearing African patriarchal control. By the early 1900s, a variety of forms of Christian worship, including a number of independent African churches, existed in the region. At a time of 'social dislocation, despair, violence, and alcoholism' many Africans were attracted by the promise of salvation.¹⁰⁸ Through Christianity, the metaphor of demons mixed with older idioms of spirit possession to produce new explanations for social and personal distress and misfortune. Worship and demon exorcism ceremonies which could be powerfully cathartic experiences were sometimes characterized by behaviours - such as wailing or physical convulsions - that in other contexts might have been interpreted as hysteria. Thus, by 1914, rather than *indiki* disappearing, the personal and social conflicts that it had given expression, were being channelled in different, though not dissimilar, ways.

¹⁰⁴ Ibid., pp.131 and 133.

¹⁰⁵ Ngubane, *Body and Mind in Zulu Medicine*, p.144.

¹⁰⁶ Ibid., pp.144-146.

¹⁰⁷ *Paulina Dlamini: Servant of Two Kings*, Compiled by H. Filter; Edited and Translated by S. Borquin (Durban and Pietermaritzburg: Killie Campbell Africana Library and University of Natal Press: 1986), p.96.

¹⁰⁸ Mahoney, 'The Millennium Comes to Mapumulo', p.387.

Conclusions

In his excellent account of the relationship between mental health and culture in Southern Africa today, Leslie Swartz notes that there are a number of ways in which a person who is experiencing mental illness might seek relief.¹⁰⁹ Informal family and social networks are the first port of call for many of us, but when these fail - or when the intensity of mental distress becomes too great - more formalized therapies may be sought. Swartz characterizes the sectors that provide mental health therapies and strategies into three 'sectors' - though he stresses that the boundaries between them are permeable.

Possibly the most recognizable of these is the professional, which today is almost exclusively associated with biomedicine, especially psychiatry and clinical psychology. However, for most people world-wide, this sector is a last resort. Given South Africa's history of scientific chauvinism and racism, and its historic under-funding of health services to black people, this sector remains distant and irrelevant to the majority of people. In contrast, the popular sector - represented by a variety of individuals and groupings of people who offer therapeutic advice outside the professional sector, ranging from concerned individuals to support and self-help groups - deals with 70 to 90 per cent of 'illness episodes'.¹¹⁰ The third - or folk - sector comprises 'people who consider themselves healers by virtue of some special knowledge or quality which other people do not have.'¹¹¹ Included in this sector would be 'African indigenous healers', and faith healers of any denomination. Broadly-speaking, these sectors represent the historical positions of medicine, religion, and - in a sense - magic. Specific positions of influence within each of these sectors have been historically constructed and contested. All are concerned, in some measure, with the human quest to achieve 'mental health'.

This paper has argued that, in late nineteenth and early twentieth century Zululand, the actions of the *amandiki* may be interpreted as attempts to achieve a state of mental health in ways that should be seen in the context of existing African healing practices. These were themselves undergoing change as the result of social disruption and conflict, as well as through the processes of eclecticism that characterize all healing systems. In Zululand, homesteads and polities were wracked by gender and generational turmoil, and women had limited outlets for expressions of psychological distress. *Indiki* and other forms of spirit possession, which might also be seen as forms of hysteria, provided a socially acceptable form of articulating these individual and social pressures. They also reflected the tensions within Zulu societies. In contrast to the close association posited between the state and colonial psychiatry in the case of the Xhosa prophet Nontetha Nkwenkwe in the early 1920s, however, the debates among colonial officials over the Zululand *amandiki* - and whether the actions of these African women constituted 'witchcraft' or 'hysteria' - reflected important areas of indeterminacy in both western law and psychiatry. Finally, while the historic association of femaleness and hysteria largely remains today, appropriate responses are not solely defined in terms of a medical model of illness. Indeed, in South Africa - as elsewhere - in seeking to explain and treat psychological distress the discourses and practices of medicine, religion and magic continue to compete with, and to complement each other.

¹⁰⁹ Leslie Swartz, *Culture and Mental Health: A Southern African View* (Cape Town: Oxford University Press, 1998), Chapter 4.

¹¹⁰ *Ibid.* This would appear to be the case across the world.

¹¹¹ *Ibid.*, p.84.