

A REVIEW OF THE LITERATURE
CONCERNING ASPECTS OF ZULU HEALTH AND DISEASE

In addressing the issue of health care in the Zulu setting it is important to understand their concept of health. Coming from a different worldview it involves more than a healthy body. J. M. Janzen refers to this concept by quoting the work of M. Ngubane: "The key notion behind Zulu health is thus 'balance' (*lungisa*), and although it is more highly developed as an ideology in the area of human relationships (*kwabantu*), it also applies to the forces of nature and of spirits, and the relationships humans have with these latter. The attainment of harmony in this fuller sense entails many angles; health is multicausal." (Janzen 1981:190). Ngubane in her book itemizes four causes of illness: *umeqo* (acquiring bad tracks), sorcery and witchcraft, ancestral withdrawal and pollution. All illness has some explanation as to who caused it. Diseases and ill health are not accepted as natural (Gumede 1963a:3). "Sickness due to *inikhukhane* (common cold)...measles,... malaria,...chicken pox,...small pox,... polio, are all...common colds. Every other illness... is unnatural." (Gumede 1963a:3). Gumede agrees with Ngubane that health in the eyes of the Zulu is related to balance. It is balance between a man's family, and his relationship with his ancestors. Good health and good fortune are the rewards for good

behavior and constant sacrifice to the ancestors." (Gumede 1963a:3). From this we can see that the concept of good health involves more than just physical health. It is more consistent with the Old Testament concept of being blessed. It involves being fruitful, having many children, having good crops, being successful at work, having safe journeys, etc. All of this is included in good health and the ancestors are expected to look after their descendants and provide it. Because of this emphasis on the ancestors as playing such a large role in health, I want to review some literature on what is the current attitude among Christian circles towards the ancestors.

J. Nkomo refers to a study done by A.-I. Berglund in which it was pointed out that the Zulus talk (ukuthetha) to the ancestors but that they do not worship (ukukhonza) them. Ukukhonza (worship) is reserved for the Lord of the Sky, Inkosi YeZulu, only (Nkomo 1960:10). He further argues that it is just a memorial as they never use the word ukukhonza in regards to the ancestors, but they use the word ukubambala (to remember) (Nkomo 1961:73). G. Dube says that ancestors are the real gods because God is so utterly transcendent as to be unapproachable (Dube 1962:17). In his review of "Ancestor Religion in African Theology", Koderic says that generally it has been concluded that the ancestors are venerated and not worshipped (Koderic 1961:127).

Dr. W. D. Hammond-Tooke makes a case for the worship of the ancestors. He says "Cults of the dead then, do not imply the idea that the dead support and assist the living rather is it the living that are concerned with the well-being of their dead. It is a one-way traffic-- whereas the relationship of living and dead in ancestor worship is two-way. The ancestors are omnipresent and all knowing and are the ultimate source of dependence."

(Hammond-Tooke 1931:237). Dwane, Nxumalo and other pastors deal more with the rites of passage, particularly death and its accompanying ritual ukhbayisa, the calling back of the deceased as an ancestor. They are concerned about how these can be accommodated and purified within the Christian tradition. Reverence and respect of the ancestors which engenders a sense of continuity and continuity is their interest. They see these issues being dealt with in the area of a theology of the family. An adequate theology of the family is something that African theologians need to develop in response to the pressures which are brought to bear by modernization and urbanization.

But ancestor worship involves more than the rituals surrounding death and the theology of a family. The Africans believe that the ancestors play an important part in their lives. They have consulted them for illness or health, success or failure, prosperity or adversity (Gumede 1992:11). The role is so important that frequent contact

and good relations with the ancestor's be maintained. Ukpong in talking about West Africa says that the ancestors should be considered not purely as a means to an end but as an end in themselves (Ukpong 1983:197). This is implying more than veneration. This according to W. D. Hammond-Tooke is worship. It is two way communication. According to Hammond-Tooke it is not just a cult of the dead, because the family is expecting something in return. These are the rituals which one in the health care field comes into contact. They want the ancestors to exert power over the powers in this world so that they don't get sick, have accidents or adversity. Even J. Nxumalo recognizes the danger that arises here. He says:

"It is clear that there are certain African traditional religious positions which are in conflict with traditional Christian teaching about the nature of the relationship between the living and the dead. This is so especially with reference to the power and the influence of the spirits of the dead on the living members of the family. Aylward Shorter proposes that 'the basis of respect for ancestors has to be purified, and the relationship of immortality and fecundity demands more subtle, and less literal interpretation.'" (Nxumalo 1991:19).

P. Hiebert sheds some light on the problem with which we are dealing in relationship to the ancestors. He presents an analytical framework for analyzing religious systems. He proposes two dimensions: The seen-observer dimension, and the organo-metaphysical dimension. In the seen-observer dimension there are three levels: the empirical level of our senses; a level above that of being and force, beyond this world.

In the organic-mechanical dimension: on the organic side the beings are thought of as living; while on the mechanical side they are inanimate parts of greater mechanical systems. In dealing with the ancestors we are talking about what Niebuhr calls the excluded middle level of unseen but this worldly beings (Niebuhr 1962:125-47). The ancestors are on the organic, living side of the spectrum. They are the living-dead. This is the area of interaction with health care. Most illnesses are thought to be in relationship to a central withdrawal of protection because the family has brought some sacrificial ritual at some point. Even Ogden's division of diseases into four causes, to a certain degree, can all be put under the ancestors. Because if the ancestors were providing protection then sorcery, witchcraft and magic (and brujeria) may be warded off. Pollution causes are closely tied to ancestral ideas anyway. Therefore it becomes obvious that although a theology of the family needs to be developed so that the African idea of community and continuity of the family can be promoted under the concept of remembrance or respect for the dead, more than this is needed. It is also very necessary for a theology of the dead and whether any power is to be given to them needs to be developed and whether powerless or powerful, they need to be brought under the Lordship of Jesus Christ. God must be seen to be active and in control of human history.

Having reviewed how theologians are dealing with the problem of the ancestors and raising some of the problems with which they still need to deal, I want to look at and review how this may come to bear in the field of integrating traditional and modern medicine especially from a Christian perspective. There is much debate in the health care system whether or not to integrate traditional healers into the health care system. KwaZulu while recognizing the popularity of traditional healers and being willing to admit them to being trained as Community Health Workers (CHWs), nevertheless says that "CHWs accept referrals from them but do not refer patients to them" (Dialose 1985:3.4.3). Zimbabwe has licensed traditional healers and allowed them to practice in western hospitals. Zambia while licensing them has not given them access to the hospitals (Dillon-Halona 1988:222). C. MacConnack advocates utilizing them as the village health workers and involving them in national health care policy planning (MacConnack 1981:427). H. Nkomo (1981) examines the guidance and control maintained over the *isangoma*, diviner in Zulu medicine, in the form of what could be called a professional society. While pointing the differences in approach between western and traditional healers and being favorable to a more positive approach to the traditional healers, she nevertheless issues a warning:

It would be most inadvisable to take any

immediate steps to remedy the neglect and scorn of traditional medicine without first doing the utmost to obtain as precise and reliable a comprehension as possible, sensitive to major nuances, of the practice and of the activities of its imitators and others who seek to profit from its continuing popularity. Otherwise, yet another disaster of development could all too easily result. (Ngubane 1981:365).

I would agree with Ngubane that we must acquire a good understanding and be sensitive to the major nuances before attempting to integrate traditional medicine. But the nuances with which I am concerned are how it relates to Christianity.

In Zulu society there are basically two types of healers, the isangoma (diviner), and the inyanga (herbalist). The isangoma receives her powers by being possessed by her ancestors. She is in constant communion with the deceased (Gumede 1963a:15). She is consulted in order to establish the cause of some illness or misfortune. She receives her answers by communicating with ancestors. Frequently the problem has to do with the omission of some ancestral ritual. It could also be due to sorcery, witchcraft, natural illness or *umeqo* (bal tracks), in which case she will refer the patient to an inyanga or to a western-trained medical person. The fact that the isangoma is intimately attached to the ancestors means that power attributed to her will need to be dealt with when one discusses a theology of the ancestors. This will not be adequately dealt with in a developed theology of the family.

It is the same problem of the power and influence of the ancestors which Nxumalo pointed out as being a problem . Again the ancestors must be brought under the Lordship of Jesus Christ. The isangoma may not be able to survive this as she is traditionally understood and practices. However several of the independent churches have been able to develop a functional substitute in the form of a diagnoser or spiritual diviner (DillonMalone 1983:211). The Apostles of John Maranke also have been able to fill this void by a prophet who through communication with the Holy Spirit is able to receive messages concerning other members (Jules-Rosette 1901:137). This understanding of the power of the Holy Spirit as being in control over this middle zone, is one way for Christians to address the problem of ancestors. We may not be able to integrate the isangoma into Christianity but we can show that through the Holy Spirit God is interested in our loyalty, welfare, interpersonal relationships, etc., and that He is stronger, wiser, and will give better guidance than any dreams, visions, revelations or other supernatural beings. It is important and necessary for the Christian church to have an answer for this middle zone in order to be successful and to provide for real conversion and not just a syncretistic religion (Hiebert 1982:46).

If the isangoma presents real problems for the Christian to integrate, what about the inyanga? Admittedly some of the inyanga's treatments are based empirically on responses

to herbal medicines. In this sense his practice is very similar to the practice of western medicine. But there is another aspect to the inyanga's practice. Much of the inyanga's practice centers around charms and medicines to ward off *amaga* (evil spirits), or sorcery and witchcraft. They are designed to strengthen one so that these and even natural diseases should become manifest in the body. The inyanga also helps his clients foresee conflicts and fend off problems with protective charms (Jules-Rosette 1981:140). The protective medicines they provide are to improve the financial, social and emotional status of their patients. Love potions are a major item in this category (Jules-Rosette 1981:143). According to Hiebert's analysis, the inyanga is practicing his medicine under the mechanical analogy similar to western medicine. While some of his practice is empirical science like western medicine a significant portion is based in the middle zone of charms, sorcery and witchcraft. Whereas the isangoma gets her power and functions in the middle zone of the organic analogy, the inyanga gets his power and control in the middle zone of the mechanical analogy. While churches in the Catholic tradition have tended to form functional substitutes in the form of sacred objects, churches in the Protestant tradition have vested all power in God and dismissed any power in magic or charms, creating what Hiebert calls the 'excluded middle'. Some of the African Independent Churches have followed in

the footsteps of the Catholic tradition and instituted functional substitutes such as blessed water to drink (Dillon-Malone 1998:216). Realizing that even in the Bible handkerchiefs and aprons which had touched Paul were taken to the sick and they were healed (Acts 19:12), what should our attitude be towards this middle zone. First it is important to realize that the Ephesians understood that the miracles were worked by God through Paul's hands (Acts 19:11). Secondly Ephesus was a society which believed in magic and yet their response was to burn their books of magic to the glory of God (Acts 19:18-20). Although many of the writers favor integrating traditional healers into the health care system (MacCormack 1981; Ngubane 1981), none really deal with what our attitude should be towards their use of magic, witchcraft and sorcery. It would seem from the Christian viewpoint the main problem is again in the area of power. As J. Nxumalo mentioned power in relation to the ancestors being a problem, that analysis could also be moved across to the mechanical side and raise the problem of power in relation to magic. The answer is in bringing this middle zone under the Lordship of Jesus Christ. He is the one as the Ephesians recognized in whom lies the ultimate power. This may be done through the use of functional substitutes as the Catholics and some African Independent Churches have done. Or as others who have rejected medicine (Hales-Roberts 1991:134), it may be done through an emphasis

on the power of the Holy Spirit (Dillon-Malone 1983:210) and prayer. In order to be successful in Africa, Christian medical missions must rediscover the wholistic approach where belief in prayer and the power of the Holy Spirit is seen to be related to healing (Dillon-Malone 1983:219).

In conclusion many theologians are attempting to integrate the ancestors into a theology of the family and yet admit that they do not have an answer yet for the power which has traditionally been attributed to them. Also many churches are having to try to integrate traditional healers into the health care system and yet have not addressed the issue of the power attributed to good luck charms, magic potions, sorcerers, and witchcraft. Finally Niebuhr's analysis of the excluded middle has located the problem in the middle zone and as Christians it is necessary that any power attributed to this middle zone be put under the authority of God.