

From White Beads to White Words: Symbols and Language in the Marketing of Xhosa Traditional Healers¹

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Abstract

Much research has been conducted on African traditional healers generally (Arden 1996; Chidester 1996; Chakanza 2006; Reeder 2011), and Xhosa diviners and herbalists specifically (Hammond-Tooke 1989; Hirst 1997, 2005), but none of this work focuses on their particular public discourse. Some researchers (Tyrrell 1976; Broster & Bourn 1982) describe outward symbols and publicly knowable signs of their identity, but do not analyse the implicit meanings of these symbols. In order to reach a more nuanced understanding of how Xhosa diviners and herbalists traditionally used to market themselves to their public (how they made themselves publically known), this paper draws on information from documented investigations into diviners and herbalists in South Africa; a description of their current marketing strategies is drawn from our own research and inquiries. We argue that Xhosa herbalists and diviners are key players in negotiating the socio-cultural aspects of their respective societies, and changes in the way they communicate their services highlight a shift in the South African linguistic and symbolic landscape. Diviners and healers now use current key symbols (including English and Western symbols) with a concurrent loss of Xhosa cultural expressions and symbols, which are only retained to reference non-secular (i.e. spiritual) or organic (i.e. natural) forms of healing.

Research questions

- How did Xhosa herbalists and diviners advertise and market themselves traditionally?
- How do contemporary herbalists and diviners market themselves? What languages and symbols do they use?

Introduction

In South Africa practitioners of conventional medicine do not actively market themselves. Regulations permit them to advertise, but only according to strict ethical rules (HPCSA 2001). Textually, they are limited: the advertising template allows no more than name, licence number, qualification, field of specialisation and contact details. They do, however, have access to a set of symbols that index their professionalism: the red medical cross, white coats, brass plaques and medical implements. In the same way, Xhosa traditional healers did not formerly use any form of

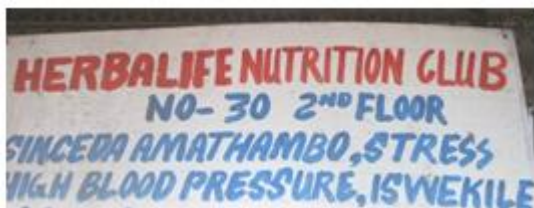
¹ For ease of reading we will refer to *amagqirha* and *izanuse* as diviners and *amaxhwele* as herbalists.

marketing or advertising to make the public aware of their services, but relied on a complex system of signs, symbols and discourses to identify themselves as diviners or herbalists.²

What was lacking in traditional healer discourse was professional recognition, which until the onset of colonialism would not have mattered as a healer's skills and powers of divination would have created sufficient word-of-mouth marketing. Once their services came to be viewed in terms of Western allopathic medicine, however, the lack of legal status would have constrained traditional healers' freedom to advertise themselves publicly, and it was not until the late 1800s (Flint 2001) that herbalists (but not diviners) were granted licence by the colonial government to practice, and this did not include permission for any kind of publicity. Since then global efforts to recognise traditional healers include the 1978 International Conference on Primary Health Care at Ama Ata, where the World Health Assembly recommended that governments include traditional healers in the "health care team" (DoH et al: 1). In South Africa the Traditional Health Practitioners Act of 2007 (Act 22 of 2007) recognised traditional healers as legal and an Interim Traditional Health Practitioners Council was eventually established on 12 February 2013 (Ramokgopa 2013).

Obtaining legal status has allowed some contemporary healers access to a Western medical marketing discourse in which professionalism is promoted textually, whereas previously their vocation and skills could only be known through their rituals and healing capabilities. What is important is that we focus on the implicit meanings in historical records of traditional healers' marketing discourses and use them to try gain an understanding of how the publicity has changed in contemporary contexts.

For example, in a small sample of contemporary advertisements and signboards³, those in Xhosa – generally handwritten – claim or suggest a general healing of all ailments (see Figures 1 and 2), while those indexing professionalism are in English (see Figure 3).



Translation of Xhosa: We help bones, stress, high blood pressure, sugar (diabetes).

² Flint argues that there is a blurring of the line between the work of a diviner and that of a herbalist: "While it is generally the *isangoma* who divines and the *inyanga* who dispenses herbs, both are known to do a bit of each today." (Flint 2001:203)

³ All signboards depicted in this article were on public display, and permission to photograph them was obtained from the business owners. The pamphlets reproduced were public documents explicitly intended for free distribution. Permission to photograph signs and symbols on clothing was also sought and granted.

Fig 1: Signboard in Dutywa, Eastern Cape



Translation of Xhosa: Healer from Zwazini – Dr Dlamini – he lives in the village of Ciko. He examines.

Fig 2: Signboard in Willowvale, Eastern Cape

The English branding (Herbalife Nutrition Club) and code-switching in Figure 1 index the practitioner's knowledge of Western medical discourse (nutrition, stress, high blood pressure) but also an understanding of traditional ways of talking about osteoporosis (*sinceda amathambo* = We help bones) and diabetes (*iswekile* = sugar) that would resonate with older people and allow the healer to have an immediate relationship with a Xhosa speaking clientele. In Figure 2 the entire advertisement is rendered in Xhosa – the *inyanga* (medicine man) merely states where he lives (a village) and that he “examines”. The advertiser here is using Xhosa as a code for traditionalism, particularly with the use of such lexical items as *ilali* (village) and *inyanga*. (*The Greater Dictionary of Xhosa* glosses *inyanga* as a “person who treats people afflicted with illness, e.g. physician, doctor, herbalist, medicine man” (Mini et al 2003: 858).) Also, by merely stating, in Xhosa, that “*uyaxilonga*” (he examines), he is suggesting that his procedures will be traditional, although there is a hint at Western professionalism in that the verb *ukuxilonga* is now also used when referring to a general medical examination at a hospital. This healer could possibly be suggesting that an orthodox physical examination is performed rather than just divination and prophecy.

In Figure 3, the sign clearly advertises a Western-trained doctor (note the symbol of the red cross) with the English word “surgery” referencing a certain professionalism that can only be linked to a doctor trained at a university.



Translation of Xhosa: *Ugqirha* = doctor

Fig 3: Doctor's surgery in Willowvale, Eastern Cape

This chapter focuses on the reason why some Xhosa healers and herbalists have discarded certain cultural codes and symbols in favour of others and what this tells us about the changing value of indigenous languages in the domain of traditional health practices. In order to do this, we need to answer our key research questions.

Research question 1: How did Xhosa herbalists and diviners advertise and market themselves traditionally?

Community Involvement

African healers have always been known to their public, not through direct marketing or advertising, but through an integral part of a cultural community and through their work in keeping the balance of that community healthy:

The earliest written records in South Eastern Africa show that healers maintained a complex system of “public health” that was reflected in African architecture, community planning and a strict adherence to rituals and avoidance taboos (Flint 2001:202).

The public would, therefore, not only consult diviners privately, but also be able to identify and know them by their public training and their healing rituals.

Diviners were frequently called upon to draw upon past events to explain current issues (Arden 1996) and were a key part of society with a deep knowledge of cultural and social practices and a remarkable facility for linking the physical and metaphysical realms.

Public Training, Ritual Performances

Xhosa diviners follow a calling (*ukuthwasa*), which is characterised by a particular behaviour and the performance of specific, publicly viewable rituals (Hirst 2005). Munk (in Richter 2003: 9) observes that “a ritual of divination, in which all diagnosis takes place, is a highly dramatic event”, and we

would argue that this drama is an essential ingredient in the marketing and advertising of the diviner, although both of these terms relating to publicity seeking might seem anachronistic in that context.

Ortner (1973: 1338) claims that every culture has certain key elements “which are crucial to its distinctive organization”, and we argue that dramatic rituals acted as advertisements that allowed the public to identify people’s cultural roles. Writing about traditional Xhosa healers, Hirst (1997) refers to the river, nakedness and the colour white as all being central symbols of the diviner:

Diviners are apt to draw on liminal signs – such as nakedness, the river, the colour white and so on – transforming them in the process into symbols of transition signifying the change of status involved in becoming a diviner. Immersion in and emergence from the river symbolises the transition in status from novice to practitioner. (Hirst 1997:220)

Mythology, Beliefs and Royal Patronage

The mythology of Xhosa diviners and herbalists includes the popular beliefs and suppositions that developed around them, both in the Xhosa communities they served and among outsiders who came into contact with them. Publicly disseminated folklore surrounding healers is complex and operates on multiple levels: Broster and Bourn (1982:15) assert that diviners serve a threefold function by incorporating religion, magic and medicine into their practice. Diviners are trained to navigate the symbolic as well as the social, and their rituals market their familiarity (a key concept in marketing⁴) with their clients’ past and present, aided by a sophisticated knowledge of how language can manipulate people. They are constantly called upon to interpret and negotiate situations – and their capacity to do this is what sets them apart and advertises them as skilled professionals.

Reading the bones (which can be seen as a symbol of the diviners’ profession and a part of their marketing repertoire) calls for an understanding of how different elements work together (e.g. how a particular stone, such as a red jasper, falls in relation to other objects in the bone collection) (Reeder 2011:25). This knowledge of bone throwing was openly demonstrated to the healer’s clients while in consultation with them, and therefore carried with it a symbolic weight: it advertised the therapist as having a specific, arcane knowledge that would hold value and significance for the person who had paid for the consultation. The fact that diviners and herbalists utilised a holistic approach, which acted as a bridge between the different spheres of people’s lives and included the ancestors in the realm of the living (Chakanza 2006), is a further demonstration of their status as highly qualified individuals.

⁴ Ngwenya (2011: 3) speaks of how people gravitate towards their own kind “they like to buy from those with whom they feel a similarity or kinship”.

Historically, outsiders' mythologising of Xhosa diviners and healers relied heavily on their "otherness", utilising an entirely Western frame of reference:

Healers or "witchdoctors", as they were called, represented for the European and American imagination all that was "tribal", "superstitious", and "primitive" in Africa. These images, which occasionally resurface in today's popular culture and helped Europe justify rhetorically the colonizing of "savage" peoples, emerged largely as the result of European missionaries' and doctors' descriptions of African healers during the late nineteenth and early twentieth centuries. (Flint 2001:200)

Mostert (1992:206) makes reference to two historical records in which Xhosa diviners are mentioned in terms of their influence in high-up circles. One is in the writings of J. Fitzgerald, a British medical doctor working among the Xhosa in the mid-19th century. He wrote that the Xhosa were a "doctor-loving people. Their doctors and prophets form part of the machinery of their government ... the doctor is a man of immense influence patronised and supported as he is by the chief." The other record is by James Read, a missionary who observed that Xhosa doctors "are the lawyers and bishops of the country, and they would consider a council as imperfect as an English parliament has been considered without such persons".

Thus not only the mythology and beliefs of the Xhosa, but also their system of government, served to underscore and market to the general populace (including non-Xhosa speakers) the importance and status of healers in that society.

Language, Music and Dance, Clothes and Adornments

Diviners were advertised by their language (Hirst 1997), their music and dance (Hunter 1964; Hansen 1981; Stinson 1998) and their clothes and adornments (Hirst 1997; Mlisa 2009):

Xhosa diviners were particularly sensitive to the power of language and a measure of skill as a healer was the ability to use a non-secular language firmly rooted in the world of ancestors, dreams and divination. This special diviner language is often used in conjunction with ritual singing and dancing which requires an audience (Levine 2005: 95–96).

This non-secular language conveyed by singing and dancing is a way of advertising metaphysical powers and of having a "calling". The healer can market him/herself purely by speaking and singing in a particular way, using a jargon that is associated with a powerfully arcane knowledge. It is interesting to note that such non-secular language can even be used by contemporary pop artists to market and advertise themselves as having sourced their creative inspiration from a metaphysical world. This is well exemplified in the contemporary Afro-soul artist Camagwini (whose lyrics and public utterances index her as healer):

Ndingumqambi waqanjwayo

Ndilingqina lamagqirha

Ndinenkenqe, andizenzanga

I am a creator who has been created

I am the witness of the traditional doctors

I have a calling, I haven't done it for myself (Dowling & Stinson 2011:183)

Tyrrell's (1976) illustrations present diviners in red blankets, different blankets denoting graduation from different schools of training, in much the same way that universities today identify graduates with specific hoods and gowns. The colour of beads and the way in which they are worn also contain meaning: for example, the diviners' white beads are used for protection against evil spirits as they keep the spirit light and alert (Tyrrell 1976). White clay on the body and white aprons were also used by diviners to advertise their profession (Hirst 1997), as were inflated bladders, snakeskin and bird feathers (Tyrrell 1976).

Protecting Rituals and Medicines

Like diviners, Xhosa herbalists were known largely by their symbolic accoutrements of animal skins, as well as by the success of their rituals aimed at ensuring a household's protection from evil and harm. Van Heyningen (2004:171) notes that herbalists gained fame "as 'lightning doctors', cleansing families and their possessions after a lightning strike". What is important here is that the marketing and advertising were achieved by the performance of certain rituals (e.g. cleansing after lightning) that were aimed at making the community or family feel strengthened against future disasters.

Herbalists, thus, functioned in a similar way to insurance companies, in that they could increase their client base after a calamity because, like businesses offering cover, they played on the fact that people felt impotent in the face of disaster and employing their services and products helped a family feel protected and secure.

It can, therefore, be argued that apart from the performance of certain rituals, herbalists were primarily known for their medicines (Hammand-Tooke 1989:114) and for their deep understanding of roots and plants. Hirst (2005) points out, however, that the strength of medicines does not rely purely on the herbalist – family traditions are important in ensuring the efficacy of medicines and the protection and well-being of the household:

Neglected ancestors thus increase the power of one's rivals' or enemies' medicines. Once the ancestors have been supplicated and appeased (*ukungxengxezela*, and *ukucamagusha*), however, their protection ensures the efficacy of the healer's medicines. (Hirst 2005:3)

Part of the herbalist's and the diviner's success in marketing themselves thus relied on their knowledge of families and family traditions, clans and clan names: they had to demonstrate an

understanding the importance of ancestors in Xhosa culture in order to effectively market their skills and medicines (Hirst 2005).

Xhosa herbalists and diviners would have also benefited from the general public's growing interest in, and awareness of, herbal remedies and cures. Thus while early Xhosa herbalists did not use any advertisements or public announcements, the proliferation of advertisements for herbal remedies in newspapers indicates that such preparations were extremely popular in the early 20th century, particularly by mail order (Digby 2005:450).

Research question 2: How do contemporary herbalists and diviners market themselves? What languages and symbols do they use?

A Shift in Advertising Methods: Below-The-Line And Above-The Line Advertising

It is a given that migration from rural to urban areas in South Africa has led to a level of cultural and linguistic diversity for which South Africa has become well known. This diversity has not gone unnoticed by traditional healers who have adapted their marketing and advertising strategies accordingly. They are no longer operating in an isolated environment but have to contend with multiple healing systems, different languages and a highly competitive social environment. There has been a shift in the distribution of their target audience, requiring a shift in the way they advertise and market themselves.

Ngwenya (2011:3) explains that advertisements fall into two distinct categories: above the line (ATL) and below the line (BTL). ATL advertisements are aimed at large audiences, whereas BTL advertisements are far more specific because they target particular consumer requirements. ATL advertisements appear in large-scale media such as television and the national press, frequently representing major brands. BTL advertisements often take the form of pamphlets, posters and even T-shirts, and they generally set out to connect with a pre-identified target audience through the use of familiar signs and symbols (Ngwenya 2011).

Although using the modern marketing terms ATL and BTL in the context of diviners and herbalists might seem incongruous, it speaks to the shift in diviner/herbalist-audience relationships. We can argue that healers previously used ATL advertising because the cultural and linguistic landscapes to which they were confined made *all* audiences in their domain a legitimate target market. In other words, the homogeneous linguistic environments that the political systems restricted them to rendered the pre-identification of a specific group as a target audience redundant and, as a result, BTL advertising was not necessary.

Historically, Xhosa diviners and herbalists worked within a specific geographical, cultural and linguistic context in the part of South Africa that now constitutes the Eastern Cape province. Here, in the apartheid-designated Xhosa “homelands” of the Transkei and Ciskei, their audiences were largely homogeneous and monolingual (Xhosa). In this setting, the mass audience was able to relate to the signs and symbols used by Xhosa diviners and herbalists, even though those messages were not carried by print and broadcast media, but rather in public forums to which everyone was exposed, and in which no member of society could escape explicit marketing in the form of rituals, dancing and song, and symbolic accessories. This was, therefore, ATL advertising because it related to the community en masse and because everyone had unrestricted access to the messages that were being relayed.

Xhosa speakers were thus easily able to contextualise diviners and herbalists within their worldviews. Healers and their systems of healing were applicable to the mass audience because they formed such an integral part of society on multiple levels (Broster & Bourn 1982:15). Just as children can recognise major brand logos on billboards today, people were able to understand and identify the signs and symbols displayed by the diviners and herbalists. Tyrrell’s (1976) illustrations present diviners in red blankets, and she notes that different blankets denote graduation from different schools of training. These explicit signs of promotion from one level of education to the next operated in much the same way as hoods and gowns in present-day university hierarchies – the only difference being that the red blankets were more ubiquitous than academic hoods and gowns, which are only worn in an academic context. Beads were also highly significant in that their colour and the way in which they were worn conveyed meaning (Broster & Bourn 1982) to the general populace.

Although beads and accessories still identify healers today, communities are less familiar with their specific meanings. This has transpired because of shifts in South Africa’s socio-cultural landscape. Previously a young woman would have sent her beloved a beaded love letter, but now she sends a text message from her mobile phone! Shifts in South African social dynamics mean that symbols which were once key (Ortner 1973) are no longer regarded as such. This has resulted in the signs and symbols of the diviners and herbalists moving from an ATL position, where the general populace was able to identify and relate to them, to a BTL position. These traditional healers have given their advertising a BTL focus, because they have had to reposition it to target specific groups likely to seek their services. They can no longer rely on a homogeneous, monolingual (Xhosa) potential clientele, but need to operate in multilingual communities and compete with a large number of different medical messages emanating from pharmacies, hospitals and clinics, as well as from other therapists and alternative health practitioners such as masseurs and homeopaths.

Alexander (2001) suggests that South Africa can be viewed as a river into which flow tributaries of language, religion and culture from other catchment areas. Ngwenya (2011:4) further explains that identity operates on three levels: ethnicity at the core, situated within a national identity, which in turn is located within a global discourse. This is consonant with the river metaphor, which has different catchment areas contributing to different “streams” of identity and eventually contributing to one larger entity (Alexander 2001). In contemporary South Africa, traditional Xhosa healers are just one sub-group of a large group of black South Africans (also including Zulu, Sotho, Tswana and Venda) that have diverse ways of interpreting illness and of communicating healing interventions. These groups, although distinct, also have a common national identity as South African healers and a global identity as health care workers.

The Introduction of Licences as a Symbol of Western Propriety

Xhosa herbalists and diviners were not always viewed as distinct; it was the colonial authority’s introduction of licences for herbalists in the late 1800s (diviners were not granted licences) that encouraged herbalists to distance themselves from diviners. Writing about the historical situation in KwaZulu-Natal, Flint (2001:205) discusses the root of the redefinition:

Healers hoping to acquire government licences and avoid legal prosecution began to adopt these terms and redefine themselves in relation to other types of healer. *Isangoma* – healers who used clairvoyant powers – often tried to pass as government-defined *inyanga*.

As discussed earlier, certification is linked to legality and professionalism. While traditional healers have important cultural symbols to legitimise themselves in the eyes of their audiences, Western societies require certification for professionals. Once a healer migrates out of a monolingual, culturally homogenous area into a multilingual, culturally diverse one in which medical centres such as doctors’ surgeries, hospitals and clinics are more profuse, the need for certification becomes greater. A certificate contains an issuer and a subject. It is a “signed instrument that empowers the subject”. The origin of this authority is the issuer (Ellison et al 1999:4). In the case of traditional healers in present-day South Africa, the issuer is the Traditional Healers Organization (Figure 4). The fact that the healer has obtained authority from an organisation which observes Western paradigms of legitimisation allows the healer to index authority within a national discourse. On a national level recognition of major life events (birth, marriage, death) and achievements (educational levels, driver’s licenses, skills obtained) is obtained through documentation.

The certificate in Figure 4 uses the term “Traditional Health Promoter” and also features an emblem clearly designed to resemble a coat of arms, which is a “heraldic device dating to the 12th century in Europe” (Merriam-Webster, n.d.) and thus relates to Western systems of power and authority. This emblem appears on the clothing (Figure 5) issued by the organisation, as does bold English text. All

of this works to locate the healer on a national level. The change in clothing and the addition of certification allow the healer to negotiate an identity bolstered by national paradigms of legitimacy. This facilitates a distancing from the notion of witchcraft and backward practices, many previously associated with the profession (Flint 2001).



Fig 4: Traditional Health Promoter’s License

To index authority and validity, healers have relocated part of their advertising to encompass the national discourse. The certification contains an alternative title, in English, for the healer (Traditional Health Promoter). To use any lexical item from an African language (*igqirha*, *inyanga*, *isangoma*, *ixhwele*) would, in this environment, detract from the purpose of the certificate – that being to create Western legitimacy – so English as opposed to an indigenous African language is used throughout. While the use of an indigenous African language may convey a depth of cultural knowledge and skill (Okpewho 1979), professionally the use of English relates the occupation to an international medical discourse, and lends it status and authority.

The adoption of English and certification demonstrates the ability of contemporary African healers to include Western symbols within their marketing discourse. Healers are sensitive to language and symbols, because their profession constantly requires them to interpret and communicate meaning – so in their own practice they are able to manipulate and integrate new languages, new codes. The shift in healers’ audiences from a predominantly monolingual “catchment area” to a multilingual national “river” is illustrated in the use of a language (including symbols) associated with this arena. In other words, certificates and English relate to the wider national discourse, while the use of indigenous languages reinforces core ethnic values that feed into this discourse.

Clothes

In the course of our investigation we visited Masiphumelele, a township outside the suburban area of Fish Hoek, on the coast near Cape Town. Although the municipal ward into which Masiphumelele falls (Ward 69) includes a number of predominantly white suburbs, the percentage of black Africans residing there is nevertheless large (41%) (Dowling 2011:354). The township boasts a health centre/clinic, and the nearest hospital is in Fish Hoek, only 4.6km away. The existence of these medical centres is important because they provide a range of systems of healing and facilitate medical pluralism in and around the township. This means that despite the location's linguistic landscape (91% of Masiphumelele inhabitants are Xhosa speaking⁵), it is nevertheless no longer isolated, but is mediated and influenced by factors such as urbanisation and linguistic and cultural shifts.⁶

We were granted permission to speak to a prophet, a professional healer and a novice healer at the Masiphumelele home of the professional healer. Looking at their clothes we noticed both traditional and Western advertising of the profession, with one practitioner clad in the Western-style uniform of a formally recognised healer's organisation, while the other wore white face paint and beadwork indexing her liminal state in the process of becoming a traditional healer. The prophet, a young man, also worked for a security company: he held a large pastoral staff while wearing a blue jacket imprinted with the name of his employer, National Professional Security. Even though not referring to his credentials as a prophet, the word "professional" on his clothing identified him as someone who had been recognised by an organisation that pronounced its legitimacy through text on clothes – in much the same way as the healer's outfit did (see Figure 5).

We were told by Masiphumelele residents that the more highly regarded healer was the one with the Western certification and clothing, while the trainee healer, certified only by traditionally recognised symbols, was considered less proficient. Once she completed her training, she would assume full authority as a healer by donning the red gown and being awarded formal certification.

Beadwork and face paint still advertise to a specific Xhosa-speaking audience able to decode their implicit meanings. The use of such traditional emblems indicates a deeply ingrained cultural heritage and knowledge, which would appeal to groups that still have ties to traditional identities and belief systems.

⁵ <http://www.capetown.gov.za/en/stats/2001census/Documents/Masiphumelele.htm>

⁶ Linguistically there is code-switching and lexical borrowing (Dowling 2011), and culturally residents have adopted Western approaches to healing and belief systems.



Fig 5: Red gown and beret of Traditional Healers Organization

The appearance of text on gowns (Figure 5) demonstrates the healer's sensitivity to the power of language (Hirst 2005). The English motto "Unity is strength" suggests that people should come together, and implicit in this is the belief that different healing systems should unite and benefit from one another. The fact that "Unity is strength" (*Ex unitate vires*) was the official motto of the Union and Republic of South Africa from 1910 to 2000 has apparently not been considered by the organisation – but it seems somewhat anomalous that a motto with strong apartheid resonance has now been adopted by an African organisation post 2000. Probably those who adopted this motto had no notion of its political associations. There are many sayings, proverbs and idiomatic expressions in indigenous African languages that could have been used (e.g. the Xhosa *iMbumba yaManyama*, which has the same meaning as "unity is strength"), but they are not employed because a wider audience is being targeted, and clearly this audience is young enough not to make any negative associations. The phrase "for Africa" is an attempt at Africanising what is otherwise a very Western set of clothing and symbols.

The power of text over orality is emphasised and highlighted with the use of titles such as 'Traditional Health Promoter' (Figure 4), employed by traditional healers as a way to negotiate their identity away from those of shaman and witchdoctor under which they had previously laboured (Tyrrell 1976:124). These terms often had primitive, backward and unwholesome connotations (Flint 2001:200). The Western academic-style gown (Figure 5) with its English text and motto, and the possession of an official certificate (Figure 4) also in English, demonstrate a competency not only in a global language, but also in the symbols usually employed by speakers of that language. In this context, the healers display a knowledge of current key symbols in South Africa as well as an ability to manipulate and negotiate them.



Fig 6: *Thokozani bogogo nabomkhulu* (Rejoice grandmothers and grandfathers) (Traditional Healers Organization, n.d.)

This use of symbols extends to realms such as the internet, where websites such as that of the Traditional Healers Organization (n.d.) reference a Western form of professionalism through the predominant use of English (Figure 6). Western medical discourse is also alluded to, in the form of a code of ethics reminiscent of the Hippocratic Oath. Qualifications are listed in English, while in background images the more traditional elements of the Xhosa healer’s locale such as beads and huts are subtly indexed, in order to lend an air of cultural gravitas. This is also demonstrated in the use of the Zulu expression *thokozani bogogo nabomkhulu*, which literally means: “rejoice grandmothers and grandfathers” and is used when diviners greet each other or speak to their ancestors. *Thokoza* can also mean to “enjoy good health”. The English motto “unity is strength” on this website, in its central position under the organisation logo, works here in the same way as it does on the gown (Figure 5): it functions as ATL advertising, targeting a broad, multilingual audience.

Idiomatic expressions indicate a level of maturity and linguistic competence (Okpewho 1979), and the salutation “*thokozani bogogo nabomkhulu*”, like the beads and the picture of the rural scene on the website, is an implicit symbol, since you would have to understand traditional healers’ greeting conventions to grasp its significance. The use of English and Western-style imagery is overt, with English used for practical matters; but there is also a degree of implicit symbolism in the use of English, in that it indexes allegiance to Western norms and has high status compared to indigenous African languages (Deumert 2010).

The website features a downloadable code of ethics, a list of traditional healers by area and membership application forms. There is a gallery with photographs of healers dancing in their traditional white vestments, but it also has pictures of older healers in red gowns. The gallery demonstrates the valorisation of traditional symbols and images: there are pictures showing the interiors of healers' houses and young trainee healers in semi-traditional garb dancing at Western-style conferences. There is even a photograph of healers in traditional clothes covered by their red capes protesting outside parliament in support of a government health minister who had been condemned for suggesting HIV/Aids sufferers could improve their health by good nutrition alone and that antiretrovirals were poisonous. (Their signs, in English and Zulu, say: Stop poisoning our people: *Yekani ukutyhefa abantu bethu.*).

A number of South African websites, including those of the City of Johannesburg and South African Tourism, promote South Africa as a tourist destination by suggesting that to get the full African experience one needs to visit traditional medicine markets (City of Johannesburg, n.d.; South African Tourism, n.d.). This advertising copy can be compared to early missionary descriptions of healers (Flint 2001) in which the arcane and mystic are foregrounded while actual healing practices are not mentioned. The website designers and copywriters concentrate on concrete symbols such as skins, beads and healing potions in jars. Indigenous African languages are placed on a secondary level: for instance, the Nguni name "*Ezinyangeni*" (Place of Healers) is provided only after the English description of the place as a "muti market" – and yet it is the only reference to healing. The English focuses on the fact that it is a market place and uses the word "muti", which originates from the Zulu word for "tree" and is used here in an implicitly derogatory way to refer to the medicines of witches.

Symbols Outside Shops and Pamphlets

Contemporary herbalists are identified not so much by the clothes they wear but by the way they decorate the places where they dispense their medicines. Lona Qubathi, a resident of Capricorn Park in Cape Town, originally comes from Hobeni, a village in Elliotdale in the Eastern Cape province, told me:

Uye ngamanye amaxesha ufike konekwe izikhumba zezilwanyana zasendle – umzekelo, inyoka, ingwe nezinye endingazaziyo kuba zezantoni.

Sometimes you arrive and the skins of wild animals are hung up – for example, a snake, tiger or others that I don't know what they are.

The signs shown in Figures 7 and 8 were photographed in 2005 outside a herbalist's shop in Langa, Cape Town's oldest township.



Fig 7: Signboard outside herbalist's shop in Langa, Cape Town



Fig 8: Signboard with healer's name outside herbalist shop in Langa, Cape Town

The sign in Figure 7 reads: ‘We follow the Pondo, bewitcher/magician. They blocked themselves from the old one thinking it is a calf,’ figuratively referring to the fact that people sometimes underestimate the enormity of their problems assuming they are something small (*ithole* = calf). The baboon in the picture is significant because baboons were thought to be witches’ familiars. Interestingly the English word “chemist” is used (although incorrectly spelled), which suggests that this particular herbalist would like to be identified with Western notions of pharmacy and therefore, uses the language most associated with these professionals.

The wording of the sign in Figure 8, outside the same shop, uses the same expression with a slight variation: instead of *zazixina* (they were blocking), they use *zazileqa* (they were chasing). The sign gives the herbalist’s name, Ntlane Gilimikhuba, and around it the text, *vula kuvaliwe herbarlist zazileqa endala zicinga ukuba lithole*, which translates as: ‘Open-what-is-closed herbalist, they were chasing the old one thinking that it was a calf.’ Once again, an English word (again incorrectly spelt), “herbalist”, is used instead of the Xhosa *ixhwele*, highlighting the status of the profession by using Western terminology.

The language in these signs indexes various kinds of knowledge. The word *mthakathi* in Figure 7 can refer to a witch or wizard, but because it is in the vocative without its initial vowel it is probably intended here as a clan name used as a form of address – thus signalling to the public that the sign

writer is familiar with Xhosa agnatic lines. As discussed earlier, knowledge of the importance of clan names and ancestors is critical if healing is to take place effectively. It is also significant that young boys in the township can also address each other as *mthakathi* (charmer), so the advertiser might be exploiting the semantic field of the word “*umthakathi*” creatively to refer to a clan name, sorcery and also a charming person.

The signs in Figures 7 and 8 were photographed in 2005. We have not been able to find any similar signs, even after investigating a number of different townships and towns in South Africa. Ubiquitous, however, are pamphlets (e.g. Figures 9a, 9b and 9c, distributed in the city centre of Cape Town) and signs (e.g. Figure 10, photographed in September 2012 in Diepsloot, Johannesburg) that list in the indigenous language (or languages) of the area all the ills that the advertiser claims to be able to cure.

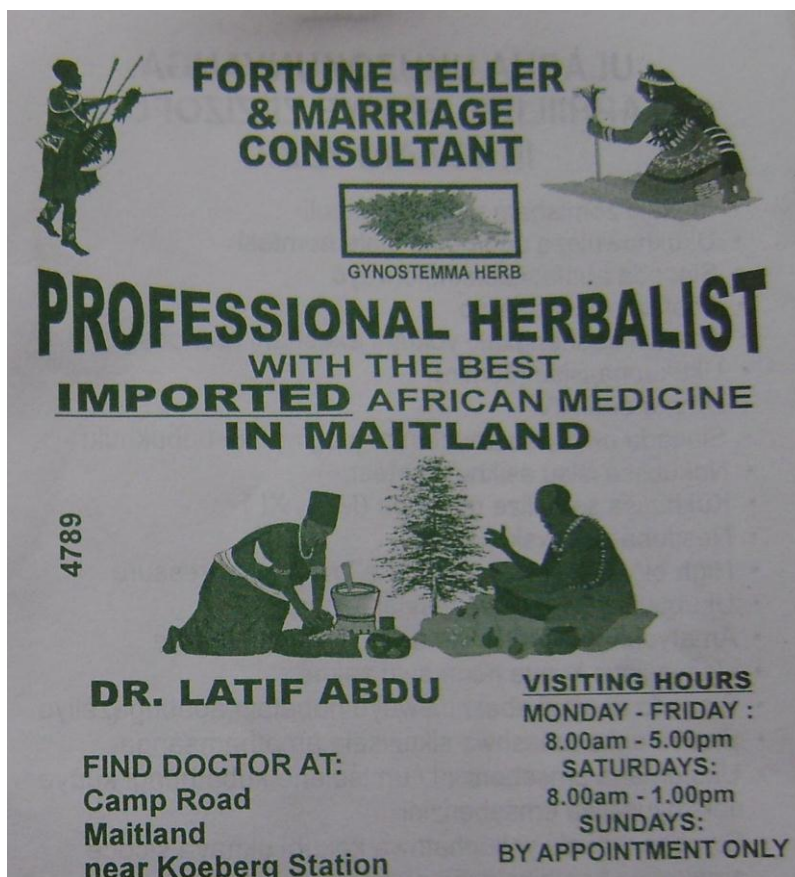


Fig 9a: Pamphlet cover: Fortune teller and marriage consultant

Although, judging by his name, the herbalist advertised in the bi-fold pamphlet (Figures 9a, 9b and 9c) is not Xhosa, he does use and exploit symbols associated with Xhosa healers, and that is important in terms of this study. The front has certain key words in bold capital letters, most prominently “professional herbalist”, and the word “imported” is even underlined to highlight its importance. The pictures index traditional African healers while the visiting hours and the title “Dr” suggest a Western

mode of medical discourse. The practitioner's Arabic name and the reference to "imported African medicine" initially suggest that a South African audience is being targeted from elsewhere on the continent. This is notwithstanding the fact that an entire inside panel of the pamphlet is in Xhosa, albeit very poor Xhosa, riddled with egregious spelling and orthography errors.

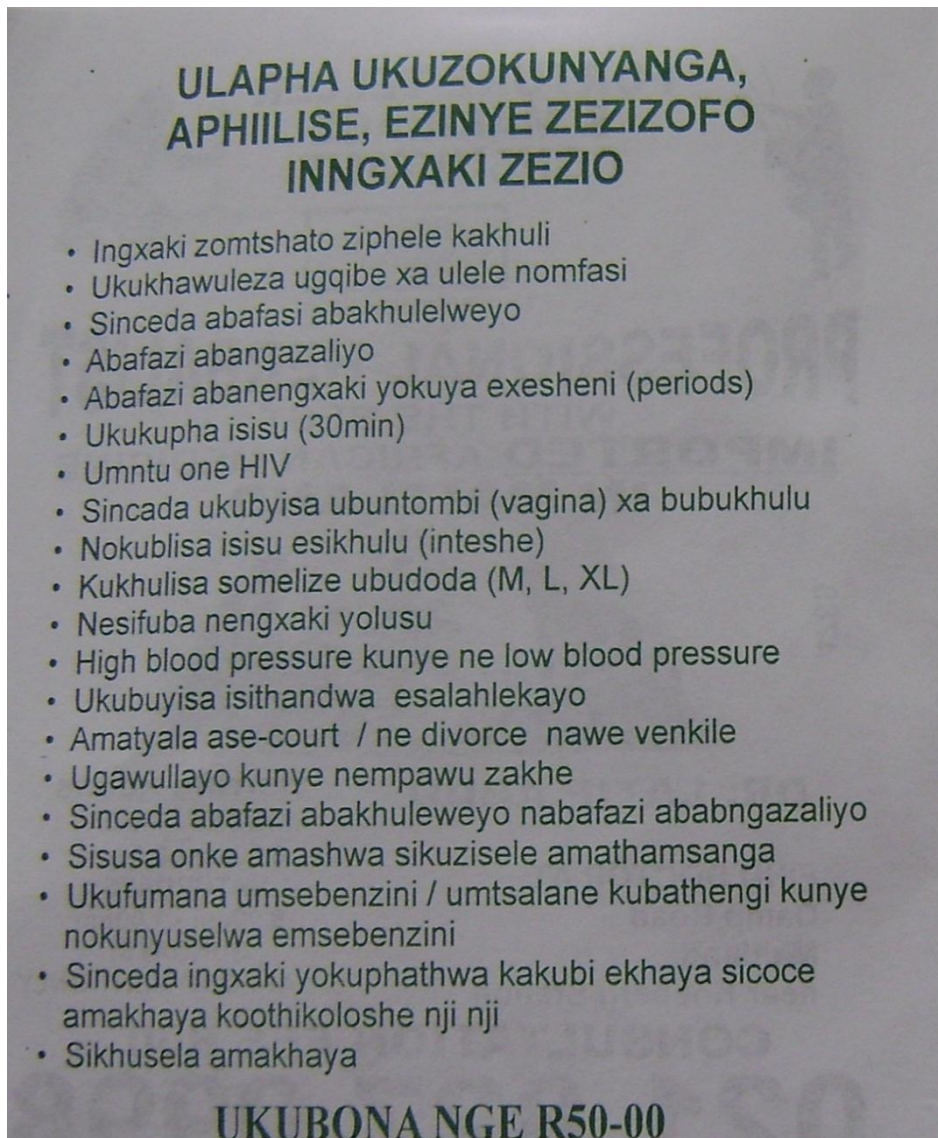




Fig 9b: Left inner panel of pamphlet: List of ailments and problems in defective Xhosa

An English translation appears opposite the Xhosa (Figure 9c), giving the Xhosa higher status as it occurs first, although there are significantly fewer spelling and grammatical mistakes in the English (e.g. "helped on symptoms", "win over of friends"). The first paragraph of the English version ("A Miracle Doctor from Ssesse Highlands ...") is not given in Xhosa at all. The Ssesse "Highlands" must be the Ssesse Islands in Uganda, which would not be known to many people outside Uganda, but are probably referred to here because of the name's exotic appeal.


A Miracle Doctor from Ssesse Highlands, using Pure Natural Herbal Medicine plus Spiritual Power for treating different Diseases, such as:-




Enhancing Physical and Sexual performance. general touching The reproductive system.



Do you suffer from the same Stomach problems every month?



Weight



Ginseng Extract

- Troubled Marriages
- Control early ejaculation
- We help pregnant women
- Women who cannot produce and those with period problems
- We reduce women's vagina and big stomach (Belly)
- Abortions - 30min without any pain
- People with HIV/AIDS can be helped on symptoms.
- To pass exams / to be liked / win Lotto / Casino
- Business attraction
- We make men's penis big and strong - enlargements - M, L, XL
- Diabetes, Asthma, and kin problems
- High / Low Blood pressure
- Bring back lost Lover
- Court Cases / Divorce and bad debt
- We remove Bad Luck and give Good Luck
- To get Jobs and promotion
- We solve family problems and tortures and clean houses from bad ghosts (Tokoloshe)
- Protection of property and win over friends.

COME CONSULT HIM TODAY AND FIND A SOLUTION TO YOUR SUFFERING

Fig 9c: Right inner panel of pamphlet: List of ailments and problems in English

**SIYALAPHA
IZIFO ZONKE.**



UKUTHWASISWA.
INVUKUZANE.
OMAMA ABANGA-
THOLI ABANTWANA
NEZINYE ZONKE.
083 750 7670.
083 668 9648.

Fig 10: Signboard in Zulu, Diepsloot, Johannesburg: “We cure all illnesses, diviner’s calling, erectile dysfunction, mothers who cannot get babies and all others”

What is significant in Figure 10 is the reference to *ukuthwasiswa*. (The use of the passive *-wa* with the causative extension *-is-* with the verb root *-thwas-*, which generally refers to a diviner's calling, suggests that the sufferer is not a willing recipient of the vocation.) This was generally viewed by researchers as a positive state in the process of becoming a diviner (Swartz 1998:164), but has now been acknowledged (by researchers and healers themselves) to include many problems and conditions (Swartz 1998:165). The author of this signboard is clearly aware of that fact and, by including it as an ailment in the list, is revealing a sophisticated cultural knowledge.

In Capricorn Park (an area of Cape Town with a population described by the 2011 census as being 30.2% “black African”) there are numerous signs advertising healing (see Figure 11), but they are all in English. This could be because 52% of the population claim English as their first language, according to the 2011 census, and only 4% Xhosa. There is an indication of a high percentage of foreign nationals in the fact that 8.3% of residents put their first language into the “other” category – that is, not one of the 11 South African official languages.⁷

A comparison of the language and symbols used in the pamphlet with those used in Capricorn Park township signs reveals that there is a matching of language with symbols. In other words, English is used alongside Western symbols (the red cross, the microscope) while Xhosa is used with either no images or very traditional pictures (see Figure 9a) depicting people in cultural dress, sitting in positions that reference a healing encounter with a herbalist or diviner.



Fig 11: Signboard for “Dr. Go”, in Capricorn Park, Cape Town

⁷ <http://census2011.adrianfrith.com/place/199050008>

The very rarity of signs using Xhosa expressions like those in Figure 7 and 8 suggests that herbalists can no longer rely on their clientele to understand or respond to Xhosa proverbs or specific folkloric references, and also that it is far more lucrative to appeal directly to a wider, multicultural, multilingual audience when claiming the power to heal physical or psycho-physical ailments, such as not being able to have children.

Word Of Mouth: Referrals and Recommendations

While there are now websites similar to that of the Traditional Healers Organization that claim they will find you “a traditional health care practitioner in your area”, most Xhosa diviners and herbalists still rely on word of mouth to develop their client base. This form of advertising is conducted through the medium of Xhosa. Diviners and herbalists also support each other, so a diviner may advise a patient to consult a herbalist (Ngubane 1977) and vice versa. Anecdotal and personal evidence suggests that traditional healers still largely use word-of-mouth advertising. When we were looking for traditional healers in Masiphumelele township in June 2013, we spoke to people in the street, who referred us initially to a prophet, who in turn referred us to a healer. Clearly prophets, healers and herbalists, operating outside of the biomedical realm, rely on one another for personal referrals.

Conclusion

Swiderski (1995:43) speaks of the dialectic with biomedicine that is formed by traditional healing:

While doing what biomedicine does not do, the traditional healer tries increasingly to do it in the same way. While appealing to the base of a local, familial confidence in his powers, he in effect tries to construct himself into the role of the family physician ... all the while maintaining an indigenous African claim to his [patients'] confidence.

We argue that this emulation by traditional healers of something they are not is less problematic than Swiderski suggests because it is merely an attempt (in fact a continuation of their historical endeavours) at creating a confidence and a loyalty in their clients via external symbols and codes. Traditional healers have a historical claim to a deep, multi-layered understanding of their communities, and as their public's preoccupations change, so do they adapt their marketing strategies to incorporate this transformation. Thus music, dance and beadwork were all important in the traditional Xhosa context, being recognised as key cultural symbols, and healers exploited and elevated these symbols and codes to broadcast their services and index their professionalism. While healers do still use cultural symbolism (beads, white clothes, face paint, dance and music) to identify themselves and the services they offer, this symbolism has been adapted to new realities. New clothing (e.g. red gowns) and symbols (certificates, English mottos) supplement ancient symbols in order to fit new medical paradigms in which doctors gain their authentication via documents and degrees and not through any specific cultural knowledge.

It can be argued that on a national level the transition in South Africa's linguistic landscape militates against the use of indigenous African languages in advertising, and yet they are still used, when it is deemed expedient, to index a particular cultural purity or to appeal to a specific target audience. In the case of the writer of the pamphlet (Figure 9b), the Xhosa language is clearly used because the advertiser wants to reach a market he believes cannot read English. By his slovenly use of the language, and his obvious failure to have it reviewed by a competent Xhosa speaker, he displays an ignorance of the language and its orthography, but it is unlikely that many of his potential clients will take particular note of the numerous proof-reading errors. This factor leads us to the interesting question of textual representations of African languages in marketing campaigns: are misspellings and poor orthographical representations of our indigenous African languages now becoming (uncritically) associated with advertising discourses? Why did no-one, for example, complain about the lack of aspiration in the verb "thatha" (take) in the Lotto's catch phrase "Tata machance, tata mamillion"?

An analysis of the current textual marketing of traditional healers would suggest two distinct categories: a non-professional, BTL advertising approach (pamphlets, hand-painted signage) in which ailments are listed and sometimes miraculous cures suggested, and an ATL exposure via websites that is marked by reference to professional standards and conduct. Our research for this chapter did not include a study of ATL marketing in terms of television advertisements, but anecdotal evidence suggests that this kind of advertising highlights miraculous cures rather than professionalism.

Advertising by way of garments can also be divided into two categories: traditional clothes and beads with no text symbolising stages of becoming a healer, and Western clothes with text symbolising a professional status has been achieved.

Other symbols of traditional healers such as indigenous African languages, rituals, dance and music are ubiquitous and can often be found to reference "tradition", and as such are encountered in ATL media such as websites, where they function as code for cultural knowledge and a generalised "Africanness".

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