

Love as Action

Managing relationships, sickness and medicine in a Zulu society

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Love is something that most people can relate to, yet it can carry specific meanings in different societies. How we talk about love reflects something about ourselves and the way we organize social relationships. This article focuses on people's understandings and management of love in a rural area in north-eastern KwaZulu Natal in South Africa. The aim is to understand how people speak about and manage love in their daily lives as well as how larger social processes influence experiences of love and relationships. The analysis shows that people speak about love in terms of respectful actions and a social order. This talk reflects the way in which people see themselves as deeply dependent on one another, that they consider good and evil to be in constant competition with each other and that they are convinced that love must be maintained through hard work. Love medicines made from herbs offer one way to "do love", to strengthen a relationship or win somebody's love, which is both a possibility and a threat in people's lives. The most serious threats to love, however, are unemployment and sickness, as the scarcity of resources undermines people's chances of doing love through actions. Stories about love medicines reveal what trials people face in competition for love and care, as well as what they see as amoral actions. In addition, talk about being poisoned by love medicines provides explanations and comfort to a person who has been deceived and points out that the circumstances under which people live need to be changed.

[doing love, sickness, love medicine, Zulu, anthropology]

"If there is no love then everything is like nothing."

Mr. Sekeleni, 50 years old

Love as a phenomenon has been thoroughly discussed and studied in all religions, cultures and philosophies. The focus has often been on either individual experiences of love or societal conditions for love. In my view, these two aspects are inseparable, as they influence each other in a mutual process. How people manifest and live their intimate relations is grounded in specific understandings of the person, human relations, good and evil, as well as in social, political and economic circumstances. The micro-

context of daily life is a connecting link between personal and societal processes. In the local world, people think about and live love based on a specific structuring of the world as well as under specific conditions.

When Mr. Sekeleni¹ told me that there is no life without love, as quoted in the epigraph above, he sat on a bast-mat under a tree's shadow in Nkolokotho, north-eastern rural area of KwaZulu Natal. The 50-year-old man's young daughter sat on his lap while pulling his beard. Mr. Sekeleni's pregnant wife sat on a chair at his side, while my assistant Thobile Ndaba and I sat on a bench we had carried out from the house. Because it was the first time we met the family, we were all a bit shy and reserved, so conducting the interview was challenging. I had difficulty remaining quiet and kept on talking. Later, after I had lived in Nkolokotho for a while and listened to many comments, explanations and stories about love, I realized that the man in his taciturnity had captured something crucial about love's meanings and conditions.

The Zulu families I became acquainted with spoke about love as a fundamental and positive force in the community and between individuals – a force that in itself is never problematic. There is a Zulu concept, which is close to the concept of love, meaning "to make the knees strong, to have guts". As opposed to the Western concept of becoming weak in the knees when in love, love is seen as a strength in life. According to Zygmunt Bauman (2003: 3), the Western view of love is something painful and hard to defend oneself against. He goes as far as to compare love with death; it strikes whenever it wishes and unexpectedly affects people in their daily occupations. Love in that perspective is something that comes and goes, surprises and occurs. In contrast, Zulus see love as omnipresent, but simultaneously in need of continuous work, since it cannot be taken for granted and is never evident in itself. Mr. Sekeleni explained: "Love, you have to concentrate on it because it determines everything."

My study of concepts and conditions of love is conducted within the scope of a larger study on how Zulu families manage relationships and health (Wickström 2008). For six months in 2004, I lived in an area designated as a Zulu homeland under South Africa's former apartheid policy. The vast majority of households are poor, with 89 percent living below the national poverty line, and severely affected by the AIDS epidemic. The study concentrated on eight families. The methods for data collection were open-ended interviews and participant observation. Ten traditional healers were also interviewed. I learned the fundamentals of *isiZulu* so that I could join in on daily conversation, but my working language was English and the interviews were carried out with an interpreter.

Doing love

Love in *isiZulu* is *uthando*. At first, when I discussed love with everyone I met in and around Nkolokotho, I thought that *uthando* had the same meaning as love in English. I believed we were speaking of the same thing and to a large extent we were. We were talking about love in a wide sense, both as interaction in the community and as intimacy between a man and a woman. But many times I became confused by the turns

our conversations took. For example, many seemed to be surprised by my question about how you can understand that somebody loves you. In their view, love was obvious to everybody. Somebody not involved within a relationship could easily judge objectively if love existed between others, because the existence of love is recognized in daily activities and performance. “Love goes with respect”, men and women constantly told me.

Thandi laughed when I asked how she fell in love with her husband. “How we fell in love? Since I had a baby already – the one that I was in love with before did not have anything to support me.” In Thandi’s view, the man’s love could be judged objectively, as his love was shown through his willingness and ability to provide for Thandi. The man that Thandi was in love with before could no longer continue to support her. Not being able to provide care for Thandi signified a lack of respect. A man who can and is willing to support a woman, however, demonstrates his love towards her, and the woman may deduce that love exists through his actions. In contrast to a Western view of love, which Bauman (2003) describes as something uncontrollable falling upon a person, love in this view contains both thoughts and volition. Deeds are the proof of love and the qualification for inner feelings. Everyday actions, means and resources communicate the quality of love. Thus, *uthando* is not foremost a question of subjective sensation, but a question of concrete actions in daily life. *Uthando* includes care, and is at heart seen as an activity.

When I asked Makwetha, one of the headman’s four wives, how it is possible to keep one’s love life satisfactory, she told me this:

Love won’t be strong if there is no respect in your relationship. Then your love life won’t be good. Sometimes you confront your husband. You cannot talk to him if you do not know that he is a man. And also you as woman, it happens that your husband lacks ways of communicating with you as a wife. Then you see yourself lost and your heart breaks. But when he comes back and you start afresh, he respects you, you respect each other, then your love builds up. It depends on how he respects you. If you do not respect each other it won’t work.

The interviewees see respect as a principle in all kinds of relationships, but particularly with regard to relationships between men and women (cf. Heald 1995: 493). Respectful actions permeate the interaction between people. If you love someone, you show respect by the way you dress and behave. You also take responsibility for your duty as a woman or a man. Both a man and a woman need to show reverence and good manners, but in different ways. That is how you can understand that someone loves you. Mr. Biyela put it like this:

I support her by feeding her and buying clothes for her. That is what I have to do so that she can respect me and give me the love that I deserve. Because if I do not support her what will she be respecting, cause then I won’t be a man. [...] Women can be attracted by other guys who want her to fall for him. It can be easy for her to fall for that guy if she is not satisfied in the relationship that she is currently in. But if I as a man can be able to

feed her the way that she should be fed, if another man come to her it will be the same as if he is pouring water at the back of the duck because she won't need anything.

Mr. Biyela spoke about actions as having the potential to attract a woman as well as to make her resistant to other suitor's more appealing enticements. For a man to deserve respect, he must support his family. That is how he can keep the family together and keep his woman. A woman shows respect by taking care of the household and dressing herself in a way that keeps other men from wanting her. If the respect is visible, there is no need for a new love.

Making love and satisfying a partner is an important part of the daily activities that show love. A traditional healer, Nduduzo, spoke about the importance of sex:

I think that it is our secret that the woman needs to be spoiled. [...] The woman will fall for other men if you do not satisfy her in bed or perhaps if you do not support her. [...] The man has to make his woman happy so she never will think of other men.

Nduduzo explained that a man needs energy so he will not be tired, otherwise the woman may leave him for someone else. Being able to have sex is an important condition for a person to show love in concrete actions. Love may never be taken for granted and does not show by itself, but needs constant work and nourishing. Both men and women see intimate love as extremely vulnerable. People are always competing rivals for love. Everybody may be attracted by somebody new or be the subject of someone's tireless attention. This is expressed in a Zulu saying: "A man can never rest even if the woman has said 'yes' since the other suitors are crying." The informants had a solidly established view that nobody could ever be sure of keeping a loved one – no one could ever just take a breath and regard the relationship as permanently settled. The independence of the individual is strongly emphasized. Nobody is supposed to own anyone, although I will show later that love medicines are about trying. Emphasis is placed on the individual, together with the idea of everybody being dependant on each other.

The understanding of the concept of love, *uthando*, is strongly associated with the family and the "weaving together" of individuals. The word *uthando* also means plaited material, and the verb to love, *uthanda*, also means to weave or plait. The family is seen as a continuum, not as a unit, and stretches from forefathers and ancestors to those now living, to the children and children to come (Wickström 2008). Robert Thornton (2003) describes this weaving as an exchange on a "horizontal axis". On the other hand, he describes sexual acts and sexual exchange as a linking of groups of people or families on a "vertical axis". The concept of love is grounded in an attitude towards life in which people view themselves as living in a constant state of interweaving and as being dependent on each other. The South African concept of *umuntu ngumuntu ngabantu* (a person is a person through persons), common in many Bantu languages, shows how explicit this understanding of people's interconnectedness with each other is. A person is defined and exists through his or her relationships to others. The self is not envisaged as an inner property, but as subsisting in relation to others

and the environment (cf. Shutte 1993). To do love, in order to be part of this interweaving, respectful acts are needed.

To make a comparison between respect as responsibility towards each other and what respect means in another context, Ann Swidler's (2001) research on middle class North Americans and their view of love is useful. Swidler reports that one of her interviewees, a male engineer, used the word respect as a synonym for understanding, accepting and affirming each other in a relationship. The purpose was to tolerate the other and try not to change her, to understand what the partner felt and give her freedom to act at her own will. According to the interviewee, denying one's partner freedom and promoting only one's own could destroy relationships (Swidler 2001: 31-32). Here, respect is grounded in thoughts about the need for every individual to find balance between autonomy and devotion, mutual respect and unselfish love. In contrast, according to my interviewees, respect is about learning moral and normative rules for social life and taking responsibility to act upon them. The families I got to know considered it an asset and a sign of maturity to learn and adapt oneself to principles of respect – to pay attention to what is seen as proper behaviour. The ideology and the talk about what is important to respect vary greatly. In the North American context, autonomy and freedom are emphasized, while Zulus emphasize the moral responsibility in relationships.

Different ways of speaking about love and respect show different ways of thinking about human relations. In Western society – in its literature, arts and movies – love is referred to as a complex of feelings and is described as something passionate, limited and, perhaps even, unattainable. In Zululand, I was confronted with a concept of love as a basic and vital component of daily interaction. Love manifests itself in daily activities. Working, earning money and supporting the family stands out as the ultimate proof of love between a man and a woman. It is not a question of either a romantic or an anti-romantic attitude, or of believing in an absolute unity between two people or its impossibility. It concerns another question. People speak about love based on what they see as an individual's responsibility towards other people. However, this view of what is moral is not applicable to a universal definition of right and wrong. Such a morality is relative to the local world. A local moral world, as Arthur Kleinman (1995, 2006) suggests, is a world in which life is lived from experiences of the possibilities and limitations in a specific local setting, which is always changing and usually uncertain. Moral life is based on collective orientations, social resources and concerns what really matters to people.

Love as interdependence

The concept of *uthando* is thus grounded in an attitude towards life according to which people are obliged to each other and live in mutual dependence. To understand this attitude or worldview, it is important to look at what people see as the threat to love and wellbeing. In addition to love, another constituent component, evil, is thought of as ever present, bringing about antisocial affective states that threaten

to destroy everything that is good. A typical result of evil, according to my informants, is jealousy and envy. Expressions of jealousy are seen as the counterpoint to showing respect. Mr. Sekeleni explained: "You cannot prevent jealousy, [...] When I came to this world jealousy was here. I do not know where it came from." Good and evil are thought of as existing side by side; they never exclude each other, as in a principle of logic. Evil may create ill will, according to my informants. "Yes, we can trust each other but we also have to deserve it because you will never know. We can't fully trust each other on this earth", Mr. Sekeleni went on. People can trust each other, but at the same time they cannot, because a human has love but also jealousy. Love and jealousy are in continuous competition. To achieve an acceptable life, the interviewees are balancing between good and evil forces, or between good and evil intentions, managing emotions and relations to other people. In order to protect and promote love, they need to cope with neighbours and relatives, and first of all they must never excite their envy.

One day when I was interviewing a traditional healer, a woman who passed by shouted: "Defuse jealousy now when white people visit you!" The greeting was meant to call attention to the risky business of success and others' envy. The man I interviewed was responsible for defusing jealousy; it was not only a question of other people's own handling of emotions of jealousy towards him. However, the informants' emphasis on people's jealousy led me to expect suspiciousness and dissociation among the people I got to know. On the contrary, however, I learnt that they took care of each other within different families and that family love extended beyond parents, children and spouses (cf. Du Preez & Niehof, this volume). The circle of care and support was great, and even I, as an outsider, was treated with warmth, generosity and patience. I soon began to realize that the concept of the ever presence of, and the effect of, evil made people unwilling to risk being accused of jealousy or of unwillingness to share with other people. By showing respect and striving for harmony, the thinking goes, evil thoughts are counteracted and love is given space.

This attitude and understanding of good and evil creates a sense of belonging, but also vulnerability. Love between two individuals is intimately connected to the family and to wider social relations. When a couple does not have a sex life or enjoyment in life, there is disorder. When things are in disorder people attribute it to the social interactions that make up everyday life (cf. Van der Geest 1997). The assumption of many Zulus is that social relations are as important a determinant of people's well-being and sexual relations as are individual behaviour and actions. Even if individual failures or infectious agents are recognized as the proximate cause of many love and sexual problems, the ultimate and determining cause is almost always thought to be human agents who have actively brought about people's misfortunes. Someone in the community, out of jealousy or envy, has manipulated evil to destroy what has been built up. The following is a discussion with Moses, a young newly married man:

Moses: In a marriage it can happen that you both create problems. And there are other problems from others that you cannot prevent from happening.

Anette: What makes these problems?

Moses: It is like when I buy a car. The other person won't be happy about that. So if there is something good that I do the other person will wish that these people that are married cannot be successful in their marriage. And that is one of the problems that just appears from nowhere.

Anette: What makes people hate seeing people who are married live nicely?

Moses: It is life now that people are like that. [...]²

Anette: If people are jealous about your marriage, what can they do to destroy that marriage?

Moses: They can do lot of things. It may happen that you do not get any children, and if you do get them they will die. So many things can happen. [...] It may happen that my parents do not like my wife until I reach a decision that I should move away from them. And it may happen that there are things that they are doing like bringing malediction. [...]

Anette: How can the husband's parents destroy the marriage?

Moses: It is very easy.

Anette: How?

Moses: I do not know, how can I explain this? If the man works in Johannesburg and the wife works here at Mtubatuba, she lives here alone in the house. I then receive a call telling me that there is a man who sleeps here in this house when I am not here. [...] Those kinds of messages can arrive to you in many ways. [...]

Anette: How can you live your life in a way that can make people not be jealous of you?

Moses. It is not an easy thing to do. [...]

Anette: Can people use medicine to separate people who are in love?

Moses: Yes, it can happen that as we are staying in this house, we do not have sex any more. What can be the cause of that?

Anette: What do you think causes that?

Moses: It may be people. Maybe they have done something.

Anette: How can you solve that?

Moses: It is very hard. We will have to get things from people [medicine from a healer] so that we can be able to get back to our bed [have sex again].

From Moses' perspective, love between two people is a social affair and involves more people than those involved in the love relationship. Every individual is part of a web of social relations and the target of mutual influence. The idea of malediction or witchcraft being the cause of sexual problems rests on a concept of the body as extending outside its most obvious physical borders. Bodily fluids, hair, nails, photos or clothes from an individual are supposed to contain the essence of the individual and may be used to bring harm to somebody (cf. Niehaus 2002b, Berglund 1976: 288). For example, women I spoke to pointed out that it was important that nobody could find a used sanitary towel. One woman took great care not to appear on any photo I gave to one of the traditional healers I interviewed. She was a bit scared of him and wanted to protect herself by not giving away anything of herself. In the family I stayed with, I could do as I wished with most things, but when it came to washing my underwear or

throwing out water after brushing my teeth, the young women eagerly told me to make it right, not to expose myself or anybody else to the risk of being bewitched. Body fluids are thought to contain the vital force of a human being and must not be handled incautiously. Protection of the body and its field of force is a preventive act and part of the work of doing love. People are dependent on each other to achieve a good love life and success in life. By being cautious, by washing, throwing away dirt at a safe place and keeping things in order (cf. Douglas 1966, Flikke 2001), a person promotes love in the family, as well as in the community. Each and everyone is important to, and at the same time dependent on, the greater whole.

Doing love by using love medicines

Zulus use love medicines to promote love, both in an intimate relationship and in the wider community. For Zulus, as for many other people in Africa, medicines are not only used in times of illness or pain, but for all kinds of phases in life and for every venture (cf. Berglund 1976). *Umuthi*, which means tree or bush, also means medicine. Traditional medicines in Nkolokotho, *imithi* (plur.), are made from herbs, tree roots, soil, stones, and parts of animals, beetles and pharmacy products. When the word for medicine is used, it refers to both curative and poisonous substances that are able to heal as well as to hurt (cf. Ngubane 1977: 22).³ Various plant species contain a neutral power and may be used morally or to harm (Berglund 1976: 345). According to the inhabitants of Nkolokotho, love medicines are both good and bad. One of my interviewees, Thando, 27 years old, told me about this:

Thando: What I know is that *umuthi wentando* [love medicine] is good and at the same time it is bad.

Anette: What is the good thing about love medicines?

Thando: Like me. Always when I am walking around other girls say: 'Look at that girl. Do not talk to me. I do not want to be your friend because you have got bad blood.' If you get love medicine you can use it to vomit and steam yourself and bath your whole body to clean yourself. Then everything will change. For example when you look for a job people will tell you that there are no jobs. Then you will go back home and use *umuthi wentando*, then everything will be normal again, everything will be easy. But I am not sure, but I agree that if you are a South African and you use *umuthi* problems will be solved.

Thando describes how others in the community can notice an individual's bad blood. By cleaning oneself, a person can be attractive. After cleaning, he or she is met with positive treatment and is more successful. Some of the interviewees used different mixtures to vomit, to steam or to use as an enema, in order to render the blood clean and warm. The quality of the blood is seen as a primary sign of well-being and good relationships (cf. Scheper-Hughes & Lock 1987: 18). This practice of using medicines to clean oneself is part of the daily physical cleaning and hygiene, and is performed

more or less regularly by different individuals. The medicines are thought to clean, strengthen and protect the individual, but also to build up his or her attractiveness. Being perceived as pleasant by those around one helps to maintain harmonious relationships with neighbours and relatives. The medicines also prevent problems in a love relationship. Other more controversial kinds of love medicine are given to a partner in secrecy in order to strengthen, protect or build up love.

In William Shakespeare's *A Midsummer Night's Dream*, a magic lovemaking herb plays a significant role. The juice from the flower causes everybody who is exposed to it to fall in love with the first person he or she sees upon awakening. In the play, the use of the herb creates many complicated situations and relationships, but, as in a romantic comedy, the end is happy and nobody is seriously hurt. Some ingredients in the plot of *A Midsummer Night's Dream* are similar to the ingredients in stories about love medicines, such as love being a strong force, competition for love, jealousy, efforts to manipulate love as well as to put things in order. On the whole, every society has examples of aphrodisiacs, which are drugs thought to arouse or strengthen emotions of love or desire. In societies with traditionally anchored medical care and where traditional healers are a frequent source of treatment for illness, social scientists describe how healers also offer love potions to assist with managing and influencing love relationships (e.g., Keller 1978 about Zambia, Graeber 1997 about Madagascar, Rubbo 1975 about Colombia, Gluckman 1935, Laubscher 1937, Ngubane 1977, Leclerc-Madlala 1999, Ashforth 2000, Scorgie & Parle 2001 about Zulu culture).

Love potions are thought to be hidden in the partner's food, sent in a dream or secretly transferred while having sex. In contrast to bio-pharmacology, where the power of the medicine is seen as inseparable from the medical substance (van der Geest et al. 1996: 167), the interviewees understand the substances both as working on their own and as working through their spirit or power. The view of the body as a field of power makes it likely to be exposed to medicines in different ways, for example through a dream. To make the potion effective, some of the giver's body dirt, scrapings from hands, feet or genitals, needs to be included in the mixture. Once more the view of the "extended body" is obvious. The boundaries of the body extend outside what is obvious to the eye (cf. Thornton 2003). But whereas I described earlier that body dirt, waste products or something that has been in contact with someone's body could be used to do harm, this describes how something from the body could force another person to become attracted.

However, I never met anyone in or around Nkolokotho who told me that they had given their partner love medicine in secrecy. That strategy is kept secret. But I did see spice jars that had been broken up and mended with tape, which people told me is a tool for giving someone love medicine without his or her knowledge. "I ate an aromate" is a metaphor for suspecting that you have been exposed to love medicines. Still, love medicines are the topic of many conversations, everyday jokes and insinuations. In my dictionary (Doke et al. 1999), there are 77 different names listed for love medicines or charms. Whatever the actual extent of use of love medicine, people often suspect its use when love seems either to be fading in a relationship or, alternatively, to be all-

consuming. If somebody fails to take responsibility or is unfaithful, his or her actions are attributed to the effects of love medicine, rather than to changes in his or her emotions towards the partner, or to a new love interest. In contrast to the Western concept of infatuation or disease caused by passion (Vandamme 2007), or the Tamil concept of intoxication of love (Trawick 1990: 113), where people think of themselves as confused by love itself, my interviewees suspected they had been given love medicines when intimate love was unsuccessful or when somebody deceived them. I will return to this theme of attributing responsibility in stories about love medicines later in the article. The most serious threats to love, however, are unemployment and sickness.

Unemployment and sickness are threatening love

What love means, and how people handle love, is not only grounded in specific understandings of the person, the body, relationships, medicine, and good and evil. It is also linked to how people's lives are influenced by larger social processes. Daily love and its manifestation are intimately associated with the political, social and economic reality in which people live. In Nkolokotho, as well as other former homeland areas, the outer influence on people's intimate relations has been extremely manifest. Through the colonizing process, 350 years of segregation and 45 years of apartheid policy, people's arrangements concerning sexuality, marriage and family have changed drastically (Wickström 2008). During the twentieth century, men found work in mines close to the big cities where women and children were not allowed. Thus, Zulu families were separated. After the end of apartheid, many men lost their jobs and moved back to the rural areas, where it is difficult to make a living (White 2001). Many of these Zulu families are excluded from the numerous advantages of economic growth that others in the new South Africa are experiencing (cf. Comaroff & Comaroff 1997). Since the 1990s, people's lives have also been characterized by tuberculosis, AIDS, and other related illnesses.

Unemployment and disease are threatening love, because both men and women have problems with showing care. The first and only time I was able to interview Mr. Sithole, and tell him about my study of love, he directly started to explain what the problem with love in his family was:

Oh, there are problems as there is unemployment. Nothing is coming into this house. Living with the children – how can they get help in that situation? Can there be love in that kind of situation?

Unemployment and money problems made it impossible to go on “building this house”. Mr. Sithole could no longer show the ultimate proof of love, namely to support his family and build a foundation for their life together. The man told me how he had got tuberculosis and that the medicine he got did not help. He feared that his wife would leave him because he did not work and because he did not have the love she wanted. I asked him to explain further.

When you look at us we do love each other but with that [pointing to the bed] there is nothing. [...] There is no money coming into this house that I can use buying pills for my blood to be warm and fast. He is dead [pointing to his penis].

Mr. Sithole pointed to his penis and told me that it was dead and he pointed to the bed and explained that nothing goes on there. He could no longer show love to his wife, which among other things meant he was unable to have sex with her. He needed pills for his blood, but had no money. His wife was listening and started to laugh, but the atmosphere was heavy in the only room in the house. It was obvious that the foundation for the man's role as supporter and guardian of continuity in the family had been destroyed by sickness and unemployment.

Mr. Sithole: TB caused it because as I am not working I do not have the power to help my family so that we can have love and peace in this home. As you can see this [showing us a bag of maize meal], someone gave it to us. We had nothing left.

The man could no longer show love and respect, which means taking the responsibility associated with his age and his position. Sickness and medication had caused problems with his potency. A metaphor for being able to have sex I often heard from my interviewees was "being healthy". Mr. Sithole had no work and no money any longer. The bag of maize meal was the ultimate proof of his failure. Maize meal is the main staple commodity for a Zulu family. The farther you go from the big cities in South Africa, the more expensive the bags of maize meal become, probably because they are packed in town and distributed from there. For the poorest in Nkolokotho, it is often the only commodity. Thus, without maize meal they cannot live. When Mr. Sithole pointed to the bag that someone willing to help had given the family, he pointed to the proof that sickness and unemployment had ruined his family and the love they had for each other. He could not even buy a bag of maize meal for the ones he loved and wanted to care about. Not being able to support the family means not showing respect. In the long run, scarcity of resources makes love impossible.

The affection and intimacy between Mr. and Mrs. Sithole were also disturbed by the knowledge of HIV/AIDS.

Mr. Sithole: If I am trying to kiss her and she refuses [Mrs. Sithole laughs] we will fight about that because I will think that there is someone else she is seeing. [...] I tell myself that there are other people who kiss her and she tells herself that I have got AIDS.

When the husband tried to kiss his wife, she moved aside. She thought he had AIDS. He, on his part, thought that her moving aside meant she had another partner. Earlier, since their marriage twelve years ago, the family had a good life. Mr. Sithole explained:

It was beautiful to stay together and to look at each other and remember where I came from in poverty. When I look at her I tell myself that I did not pay *ilobolo* [bride gift] for

nothing because she is a hard worker, and to see her moving around in our yard makes me feel happy.

The woman's activities at the homestead awoke beautiful memories for Mr. Sithole. They were signs of love. Mrs. Sithole explained that earlier times had been good because "we stayed together without any problems and we got five healthy children". The children were the result, and the ultimate sign, of love. Besides losing his health, Mr. Sithole had lost his status and his value through his difficulties in fulfilling his role as supporter and head of the family (cf. Silberschmidt 2001).

Other family members in Nkolokotho have been luckier and found jobs in Johannesburg, Durban or other nearby smaller towns. Men and increasingly women have been drawn into migrant labour, dividing families between rural and urban areas and creating new types of support networks. These changes have sometimes obstructed individuals' ability to show love through actions. When daily life is transformed, sexual relationships and gender roles are affected. Transnational capitalism influences the gender and sexual order (cf. Mohanty 2006). The most intimate things, such as sexual relations, and the most distant, such as industrialization in Europe, are connected to each other through worldwide processes (cf. Giddens 1996). The shaping of daily and personal life for black people in South Africa changed radically when the country became more completely part of the worldwide market.

Among the interviewees, the changing possibilities to show respect constitute the major debate in regards to "doing love". Today, new actions are demanded as a proof of love. Often women get the opportunity to work in towns and need to go away to support the family. A common pattern among young women from the rural area is to move to a big town to work, leaving their children with their mother or grandmother (Hunter 2004). Some women in Nkolokotho travel to a nearby country town to work five days a week in a shop for low wages.⁴ The man in one of the families I interviewed gave his opinion on this, saying that such a situation was hopeless, because the house was empty and anyone could break into it. He was worried about the new situation. Many women, for their part, were asking for changes when it came to care-taking. They wished to see new types of actions as proof of a man's love. Several women made clear to me that they did not wish to marry, because they did not want to run the house all by themselves. They demanded that their men take part in running the house instead of expecting the women to do everything. By putting off marriage and living in other networks of support, both men and women are changing the code of respect in the long term.

Living under these circumstances, people are exposed to difficult trials in managing their love relationships. How they find meaning and comfort, point out amoral behaviours, and in addition try to understand injustice in the world and touch upon how the world *should* be is seen in their stories about love medicines.

Love medicine as public diagnosis

Sipho's father ran away. I do not know where he is even today. He was married and had a wife. If he had explained that before we started dating I would not have agreed. But he lied until I got a child. Then I found out. He supported my child for two years and after that he disappeared. I think it is because he felt more burdened. He had a wife and now he had to take care of the child. I also think he did not have enough money and that he was scared of his wife.

This is a brief excerpt from a long story that Nzwaki, a 31-year-old woman, told me about her love problems. We were sitting in a hut painted in blue, beautifully situated on the hillside above the bumpy road through Nkolokotho. Ten people were living at the homestead, Nzwaki, her mother and father, a brother, a sister and five grandchildren. The story was about a man she had started seeing. Eventually they had a son. After supporting Nzwaki and the son for two years, he suddenly disappeared one day. She did not know where he had gone, but she eventually realized that he already had a wife when he started seeing her. Nzwaki found practical reasons for his behaviour, such as that she and her child were too big a burden for him or that he lacked money.

To get a more satisfactory explanation for the situation, Nzwaki sought out "somebody who sees", in this case a prophet in a nearby church. The prophet explained to Nzwaki that the man's wife had used a medicine that could turn out to be a snake inside the woman's body, a sort of bad use of love medicine. When she and the man had sex, the snake opened his mouth and caught the man's penis. This prevented him from getting another woman, but it also made the wife barren, as the snake ate everything in its way. If the wife would take out the medicine and have a child, she would definitely lose the man. Nzwaki explained to me that the man and his wife did not have any children together.

The faith healer advised me not to use it [medicine] myself if I want to continue with life. Instead he told me to move on because there was no hope for me – that was what he told me. My mother told me not to lose hope, and that I would rather stay single and look for a job so that I will be able to take care of my kids that I have already. My mother has never liked *umuthi* because she believes that the love charms do not help, for in the long run it gets finished in the system. When she got married here she never used any *umuthi*.

The story provides an example of a bad use of love medicine. When people in Nkolokotho face problems in love relationships, they often go to a traditional healer or a faith healer (cf. Niehaus 2002a: 273, Sibisi 1975: 55) for consultation. Searching for help and consulting somebody on love and relational problems may lead to medical treatment of some sort. The prophet Nzwaki consulted advised her not to use any medicine herself, but to go on with life because there was no hope of getting the man back. The medicine his wife was presumed to have used was supposed to be a very strong one.

Consultation may also lead to a sort of public diagnosis, an understanding that those closest to the person as well as the person him-/herself discuss, question, accept and rely on. Through divination, Nzwaki developed a deeper understanding of what had happened to her. The fault and the failure were not her own nor her ex boyfriend's. Instead, she attributed the cause of her child's father abandoning them to agents working outside their own will. The responsibility of the individual was removed, and she received an explanation for what had happened. In this story, an animate force, as well as the manipulating individual using it, was attributed responsibility for the event. The man's wife gained power over him by using medicine. The explanation was not like blaming someone, or like a rationalization after the event to legitimate an action (cf. Rosander 1987). It was more like getting a diagnosis that worked as psychological help and gave comfort in a situation in life that was hard for Nzwaki to influence. It may be compared to when someone in the Western world receives a diagnosis for stress, such as "burnout", a sort of long-term exhaustion. The person has the symptoms, and the diagnosis gives him or her an explanation for what has happened. The understanding provides explanations and gives comfort when facing troubles in life.

Nzwaki did not plan to take revenge or to fight with the other woman. Both the prophet and Nzwaki's mother advised her to go on with life, not to lose hope, but rather to live alone and try to find a job so that she could take care of her children by herself. In Nzwaki's case, and similar cases from my fieldwork, it was obvious that others got involved in the problems. The prophet and the family listened to Nzwaki's worries and gave their advice. The individual problem turned out to be one of social concern. Nzwaki received a public diagnosis; the cause of the suffering was defined, classified and confirmed by the prophet. The prophet interpreted the problem and created a diagnostic entity, not as a narrow, biological definition within a demarcated individual, but as an examination of inquiry about social relationships that had gone wrong (cf. Kleinman 1988). However, the judgement of who had caused the problem was not only a product of the prophet. It was governed by Nzwaki's own view of her personal relations, and further the diagnosis had to seem reasonable for the public (cf. Gluckman 1956: 89). Nzwaki was given an explanation for what had happened, she was supported in that she was now able to put into words the problematic situation she found herself in, and the explanation was accepted in her social environment.

Thus, the origin of problems is attributed to others, which may mean a relief for the individual. At the same time, not all blame is removed from the individual. He or she is expected to maintain his/her good connections by living morally. Diagnosing and healing are mainly about reinstating and reinforcing a moral order. When people in Nkolokotho went for divination, their problems were scrutinized, and reconciliation instead of retribution was emphasized (cf. Evans-Pritchard 1976). Simultaneously, the rhetoric of reconciliation may work to establish a moral advantage for the affected over those he or she has come into conflict with. In one respect, the public diagnosis proves the sufferer right. However, this is primarily a process of creating meaning that in itself works as treatment (cf. Brody & Waters 1980). When doing love has failed and the love relationship is impossible to influence, people need comfort and an understanding of the situation.

Love medicine as discussions of morality

Essentially love medicines concern competition and securing relationships, assuring yourself that you are the only partner for the person living with you, in an attempt to achieve a sort of balance of power. But when is this “doing love” accepted and when is somebody seen as having gone too far? While in the field, I had the opportunity to follow a young woman, Nozipho, who experienced being influenced by a man whose love she did not return. Everything started with a difficult cough that Nozipho could not get rid off. “It is not easy to know if a person works on you [is trying to influence you with *imithi*]. You only know through asking for help [from a diviner or a prophet]”, as another woman explained. When Nozipho went to a diviner to ask about her illness, she was told that the root of the problem was to be found at her workplace. There was a man who wanted Nozipho, a man who had never before got a “no” from a woman, the diviner told her. Because Nozipho had not accepted the invitation from the man, he had given her *umuthi* to force her, the diviner went on. Nozipho told me that everything was exactly as the diviner had told her. Sometimes she got the impulse to phone the man. “It is like I am missing him”, she told me. When she phoned him, he came to the department where she worked. Nozipho told me that she sometimes started to scream or cry at home, and she was worried that she would go out in the middle of the night to see him. She was afraid that the man would not be satisfied until she answered yes to his proposal or died.

In my view, the course of events was similar to an unwelcome love. But when I asked Nozipho if it was like falling in love, she explained that this was a totally different experience. These feelings came all of a sudden and then they were gone. The situation was frightening to her and many became engaged in her problem. Nozipho was an adult woman with a son and a love relationship. She had managed to get a job and met a lot of new people. What I saw as the beginning of a love affair, she saw as someone being jealous of her, trying to destroy her life.

The headman of Nkolokotho explained to me that a woman keeps getting proposals all her life. She is seen as having dignity if she is difficult to get, and in the end she is the one who makes the choice. The man’s task is to fight his best to get her (Wickström 2008). But when does a committed proposal grow into a desire for power and dominance? Speaking about poisoning by *imithi* works as pointing out where the border is, how a person can fulfil his or her role without going too far. In that view, divination is more about pointing out unsuitable behaviour than about pointing out witches. When Nozipho, her relatives and friends accepted the diviner’s interpretation of her problem, the man’s behaviour was condemned. Nozipho’s boyfriend and uncle wanted to follow Nozipho to her workplace and bring the man to reason. A man like him, who tried to win a woman’s heart using *imithi*, was often described as notorious or hard-hearted.

Nozipho’s case shows that events in which love medicines are presumed to take part are part of a discussion about the nature of power, a consideration of whether or not it is morally acceptable to put pressure on a person (cf. Graeber 1997). “Practising witchcraft is just being notorious. I myself do not support witchcraft. What I

know is that you need to clean yourself not to pay revenge because that makes you a hard-hearted person”, said a woman who sold *imithi* at the taxi rank in Mtubatuba. In defining witchcraft, people define a person who does not follow the fundamental requirements of a human being, a behaviour that is a threat to the social order.

Defining witchcraft, however, is not about consensus or a public diagnosis that is generally applicable. Because different individuals stay in different relations to a certain person, one and the same person may be assumed to be righteous according to some, while others see him or her as an example of unsuitable social behaviour (cf. Evans-Pritchard 1976). The moral discourse about exercising power is seldom in accord. Still, the stories put pressure on people to observe social morality and reject antisocial behaviour (cf. Gluckman 1991: 94). The people closest to Nozipho did not see her suitor and his behaviour as representing an acceptable way to do love.

Love medicine as a way of explaining death

During the interviews, I often encountered people’s scepticism about love medicines. Some people explained that they did not use love medicine, but prayed to God when they faced love problems. Others told me, in more informal conversations, that the use of love medicine was increasing dramatically, and that they were both good and bad. Gradually I understood that even those who were sceptical about using love medicine still thought they had an effect. They disliked it in the sense that they thought it did more harm than good. At the same time, they were worried about anyone somehow using it on them.

People often referred to love medicine as the cause of death; someone was thought to have given love medicine in secrecy without knowing exactly how to do it or how much to give. This was often called poisoning or witchcraft, a conception that, throughout history and still today, has been confusing to people in the West. When people in Nkolokotho speak about witchcraft, they are referring to the evil side of life, things that nobody wishes to encounter, but that are unavoidable. They refer to sickness, misfortune and hardships in life, things that cannot be refused and that strike people because evil is as present as love is. The British colonizers did not understand the meaning of this talk and thus criminalized love medicines in the 1890s. According to criminal statistics nearly three hundred Africans were arrested in Natal between 1899 and 1909, for example charged with “selling or administering reputed love philtres” or “practising as or consulting a witch doctor or diviner” (Scorgie & Parle 2001). Today, when people refer to poisoning when somebody has died, they are often misunderstood by medical doctors and researchers. Since 2000, every death in Nkolokotho is followed up by an interview with the closest living relative of the deceased. This interview consists of a verbal autopsy method in which a nurse lists the symptoms that preceded death to obtain a physician’s diagnosis of the cause of death (Africa Centre 2004).⁵ During the interview, family members are also asked to give their view on the cause of death, which is registered as a narrative. In many cases, family members refer to poisoning, which has been interpreted as AIDS

denial, superstition or ignorance. I found, however, that families who spoke about poisoning were aware of how AIDS transmission works and had already experienced its effects on their own families. Biomedical accounts explain how AIDS occurs, but they do not explain why it takes one human life but not another. Thus, speaking about poisoning does not imply denying AIDS, but rather adding more explanatory depth to the biomedical understanding.

Talk of poisoning also needs to be interpreted as a commentary on current living conditions. The state's and the world's wealthy countries' efforts to protect ordinary citizens have been insufficient. The social transformations in South Africa during the twentieth century have offered people possibilities and at the same time confronted them with powerlessness, thus leaving them with feelings of hope as well as of despair. While the majority of South African citizens have been marginalized, a small proportion has accumulated great wealth (cf. Comaroff & Comaroff 1997). This inequality has created "the magic of despair" (Gluckman 1971) among people who have been left to their fate. Historically, the use of *imithi* or witchcraft has been used to accumulate power (Crais 2002: 49-50) and to level out inequality (Geschiere 1997). If people cannot find a place within the new society, they will try to gain power by controlling another person living in their vicinity. As we saw in Nozipho's case, there is a moral discourse about magic that works as a united effort to reject antisocial and amoral behaviour. The diagnosis my interviewees received from a diviner or a prophet served the purpose of trying to understand injustice in life. But it was also an expression of how people think the world *should* be (cf. Crais 2002: 5). Every time people speak about love medicines or poisoning as a cause of death, they are searching for an explanation of why they suffer great hardships at certain times in life, but they also show that the world is unfair and needs change.

Final remarks

Love and its expressions are in themselves culture, and are not only influenced by it. Love is rooted in a specific understanding of the person, the body, relationships, morality, and in the ontology of good and evil. However, as the inhabitants in Nkolokotho emphasize, there are also many universals about love and intimate relations. We are all people with similar emotions and urges; we struggle, have hopes, have our limitations, and experience failings. Still, we think and structure our world in different ways, which I have argued in this article. My deconstruction of the concept of love and focus on love as action are intended to show that love is not individualistic. Instead, love is based on a web of relationships in which people see the necessity of doing love. Zulu conceptions of love stem from a moral attitude towards life in which love and well-being begin with people being obliged to each other. Love is something larger than the individual experience.

The counterpoint of love, however, is evil that creates envy and jealousy. This evil is essentially the ill will between people. Because love and jealousy remain in continuous competition, love has to be maintained through hard work, respect and care.

Evil is seen as a fundamental part of life – impossible to eradicate – and as a reminder to people to cultivate love in their lives. This view of good and evil as ever present is reflected in people's view of medicines, which can be used in good and evil ways.

Love medicines reveal how frequently people attribute disruptions in their lives to other human beings. The responsibility for events is moved away from the individual, and instead individual problems turn into social concerns. In diagnosing, gossiping and joking about love medicines, people discuss normative rules for being a good Zulu. Talk about being poisoned by love medicines also works as a diagnosis or asylum, which provides explanations and comfort to a person who has been deceived or gives absolution to someone who is not fulfilling his or her role or meeting expectations. When pointing to somebody who is doing harm through medicines, people are identifying the unappreciated. Thus, people are well aware of the social impact their acts have on others in the community. Relations are fundamental to personhood and are constantly being worked on, providing affiliation and promoting feelings of solidarity as well as threatening the individual's life.

Placed within a larger socio-political context, Zulu people's view of love as action and under the threat of jealousy, challenges AIDS prevention programmes' focus on the individual and on the emphasis on human mastery over the self. The main characters of Western preventive and treatment programmes are human discipline and personal responsibility. This conception, however, is incompatible with insights that love problems may occur in relation to others and that love problems are never of private concern. Understanding the complexity of what impacts people's daily lives, from the rural Zulu people's point of view, is important in planning further programmes aimed at combating AIDS.

People in Nkolokotho are keenly aware of AIDS and know how the virus spreads. Still, people see relational problems as the ultimate reason for life's hardships. Thus, talk about poison in cases of death must not be seen as AIDS denial or as ignorance. People acknowledge biomedical accounts of AIDS, and at the same time search for explanations for why they suffer. In addition, this talk points to the fact that the circumstances under which people live need to be changed. The inhabitants of Nkolokotho are living in a sort of borderland, in a complex and threatened existence, where they search for meaning. The interviewees sometimes see new possibilities, sometimes try to preserve their old moral order, but most of all work to transform their specific understandings of love and life to meet today's needs and conditions.

Notes

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This work was made possible by all those in and around Nkolokotho who shared their time and thoughts with me. I thank the Ndaba family who gave me lodging and supported me in so many ways. Thobile Ndaba and Nontobeko Ndwandwe have been my invaluable research assistants and I owe them my deepest gratitude, as I do my translator Crescentia Neli Ntshangase. Thanks also to the staff at the Africa Centre and my supervisors Bengt Richt, Linköping University, and Rebecca Popenoe, Karolinska Institutet, who have both given me all manner of support and guidance. I also wish to thank Sofie Vandamme and Sjaak van der Geest for arranging a challenging and encouraging symposium on “Sickness and Love”, and Els van Dongen, who gave me many helpful comments. Finally, I wish to thank the reviewers for their valuable suggestions, Åsa Nilsson Dahlström, Haris Agic and Karin Skill at Linköping University for reading my article and making contributions at short notice, and Karen Williams and Rebekah Park for helping me with my English.

- 1 The interviewees have been given pseudonyms. I use first name or surname depending on how people presented themselves and how we addressed each other.
- 2 [...] means that I have left out a passage in the interview.
- 3 The Greek word *pharmakon* means both poison and medicine.
- 4 For example, one woman earned approximate Zar 700 a month which is equivalent to €58.
- 5 The Africa Centre for Health and Population Studies currently conducts the verbal autopsy. This research centre is situated in northeastern KwaZulu Natal and was founded 1997 by Wellcome Trust in order to develop local based research on population and health. Their Demographic Surveillance System covers Nkolokotho, the region where I did my field study.

References

- Africa Centre for Health and Population Studies
 2004 *Policy briefing 5: HIV/AIDS and Death*.
 Ashforth, A.
 2000 *Madumo: A man bewitched*. Chicago: University of Chicago Press.
 Bauman, Z.
 2003 *Liquid love: On the frailty of human bonds*. Cambridge: Polity Press.
 Berglund, A-I.
 1976 *Zulu thought-patterns and symbolism*. Bloomington: Indiana University Press.
 Brody, H. & D.B. Waters
 1980 Diagnosis is treatment. *Journal of Family Practice* 10: 445-49.
 Comaroff, J.L. & J. Comaroff
 1997 Occult economies and the violence of abstraction: notes from the South African postcolony. *American Ethnologist*: 276 (2): 279-303.
 Crais, C.C.
 2002 *The politics of evil: magic, state power, and the political imagination in South Africa*. Cambridge / New York: Cambridge University Press.
 Doke, C.M. et al.
 1990 *English-Zulu, Zulu-English dictionary*. Johannesburg: Witwatersrand University Press.
 Douglas, M.
 1997 *Renhet och fara: en analys av begreppen orenande och tabu*. Nora: Nya Doxa [1966].

- Du Preez, C. & A. Niehof
 2008 Caring for people living with AIDS: A labour of love. *Medische Antropologie*, this issue.
- Evans-Pritchard, E.E.
 1976 *Witchcraft, oracles and magic among the Azande*. Oxford: Clarendon Press [1937].
- Flikke, R.
 2001 *Curing the ills of history. From colonial public health to hygiene and healing in contemporary South African independent churches*. Dissertation, University of Oslo.
- Geschiere, P.
 1997 *The modernity of witchcraft: Politics and the occult in postcolonial Africa*. Charlottesville: University Press of Virginia.
- Giddens, A.
 1996 *Modernitetens följder*. Lund: Studentlitteratur.
- Gluckman, M.
 1935 Zulu women in hoecultural ritual. *Bantu Studies* 9: 255-71.
 1971 *Order and rebellion in tribal Africa*. London: Cohen & West.
 1991 *Custom and conflict in Africa*. Oxford: Blackwell. [1956]
- Graeber, D.
 1997 Love magic and political morality in Central Madagascar, 1875-1990. In: N.R. Hunt, T.P. Liu & J. Quataert (eds), *Gendered colonialisms in African history*. Oxford: Blackwell Publishers, pp. 94-117.
- Heald, S.
 1995 The power of sex: Some reflections on the Caldwells' 'African sexuality' thesis. *Africa* 65 (4): 489-505.
- Hunter, M.
 2004 Masculinities, multiple-sexual-partners, and AIDS: The Making and Unmaking of Isoka in KwaZulu-Natal. *Transformation: critical perspectives on Southern Africa* 54: 123-53.
- Keller, B.B.
 1978 Marriage and medicine: Women's search for love and luck. *African Social Research* 26: 489-505.
- Kleinman, A.
 1988 *The illness narratives: Suffering, healing, and the human condition*. New York: Basic Books.
 1995 *Writing at the margin: Discourse between anthropology and medicine*. Berkeley: University of California Press.
 2006 *What really matters: Living a moral life amidst uncertainty and danger*. Oxford; New York: Oxford University Press.
- Laubscher, B.J.F.
 1937 *Sex, custom and psychopathology : A study of South African pagan natives*. London: Routledge & Kegan Paul.
- Leclerc-Madlala, S.
 1999 *Demonizing women in the era of AIDS. An analysis of the gendered construction of HIV/AIDS in KwaZulu-Natal*. Dissertation University of Natal.
- Mohanty, C.T.
 2006 *Feminism utan gränser: avkoloniserad teori, praktiserad solidaritet*. Stockholm: Tankekraft.

- Ngubane, H.
1977 *Body and mind in Zulu medicine: An ethnography of health and disease in Nyuswa-Zulu thought and practice*. London: Academic Press.
- Niehaus, I.
2002a Bodies, heat, and taboos: Conceptualizing modern personhood in the South African Lowveld. *Ethnology* 41 (3): 189-207.
2002b Perversion of power: Witchcraft and the sexuality of evil in the South African Lowveld. *Journal of Religion in Africa* 32 (3): 269-99.
- Rosander, E.E.
1987 Genus och häxeri i norra Marocko. In: D. Kulick (ed.), *Från kön till genus; kvinnligt och manligt i ett kulturellt perspektiv*. Stockholm: Carlsson Bokförlag, pp. 159-91.
- Rubbo, A.
1975 The spread of capitalism in rural Colombia: Effects on poor women. In: R.R. Reiter (ed.), *Toward an anthropology of women*. London: Monthly Review Press, pp. 333-57.
- Scheper-Hughes, N. & M.M. Lock
1987 The mindful body: A prolegomenon to future work in medical anthropology. *Medical Anthropology Quarterly* 1 (1): 6-41.
- Scorgie, F. & J. Parle
2001 *Bewitching Zulu women: Umhayizo, gender, and witchcraft in Natal*. In 44th Annual African Studies Association Meeting, Houston 2001.
- Shakespeare, W.
1946 *En midsommarnattsdröm*. Stockholm: Bröd Lagerström.
- Shutte, A.
1993 *Philosophy for Africa*. Rondebosch: University of Cape Town Press.
- Sibisi, H.
1975 The place of spirit possession in Zulu cosmology. In: M.G. Whisson & M. West (eds), *Religion and social change in Southern Africa*. Cape Town, London: David Philip, Rex Collings, pp. 48-57.
- Silberschmidt, M.
2001 Disempowerment of men in rural and urban East Africa: Implications for male identity and sexual behavior. *World Development* 29: 657-71.
- Swidler, A.
2001 *Talk of love: How culture matters*. Chicago: University of Chicago Press.
- Thornton, R.
2003 *Flows of 'sexual substance' and representation of the body in South Africa*. Seminar Series: On the subject of sex, WISER and the Graduate School for the Humanities & Social Sciences, University of the Witwatersrand, 11 March 2003.
- Trawick, M.
1990 *Notes on love in a Tamil family*. Berkeley: University of California Press.
- Vandamme, S.
2007 Sickness and love "Une médecine dans le corps et cent sottises dans la tête" *Médische Antropologie* 19 (1): 163-75.
- Van der Geest, S.
1997 Is there a role for traditional medicine in basic health services in Africa? A plea for a community perspective. *Tropical Medicine and International Health* 2: 903-911.

- Van der Geest, S., S.R. Whyte & A. Hardon
1996 The anthropology of pharmaceuticals: A biographical approach. *Annual Review of Anthropology* 25: 153-78.
- White, H.
2001 Tempora et mores: Family values and the possessions of a post-Apartheid countryside. *Journal of Religion in Africa* 31 (4): 457-79.
- Wickström, A.
2008 *Love in the time of the virus: Managing relationships and health in Zululand*, Diss. Linköping University. <<http://www.ep.liu.se/abstract.xsql?dbid=10670>>