ABSTRACT. The process of transculturation of healing is considered in the cultural belief system and practice of a Xhosa Zionist community. At present in the throes of rapid socio-cultural transition, this community operates with a holistic understanding of health and sickness in which all levels of existence, including the superempirical, are held to be in dynamic mutual interrelationship. The paper examines categories of illness, diagnostic procedures and therapeutic practices in relation to converging traditional Xhosa and Western Christian frames of reference and two illustrative case histories are presented. The use made of heightening of individual and group consciousness is briefly assessed. The Zionist belief system and therapeutic practices are evaluated in terms of cultural accessibility and sociopolitical influences.

INTRODUCTION

Research Setting and Cultural Background

Zionist communities throughout Africa comprise a major component of black African indigenised Christianity (Barrett 1968). Among their main characteristics is a strong emphasis on healing and wholeness to the extent that some function primarily as healing and welfare centers. The Apostolic Holy Church in Zion (AHCZ) is one of the many Zionist churches in Grahamstown in the Eastern Cape of South Africa. Its members are Xhosa-speaking blacks, with little or no formal education, who, if they are employed, perform mainly unskilled manual and domestic tasks. The cultural setting is one in which a traditionalist rural peasant society with a typically African cosmology and tribal social structure has been modified over several generations by the impact of participation in an urban consumer economy and by the religious and social values of Western Europe. While working in an urban Westernised milieu, the Xhosa retain some of the customs of the traditional, rural society, and much of its views on the nature of God, life and death, but have abandoned a great deal of its sharply differentiated role boundaries and authoritarian social structure. A number of traditional customs are still practiced in town (e.g., circumcision of males on entry into manhood, ritual brewing of beer and killing of goats and cocks for the shades, and 'bringing home the father' who has died, so that he becomes a shade) and these serve to keep alive traditional ways of thinking, but many have been modified in various ways to suit the urban environment (Pauw 1975; West 1975a). For town-dwellers who retain their rural roots and return thither.
for ritual purposes, there can be an acute conflict between allegiance to rural kinsmen and identification with the values of the urban setting.

Grahamstown itself is small (approximately 35,000 blacks, 12,000 whites and 6000 coloureds) with little industrial development. Job opportunities for blacks are largely confined to domestic and unskilled work. Wages are low and unemployment high, and the majority of families have an income below the Poverty Datum line. Houses are mean and overcrowded, the streets untarred and littered. Drunkenness and crime are rife and the people are exposed constantly to the threat of disease, violence and all other dispiriting concomitants of powerlessness and poverty. Economic and social hardship are difficult enough to contend with but when endured in a situation like the one under consideration where there is no longer a coherent and integrated cultural system in terms of which experience may be construed, personal integration is at risk, and this is a further threat to health. Anemic, debility and psychosomatic symptoms flourish in an atmosphere of prolonged insecurity, anxiety and psychological conflict. The Xhosa have long been especially concerned with understanding and dealing with illness and misfortune (Hammond-Took 1975); in a group so prone to these, this concern is intensified and finds an effective expression in the practices of the Zionist churches.

**The Community and the Healer**

There are obvious attractions in joining a community which provides meaning in the face of ambiguity, power in a situation of powerlessness, and healing in an environment which undermines social harmony, and psychological and physical health. Mr N, the healer-prophet-minister of the AHCZ, claims for his church about 100 members. Of these between thirty and forty meet regularly not only on Sundays but for two or three hours every evening except Saturday. Since many of the adult members work during the day, this means that most of their free time is devoted to worship and church life. This structuring of leisure time is itself of therapeutic value.

There is no church building, and the services are held in the kitchen of the healer’s house, a room about ten by twelve feet. The few pieces of kitchen furniture are put into one of the other two rooms of the house before the service begins and the room takes on the orientation of a traditional Xhosa hut. During the service, as one looks from the back of the room (the enla) towards the door, men and boys can be seen to occupy the right side and women and girls the left. Sexual segregation is traditional throughout Africa and the arrangements for the service recapitulate the ritual positioning of the sexes in the rural hut as, for instance, during formal beer-drinks and dances (iintombe) (Hirst 1978). The ‘choir’ is entirely female and centers around a drum made out of cowhide by a