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**Moving, Touching, Feeling: Acknowledging
the historical experience of Ngoma healing**

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Moving, Touching, Feeling: Acknowledging the historical experience of Ngoma healing



'isAngoma woman, Ehlanzeni, South Africa', 1949.¹

¹ California, USC Library, International Missionary Photography Archive, UC1779193, 'isAngoma woman, Ehlanzeni, South Africa', 1949.

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Introduction

Across sub-Saharan Africa, illness has historically been responded to through community frameworks, known as cults of affliction. As Victor Turner defines, a cult of affliction is an "interpretation of misfortune in terms of domination by a specific non-human agent" and coming to terms with the misfortune involves "having the afflicted individual, under the guidance of a 'doctor' of that mode, join the cult association venerating that specific agent".² To put it simply, through a cult of affliction, illness is interpreted as a communication from the spiritual world which can be answered through communal ceremonies which allow the afflicted person to respond to this call and address their ailment.

Since before the arrival of colonialism, circles within Bantu speaking regions of central and southern Africa term their community healing as Ngoma. Ngoma translates to drums of affliction due to the consistent use of rhythmic drumming to provide the backbone to the different historical manifestations of these healing encounters. Drums, song, dance, clapping and other instruments come together to form different ensembles of specific rhythms which are understood as the voice of ancestors visiting the sufferer and offering treatment. Whilst colonial officials deemed Ngoma to be unserious and destined for eradication in favour of biomedical hegemony, it continues to hold a place within the diverse medical marketplaces available across Bantu speaking regions today. As a result, Ngoma has attracted considerable ethnographic attention which has demonstrated its resilience and dynamism.³

However, historians have scarcely offered their careful and thoughtful attention to Ngoma's history and therefore, the past experiences of Ngoma healing have been left unacknowledged. Throughout my dissertation I use this term *acknowledgement* specifically and deliberately and as distinct from understanding. Establishing an understanding suggests being able to explain, or to fit Ngoma's history inside of existing frameworks. However, doing this without appropriate evidence risks explaining away its complexities and instead, I believe that acknowledgment is a more subtle but necessary ambition. To acknowledge the historical experience of Ngoma is to make space within historiography to recognise, seriously and truthfully, that Ngoma healing was felt by historical actors and to honour the fact that it mattered to those in the past and continues to matter to those who engage in its healing traditions today.

Yet this historical acknowledgment presents itself as an almost impossible ambition due to the limitations and complexities of using the colonial archive within the African context. Therefore, my dissertation will be the first dedicated, careful and creative attempt to resolve the predicament of how a historian can acknowledge the past experiences of Ngoma therapy. This hopes to provide a

² Victor Turner, *The drums of affliction: a study of religious processes among the Ndembu of Zambia*, (Routledge, 1968), p. 15-16.

³ John Janzen, *Ngoma: Discourses of Healing in Central and Southern Africa*, (University of California Press, 1992).

foundation for more detailed, regional histories of Ngoma to be written within the wider historiographical landscape of African healing.

To resolve this predicament, my research will wrestle with its seeming impossibilities - working within the liminal spaces between established academic boundaries between the archive and the imagined, the objective and the subjective, the evidenced and the felt. I will treat this blurred in-between space as a creative opportunity for exploring the radical interpretive possibilities of archival materials which become available when different thinking and experimentalism is encouraged. In doing so, my dissertation will be the first to take a sensory approach to the history of African healing, allowing the booming drum to add rhythm to my discussion, the animal fur worn by healers to softly texturize the page, the beads wrapped around healers' necks and wrists to colourfully saturate my analysis and the singing voices of call and response to build and quieten through the words.

Through this I argue that Ngoma healing operates within a sensorially constructed "clinical reality" and that within this, sensory overwhelm interpreted through the African "world sense" of mind - body connectiveness, generated an embodied feeling at the heart of the healing experience.⁴ Yet to acknowledge this feeling demands a historicised empathy, one that draws upon the deep historical knowledge that archival engagement provides, and the feelings experienced by historians when they reawaken their bodies to the contemporary repertoires of Ngoma therapy still operating today.⁵ To resolve my dissertation's central predicament of how a historian can acknowledge the historical experience of Ngoma, I am the first to put forward that it is in the new liminal space between the archive and the repertoire, where the known and the felt can meet, that historians can recognise, seriously and truthfully, the historical experience of Ngoma healing in the ways that carried meaning for those in the past.⁶ Therefore, by consistently proposing and occupying liminal spaces of creativity and risk throughout my dissertation, I hope to embolden other historians to breathe alongside their historical focuses, outside of strict rules or rigid frameworks in support of expanding African healing histories to be acknowledged in ways which they wish to be.

Literature review

In reviewing the relevant literature within and around African healing historiography, I step back and consider the two primary points of tension that my dissertation must confront: the biomedical lens and the colonial gaze. By recognising the metaphorically visual theme which connects these

⁴ Arthur Kleinman, *Patients and Healers in the Context of Culture: An Exploration of the Borderland Between Anthropology, Medicine, and Psychiatry*, (University of California Press, 1981), p. 360.

Oyèrónkẹ́ Oyèwùmí, *The Invention of Women: Making an African Sense of Western Gender Discourses*, (University of Minnesota Press, 1997), p. 3.

⁵ Sarah Fox, 'Archival Intimacies: Empathy and Historical Practice in 2023', *Transactions of the Royal Historical Society*, 1 (2023), pp. 241-65, (p. 247).

⁶ Diana Taylor, *The Archive and the Repertoire: Performing Cultural Memory in the Americas*, (Duke University Press, 2003).

challenges, I organise my review through sections titled The lens, The gaze and then The eye. In doing so, I make the novel recognition that this visual pattern is not a coincidence but a matter of epistemology to which my sensory approach will deconstruct to acknowledge the historical experience of Ngoma.

The lens

Rejecting the biomedical lens of understanding when considering traditional healing on the African continent is the fundamental starting point to acknowledging the historical experience of Ngoma; the positive potential of which is demonstrated by Steven Feierman and Gloria Waite. Feierman drew on oral traditions and ethnographic fieldwork to show that amongst the Shamba speaking region of Tanzania between 1840 and 1880, healing was inseparable from politics. Leaders were those who could make rain through sorcery, heal the land, generate fertility and support collective wellbeing, revealing how blind a biomedical frame would be to such nuance.⁷ Waite used archaeology, linguistics and ethnography to reconstruct “rich” systems of pre-colonial public health in east-central Africa, redefining public health as “activities that ruling authorities undertake to promote the wellbeing of the societies in their charge”, presenting an important contradiction to the idea that colonialism brought public health to the continent.⁸

Moreover, I observe a subtle success of these historians which is that they abandon the visually metaphorical lens of understanding altogether. Neither Feierman nor Waite put forward an alternative lens through which to view these healing systems but instead are comfortable acknowledging their internal logics without needing to explain how they work. Whilst neither explicitly state this, given my dissertation’s central predicament, it is relevant that these historians acknowledged these traditions by moving away from the need to see and understand them. This suggests that the visual metaphor which frames rhetoric around understanding the past, is precisely what my sensory history approach must deconstruct to confidently resolve my acknowledging predicament.

The gaze

The second tension which my dissertation must confront is the colonial gaze, the epistemology of otherness and inferiority which characterises the functions and structures of the colonial archive.⁹ The archival turn of the 1970s and 1980s met post-colonial scholarship to transform the archive out

⁷ Steven Feierman, *Peasant Intellectuals: Anthropology and History in Northern Tanzania*, (University of Wisconsin Press, 1990), pp. 69-93.

⁸ Gloria Waite, Public health in pre-colonial east-central Africa, *Social Science & Medicine*, 24.3, (1987), pp. 197-208, (p.197).

⁹ Ann Stoller, *Carnal Knowledge and Imperial Power: Race and the Intimate in Colonial Rule*, (University of California Press, 2010), p.1.

of an evidence “site” and into a “status” of power; considerable methodological debate emerged as to how, if at all, the colonial archive could be approached by historians without rehearsing such violent epistemologies.¹⁰ Micheal Foucault’s 1972 *Archaeology of Knowledge* characterised the archive as an apparatus of surveillance and control, a characterisation recently articulated by Paul Basu and Ferdinand De Jong as resembling a panopticon, an eighteenth-century circular prison designed for total observation from a central viewing point.¹¹ For postcolonial scholars including Archille Mbembe and Gayatri Chakravorty Spivak this panoptical structure produced and rehearsed the colonial gaze, making it a potential violence for my dissertation to suggest that it might not only be defined by the epistemic violences of its production.¹²

However, Foucault’s vision has been contested to productively invite thoughtful archival critiques and creative approaches to using the archive, whilst disobeying its epistemologies. Famously, in 2001, Stuart Hall described the archive as “living” and “unfinished”, suggesting that a complete “utopian” panopticon was never fully realised.¹³ Hall argued that historians who are willing to face a “moment of danger” can call upon its authority to subvert its intentions; my working within liminal spaces of academic boundaries is a direct response to this call.¹⁴ Arjun Appadurai went further, arguing that Foucault had “too dark a vision” of the archive and Ann Stoler’s 2008 method of reading along the archival grain undermined the supposedly “seamless”, “stylised gaze” which the archive reflects, as a “frail conceit”.¹⁵ Whilst I take direct inspiration from Stoller’s archival critique of reading along its frictions and uncertainties to work dangerously with the archives living potential, unlike Stoller, I am not so quick to entirely dismiss the panoptical metaphor.¹⁶ Through Chapter One and Chapter Two, the archive supports my dissertation in becoming accustomed to this historical experience through getting a sense, being in touch and getting a feel for it. However, in trying to step closer towards acknowledgment, Chapter Three will be confronted with the structural limitations that the detached panopticon presents. The archive is engineered for the eyes to be used to support looking from a distance, not a close feeling with its experiences. Therefore, the nuance within Foucault’s assessment of the archive, points towards the visual epistemology of the

¹⁰ Archille Mbembe, ‘The Power of the Archive and Its Limits’, in *Refiguring the Archive*, ed. by Carolyn Hamilton (Springer Netherlands, 2002), pp. 19–27, (p. 20).

¹¹ Micheal Foucault, *Archaeology of Knowledge*, (Routledge, 1972).

Paul Basu and Ferdinand De Jong, ‘Utopian Archives, Decolonial Affordances Introduction to Special Issue’, *Social Anthropology*, 24.1 (2016), pp. 5–19, (p. 8).

¹² Mbembe, ‘The Power of the Archive’, pp. 19–27.

Gayatri Chakravorty Spivak, ‘Can the Subaltern Speak?’ in *Marxism and the Interpretation of Culture*, ed. by C. Nelson and L. Grossberg (Macmillan, 1988), pp. 271–313.

¹³ Stuart Hall, ‘Constituting an Archive’, *Third Text*, 15.54 (2001), pp. 89–92, (p. 92).

Basu and De Jong, ‘Utopian Archives, Decolonial Affordances’, p. 6.

¹⁴ Hall, ‘Constituting an Archive’, p. 92.

¹⁵ Arjun Appadurai, ‘Archives and Aspiration’, in *Information is Alive*, ed. by J. Brouwer and A. Mulder, (NAI Publishers, 2003), pp. 14–25, (p. 16).

Ann Laura Stoler, *Along the Archival Grain: Epistemic Anxieties and Colonial Common Sense*, (Princeton University Press, 2008), p. 40, 65, 40.

¹⁶ Stoler, *Along the Archival Grain*, p. 40.

Hall, ‘Constituting an Archive,’ p. 92.

gaze through which it is structured, to be the limitation to how far this repository alone can take us to acknowledging the historical experiences of Ngoma.

The eye

Connecting the biomedical lens and the colonial gaze to this visual epistemology in relation to African healing histories has not yet been considered by any historian, hence I am also the first to consider Ngoma healing through historical evidence of its sounds, textures, movements and colours which demand a sensory approach. The inherent incompatibility of a sensory history with the visual epistemology which runs through the biomedical lens and the colonial gaze, illustrates the necessity in confronting these tensions to resolve my predicament.

Historian Oyèrónkẹ Oyěwùmí comes closest to articulating that this visual theme is more than symbolic when discussing that the colonial imposition of gender ideas within Yoruba society is a product of a visual epistemology. Oyěwùmí argues that western privileging of sight, through what she calls the “world view”, creates a gaze through which the body is differentiated and classified through visual categories such as sex and race.¹⁷ By identifying this world view to be Eurocentric and inapplicable to African societies that do not organise knowledge and social meaning around this visual hierarchy, she proposes “world sense” as a more inclusive interpretation that allows for the full range of sensory experiences to be considered as the basis of knowledge.¹⁸ Despite writing in 1997, before the “sensorial revolution in the humanities” gained its current momentum, Oyěwùmí’s world sense framework provides a precise articulation as to why historians wishing to acknowledge traditional healing histories must push against the biomedical lens and the colonial gaze.¹⁹ Both privilege sight but this is not a universally applicable sensory hierarchy and therefore, challenging both tensions is to challenge the ocular centrism of the archive and the discipline; restoring other senses in my analysis makes this challenge possible.

Methodology

Returning to my dissertation’s central predicament, how a historian can acknowledge the historical experience of Ngoma, I expand on my intentional distinction between understanding and acknowledgment. Acknowledging Ngoma is to allow its sounds, textures, sights and colours to come to life on the page - listening, touching and feeling how the experience of this tradition speaks through the available archival material. To understand it, by contrast, would be to simplify its complexities within existing frameworks, perpetuating the ontological social death that research

¹⁷ Oyěwùmí, *The Invention of Women*, p. 3.

¹⁸ Ibid.

¹⁹ Michael Bull and others, ‘Introducing Sensory Studies’, *The Senses and Society*, 1.1 (2006), pp. 5-7, (p. 5).

has historically inflicted on Africa and Africans through misrepresentation and reductionism.²⁰ Therefore, I take up Waywaya Nyaga and Dionisio Nyaga's calls for researchers to challenge this social death with their own "philosophical disorientation", to generate reflexivity in my approach that steps away from the implied expert status of a researcher and towards that of a learner.²¹

Through this, my dissertation will unravel through Elizabeth Edwards's "theoretical eclecticism", an intentional "sacrifice of methodological purity in favour of interpretive potential", whereby each chapter draws on different approaches according to what the material itself demands.²² However, I subtly develop Edwards' framework as whilst each chapter does lead with a different approach, "critical fabulation", sensory history and historicised empathy, all allow my analysis to sit within different spaces of liminality: critical fabulation supports working between the archive and the imagined, sensory history draws from the objective and the subjective and historicised empathy opens a space between evidenced and the felt.²³ Therefore, my theoretical eclecticism does not arbitrarily select different methods but consistently chooses to work within the in-between spaces that each approach presents. Interlaced by a thread of creativity and ambition, my dissertation's methodology is underpinned by working rigorously and unapologetically within the liminal spaces that acknowledging the historical experience of Ngoma healing demands.

Structure

In Chapter 1, I approach portraits of Ngoma healers scattered across the Wellcome Collection archives by listening to these images through Tina Campt's counterintuitive method, before drawing on Saidiya Hartman's framework of critical fabulation, to read beyond their objectifying intentions.²⁴ This positions the chapter within the liminal space between the archive and the imagined, between what the colonial portrait was engineered to show and the humanising details they cannot help but reveal. By unfreezing the healers' bodies and returning movement to the frozen frames, the layered clothing and tools they carry transform from dissectible specimens into lively, textured and noisy details which come alive on the page. Together this reveals the sensorially evocative qualities of the healers' dress which leads me to speculatively argue that Ngoma healing operated within a sensorially constructed clinical reality which needs to be sensed, to be acknowledged.²⁵

In Chapter 2, I adopt a sensory history approach to a 1949 Sangoma healing encounter, through three sections titled Getting a sense, Being in touch and Getting a feel. By reconnecting sound

²⁰ Waywaya Nyaga and Dionisio Nyaga, 'Africa beyond Africa', in *Critical Reflexive Research Methodologies*, ed. by Dawn Onishenko and others, (Brill, 2023), pp. 98 – 120, (p. 113).

²¹ Ibid, p. 112.

²² Elizabeth Edwards, *Photographs and the Practice of History: A Short Primer*, (Bloomsbury Academic, 2021), p. 4.

²³ Saidiya Hartman, 'Venus in Two Acts', *Small Axe*, 12.2 (2008), pp. 1-14, (p. 11).

²⁴ Tina Campt, *Listening to Images*, (Duke University Press, 2017).

Hartman, 'Venus in Two Acts', p. 11.

²⁵ Kleinman, *Patients and Healers*, p. 360.

recordings, missionary photographs and material culture, I reconstruct the visual, sonic and tactile qualities of the healing scene that the archive preserves in fragments. In doing so, I identify touch as the authorising principle of the sensorially constructed clinical reality and then considering the reciprocity of touch, I get a feel for the subtle, powerful and complex embodied feeling which I argue is at the heart of the Ngoma experience. However, I argue getting a feel *for* this embodied feeling does not go far enough to acknowledging it but rather feeling *with* it, to achieve historicised empathy, is necessary.

Chapter 3 considers how a historian can feel *with* the embodied experience of Ngoma to achieve the historicised empathy that acknowledgment requires. Arguing that the colonial archive cannot alone support this level of intimacy with historical actors experiencing this tradition, due to its panoptical structure rendering a historian trapped in the outsider status, I turn to contemporary repertoires of Ngoma as sites of possibility. Engaging critically with Diana Taylor's *The Archive and The Repertoire*, I propose that historians should not draw from both repositories but should occupy the liminal space in-between them to allow evidence and feeling to meet.²⁶ Therefore, my predicament is resolved, not with a simplified piece of closure but an opening where one can acknowledge, seriously and truthfully, the historical experience of Ngoma healing.

²⁶ Taylor, *The Archive and the Repertoire*.

Chapter One

Moving Ngoma

Colonial portraiture of healers working within the Ngoma tradition epitomise the objectifying colonial anthropological gaze yet, by careful looking and listening to these sites of violence this chapter begins my dissertation's disruptive creativity and draws attention to the sites of possibilities within the sensory qualities that the images can present.²⁷ Working in the liminal space between the archived and the imagined, I invite movement to the frames and deny the frozen stillness that facilitates the objectifying, specimen like dissection of these healers' bodies and dress.²⁸ I will then argue that the healers' clothing brought sounds, textures and sights to their healing encounters which may have been part of a sensorially constructed clinical reality, suggesting that focusing on the senses is a necessary step towards resolving my dissertations central predicament.²⁹

Listening to stillness

Scattered across the Wellcome Collection's archives are six portraits of healers working within the Ngoma tradition, estimated to have been taken across central and southern Africa between 1870 – 1930. Beginning here is deliberate, as although this archive is now dedicated to a “vision where everyone's experience of health matters”, it was built to tell a history of health and medicine that privileged European medical understanding in favour of marginalising and exoticising healing forms which did not conform to the biomedical model.³⁰ Figures 1-3 exemplify this agenda, the healers' full bodies are uniformly photographed, standing tall and still against a plain background, turning their bodies and dress into anthropological specimens to be used for comparison and classification.³¹ To begin with these portraits, in this archive, is to put the rigour of my creative approaches to a necessarily demanding test.

²⁷ Campt, *Listening to Images*, p. 9.

²⁸ Hartman, 'Venus in Two Acts', pp. 1-14.

²⁹ Kleinman, *Patients and Healers*, p. 360.

³⁰ 'About us', Wellcome Collection, [n.d.], <https://wellcomecollection.org/about-us>.

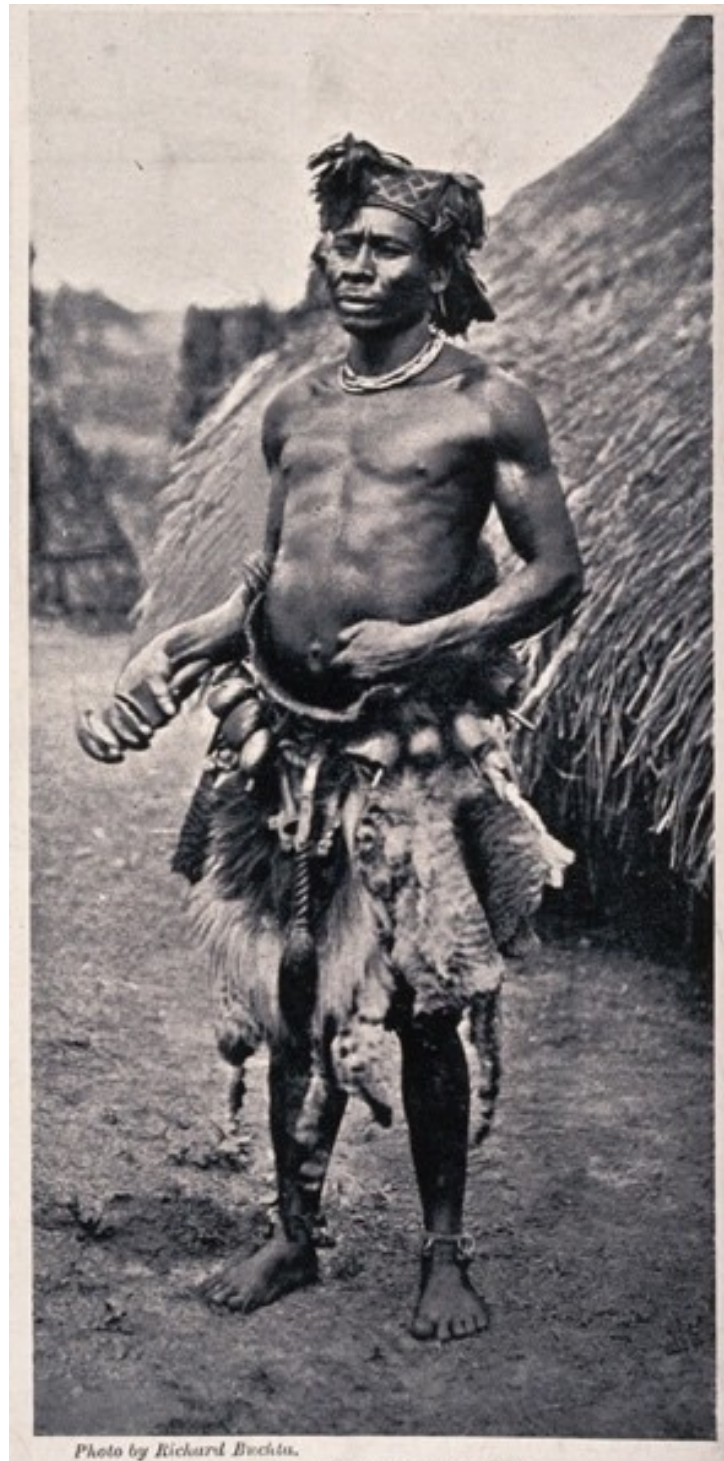


Figure 1: Ngoma healer photographed by Richard Buchta, c. 1870-1880.³²

³² London, Wellcome Collection, 21388i, Photograph of healer taken by Richard Buchta, c. 1870-1880.



Figure 2: Ngoma healer photographed by T. Lindsay Fairclough, n.d.³³

³³ Wellcome Collection, 21388i.



Figure 3: Ngoma healer photographed by Sir H. H. Johnston, 1913.³⁴

Taking inspiration from Campt, I “listen” to these images to carefully look at and work within the “generative space of the counterintuitive”.³⁵ Campt’s approach is to pay attention to humanising

³⁴ Wellcome Trust Corporate Archive, WT/D/1/20/1/84/50.

³⁵ Campt, *Listening to Images*, p. 5.

details in objectifying portraits which make it possible to find radical interpretive potential for “rupturing” and “recalibrating” the intentions of the gaze which created them.³⁶ Applying this to consider how these portraits touch and connect with us, in frequencies which cannot be felt by plainly looking at them, I can hear how the Ngoma portraits in the Wellcome Collection “enunciate” the ways in which historians can acknowledge the historical experience of Ngoma healing.³⁷ Across Figures 1–3, the healers’ dress are made of layers of differing materials, attached to their bodies in different styles and shapes. The healer in Figure 1 wears an animal fur skirt, the weight of which is held up by a belt made of various materials. He also wears what appears to be bells around his ankles and holds a rattle. In Figure 2, the healer is draped with bead like clothing across her chest and stomach and wears an animal skin skirt covering her lower half and around her wrists we can identify tightly wound metal, extending to her forearms. In Figure 3, the healer wears similar metal wrapped around his ankles, multiple bracelets around both of his wrists, a beaded belt with animal fur around his waist and a large, feather headdress.

Whilst I do not intend on rehearsing the “quasi-scientific” agenda of these portraits by dissecting the details of the healers’ dress, coming dangerously close to this by reading along the archival grain and carefully looking for their intruding humanising details, I appear to have paradoxically revealed the dehumanising terms which uphold the objectifying colonial gaze within these portraits therefore, pointing to precisely that which I must seek to rupture.³⁸ By this, I refer to how these healers are frozen and stilled within the frame, to allow for their dress to be picked apart as such portraiture was engineered to enable.

Exposing that that the stillness of these Ngoma healer portraits underpins their colonial gaze functions, I draw upon Hartman’s framework of critical fabulation to push my thinking into a space away from the agenda of the producers of these portraits by disrupting their freezing function. Critical fabulation is an archival critique which seeks to “strain against its limits... and protocols” by using storytelling to pay attention to “scenes of loss” and imagine that which “cannot be verified”.³⁹ Using this, I undermine the portraits objectifying frozenness by imaginatively returning life and movement to the healers’ bodies, working within the liminal space between what the archive shows and what the imagination reveals to consider how these images can support resolving my predicament. Refusing this frozen status necessitates a careful consideration of Spivak’s question “Can the Subaltern speak?”, by recognising that there is danger and impossibility in speaking for, and therefore, moving on behalf of these healers who are ultimately, inescapably frozen in these frames.⁴⁰ Yet to clarify, critical fabulation will support me working within this impossibility, in the

³⁶ Ibid.

³⁷ Ibid.

³⁸ Paul Basu, ‘Voicing Silences in the Colonial Photographic Archive’, *Visual Anthropology Review*, 41.1 (2025), pp. 1–17, (p. 7).

Stoler, *Along the Archival Grain*, p. 40.

Campt, *Listening to Images*.

³⁹ Hartman, ‘Venus in Two Acts’, p. 11.

⁴⁰ Spivak, ‘Can the Subaltern Speak?’, pp. 271–313.

liminal spaces between the archived and the imagined, the fixed and the moving, not to move on behalf of these healers but to invite movement as a counterintuitive consideration.⁴¹

Moving beyond stillness

Therefore, returning to the healers in Figures 1-3, imagining them as living, moving people outside of the frozen specimen status, the clothing and tools previously discussed transform from stationary dissectible artefacts into lively, humanising and revealing detail. The fur on the skirts worn in Figures 1-2 begin to brush against the legs of the healers as their bodies move into different positions for the camera. The hollow pieces of wood attached to the belt in Figure 1 then start to knock against each other, creating different sounds and forming a percussion with the bells worn around the healers' ankles and the rattle in his hand. The metal wrapped around the ankles and wrists of the healers in Figures 2-3 start to chime different notes as they knock against one another, whilst the rattling beads click as they graze and fall across the chest of the healers moving body. Subtly, by unfreezing these healers and re-entangling the images with movement, the various materials worn on the healers' bodies, their colours, shapes, textures, and the sounds they could have created, begin to command our attention.

Continuing my use of critical fabulation, but now with a heightened focus on how these materials are affected by the imagined movements I bring Figures 4-6, also from the Wellcome Collection, into consideration. The healers' cap in Figure 4 can be imagined as coarse alongside the layered neck ornaments as rattling with his moving body. The long, sharp wooden medicine containers which fan across his chest may have been spiking his skin as he bent over to a patient or extended his arms to use the brush and stick as tools in his practice. In Figure 5, "white, red and blue" beads worn by the healer (right) may have rattled and clicked together as they lifted their arm to raise the soft, floating "greyish hair whisk" into the air.⁴² In Figure 6 the healer is sat down, presenting his dress and healing tools to the camera yet, after the click of the shutter, when the healer likely stood up, the three coins and chains draped across his chest may have chimed, the coloured animal tails positioned over his shoulder may have swung and grazed his back and the two sticks held in his left hand may have knocked together or onto the ground if used to stand up.

⁴¹ Hartman, 'Venus in Two Acts', p. 9, 11.
Spivak, 'Can the Subaltern Speak?', pp. 271-313.

⁴² Wellcome Collection, 581353i.



A GAZALAND WITCHDOCTOR.

The man is clad in a cotton shirt; his medicines are placed in the buck-horns forming his necklace; the gall-bladder of a goat is fastened into the cap.

Figure 4: Ngoma healer photographed by Dudley Arthur Kidd, c.1900-1909.⁴³

⁴³ Wellcome Collection, 21318i.



Figure 5: Ngoma healer photographed (right), c.1920-1930.⁴⁴

⁴⁴ Wellcome Collection, 581353i.



Figure 6: Ngoma healer photographed by Emil Torday and Thomas Athol Joyce, c.1930.⁴⁵

Collectively, my subjunctive speculation of these healers' movements and their effects has powerfully revealed the sonic, tactile and visual elements of the healers' dress which, when imagined in motion, appear to have had great potential to awaken the senses of those they encountered which presents a subtle but significant parallel in what this reveals about Campt's method. In listening to these images, paying close attention to the humanising details that intrude upon and rupture the intentions of these objectifying portraits, the humanising details that have responded are the most universally human of all: the sensory. Bells that may have rung, beads that may have clicked, rattles that may have shaken and fur that may have softly brushed against skin collectively refuse the silent, smooth and frozen terms of the colonial portraits revealing that in listening to these images, in Campt's metaphorical sense, I have also listened literally to their sonic, as well as tactile, possibilities. I argue that this must not be dismissed as an incidental side effect of 'decorative' clothing but that piquing the senses may have been the exact intention behind wearing such clothing and carrying such tools. Should this be the case, resolving my predicament of how a historian can acknowledge the historical experience of Ngoma, most logically would demand that the senses become a central focus in my enquiry.

Before moving forward, I situate this argument within the intellectual framework of the "clinical reality", proposed by medical anthropologist and psychiatrist Arthur Kleinman in 1981, as a means to provide some clarity for this chapter's experimentalism.⁴⁶ The clinical reality encapsulates the notion that healthcare systems are a built, not just on medicine, but on beliefs and values which shape how the practitioners respond to sick people, the attitudes and norms concerning sickness and therefore, the experiences of healing. Within the African context, ethnographer Steven Friedson drew on Kleinman's idea when researching Vimbuza healing in Malawi during the 1990s, a manifestation of Ngoma therapy which I will later give my attention to. Friedson argued that Vimbuza healing is experienced within a "musically constructed clinical reality".⁴⁷ Considering the pattern of the sensory that my invitation of movement to the Wellcome Collection portraits has revealed, I extend Friedson's ethnographic application of Kleinman's framework into my historical enquiry to argue that the historical experience of Ngoma may have operated within a sensorially constructed clinical reality and that to acknowledge the healing experience within this, one must develop a focused ambition on getting a sense of this environment.

⁴⁵ Wellcome Trust Corporate Archive, WT/D/1/20/1/84/51.

⁴⁶ Kleinman, *Patients and Healers*, p. 360.

⁴⁷ Steven Friedson, *Dancing Prophets: Musical Experience in Tumbuka Healing*, (University of Chicago Press, 1996), p. 31.

Chapter Two

Sensing Ngoma

Exploring my speculation that Ngoma therapy operated within a sensorially constructed clinical reality, this chapter will focus on a Sangoma healing encounter photographed in 1949 by the Hermannsburg Mission in South Africa. Sangoma healing is a South African manifestation of the Ngoma cult of affliction which uses drums, dance, song and colourful beads to communicate with the spiritual world and address ailments. Getting a sense of this requires inhabiting the liminal space between the objective and the subjective, to allow my piecing together of scattered archival evidence such as photographs, sound recordings and material culture to bring the sonic, tactile and visual qualities of this healing encounter alive on the page.

Working with the “habit” of sensory history, the explicit treatment of the role of the senses in shaping how people experienced and understood the world, this chapter develops in three progressively closer stages.⁴⁸ Getting a sense reconstructs the sensory orchestra of the encounter by layering the sound recording, photography and material culture. Being in touch identifies touch as the authorising principle of this sensory experience and exposes its reciprocity as a portal to the heart of the Ngoma. Getting a feel follows touch inwardly to the powerful, subtle and complex embodied feeling that Sangoma’s sensory overwhelm generated inside the bodies of those present, leading me to conclude that historians must feel *with* rather than simply feel *for* this experience, to acknowledge it.

Getting a sense

Unlike the frozen frames of the colonial anthropological portraits found in the Wellcome Collection, these missionary photographs (Figures 7–8) depict a Sangoma healing encounter in lively motion. Beginning with what catches the eye, one can see layers of different materials worn by each healer and intricate bead work which adorns their hair, neck and wrists. However, to get a sense of the sensorially constructed clinical reality which I speculate Ngoma healing to have operated within, one must also consider what catches the ear. Yet as photographs provide no sonic evidence for this encounter I draw on a sound recording taken at a later Sangoma healing ceremony in 1957 by ethnomusicologist Hugh Tracey which, to my knowledge, no historian of healing has engaged with.⁴⁹ Moving beyond what the eye can see into a more subtle, liminal space

⁴⁸ Mark Smith, ‘Producing Sense, Consuming Sense, Making Sense: Perils and Prospects for Sensory History’, *Journal of Social History*, 40.4 (2007), pp. 841–58, (p. 842).

⁴⁹ South Africa, International Library of African Music, TR 18 (B. 5), ‘Divination proceedings with two diviners (Izangoma) Jacob and Rosa Mpalehane’, 1957.

between the objective and the subjective, I allow this recording to become the soundtrack for what could have been heard in Figures 7-8.



Figure 7: Sangoma healers ‘Dancing izAngoma with their master’, 1949.⁵⁰



Figure 8: Sangoma healers ‘Dancing izAngoma with their master’, 1949.⁵¹

The recording features a powerful crescendo of loud booming Ngoma drums and emotive spoken words of healers. Swirling on top of this is a combination of ululating, clapping hands, ringing of bells and rattling of “ankle rattles” providing unequivocal evidence for the powerful sounds of Ngoma.⁵² The intensity of the instrumental noises, the forceful clapping of hands and the loud use of the voice create a rhythmic, busy and layered sensory orchestra which may have been heard in

⁵⁰ California, USC Library, International Missionary Photography Archive, UC1779169, ‘Dancing izAngoma with their master, Ehlanzeni, South Africa’, 1949.

⁵¹ International Missionary Photography Archive, UC1779205.

⁵² International Library of African Music, TR 18 (B. 5).

Figures 7-8. Sitting within the liminal space between what can be seen in the photographs and what can be heard in the recording I argue that Sangoma healing was experienced within a sensorially constructed clinical reality, at least in the visual and sonic dimensions of my proposition.

The tactile dimensions of this encounter are equally important to reconstruct however, photographs are smooth and often digitised thus unable to afford such textured considerations beyond speculation. Therefore, I draw on Sangoma healing material culture from the early twentieth century to texturise the already established liminal space between the seen and the heard of the Ngoma encounter in focus. A bridge between the photographs and the material culture is offered by Tracey himself, who describes the healers he recorded dressed much like those in Figures 7-8, in “skirts lavishly sewn with beads”, “many necklaces”, “bangles” and “ankle rattles”.⁵³ Following this, the rounded blue beads of Figure 9 and the fine white and red beads of Figure 10 can add colour and bumpy texture to the scene, while the curved positioning of the neck ornaments in Figures 11-12 suggests their flexibility that would have allowed the sharp medicine horns to slink across the chest with the slightest bodily motion and possibly spike into the skin. Furthermore, the Ngoma bells photographed in Figure 13 which were “tied to the legs when dancing Ngoma” may resemble those Tracey describes and may also have been worn by those in Figures 7-8, though not captured within the frame.⁵⁴ The density of bells along the string suggests their heaviness and the motion pictured in Figures 7-8 when pieced together with their loud ringing in Tracey’s recording, point explicitly to their contact with the healers moving legs to generate sound. Finally, the Ngoma drum in Figure 14 presents a once taut animal skin membrane which would have been tight, bouncy and beaten with the palm of a hand to produce a deep booming like that heard in the recording.

⁵³ International Library of African Music, TR 18 (B. 5).

⁵⁴ Oxford, Pitt Rivers Museum, RS288278_PRM1945.10.143, ‘Bells for tying to legs when dancing at Ngomas’, 1939.



Figure 9: Sangoma neck ornament made of turquoise beads, n.d.⁵⁵

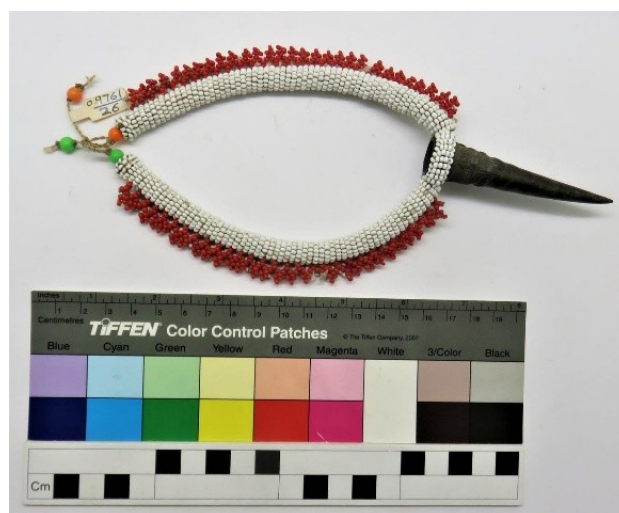


Figure 10: Sangoma neck ornament made of red and white beads, n.d.⁵⁶



Figure 11: Sangoma neck ornament made of white, blue, orange and green beads, n.d.⁵⁷



Figure 12: Sangoma neck ornament made of red and white beads and wooden pendant blocks, n.d.⁵⁸

⁵⁵ Manchester, Manchester Museum, 447381, Sangoma medicine horns and double layered neck ornament made of red and white beads and wooden pendant blocks, n.d.

⁵⁶ Manchester Museum, 445358.

⁵⁷ Manchester Museum, 445350.

⁵⁸ Manchester Museum, 447381.



Figure 13: Ngoma ankle bells, 1939.⁵⁹



Figure 14: Ngoma drum, 1927.⁶⁰

Bringing these Sangoma archival materials together, by working within the liminal space between objective and the subjective to layer the visual qualities of the photograph with the sonic elements of the recording and the tactile qualities of the material culture, I achieve a rounded sense of the sensorial qualities of the photographed Ngoma encounter. With the Sangoma healers' clothing catching one's eye, the booming rhythm of the drum vibrating through the page, the colourful beads saturating my analysis and the bumpy, course and bouncy materials adding texture to the scene, I now can argue with confidence that the historical experience of Ngoma operated within a sensorially constructed variation of Kleinman's clinical reality, demanding a continued use of the habit of sensory history going forward.⁶¹

⁵⁹ Pitt Rivers Museum, RS288278_PRM1945.10.143.

⁶⁰ Pitt Rivers Museum, RS242362_PRM1927.19.71.

⁶¹ Kleinman, *Patients and Healers*, p. 360.

Being in/with touch

This sensorially constructed clinical reality is not incidental but intense and intentional which, when seeking to move closer to resolving my predicament of acknowledging the healing experience within this, begs the question of what authorised it to be. For my reconstruction, it was my imaginative working between the fragmented pieces of evidence which authorised a combining of these archival sources to get a sense of the clinical reality which operates when they meet. However, within the actual reality of such an encounter, I identify that the touch of the healers' bodies fulfilled this authorising function. For example, in Tracey's recording, the touch of the healers' hand against the drum brought to life its booming noise and the touch of hands created the rhythmic clapping. In Figures 7-8, the touching vocal cords of the singing face painted healer may have created a chorus of song and ululating like that heard in the recording, and the touch of the healers dancing bodies carried the colourful, textured clothing to the encounter and rattled the bells attached to their ankles. Therefore, it appears touch, in the capacious sense of the word, was the activating principle of the sensory constructed clinical reality which I have illustrated Ngoma as operating within.

To get a sense of the Sangoma healing encounter photographed in Figures 7-8 I work between the visual evidence of the photographs, the sonic evidence of the recording, and the tactile evidence of the material culture to reconnect these fragments of Ngoma, or in other words, put them back *in* touch. Yet precisely by doing so, I expose that these sensory components required being *with* touch of the healers' body to authorise the sensory terms within which Sangoma healing operates. As a result, I turn to touch history methodology to consider my predicament through what Constance Classen describes as our "deepest sense".⁶²

Getting a feel

My attention now focuses on a singular photograph (Figure 15), archived alongside Figures 7-8, that intimately depicts a Sangoma healer whose touching body contributes to the sensorial clinical reality I have confirmed Ngoma operates within.

⁶² Constance Classen, *The Deepest Sense: A Cultural History of Touch*, (University of Illinois Press, 2012), p. 9.



Figure 15: 'isAngoma woman, Ehlanzeni, South Africa', 1949.⁶³

⁶³ International Missionary Photography Archive, UC1779193.

Her textured, sensory clothing is carried to scene by touching her body. The beads on her headdress and waistband were likely colourful and clicking together. Her raised arm suggesting her dancing, points to the animal fur over her shoulders and tied to her wrists, floating and brushing with Ngoma's rhythm. Alongside this, her open mouth suggests the touch of her vocal cords making a sound. However, historians of touch do not only interpret touch as outwardly facing but as reciprocal therefore, when considering the touch of this healer's body as authorising an outwardly sensory experience one must recognise that she could not "touch without being touched in return".⁶⁴

Shifting one's perspective in this way exposes that the booming Ngoma drum heard in Tracey's recordings may have been vibrating in her chest. Her singing or ululating voice may have been straining in her throat, the texture of the fur clothing may have created a sensation in her skin, the clicking of the beads on her headdress and the rattling of the ankle rattles may have rung in her ears. This suggests that the sensory technologies which I put back *in* touch and exposed as being *with* touch, were in fact creating both an external sensorial clinical reality and an inferable inward experience within the bodies of those in the encounter who experienced the sensations of the drumming, the song and the textured clothing. Touch is therefore more than an authorising force of an outward reality but a portal to the "inside story" of the historical experience of Ngoma which my dissertation seeks to acknowledge.⁶⁵ However, Classen explains touch history as an "inferred history" which takes on greater meaning when historians are prepared to try and relate to historical actors.⁶⁶ Therefore, using the imaginative licence of critical fabulation one can occupy the position of the lens in the encounter to try and relate to being touched by Ngoma's sensory components, positioning my dissertation in another blurred but restrained boundary of academic comfortability in favour of interpretive productivity.⁶⁷

Standing side by side with the healer in Figure 15, supporting my imaginings by allowing the depths of Tracey's recording flooding one's ears, it becomes possible to get a feel for the clicking and clacking of the beads, for the booming drum inside one's chest, for the material brushing against one's arms and for the emotive chorus filling one's surroundings. Then imagining being inside this sensory whirlwind, one starts to consider the effects of these components meeting inside of the body, layering on top of one another to generate a subtle, powerful and complex feeling of sensory overwhelm. Whilst this feeling is personal and hard to articulate, touch history allows this to be identified as a direct product of the components which build Ngoma's sensorially constructed clinical reality. Revealing this, I argue that within Ngoma's construction of sensory overwhelm, the healers in Figures 7, 8 and 15 and the patients they encountered, also as sensing, living people, must have experienced their own complex, powerful and subtle feelings inside their bodies. Although

⁶⁴ Classen, *The Deepest Sense*, p. 43.

⁶⁵ *Ibid*, p. 9.

⁶⁶ *Ibid*, p. 17.

⁶⁷ Hartman, 'Venus in Two Acts'.

finding a feeling through this imaginative touching approach risks criticism for being vague and irrational, this is a legacy of the racialised sensory hierarchy in which the “colonial eye-man” was positioned above the “African skin-man”, elevating vision above touch as the mark of rational, legitimate knowledge; I refuse this notion and take seriously this feeling which the archive has pointed to.⁶⁸

To do this requires abandoning the Eurocentric model of Cartesian dualism and situating the feeling within the African world sense where mind and body are connected, hence my deliberate use of the word *feeling* without an exclusively physical or emotional definition. Scholars seeking to “speak back to hegemonic epistemologies of the body”, which falsely universalise Cartesian dualism, propose “embodiment” defined as “bodily mindfulness” as the term through which mind-body connectivity can be properly acknowledged.⁶⁹ Adopting this to name my finding as an *embodied feeling*, I can step beyond narrow interpretations of the experiences produced by the tactile past as exclusively “corporeal”, as this is not compatible with the embodied world sense.⁷⁰ Given that Ngoma healing operates within this world sense and the intensity and intentionality of Ngoma’s sensory experience, which I have shown creates the embodied feeling, I believe that my approach to archival evidence has found the centre of the historical experience of Ngoma which my dissertation must acknowledge to resolve its predicament.

Therefore, I conclusively consider how close this chapter has come to acknowledging this central embodied feeling. I reflect on my working in-between the objective and subjective, to bring together fragmented evidence of Ngoma alive on the page and propose that my dissertation has become accustomed and habituated to this tradition, in its sounds, textures, colours and movements. Achieving this relied on my relational, touch history approach to feeling *for* the experience of the healer in Figure 15 and although this is a step towards resolving my predicament, it does not do so in full. To do this requires moving beyond sympathetically feeling *for* this embodied feeling, towards a more radical approach that aims to empathetically feel *with* it.⁷¹

Chapter Three

Feeling Ngoma

Feeling *with* the embodied feeling that sits at the heart of the historical experience of Ngoma requires empathy, “feeling one’s way inside of another’s experience” to appreciate it.⁷² This chapter therefore adopts historicised empathy as its central ambition, demanding a critical reflection around how far the archive within this context can support such intimacy with feelings felt by

⁶⁸ Oyěwùmí, *The Invention of Women*, p. 12.

⁶⁹ Carolyn Ureña and Saiba Varma, *Decolonizing Bodies: Stories of Embodied Resistance, Healing and Liberation*, (Bloomsbury Academic, 2025), p. 6, 10, 22.

⁷⁰ Classen, *The Deepest Sense*, p. 17.

⁷¹ Lauren Wispé, ‘History of the Concept of Empathy’, in *Empathy and Its Development*, ed. by Nancy Eisenberg and Janet Strayer, (Cambridge University Press, 1987), p. 314.

⁷² Thomas Kohut, *Empathy and the Historical Understanding of the Human Past*, (Routledge, 2020), p. 37.

historical actors. In turn, the archive's constitutive panoptical structure is shown to have allowed my dissertation to circle the embodied feeling at Ngoma's heart to relate to it, however unable to support a stepping inside to "co experience" this feeling.⁷³

Drawing upon Taylor's *The Archive and The Repertoire* in response to this limitation, I consider contemporary performances of Ngoma healing as sites of possibility and conclude with my unique proposition that it is within the new liminal space which emerges in-between the archive and the repertoire, where evidence and feelings can meet, that historians can at last acknowledge the historical experience of Ngoma.⁷⁴

Feeling with the archive?

Historicised empathy is a newly emerging topic of historiographical attention, rising out of the histories of emotion and experience. It can be defined as "building a bridge" between the self and the other, by using "roots in the archive" to employ "deep knowledge of historical context to appreciate the worldview of historical subjects".⁷⁵ However, due to combining archival evidence with "sensitivity to people and emotional resonance", historicised empathy has attracted criticism due to intellectual fears of compromising objectivity for feelings.⁷⁶ Criticism such as this suggest involving feelings within scholarship is predicated on a mutual exclusivity with rigorous approaches to evidence, which I do not agree with. In exploring how to resolve my central predicament, it is precisely the historical evidence of Ngoma's sensory qualities that points to the necessity of empathetically feeling *with* the historical experience of this tradition and therefore, to deny a consideration of feelings would be to prioritise academic bias over genuine historiographical integrity, undermining the basis of these criticisms entirely.

However, as this is a nascent field of enquiry, the supposed necessity for archival roots has not yet been complicated within the context of African histories where the abundance of personal documents which global north historians rely on, to allow historical actors to speak for their own experiences, is not available. Within my own use of the archive in Chapter Two, I brought to life the lively, noisy, textured and colourful sensory orchestra of Ngoma and then tried to relate to the feeling of sensory overwhelm this produced. Through this I identified the embodied feeling at Ngoma's heart which one must feel *with*, using historicised empathy, to acknowledge the historical experience of Ngoma. However when trying to use these same archival roots to build a bridge to empathise with this embodied feeling, I am confronted by the nuance within Foucault's panoptical archival characterisation.⁷⁷ The embodied feeling sits in the walls of the panopticon inside the healers' body whilst the historian, however creatively they strain against the archives limits,

⁷³ Taylor, *The Archive and The Repertoire*.

⁷⁴ Ibid, p. 13.

⁷⁵ Fox, 'Archival Intimacies', p. 247.

⁷⁶ Kohut, *Empathy and the Historical Understanding*, p. 2.

⁷⁷ Foucault, *Archaeology of knowledge*.

remains trapped in the central viewing point of this surveillance system looking at the feeling around them from a distance but unable to step inside of it. In other words, the archive supports sympathising with the historical experience of Ngoma but not empathising with it, presenting a reminder not to fall into the trap of uncritical “utopianism” by placing full hope for realising this ambition of historicised empathy on the traditional archive alone.⁷⁸

Feeling with the repertoire

Considering this, my attention turns to the contemporary repertoires of Ngoma healing that operate across central and southern Africa today as these present an extended opportunity to feel one’s way into the Ngoma “space of experience”.⁷⁹ In a rare marriage of history with performance studies, Taylor demonstrates that such repertoires, as “mnemonic reserves” of “embodied memory”, are sites of possibility that historians have undervalued. Presenting her framework of the “scenario”, a specific performance of expressive movements within a wider system of embodied memory, Taylor calls for historians to “implicate” themselves within these frames to access sites of “alternative perspective”.⁸⁰ Therefore, to pragmatically model this approach towards a Ngoma scenario, within the limited scope of my dissertation, I engage with photographs and a video of a Vimbuza healing ceremony, the Tumbuku manifestation of Ngoma in Malawi, taken by UNESCO in 2008.⁸¹

⁷⁸ Basu and De Jong, ‘Utopian Archives, Decolonial Affordances’, p. 6.

⁷⁹ Kohut, *Empathy and the Historical Understanding*, p. 39.

⁸⁰ Taylor, *The Archive and the Repertoire*, p. 16, 20.

⁸¹ ‘Vimbuza healing dance’, UNESCO Intangible Cultural Heritage, [n.d.], <https://ich.unesco.org/en/RL/vimbuza-healing-dance-00158>.



Figure 16: Vimbuza ensemble members beating Ngoma drums, 2008.⁸²

⁸² 'Vimbuza healing dance', UNESCO.



Figure 17: Ngoma healer dancing the Vimbuza healing dance, 2008.⁸³

⁸³ 'Vimbuza healing dance', UNESCO.



Figure 18: Ngoma healer leading a Vimbuza healing dance ceremony, 2008.⁸⁴

Figure 16 captures two members of the Vimbuza healing ensemble beating Ngoma drums which provide the booming soundtrack to the healing encounter. On top of which song, ululating, ringing bells, rattles and clapping can be heard as produced by the moving hands and the open

⁸⁴ 'Vimbuza healing dance', UNESCO.

mouths photographed in Figure 17. The healer which the UNESCO video focuses on (Figure 18) blows into a piercing whistle, wears a large rustling belt along with layers of ankle rattles which ring as he leads the ceremony with rhythmic song and dance. Another Vimbuza healer photographed in the collection (Figure 17) wears textured clothing made of feathers, carries colourful beads across his chest and his dancing body also rings the bells around his ankles. If the historian stands in the “here and now” of this repertoire they are successfully removed from the panoptical walls of the archive and presented with the opportunity to establish historicised empathy.⁸⁵

However, perhaps due to Taylor’s background in performance studies rather than historical practice, she provides minimal practical methodological guidance for historians in how to engage with these repertoires as repositories.⁸⁶ I address this by offering embodied epistemology as the clarifying approach to allow a historian to achieve historicised empathy through the Vimbuza scenario.⁸⁷ An embodied epistemology calls for historians to “re-awaken their bodies” and put “skin in the game” with these Ngoma repertoires.⁸⁸ Standing face-to-face with the healers in Figure 17-18 and body-to-body with those in the wider ensemble (Figure 16-17), as the booming Ngoma drum (Figure 16) starts to pound in the historians chest and the chiming of the healers belt (Figure 17) floats into their ears, this epistemology encourages the historian to lean into these feelings and invest in their body and the emotions they begin to feel.⁸⁹

To ensure this approach remains historical and not merely experiential I make two distinctions. Firstly, the object of empathy is not the contemporary performer of Vimbuza but remains the embodied feeling which those in the past engaging with Ngoma healing, experienced. Secondly, maintaining the core boundary within empathy of “putting oneself in the place of another while at the same time remaining oneself”, is also essential.⁹⁰ As the historians eyes are pierced by the colourful clothing and their body is brushed by the arms of those clapping and dancing in the ensemble, the historian should welcome their re-awakened position at the centre of the sensory whirlwind of Ngoma to feel *with* the subtle, complex and powerful inward experience which occurs as these sensory components run through their body, yet still recognise that they are feeling “*as if*” they were the historical actors in question and not *on behalf of* those they wish to acknowledge the experience of.⁹¹ Putting themselves in the position of the other but without taking their place entirely, the empathetic historian implicates themselves within the frame of this repertoire of embodied memory by feeling *with* clear direction towards empathising with the embodied feeling of sensory overwhelm which Ngoma healing is characterised by.⁹² This direction comes from my

⁸⁵ Taylor, *The Archive and the Repertoire*, p. 24.

⁸⁶ Ibid.

⁸⁷ Lauren Mancia, *Embodied Epistemology as Rigorous Historical Method*, Elements in Histories of Emotions and the Senses, (Cambridge University Press, 2005).

⁸⁸ Ibid, p. 20.

⁸⁹ Ibid, p. 14.

⁹⁰ Kohut, *Empathy and the Historical Understanding*, p. 41.

⁹¹ Wispé, ‘History of the Concept of Empathy’, p. 26.

⁹² Taylor, *The Archive and the Repertoire*, p. 16.
Lazoni, *Empathy: A History*, p. 278.

engagement with colonial anthropological portraiture, missionary photography, sound recordings and material culture which revealed Ngomas sensorially constructed clinical reality generated this central feeling. Therefore, in considering the repertoire as a site of possibility to resolve my dissertations central predicament, the archive must not be abandoned entirely.

In-between the archive and the repertoire

Yet here is where I depart from Taylor who calls for historians to draw from both sites to extend the evidence available in the traditional and extractive sense of a historians practice. My unique proposition is that it is in the precise but liminal space *in between* the archive and the repertoire, where evidence and feeling can meet, that my dissertations central predicament of how a historian can acknowledge the historical experience of Ngoma can be resolved.

Such as with my use of critical fabulation to work between the archive and the imagined, and my use of sensory history to work between the objective and the subjective, when the archive and the repertoire are both recognised as valuable repositories, a new in-between space emerges. Within this, my archival interpretations provide the deep historical knowledge of Ngoma's sensory clinical reality and embodied feeling of sensory overwhelm which then meet the empathetic feelings enabled by the embodied epistemological approach to contemporary repertoires, making feeling *with* the historical experience of Ngoma possible.

In concluding this chapter, I resist presenting a simplified or satisfying piece of closure to my central predicament. Instead, I present an exciting opening by demonstrating that historicised empathy with the embodied feeling at the heart of the historical experience of Ngoma does not require roots in the archive, nor in the repertoire but in the liminal space between the two. In this space, evidence and feeling can meet as equally necessary and legitimate pillars of a historian's approach, enabling historicised empathy to facilitate a serious and truthful acknowledgement of the historical experience of Ngoma in ways which carried meaning for those in the past.

Conclusion

Concluding my dissertation, I am the first to explicitly advocate for historians to work within the liminal space between the archive and the repertoire. Reaching this conclusion has been underpinned by my use of existing and emerging creative approaches towards the archive to support me occupying different liminal spaces throughout my dissertation.

In Chapter One, I worked between the archived and the imagined to listen to the humanising details within colonial anthropological portraiture of Ngoma healers, inviting movement to these

scenes of frozen objectification. Embracing this liminal space supported my counterintuitive thinking to identify a pattern of sensory evocations which the clothing worn by the healers had the potential to generate. Subsequently, I offered my own speculative historical extension of Kleinman's clinical reality to suggest that Ngoma healing operated within a sensorially constructed clinical reality which needed to be sensed, for the healing to be acknowledged.⁹³

In Chapter Two, I used the sensory history habit to piece together archival evidence and reconstruct the sensory experience of a 1949 Sangoma healing encounter within the liminal space between the objective and the subjective. By getting a sense of the sensorially stimulating experience of the sounds of drumming and song, the textures of clothing and tools and the sights of colour and movement I confirmed that Ngoma did operate within a sensorially constructed clinical reality. Piecing together fragmented archival evidence of beadwork, drums, photographs and sound recordings I put these sources back *in* touch with one another and recognised that it was through being *with* touch that the healers' authorised an inward feeling of embodied sensory overwhelm for those within historical Ngoma encounters.

Finally, in Chapter Three my unravelling findings from approaching the archive with a willingness to work dangerously within such liminal spaces pointed towards feeling *with* the embodied feeling at Ngoma's heart, turning my ambition towards historicised empathy. Exploring this I offered an original critique of the limitations presented by the traditional archives panoptical structure and turned to contemporary repertoires of Ngoma healing as a site to which an embodied epistemology can support empathising with Ngoma's central feeling. Through this, I became the first to identify a new, essential and final liminal space in-between the archive and the repertoire whereby the known and the felt can meet freely to support this historicised empathy.

Therefore, in offering an open resolution to my dissertation's central predicament of how a historian can acknowledge the historical experience of Ngoma, I argue that Ngoma healing operates within a sensorially constructed clinical reality. This generates a sensory overwhelm which is interpreted through the African world sense of mind-body connectiveness as an embodied feeling at the heart of the healing experience. To acknowledge this feeling necessitates historicised empathy which can be supported by historians working within the liminal space in-between the archive and the repertoire. In this space, historians can embrace the known from the archive and the felt from the repertoire to recognise, seriously and truthfully, the historical experience of Ngoma healing in the ways which carried meaning for those in the past.

Going forward it should be noted that reaching this resolution was facilitated by allowing Ngoma to breathe on the page, supporting my exploration of its historical experience to occupy the scholarly spaces which it most naturally wished to be in. By this, Ngoma's history was able to push against and pull towards different frameworks, resisting being boxed into one. Ngoma was able to

⁹³ Kleinman, *Patients and Healers*, p. 360.

move its way towards critical fabulation, drum and sing its way towards a sensory approach and build an embodied feeling which felt its way to historicised empathy. Through this, Ngoma was able to be medical, musical, performative, spiritual, historical and contemporary to allow for its historical experience to be acknowledged in this liberated freedom from narrow categorisations.

Allowing Ngoma to breathe in this way, I too sought to breathe outside of strict rules or rigid frameworks which come at the cost of historiographical creativity and ambition. If historians are emboldened to do the same, the liminal space between the archive and the repertoire which my dissertation opens will provide considerable opportunity for more detailed, regional and personal histories of healing within the Ngoma tradition to be written. In doing so, Ngoma will be able to move through the historiographical landscape with the same rhythmic resilience and meaning which it continues to carry in the diverse medical marketplaces of central and southern Africa today.

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