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Ukugula Kwabantu: The construction of mental health by traditional healers in a peri-urban area.[1]

Sinethemba Makanya
783036

Thesis submitted to the Faculty of Humanities, University of the Witwatersrand, Johannesburg, in fulfilment of the requirements for the degree of Doctor of Philosophy.

[1] The title of this thesis is further discussed in the Introduction, p. 18-19, for further elucidation.

Declaration

I declare that this thesis is my own unaided work. It is submitted for the degree of Doctor of Philosophy at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other university.



Sinethemba Makanya
March 2021

Abstract

This thesis explores the question "How do traditional healers construct mental health?" It is concerned with understanding African ways of viewing health and disease which are inextricably linked to the nature of knowledge as shared and negotiated, within the African cosmology. This thesis challenges a foregrounding of theories imported from the global North and the perceived and imposed superiority of biomedicine. I argued that as a contextual starting point, an orientation into the worldview of a traditional healer is imperative to locate the study within the context of a peri-urban area such as Chiawelo in Soweto as a case study. I used qualitative phenomenological interviews with traditional healers in and around Chiawelo as well as an autoethnography of my own initiation into traditional healing to counter my researcher bias and afford me the opportunity to think from the worldview of a traditional healer. I examined the African cosmological view of reality to arrive at an understanding of how reality, knowledge, and the human are conceived of within African metaphysics. These notions informed the theoretical framework through which to enter the worldview of a traditional healer.

An exploration of how knowledge is transmitted within the training of the traditional healer gave a practical view of how material and immaterial realities interface within the African cosmological view of reality. This gave insight into the nature of the relationships between various sites of knowledge or key stakeholders within traditional healing. Examining the traditional healer provided a case study of the processes within the human, thereby providing an account of the nature of the human. Finally, I examined notions of disease causation within this cosmological view of reality and isolated categories that construct traditional healers' understandings of health or more specifically of mental health.

I found that mental health within traditional healing is thus constructed in relation to a general category of health and in relation to an expanded view of the human. I argued that

while the notion of mental health is essentially a Euro-American construct, it is implicitly considered in traditional healing interventions. The health of an individual is constructed across spiritual, psycho-spiritual, psychosocial, ecological, and physiological domains of existence. These categories are deeply entangled in one another, and traditional healers engage in the comprehensive and systematic assessment of the health (or ill-health) of their patients. Furthermore, traditional healers acknowledge the boundaries of their practices and show a willingness to refer should treatment fall outside the boundaries of their expertise. It is upon these boundaries that collaboration with other mental health care workers can occur, and a system of integration proposed.
Keywords: mental health, knowledge, traditional healers, health and illness, cosmology, African, humans.

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Walking multiple journeys simultaneously is no easy feat. It has been a series of excavations, round abouts, balancing acts and both fortunate and unfortunate incidences. There were moments where I did not think I would get to the stage where I would give thanks, not for completing these journeys, but for getting to this milestone. Where the child is finally birthed. So, the saying goes, ‘it takes a village to raise a child’ in my case, it took multiple villages to birth this child, and for this I give thanks.

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Dedication

For my daughter Khanyisa iNkosazane. Uyilanga, inyanga, nezinkanyezi. Thank you for lighting the way for my ancestors to reach me. Without your light, none of this would be possible.

Gogo MaCele, uwele kahle Ndlovukazi

Mkhulu ZaneMvula, oguduza ekujuleni kwamanzi. Andize emkhathini. Ozigi zakhe zizwakala engakabonakali. Ndlondlo. Makhosi.

Gogo Nombalabala. Maguqula. Somhlolahlola. Isbani Sothingo esavela esgodleni seLembe.

Umkhulu wena

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Prologue

iNdlela yeNyanga[2]: Journeys Away and Towards

The calling to become a healer for me came as a grave inconvenience. The journey to dig deeper into the roots and expression of my calling has been filled with mental and existential crises. There was a push to deconstruct and interrogate what I had come to know from my upbringing, which was heavily influenced by Christianity and schooling. The journey toward this PhD has been heavily influenced by my own search for meaning making and finding ground within two worlds. Deeply entangled, the journeys deeper into the grounds of the ancestral call and my academic studies have afforded me the opportunity to interrogate aspects of influence and consequence on my lived experience and culminating knowledge in unique ways. With multiple influences along these two paths, I find myself in the unique position of the middle ground. A ground itself that warrants mention and reflection. Falling outside of the scope of a conventional doctoral thesis, I write this prologue by way of describing and reflecting on the journey that has afforded me my unique positioning.

Childhood and Upbringing

I was born into a middle-class Christian family. My mother was a lecturer at a teacher's college and my father, a headmaster at a high school. Throughout my childhood, my parents were furthering their education. My mother holds a master's degree in education and when the college closed, she moved on to work at the district Department of Education. While in high school, I have memories of helping my father type out his honour's research paper in education. When he passed away in 2008, he was working toward his master's degree in theology with aspirations to start his own church. As a result, I was always surrounded by

[2] This has a double translation either meaning 'the way of the healer' or 'the healer's journey'. The double entendre is two-fold here as inyanga means healer but also refers to time through its meaning the moon or month. While these meanings are circumstantial, this shows the complexity of translation and interpretation and perhaps forewarns the reader of the complex material they are about to step into.

books. Avid Christians, my parents held leadership positions within the church, and books on Christian spirituality sat alongside books on education and psychology. The dedication to Christianity alienated our family from African beliefs, ceremonies, gatherings, and resultantly, the rest of our extended family who held on to these beliefs.

Both my parents were active within the church. My father oscillated between ‘pastor in charge’ and deputy pastor and my mother, part of the leadership of the church and other sub-committees. Members of the church and their families held the place of our extended family and social structure. Many of my early friendships were formed with young girls in the church. Deeply embedded in this community, I was also active within the church, holding a position of leadership in the teenager’s committee and served as Sunday school teacher. My home was often the venue for home prayer services and mid-week bible study sessions which were often taught by my parents.

From a young age, I would narrate my vivid dreams and intuitions to my parents, in many instances the dreams would come true. There were also instances where I would lay hands and pray for people through what we understood as an impulse from the Holy Spirit. A moment my mother continuously goes back when she is perplexed with my current path in life, is the arrival of an unannounced visitor in our home. She was a young girl in obvious distress, and she had told us a voice told her she would find someone to pray for her here. While both my parent laid hands on her in prayer, she refused and told them I was the one that needed to pray over her. I was sixteen at the time. This to them signified that I had a spiritual call. In response to this call, my plans for after matric were to study psychology with the noble intentions of helping people through both my studies and the gifts of the Holy Spirit.

Adulthood and University

For my undergraduate degree, I majored in Psychology and Philosophy. I soon changed from Philosophy to Drama and Performance Studies as I became more engrossed in the world of theatre. The difference in the ways of knowing offered by Psychology and Drama, soon became the cause for much dissonance as they came towards and away from each other in complex ways. While my upbringing was sheltered from thinking too much about race and inequality, in university I was able to observe race relations and privilege in a way that I had not done before. Alongside abnormal psychology, I was taking courses in critical and socio-cultural psychology. Here, I was learning about the tools and instruments used in psychological assessment alongside critiques of the Eurocentrism of these tools and instruments. My critical and socio-cultural psychology lecturers, Nhlanhla Mkhize and Jacob Wambugu, played a pivotal role in my initiation into critical theory. For the first time, I was reading the works of black authors such as Steve Bantu Biko, Frantz Fanon, bell hooks, and the like and was considering the implications of critical race and anti-colonial theory. Where I initially thought psychology would help me understand my gifts of the holy spirit, spirituality was rarely discussed in psychology and at that age and level, I couldn't draw clear links. I soon decided that the dissonance created by my critiques of psychology and the alienation I felt from my gifts, was too much and focused most of my attention on drama.

Parallel to this, I became fascinated with the spiritual concepts and learning about the body in my actor training. I was also interested in the drama in education and applied drama courses, through which I was considering critical race theory and the uses of drama beyond the stage. As an actor, I became deeply engrossed with entering the lifeworld of a character and playing them on stage. In these moments, I felt similar sensations as those I felt in church through the movement of the Holy Spirit. I gravitated towards the works and theories of Artaud (1958) who deepened my understanding of the relationship between theatre,

liminality, and catharsis. His work on Theatre of Cruelty (Artaud, 1958) shaped my understanding of the possibilities of theatre as a liminal space through which to achieve emotional and spiritual catharsis. I was also influenced by Growtowski's (1968) concept of "poor theatre" which placed great emphasis on the skill of embodiment of an actor performing with minimal props. In this approach, I envisioned an actor as the main tool of theatre and catharsis. Himself as a student of Artaud, Grotowski (1964) coined the term "the Holy Actor:

> The actor who undertakes an act of self-penetration, who reveals himself and sacrifices the innermost part of himself - the most painful, that which is not intended for the eyes of the world – must be able to manifest the least impulse. He must be able to express, through sound and movement, those impulses which waver on the borderline between dream and reality. In short, he must be able to construct his own psycho-analytic language of sounds and gestures in the same way that a great poet creates his own language of words (Growtowski in Barba, 1964, p. 35).

The concept of the Holy Actor deeply resonated with how I felt in church and on stage. Through my applied theatre and drama in education modules, I was introduced to the works of Freire (1968) and Boal (1979). Their concepts allowed me to envision an actor-practitioner who was able to use the art of acting not just to 'be' a character but to also 'do' the work of educating, creating awareness, and healing. Through these works, I deepened my understanding of the systems of oppression which influence the political and economic struggles of black people. In this way, I was exploring in depth and through an embodied way, aspects of critical and socio-cultural psychology. I became interested in the relationship between the "holy actor" and the shaman to interrogate the role and function of the actor-practitioner.

At the time, my perception of a shaman was a healer who acts as a "bridge between

the unseen world of spirit and the material reality of humanity" (Glaser, 2004, p. 77). My understanding of the term 'shaman' came primarily from the literature we were taught in drama in relation to theatre and ritual (Schechner, 1973). As part of my research, I had proposed to interview a sangoma, as what I understood to be an African shaman, and this, would be my first-time meeting one. Our meeting was mediated by her initiate that I had met through contacts in the university. I was introduced to a white man, husband to one of my psychology lecturers, who was in initiation to be a shaman. He then introduced me to his teacher, who was a sangoma. She agreed to the interview on condition that I would accept my calling to be a healer. To do this, I would participate in a ritual process that proved to her that I was committed to both university education and traditional knowledge. I had drifted away from the church and was living on campus, rarely going home on weekends. Although I was also questioning aspects of Christianity, I was, however, not ready to delve into traditional healing in that manner as I still held Christian beliefs that demonised ancestors. The dissonance created by this meeting pushed me to forego the interview and focus on an honours paper that compared literature to examine the relationship between the holy actor and shaman. My conclusions in my research, although unclear pushed me further to consider the relationship between acting and healing.

Through this research and deepening my understanding of applied theatre, I was fascinated by drama therapy as I felt it would allow me to learn more about drama as a tool of therapy. That I was awarded a Fulbright Scholarship to pursue a master's degree in Drama Therapy at New York University, solidified the idea that the calling to healing was to work through drama. In comparison to psychology, I felt that studying drama therapy would give my role of holy actor more agency to move the art beyond entertainment to something more meaningful like therapy. Studying drama therapy in New York, turned out to be a journey that pushed me to deeper interrogate what my understanding of healing and health were.

During this time, my experiences in New York were giving aspects of myself room for expression. I had to start developing my role as a drama therapist alongside my accidental role as a musician. I soon found that my role as musician became my escape from the complexities that my role as African intern drama therapist in America were introducing to me.

Theoretically, the school of thought I was introduced to in drama therapy was Landy's Role Theory (Landy, 1986). Role theory postulated that the human personality is a system of interrelated roles which provide a sense of order and purpose (Landy, 1994, p. 102). Through this theory, Landy (1993), systematically organised repeated roles through theatre history "according to six domains, corresponding to prominent aspects of human beings: somatic, cognitive, affective, social, spiritual, and aesthetic" (Landy, 1994, p. 90). He called this the 'Taxonomy of Roles' which he proposed would have "great potential in elucidating not only the kinds of roles that clients will take on in drama therapy, but also the process of treating clients through role method" (Landy, 1994, p. 95).

This theory and practice informed my understanding of the human as layered and helped me begin to grapple with my own layers and roles. I also found similarity between, the taxonomy of roles and multi-axial diagnosis. I saw the usefulness of the taxonomy of roles, in a drama therapist's diagnosis and treatment of the client. Role theory afforded me theoretical grounding in drama therapy, and I became interested in the taxonomy as a classification system. As Robert Landy was my lecturer, I got the opportunity of class discussions with him. A challenge I posed of role theory was that it was based on Euro-American ways of thinking about health as well as forms of theatre and characters. Because of this, I was concerned that the roles reflected in the taxonomy were only based on Euro-American characters and may only be partially relevant in South Africa. I also argued that it lacked a socio-cultural orientation and focused solely on the individual's internal processes.

For my internship, amongst placements in children's hospitals, correctional services, and inpatient psychiatric units, I chose to intern at a nursing home and psycho-social club for the homeless and formerly homeless. I felt that the former placements were too clinical and would require me to work with case files and previous diagnoses from the abnormal psychology that I had questioned in my earlier years. In retrospect, I realise that the nursing home and psycho-social club, allowed me to meet and sit with my clients as they were. I was dissatisfied with a model of classifying disease that required me to think of the relationship with my clients as one between a clinician and diseased other. I was also not comfortable with the idea, that I was expected to make a person better from a clinical diagnosis, that despite my undergraduate in psychology, I could not relate to or understand.

In the nursing home, I worked amongst the elderly in various stages of Alzheimer's. My clients were bed-ridden and barely conscious. Here, my interventions were to sit with these clients and act as a companion in the last days of life. I used music as a form of connection and would sing and hum to these clients. In those moments, I felt connected to them, and they would use movements of their hands, open their eyes, or smile to acknowledge my presence. Some of the nurses would also comment on my singing and assured me at this stage, this was all I could do for these clients. I also took over an activity group with the elders to facilitate a telling and sharing of stories. In my one-on-one sessions, my goal was not to do 'therapy' with my clients because at that time, I was unsure exactly what therapy was supposed to do. I chose to keep them company and help them process whichever areas of their lives they wanted to at these end stages.

My work at the psycho-social club for the homeless and formerly homeless entailed a therapeutic theatre group, for the 'regulars'. In these sessions, we used the container of a play to help clients process their experiences on the street, in the New York shelter system, and the hopes to get placed in state housing. This culminated in a production at the end of my

internship there. I also had one on one sessions with clients who were living on the streets and not taking medication. I was particularly drawn to and drew black men. Although I had access to some case files, I chose not to use these. My one-on-one sessions were rarely with the same clients as people would come and go. I did, however, see some of them on a regular basis. I was always warned to take caution by my site supervisor, who was a drama therapist, who informed me that fresh off the street, some were actively psychotic.

In my sessions with the young men in the psycho-social club, I did not experience them as mentally ill, but rather frustrated with racial inequalities and the system of subjugation in America. I found their 'aggressive' natures, for which they were often alienated by members in the club, to be apt expressions and reactions to their day-to-day struggles living in the streets of New York. I also found their references to themselves as god-like figures, not symptoms of a mental illness such as schizophrenia or narcissistic personality disorder, as was informally believed by my supervisor, but an assertion of their wish to overcome these circumstances. I found that I could understand their frustration of wanting help from the psycho-social club but also a fear of being sucked into the system of The State. I was cognizant that I was the only black person on the team. My placements gave me an opportunity to enter the life world of my clients without judgement. This also helped me understand the context of New York and the socio-cultural experience of dispossession and displacement felt by many of my black clients there.

In these placements, I was also faced with having to learn to work with and balance my spiritual gifts. I used one on one supervision sessions to process an unusual sense of what my supervisor called, heightened cases of transference and countertransference, that would see me taking on certain physical and emotional characteristics of my clients. Through guidance, I learned to read these instances of empathy to gain a deeper understanding of my clients' life worlds and foster greater connection between us. As these were sometimes

overwhelming and difficult to hold, I was encouraged to find ways to create boundaries between myself and clients to mediate the transference and countertransference. In group supervision sessions with my classmates, I often felt alienated and unreadable as I was trying to make sense of symbolic and spiritual imagery given to me by my clients. This imagery and symbolism often found me questioning the relationship between mental illness and communication from the spirit world. I was also grappling with the socio-cultural, political, and economic realities of many black people in America and the impacts these have on mental health.

Through music, I was introduced to a whole range of black artists and soon found a place familiar to home amongst a community in Brooklyn. Through this community, I was afforded more exposure to the socio-cultural experiences of black people. I was exposed to spirituality across the African diaspora which deepened my understanding of spiritual gifts and their relationship to art and music. Performing music was an introduction to performing myself in a way that acting had not afforded me. Through the writing of songs, I was drawn deeper into the spiritual world as many of the songs I was writing were filled with spiritual and symbolic imagery that I could not understand. I often felt as though I was not writing songs, rather that I was being given songs by entities outside of me. My mentor, Masauko Chipembere, made me aware of the belief that songs were communication from the spirit world given to us for the purposes of prophecy, guidance, and healing. He also pushed me to think of the healing quality of voice and my voice as a healing instrument in relation to my work as a drama therapist. I saw the opportunity to interrogate aspects of drama therapy, shamanism, and traditional healing.

For my dissertation, I examined the notion that named the shaman an “ancient predecessor of the expressive arts therapist” (McNiff, 1981, p. 3). I examined the role and functions of the figure of the shaman in dramatherapy literature (McNiff, 1981; Pendzik,

1988; Linden, 2009; Glaser, 2004; Landy, 2008). I compared the notion of the shaman to literature in anthropology and psychology on the sangoma (Ngubane, 1977; Edwards, 1986; Freeman & Motsei, 1992; Hill, Brack, Qalinge & Dean, 2008). At this stage of my education, I found that the shaman, as a figure, lacked any connection to culture, context, and consideration of the various ways, they expressed their healing gifts. I argued that to abstract a healer from their context was unhelpful in understanding the nature of their role and function (Makanya, 2012, p. 40). My perception of the shaman was as an "archetypal figure, a universal character, who helps deepen and expand the image of creative arts" (McNiff, 1988, p. 287). I understood the notion of the shaman as "an academic term used by Western practitioners to contain the idea of indigenous healers" (Makanya, 2012, p. 41) and to give credence to their work as drama therapists.

To consider my practice of drama therapy in South Africa, I moved the enquiry away from the shaman to the sangoma in a more directed way. From this work, I concluded that the notion that there was a relationship between the drama therapist and the shaman could not hold in my worldview. That, "the drama therapist and the sangoma are incomparable… [and] that making such a comparison is highly pretentious and perpetuates the Western tendency of taking from indigenous societies and recreating for its own gains" (Makanya, 2012, p. 80). Although I found that both drama therapy and traditional healing "are valid in their own right… they operate in different paradigms" (Makanya, 2012, p. 79). My journeys in drama therapy and spirituality moved away from each other and held their ground as two distinct journeys.

Another pivotal point was the birth of my daughter, who was born prematurely at seven months of pregnancy, whilst I was writing my dissertation. Khanyisa iNkosazane was an expression of two worlds coming together, in much the same way my dissertation, *Between Two Worlds*, was. Her name was chosen by her father and me, after a naming

ceremony. It means ‘to bring light to The Goddess’ in reference to Nomkhubulwane, the concept of which I had been introduced to by the works of Mkhulu VusamaZulu Credo Mutwa. Coming back to South Africa, with a child out of wedlock, came with the anxiety of disappointing my Christian mother for the first time. I felt the responsibility of having to provide for myself and my daughter so that I would not prove to be a further disappointment to my mother. Fortunately, coming back as the first black drama therapist, I secured employment in Johannesburg. I was relieved to get away from home to mitigate the guilt I was feeling for having a child and going against the teachings of the church. I worked at an applied theatre organisation where I was tentatively practising drama therapy and applied theatre. I was also employed at Drama for Life at Wits University where I was teaching applied theatre and drama therapy. Part of the requirements of this work was to work toward registering as a drama therapist with the Health Practitioners Council of South Africa (HPCSA).

The more I taught and practiced drama therapy, however, was the more I felt a gap between theory and practice. In interrogating this gap, I published a paper in the journal, The Arts in Psychotherapy, *The Missing Links: A South African perspective on the theories of health in drama therapy* (Makanya, 2014). In this paper, I explored African notions of health and healing (Ngubane, 1977; Mkhize 2004; Manda; 2008) and considered how these could inform the practice of drama therapy in South Africa. I argued for a more integrated approach of thinking about health within drama therapy to consider African notions. I concluded that “work in South Africa would need to take on an ecological nature where not only the individual is reached but also the environment, the community, and the spiritual forces at work within the environment and the individual” (Makanya, 2014, p. 305). I thus posed a challenge to the role of the drama therapist who does not understand concepts of African spirituality. In this way, found opportunities for collaboration with traditional healers.

During this time, I was also struggling with mental dis-ease and crises that found my way to my first teacher who would begin my initiation into traditional healing. Although this reality was ever-present, I had never moved it into the realm of practice. Reading about traditional healing through my honours and masters research had allowed me to understand basic concepts and was now comfortable stepping into this realm. At this point, my Christian beliefs and relationship with my family was further challenged and I had no support for the journey I was taking. I was drifting further away from my inherited worldview and what I had learned through my 'western' education and religion could no longer hold. I came to understand the nature and role of ancestors more deeply and made sense of how and why they passed gifts down to me. I also came to understand the importance of embarking on this journey, to facilitate a smooth hand down of gifts from myself to Khanyisa. This initiation into traditional healing, helped me make sense of my experiences as an intern drama therapist and helped me understand the ancestral gifts that I was introduced to because of it. Although I was tentatively stepping into the realm of traditional healing, the idea of becoming a traditional healer was still an idea, one that I was not particularly tied to and would want to abandon repeatedly during my journey.

With the coming together of my two worlds of drama therapy and traditional healing, I questioned more and more whether drama therapy was what I wanted to do. My questions of the relevance of drama therapy in South Africa forced me to revisit my dissonance with psychology. I decided I was not ready to become a drama therapist at that point and opted out of registering. I wanted to think more deeply about the relevance of both drama therapy and psychology in South Africa, to think more deeply about my role and what my practice would look like. A PhD would give me the discipline and space to interrogate these issues.

Concerned with philosophical issues of theoretical grounding and what was a metaphysical analysis of knowledge, I applied to the Philosophy department at Wits

University. I proposed to examine the theories underpinning drama therapy and traditional healing to think through the praxis of both. My application was delayed, as the philosophy department tried to find a suitable supervisor for me. By the time I was accepted into the philosophy department, I had already applied and got accepted for a Mellon Foundation Scholarship to complete my PhD in medical humanities at the Wits Institute of Social and Economic Research (WiSER). Like the feeling of confirmation, I felt with the success of my Fulbright Scholarship, I felt that this success meant that I was on the right path. Although at the time, I was unsure what medical humanities entailed, a PhD in this field has allowed me the security of grounding within the field of psychology and the freedom of multi-disciplinary thought, across other fields such as history, anthropology, and African metaphysics. Being part of the community at WiSER gave me access to wide range of critical thinkers, literature, and conversations. This added a rich experience upon which to examine traditional healing as a theory and practice steeped within the socio-cultural and socio-political context of South Africa.

Ukugula KwaBantu as a thesis

Proposed as an auto-ethnography, of my initiation journey into traditional healing, and phenomenology, this research found my insider/outsider positionality complex and fraught. On the one hand, my autoethnography was not proceeding as planned because of my difficulty in finding and negotiating the research aspect of my initiation with a teacher. This was negatively impacting upon my proposed timelines. On the other hand, finding and interviewing participants bought with it a myriad of challenges that led me to question the nature of research with traditional healers. Although initially intended to understand the construction of mental health within traditional healing, the research took on a metaphysical purpose. To understand mental health, I had to understand the ontologies and epistemologies of traditional healing through full participation in the practices. Through this research, I was

able to observe how I was engaging with the knowledge more broadly. I explored what knowledge was, how it was accessed, and how it was constructed by myself and traditional healers in initiation and training. It became a painful work of wrestling with the realities of colonization and apartheid. Of deconstructing systems, I had internalized, that were perpetuating power dynamics and violence by how I was approaching my research question, methodology, and analysis.

The dissonance in both my doctoral and ancestral journey led to many moments of disconnection with the academy, feeling displaced and uncomfortable on campus. At WiSER, although found the seminars and reading groups interesting and had formed a close relationship with the director, I found it difficult to engage with the community. Language and readability were my major challenges. Because of my discomfort on campus, I was barely present and when I was, I often kept to myself. I often found myself in the 'edgelands', although a member in the community, was not of the community. I experienced strain in my relationships with my supervisors as I found difficulty in expressing the metaphysical challenges that I was experiencing as a result or as part of both the research and initiation into traditional healing. Finding the language to articulate in writing my thoughts and ideas was challenging and I often needed space and a lot of time to access this in a way that was clashing with the timelines to complete this research. I often felt as though my supervisors did not think that I was serious about the work and often felt the pressure of having to produce even though I was not ready. At moments, although my research garnered much interest, I felt that it was misplaced in Academia and felt as though I was failing as an academic.

The work also challenged my view of traditional healing. Feeling let down by the Traditional Healers' Organisation, I had to find other ways of accessing healers. Accessing these healers put me face to face with the fragility of my 'insider' role. That although I was

black, female, and had responded in part to the ancestral call, by virtue of what I was trying to do within The University, I was more aligned to ‘western’ systems of thought. The way in which I was approaching my research method, highlighted the tensions and power dynamics implicit in the practice of research. This bought many reflections on the history and violence of research with traditional healers and black people more broadly. I spent a short time in Chiawelo as part of my own initiation ritual. In this time, I observed how socio-economic factors influenced competition and jealousy amongst traditional healers. I witnessed more closely how these factors influence the practice of witchcraft within the community. These experiences further complicated my view of traditional healing as deeply entangled with the social context of South Africa. That I was unable to complete this initiation ritual, further served to alienate me from the traditional healing community. This also bought up questions about the legitimacy of the calling I had come to known as part of me and which was a vital part of this research.

Amidst these challenges, the opportunity to use my voice became a turning point. A year into my research, I was awarded a scholarship by the Centre of Excellence in Human and Community Development. As part of building the capacity of their scholars, they held a workshop in science communication which culminated in a competition. The winner of the competition would be the person who was able to explain the aim and relevance of their research to non-scientists in two minutes. I was awarded the prize and with this came the opportunity to speak about my research on many public platforms including radio, newspaper, and television. I was chosen to be on the Mail and Guardian young 200 list in the category of science and technology and garnered more media attention through the research. As my research became more public, I was able to experience firsthand the socio-cultural significance of my work. I found the confidence and was beginning to develop the language to write as questions from interviewers and conference attendees helped define the core

questions and concerns that I was to address. Question and answer opportunities on radio shows such as Metro FM breakfast shows, 702 with Aubrey Masango, and the Power Hour lunch time shows on PowerFM, further helped develop this language and I valued the dialogic nature through which it was forming. The material from my public speaking engagements became evidence of my process and productivity upon which my supervisors and I could engaged. This material is deeply embedded in the analysis of my data.

The writing of this work, however, has been slow and challenging. The work itself refused and continues to refuse to fit into the conventional form of a Psychology doctoral thesis. As a result of this, the theoretical framework and literature review are not stand-alone sections but appear throughout the chapters to support and in contrast to my research findings. This is also indicative of my own process of research. It was a process of moving back and forth literature on African metaphysics, analysis of stories of initiation, and my lived experience. As my own experience of the metaphysical realities of traditional healing deepened- through my autoethnography- so too did my reading of literature and framing. I was presented with the urgency of need for an updated African metaphysical perspective from Southern Africa as I found that much of the work in African Metaphysics was coming from North and West Africa. I was and continue to be inspired by the works of Harriet Ngubane and Nomfundo Mlisa. Weaving these together, I developed a theoretical framework through which I would interpret the making of a traditional healer and the construction of health. The theoretical framework itself is a work in progress, which I am testing by continuously placing it in conversation with the chapters throughout the thesis and encourage the reader to read it as such. Additionally, the auto-ethnography portion of this work is not just presented as a stand-alone segment. It is weaved through in the ways in which I have placed the chapters, conducted, interpreted, and analysed the interview material and presented the ideas in the work.

Introduction

The title of my research is *Ukugula KwaBantu,* translated directly as the illness of African people. This term is a temporal adaptation from a notion by Harriet Ngubane (1977) in her monograph *Body and Mind in Zulu Medicine*[3]. In this book, Ngubane examines notions of health and disease in a Zulu community from an anthropological perspective. As a Zulu woman herself, she gives ground-breaking analyses which critique the works of anthropologists who had written on the subject before her, these anthropologists were white men, who as outsiders, had missed the nuances of language and genealogies of the practices they sought to research. Ngubane examines notions of disease causation in Zulu thought. She cites natural causes of illness due to biological factors often cured by medicines that are "believed to be potent and effective in themselves." (p. 23). The understanding of the natural causes of illness is common to most people globally, i.e., "people from outside Africa" (p. 23). As such, "there is readiness to use curing techniques and medicine of the western type" (p. 23).

Alternatively, 'ukufa kwaBantu' is considered a class of disease where "the philosophy of causality is based on African culture, this means not that the diseases, or rather symptoms, are seen as associated with African people's only, but that their interpretation is bound up with African ways of viewing health and disease" (p. 24). In this sense Bantu refers to "peoples native to Africa" (p. 24) only. Although there is distinction between the different societies of African Indigenous people, there is accepted, an "affinity between the different cultures (within Africa) regarding the worldview which makes it possible for a Zulu medical practitioner to operate in a Sotho, Pedi, Shona, or Thonga society, and vice versa" (p. 24). In

[3]I use 'ukugula' and Ngubane uses 'ukufa'. This speaks to the temporality of language and how it changes through the generations. In my generation (and locality) "ukufa" means death although in older forms of isiZulu it can mean disease; the word "isifo" (derived from ukufa) can either mean there is an illness or a death. I am more comfortable with using the term "ukugula" to mean illness or disease as for me "ukufa" feels more fatalistic.

this way, the term abantu refers to peoples of African descent only. Similarly, the term ubuntu, does not refer to humanity or humanism as a quality all peoples have access to, but a specific humanity only accessible to the Bantu. In other words, this research is concerned with a "distinctly black mode of existing- whether one may identify an ontological structure that may be associated with being-black-in-the-world" (Manganyi, 1973, p. 38). In it, I am interested in the ways in which the Bantu have been grappling with forms of knowledge and the impact of changes in the social, historical, and cultural contexts and the implication of these on their wellbeing (Mkhize, 2004; Chavanduka, 2001, Ngubane, 1977, Chonco, 1972; Gelfand 1964; Sundkler, 1961).

The second part of the title, *The construction of mental health by traditional healers in a peri-urban area,* may not be apt for the content that follows in this thesis. While this is the proposed title, the thesis took six years for me to complete. During these six years, I constantly had to shift my enquiry and research methods, to respond to the need of my research and research participants. In the section on my research methodology, I go to great lengths to tell the story of my research and elucidate that because of the complexity of my already fraught 'insider/outsider' role, I was constantly working back and forth to refine, the methodology and interview schedule. Adamant that I aim to engage with the traditional healers that I interviewed in this research from a worldview that is in line with their own, defining and refining my theoretical framework became key. As such, the way in which I recruited and engaged with traditional healers evolved from those initially proposed and attempted. In the second iteration of my interviews, the conversation was less about mental health and more about their life stories and practice. This allowed me to set the context and describe the worldview or paradigm from which I was to parse responses about mental health.

As further elucidated in chapter four, I found my questions on the construction of

mental health to be obsolete as I recognized that this was a category that I was importing from a Euro-American framework. Instead, what I found was a complex and holistic construction of health. While concepts of mental health and wellness were implicit in the construction of health by these traditional healers, these were not considered separate from a broader view of health by the traditional healers that I interviewed. Furthermore, I understand that the views of ten traditional healers, in which I include myself, cannot be generalized to all traditional healers. Parallel to this realization is a sober acknowledgement that of these traditional healers only one admitted to treating people with mental illnesses, and therein the problem could lie. This one traditional healer, however, also did not see a distinction between the complex and holistic view of health and mental health. It would have been ideal for me to rethink recruitment and recruit healers who treat those with mental illness, while I tried and did not find any, this would have further delayed the process of completion.

On the one hand, I acknowledge that the title needs to be amended to consider these shifts in the questions I was asking, the types of traditional healers I was speaking to, the structure of, and the content which was eventually included in the thesis. I am thankful to an examiner for pointing out this misalignment of the title and ultimately the question. The amendment process at the University of Witwatersrand, however, is drawn out and would further and unnecessarily delay the process of completion for which I have fought and worked so hard. On the other hand, the misaligned title may also be evidence of an argument that I return to throughout this thesis, one that suggests that in the decolonization of the academy, there needs to be greater alignment between the frameworks and theories used within the academy, and those of marginalized- which are mostly ‘indigenous’- communities. The thesis itself inspires different types of reactions, ranging from an aversion to the various misalignments in the thesis, to a celebration of these misalignments. The celebration of engaging with and disruption of categories that are legacies of the coloniality of knowledge

and a recognition, within this disruption of the journey of undoing, that the starting question is perhaps the wrong one. Here I should quote another examiner who maintains that such a recognition is "the signal of a deeply worthwhile intellection journey if ever there was one!"

Research question and aims

The title of the research, **Ukugula Kwabantu: The construction of mental health by traditional healers,** illuminates the aims of this research. I am concerned with understanding African ways of viewing health and disease which are inextricably linked to the nature of knowledge as shared and negotiated, within the African cosmology[4]. I argued that an orientation into the worldview of a traditional healer is imperative. My aim was thus to examine the African cosmological view of reality to arrive at an understanding of how reality, knowledge, and the human are conceived of within African metaphysics. I suggested that an examination of the training of a traditional healer will yield important information on the nature and sites of knowledge. An exploration of how knowledge is transmitted within the training thus gave a practical view of how material and immaterial realities interface within the African cosmological view of reality. This gave insight into the nature of the relationships between various sites of knowledge or key stakeholders within traditional healing. A view of the traditional healer provided a case study of the processes within the human, thereby providing an account of the nature of the human. Finally, I aimed to examine notions of disease causation within this cosmological view of reality to isolate categories that construct traditional healers' constructions of health or more specifically of mental health.

The structure of this thesis is as follows. The introductory section contains the prologue and introduction, I orientate the reader on the pathways that have led me to this research. I reflect on the resultant emic and etic positions and spaces I inhabit and the

[4] While the question is one of mental health, as the research evolved, as explicated in the previous section about my title, I recognised that mental health was a category imported from Euro-American frameworks I deduced by me through an understanding of concepts of health and disease.

tensions and entanglements between these. Chapter One introduces the research question and aims as well as the rationale and building blocks from literature that have informed this inquiry. I will present my research methodology where I will elaborate on the research design, data collection, and the process and method of developing theoretical frameworks. From an auto-ethnographic perspective, I will elaborate on the tensions and lessons learned from my fieldwork experience, conducting interviews with traditional healers. I will reflect on how the lessons learned influenced the ways in which I collected and interpreted data to foreground the traditional healing paradigm.

In Chapter Two, I examine the construction of reality, through a reading of literature in African Metaphysics and an analysis of the material collected in interviews. I found the African construction of reality as one that conceives of multiple worlds simultaneously existing parallel and in overlap to each other. The beings in this world are considered as forming a hierarchy and a natural order, based on the amount of life force and influence. The immaterial world includes what I have called the Creator Beings as the sources of life force. Within the immaterial world are also different ranks of spirits that show themselves in various ways in the material world, the ecology, and the inner and outer life worlds of the human. The human is thus considered as part of both material and immaterial reality and is affected by and can affect both worlds. In this chapter, I also interrogate the philosophical assumption that the human is a microcosm and composite of its cosmology. In this way I also examine the nature of the human and how it can access these multiple realities.

In Chapter Three, I examine the construction of knowledge and the traditional healer's relationship to knowledge. I use studies of other healers in literature and interviews with traditional healers from my fieldwork. I am grounded by and in Mlisa (2009) psycho analytic view of ukuthwasa as a developmental process. Pointedly, the idea of the material and immaterial as both indivisible and separate was also highlighted as a space through which

the knowledge is negotiated and constructed. In this space knowledge presents itself as infinite, as part of multiple dimensions and temporalities. In this chapter, although I examine the traditional healer, I argue that they are an example of a human and illuminate how the human has access to the knowledge through their connection with multiple dimensions and temporalities as is made manifest in their cosmology of ancestors. This example elucidates how material and immaterial interact and are entangled within the human to produce a view of reality, knowledge, and other processes such as health.

In the fourth chapter, I examined the interviews from my fieldwork experience. I focused on the practice of the traditional healer in relation to categories of causation of the illnesses they are presented with. Not considered a separate category of health, I found that mental health is deeply entangled in the causes and effects of illness and dis-ease more broadly. Traditional healer constructions of health present themselves to be complex and interrelated. The health of an individual is constructed across spiritual, psycho-spiritual, psychosocial, ecological, and physiological domains of existence. Traditional healers provided a comprehensive and systematic assessment of the health (or ill-health) of their patients. Furthermore, traditional healers also provide the boundaries of their practices and a willingness to refer should treatment fall outside the boundaries of their expertise. It is upon these boundaries that collaboration with other mental health care workers can occur, and a system of integration proposed.

In the conclusion Chapter Five, I reiterate the idea that this thesis has been a thought experiment and assess whether this experiment has been successful by summarising the lessons, arguments, and findings of the preceding chapters. I argue that collaboration and/or integration is possible and give suggestions of how this can be achieved. I argue for a rethinking of how psychologists are trained to give room for other form of thinking about health and illness. Considering questions of the validity and reliability of traditional healers, I

suggest that further research into indigenous methods of quality assurance is needed. I examine how this research has contributed to new knowledge in African metaphysics, psychology, medical humanities, and critical theory more broadly. I reflect on opportunities for research within these and other fields such as gender studies, and education.

Chapter One:

Constructing beyond a single story[5]: Rationale and literature

South African morbidity data indicate that mental disorders are the third highest contributor to the local burden of disease, after HIV and other infectious diseases (Bradshaw, 2003; Myer, 2008; Seedat, Williams, Herman, Moomal, Williams, Jackson, Stein, 2009). The rise in the number and proportion of people in South Africa living with mental disorders, as indicated by these statistics, highlights the growing mental health burdens and challenges facing the country. Despite the increasing need to turn the focus to mental health issues, as well as the need to establish the appropriate services to maintain mental health, services in South Africa are "grossly under-resourced and there are many barriers to health care for the mentally ill" (Seedat et al., 2009, p. 347). These barriers may include acceptability and availability of services, stigma, and discrimination due to a lack of awareness of mental health issues, language barriers, culturally conflicting models of mental health care, and questions of efficacy. Resultantly there is a need to reform services to potentially allow for greater sustainability, distribution, uptake, relevance, and efficacy.

Amongst other factors, this reform necessitates an integration of medical services to ensure greater sustainability. My thesis focuses on the need to include traditional healers in these services. Several studies have shown that traditional healers may play an important role in offering care for those struggling with mental health challenges. Traditional healers provide care that is associated with the indigenous explanatory models of illness held by many South Africans (Nattrass, 2005; Freeman, 1994; Mbanga, 2002; Sorsdahl, 2009; Campbell-Hall, Petersen, Bhana, Mjadu, Hosegood, Flisher & Happ, 2010). They are "sensitive to one's culture[6] and their methods serve as healing sources in times of distress."

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[5] Mkhwanazi, 2016

[6] Although a fraught concept, my understanding of culture in the instance of this paper is more associated with worldview, epistemology, and cosmology.

(Benjamin-Bullock & Seabi, 2013, p. 343). Although subscription to indigenous African beliefs is said to be more prevalent in rural and under-developed areas of the country, studies and experience indicate that such beliefs are also widely held by people living in urban settings. In many instances many African people develop the ability to hold hybridized explanatory systems which allow for the incorporation of both Euro-American and indigenous African premises (Bodibe, 1992; Hamber, 1995; Eagle, 2004). It is this type of medical pluralism (Levine 2012; Thornton 2017) I argue that can be optimised within healthcare systems to offer a more sustainable approach to healthcare such that well-being can be encouraged.

In the National Mental Health Policy Framework and Strategic Plan 2013-2020, traditional healers and faith-based organisations are identified as partners to implement and achieve the ambitions of the policy. These ambitions to transform mental health services include aims to ensure "that quality mental health services are accessible, equitable, comprehensive and are integrated at all levels of the health system, in line with World Health Organization (WHO) recommendations" (South African Department of Health, 2013, p. 3). In line with the broader health sector transformation process this policy framework intends to, amongst other things, contribute to "the re-engineering of primary health care, implementation of national health insurance, human resource development and infrastructure revitalization" (South African Department of Health, 2013, p. 3). The South African state thus aims to encourage the implementation of the Traditional Health Practitioners Act by "facilitating links between mental health services and traditional healers and faith healers at local district levels, including appropriate referral pathways in both directions" (South

African Department of Health, 2013, p. 41).

The Traditional Health Practitioners Act no 35 of 2004[7] maintains that the aim is:

> To establish the Interim Traditional Health Practitioners Council of South Africa; to provide for a regulatory framework to ensure the efficacy, safety, and quality of traditional health care services; to provide for the management and control over the registration, training and conduct of practitioners, students, and specified categories in the traditional health practitioner's profession; and to provide for matters connected therewith (Government Gazette, 2005, p. 3).

This Act recognises the need to include traditional healers in policy. As a beginning, it proposes the need for regulatory and standardizing framework. I understand the need to ensure the safety and quality of traditional healing services. I, however, echo the sentiments of Levine (2012) and are concerned that such an Act perpetuates the marginalisation of traditional healing by imposing scientific evaluation, regulation, and standardization in accordance with modern scientific medicine standards. Reading through the Act, the intention appears to be to fit traditional medicine within a modern scientific framework and little research has been done or attention given to the worldviews of traditional healers. I commend The State for considering the inclusion of traditional healers in the National Mental Health Policy Framework and Strategic Plan 2013-2020. However, absent from the policy is any intention of sensitising and educating medical practitioners in the frameworks and worldviews of traditional healers. This lack of suggestion of reform at a grassroots level makes me cynical that traditional healers will not be subjected to a form of neo-colonialism, where they are bent to suit the needs of The State. The superficial nature in which traditional healers are included within a bio-medical framework policy, further motivates for this research.

In this conversation on mental health and care, as practitioner (drama therapist and

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[7] There is also a Traditional Health Practitioners Act no 22 of 2007. This act, from 3 years later has not changed at all. This reiterates my argument that while The State makes mention of traditional healers, little work is done to research, refine and implement any plans they make. While noble, the inclusion of traditional healers in policy is superficial and not well thought through

traditional healer), I seek to better understand the interdependent forces that shape the mental health of South Africans. My research question is "How do traditional healers construct mental health in a peri-urban setting?" and is an examination of how traditional healers conceive of the interdependent forces that shape mental health within a traditional healing paradigm. It necessarily falls within multiple disciplines and is transdisciplinary in nature. Within the field of critical psychology, it looks to enhance the understanding of local phenomena and "expand our vision of what forms psychological functioning may take in diverse cultures" (Nsamenang, 1995, p. 737). The stakes here are raised as this research goes beyond a call for the indigenization of psychology or promoting an indigenous form of psychology. Rather, it seeks to examine and refine a conceptual framework from the traditional healing canon that is "consistent with the sociocultural experiences, worldviews, and goals" (Mkhize, 2004, p. 29) of abantu in South Africa in the twenty-first century. This framework, I suggest, may have psychological bearing, and can be used within psychology in efforts to decolonise or indigenise the discipline.

Medical Humanities provides fertile ground particularly in South Africa, for the critical examination of interrelated political, ethical, and intellectual aspects of medical knowledge and intervention. It aims to encourage the greater study of and reflexivity amongst those who wield knowledge and power over life and death matters (Tsampiras 2018), in the promotion of a theory from the South (Levine, 2012). This discipline affords me an opportunity to challenge "the marginal status of indigenous medicine forms [which] results from an imposed scientific evaluation in the accordance of the modern scientific medicine standards" (Levine, 2012, p. 62). In this research, I conceive of traditional healers as trained within their worldview to become medical practitioners. In challenging the knowledge hierarchies in medicine, I argue that "there is a need to make room for the traditional and indigenous knowledge of traditional healers to pioneer new frontiers of medical knowledge

for the progression of medicine" (Burns, 2019[8]). I, thus, centre practitioners' narratives in a way that critically engages their knowledge and practices as more than complementary (or add on) to biomedicine.

I examine traditional healing as a canon of medical knowledge influenced by and based upon African philosophical thought. My philosophical intentions are twofold. First, I seek to contribute to literature within African philosophy written by Africans living in Africa. Thus, this is a project of "self-definition and determination" (Wiredu, 2004, p. 1), that concerns itself with locality and location. From this intention, I seek to strengthen the models, practices, and perspectives on traditional health. Chonco (1972) maintains that an important role of traditional healers is to evolve new methods of diagnosing illness based on the changes in the environment (p.296). This shows traditional healing as dynamic and constantly interacting with various stimuli. This is a work concerned with documenting, describing, and analysing the experiences of traditional healers as a form of Afromodernity (Comaroff & Comaroff, 2012) in contribution to a written intellectual history. With the state of urgency in relation to mental health issues, I also aim to offer a critique of traditional healing to encourage traditional healers to be critically reflective of their practices within an ever-changing context. This call is not one that seeks to align healers within academic institutions for credibility or standardisation. It aims to challenge the stigma and discrimination toward healers from the various corners of society.

Secondly, I seek to produce literature from an African perspective to expand existing knowledge of the world and what it means to be human (Wynter, 2013; Mkhwanazi, 2016). This is thus a project also concerned with demonstrating that this type of knowledge can be utilized to strengthen the universal knowledge (Hountondji, 2004) and contribute to the

[8] These words were said at a talk we both gave at the School of Medicine, University of Pretoria

proposals for theory from the South. I arrived at a methodology that allowed me to navigate this terrain from various perspectives and arrive at frameworks accessible to both Euro-American and African schools of thought. To arrive at the construction of mental health, I had to understand the worldview of the traditional healer, the nature of knowledge within this worldview, how one arrives at this knowledge, and what this form of knowledge can tell us about the relationship between the human, health, and disease.

This thesis is thus the culmination of various journeys and navigations through multiple spaces. It affords me the unique opportunity to interrogate and explore multiple forms of knowledge. My positionality has allowed me to examine knowledge through multiple lenses. Using a thematic analysis, I have begun to challenge notions about theory and the production of knowledge. This is the beginning stages of a lifework that will transform based on my development and lived experience. This thesis does not aim to produce a history of traditional healing but captures this moment grounded in a particular context and time from which I have begun the work of classifying, mapping, and ordering phenomena (Mamdani, 2019). My choice to focus on traditional healing as a techné and praxis is a move to develop new and multiple reference points through which researchers from the South can build theory (Mamdani, 2019).

As a beginning, the following chapter is a brief review of the literature I have built upon in this thesis. In reviewing this literature, I have identified gaps to which my research may contribute. In the first section of this chapter, I begin from the World Health Organisation's definition of traditional medicine as the global body supporting member states to develop policies and action plans to strengthen the role traditional medicine plays in health promotion. I challenge this definition as one that does not do justice to the heterogeneity and hybridity of this practice with the understanding that it is the responsibility of the member states to know and define this practice based on their context. I argue for a need to rethink the

terms traditional healing and traditional medicine in South Africa, as they too are limiting and do not consider the dynamism and temporality of traditional healing as a praxis. I briefly review literature that describes the traditional healing worldview and argue for a need to examine deeper and abstract better the philosophy underpinning traditional healing. A brief examination of the literature describing the traditional healer, describes the varying categories and types of traditional healers. Here to, I argue that it is not enough to merely describe the traditional healer. More thorough analysis of the initiation and training processes is necessary to understand the knowledge a traditional healer may hold and how this knowledge is negotiated and informs their paradigm. Lastly, I review literature pertaining to traditional healing and mental health. I argue that this literature lacks orientation into the traditional healing paradigm and is therefore limiting in helping the reader understand constructions of mental health. A vast majority of the literature examines how traditional healers perceives mental illness, thereby, creating binaries upon which to describe health. I suggest more nuanced understandings of the traditional healing paradigm can offer health as inhabiting a continuum upon which to think through categories such as mental health.

Traditional healing is a broad field, the philosophies of which may contribute to the decolonisation agenda and impact a wide range of theories at use within the university. As this thesis is concerned with zooming into the usefulness of traditional healing with regards to mental health, an orientation into psychology helps position this thesis in a direct way. In this vein, a brief overview of the developments within psychology helps to frame my enquiry. The literature reviewed gives a historiography of the shifts within the fields of psychiatry and psychology. The literature charts the move in biomedicine, and resultantly in psychiatry and psychology, from consideration of health and illness as dichotomies and considers the continuum of health and illness. In this way, the World Health Organisation considers mental wellbeing as more pertinent than the health-illness dichotomy. Perspectives on the Diagnostic

and Statistical Manual (DSM) commend this shift as it has come with greater inclusivity of the socio-cultural context. There does, however, remain a gap in considering perspectives that are not orientated in Euro-American frames of reference. Another critique of this model through which to consider mental wellbeing, is the lack of focus on the aetiology of disease. While causation is a strength of the traditional healing model, the new DSM still focuses on symptoms resulting in a gap through which to consider illness. As such, through this literature review, there is an opportunity that this thesis may fill these gaps within psychology as well as influence research on traditional healing to make similar shifts.

I

Traditional Healing

Traditional medicine is defined by the World Health Organisation (2002) as the use of "plant, animal and/or mineral based medicines, spiritual therapies, manual techniques, and exercises to maintain well-being, as well as to treat, diagnose or prevent illnesses". As an umbrella term, this definition of traditional medicine fails to capture the heterogeneity of the practice as "encompassing different types of healers with different types of training and expertise" (Mokgobi, 2014, p. 29). While the practice is traditional in the sense that it is derived from pre-colonial philosophical practices, I argue the same can be said of biomedicine as based upon colonial philosophical traditions. Like biomedicine, traditional medicine varies "across the world [is] dynamic and variable because of the different regions and countries of origin and because of the different agricultural systems in which they exist… [It] varies from culture to culture and from region to region (Mokgobi, 2014, p. 28).

On the other hand, if traditional is used in the sense that it is outdated, the term traditional healing and traditional medicine is incorrect and does not convey the dynamism and hybrid forms the practice may take. While traditional medicine and healing are "derived partly from pre-colonial African systems of belief, it has multiple roots that extend across

time, cultures, and languages. The practice is broadening and changing as healers are exposed to a wide variety of other healing traditions and religious views" (Thornton, 2009, p. 17). They thus barely resemble the practices of the older traditions. African traditional beliefs have been well-documented over the years across multiple disciplines including anthropology (Chonco, 1972; Ngubane, 1977), psychology (Mlisa, 2009; Sorsdahl, 2009), and religious studies (Mndende, 2004). Thornton (2009) ascertains that these practices are fast changing (p. 17) to keep up with South Africans' highly pluralistic search for therapy. African traditional healing thus "competes with and borrows from many other modes of healing, including new age therapies (healing with crystals and essential oils, reiki, and massage), Chinese, Indian, and European traditional medicines" (p. 19).

There is an influx of traditional healer presence on print and social media as well as radio and television. Some of the well-known and public figures in traditional healing include, Mkhulu VusamaZulu Credo Mutwa, Dr. VVO. Mkhize, Gogo Dineo[9] and Gogo Moyo[10]. Dr. VVO Mkhize is the founder of Umsamo Institute, an organisation that is comprised of traditional healers and researchers and offers services such as healing services, intwaso, workshop, training, and public speaking services[11]. The institute is currently forming a partnership to offer immersive experiences and lectures with University of Kwa-Zulu Natal in Pietermaritzburg and is showing how traditional healing is moving towards the university in progressive ways. These healers are also showing how practices of traditional healing have co-opted technology and are able to access and be accessed by more South Africans. Their YouTube, Instagram videos, and online classes teach about various aspects of ancestors, rituals, the use of medicine in traditional healing, and are often platforms where subscribers and followers can ask questions and engage with the healers. Groups such as "The Footprints

[9] www.gogodineondlanzi.com
[10] Gogo Moyo TV: youtu.be/QIHCB0609yY
[11] www.umsamo.org.za

of our Ancestors" on Facebook have 88223 followers. In such groups, members have access to a wider variety of healers and teachings and can seek assistance and advice from these. My own experience with radio, newspaper, and television portrays that although it may seem as though "traditional healers remain outside the experience of many South Africans, they are fully part of South African life and consciousness" (Thornton, 2009, p. 17). In this thesis, I, thus use the term traditional healing begrudgingly and for lack of a better word.

Within traditional healing, health and illness are conceived of in relation to the African cosmological view of reality (Chonco, 1972; Ngubane, 1977; Chavanduka, 1980; Omonzojele, 2004; Mawere, 2011). Within this view there is constant dialogue and interaction between material and immaterial reality (Chonco, 1972; Ngubane, 1977; Chavanduka, 1980; Omonzojele, 2004; Mawere, 2011; Sodi, 2011; Matoane, 2012; Makanya, 2014, Nwoye, 2015). This interaction manifests itself in the relationship between human beings, God, the ancestors, and the ecology. Health is also dependent on community and the relationships of the individual within the community (Ngubane, 1977; Mkhize, 2004; Makanya, 2014). Illness within this paradigm results from two categories of causation, natural and unnatural causes (Ngubane, 1977; Chavanduka, 1980; Eagle 2004). Unnatural causes are often cited in the face of a sudden or difficult illness that refuses to remit after all medicines (including Western hospitalization) have been administered (Chavanduka, 1980; Bodibe & Sodi, 1997; Edwards, 1986; Ngubane, 1977; Nwoye, 2015). The term *ukufa kwabantu* (Ngubane, 1977) refers to those illnesses that are linked to ecological dangers and the anger or withdrawal of the ancestors in some shape or form. This is translated to mean black people's death, of which western practitioners are assumed to know nothing about. In instances of unnatural causes, the tendency is to view the illness not as ordinary but as "problems that carry a hidden text and message that must first be decoded and its meaning interpreted before a proper resolution or cure can be found" (Nwoye, 2015, p. 309). The

implication is that these unnaturally occurring illnesses are "approached as meta-communications to be 'read' and interpreted, rather than to be categorized or classified as emphasized in the Western Diagnostic and Statistical Manual of Mental Disorder" (Nwoye, 2015, p. 310). As such health is also conceived of in relation to the spiritual, ecological, biological, and social context of the human. Human beings are thus seen as multi-dimensional in nature, simultaneously, biological, social, ecological, and spiritual and occupying these various interrelated worlds (Ngubane, 1977; Chavanduka (ND), Swartz, 1997; Sodi, 2011; Matoane, 2012; Makanya, 2014).

Thus, traditional healing offers a model which categorizes the health of an individual into spiritual, biological, ecological, and psychosocial domains of existence. In this approach, 'humans and spirits are not seen as separate but are all within the world, and even with the use medicines they influence these forces on the physical, psychological, and spiritual/transpersonal levels' (Sobieki, 2014, p. 2). In Chapter Two, I extend this idea of humans and spirits as indivisible by examining in-depth the link between the two as this idea is inextricably linked to constructions of health and illness. Through parsing the literature and interview data, I arrive at an understanding of what I refer to as the cosmological view of reality, through which I aim to describe the philosophy of causality upon which "ukufa kwabantu" (Ngubane, 1977) is based. Furthermore, as a worldview, framing this thesis upon this philosophy can illuminate traditional healers' lexicons and constructions of health.

As a vocation, traditional healers are often 'called' to this path by their ancestors 'through dreams and other significant experiences' (Eagle, 2014, p. 6) such as economic, psycho-social, and physiological crises (Mlisa, 2009; Booi & Edwards, 2004). The initiation process generally takes place at the home of a more experienced healer to learn methods of diagnosis and treatment. The duration of the training is generally, 6 months to one year, the duration, however, varies depending on the type of initiation, the speed at which the initiate

learns and reaches each milestone, and on the finances available for the training. As this is a heterogenous practice, there are various types and ranks of traditional healers under different traditions and schools of thought. These are ever changing with South Africa's dynamic context and to reflect the diversity in the country. Nwoye (2015) maintains that throughout Africa, traditional healers have over the years developed various methods to establish the cause and treatment approaches for the various conditions that their clients present with. The literature shows that delineation between healers can best be understood in relation to their specialisations.

Diagnosis through divination is the specialisation of the sangoma. Two major diagnostic mechanisms are followed by izangoma; instrumental divination (Nwoye, 2015, p. 310) is the use of tangible objects such as the divination bone oracle (Ngubane, 1977; Chavanduka, 1980; Freeman and Motsei, 1992; Thornton, 2009; Mokgobi, 2014; Sodi, 2009). Mediumistic divination is the use of umbilini (Mlisa, 2009), intuition (Ngubane, 1977), or direct communication with the ancestors (Lebembe; Athini). The diagnostic procedures used are based on factors like the healer's preferences, geological location, and the nature of training received (Mokgobi, 2014). While undergoing initiation, the trainee sangoma is taught by the master sangoma about the composition, characteristics, and meaning attached to each bone and the positioning of the bone in relation to the other bones (Sodi, 2009, p. 61). The divination bones are much more than just a clinical instrument and as such are not only used as a medical tool. In keeping with the holistic orientation of the traditional healing model, "diagnostic bones may also be used to predict economic, social, and political problems as well as giving an indication of how these problems can be overcome" (Sodi, 2009, p. 62).

The diagnostic process itself is intuitive or spiritually informed (as communication from the ancestors) and is also "informed by local culture and knowledge systems. It is this

influence of local traditions and practices that probably account for greater variations in the assessment systems of indigenous healers" (Sodi, 2009, p. 63). The sangoma, as diviner and/or seer, acts as intermediary between patient and their ancestors and uses their knowledge of the different types of methods with which to communicate with the different types of ancestors (Thornton, 2009) to diagnose and treat illness. While the sangoma uses imithi to heal, their knowledge of imithi foregrounds the spiritual and ritual properties of medicines (Chonco, 1972; Ngubane, 1977; Freeman and Motsei, 1992; Schuster-Campbell, 1998; Thornton, 2009; Mokgobi, 2014; Athini).

Inyanga is a "highly skilled and devoted" herbalist (Petrus & Bogopa, 2007, p. 5) 'who specializes in herbal medicine' (Freeman & Motsei, 1992; p. 1183). The calling and skill of inyanga is learned and passed down through instructive dreams from ancestors or through apprenticeship. Inyanga specialises in a whole host of herbal remedies and vaccination treatments (Sodi, 2009, p. 63-64) for "physical illness and for culturally related afflictions" (Cocks & Moller, 2002, p. 388). While the accomplished inyanga may also be skilled in divination, their practice foregrounds the physical use of medicines to treat diseases such as high blood pressure and diabetes (Zingisa), enhance wellbeing, boost immunity, cleanse blood (Cocks & Moller, 2002). The ecological, social, and spiritual uses of medicine through the lens of inyanga are as protection from evil spirits, to bring luck, and to ward off attacks through witchcraft (Ngubane, 1977; Cocks & Moller, 2002). The practice of inyanga illustrates that traditional medicine and its system of diagnosis and treatment are not based on intuition and divining alone, but also on the "testing of such plant therapies for observed and replicable effects for many generations" (Sobiecki, 2014, p. 4).

Umthandazi or umprofethi emerged from the rise of the "independent churches that sought to Africanise Christianity by including African traditions and customs in their religious practice" (Mokgobi, 2014, p. 28). They often cite the calling from the Christian

Holy Spirit in lieu of an ancestral call and believe that they "receive guidance from god and the angels while [izangoma] are guided by ancestral spirits" (Mokgobi, 2014, p. 30). Many of the roles of isangoma 'have been taken over by umthandazi within a modern supernatural religious and urban setting' (Edwards, 1986). Umthandazi mainly uses water and prayer to heal, although they may use herbal medicine from time to time. Abathandazi "share a common theory of health and disease with traditional healers" (Mokgobi, 2014, p. 30), the basic difference is guidance from either the Holy Spirit or ancestral spirits, respectively. The presence and culminating practice of umthandazi illustrates not only the temporality and dynamic nature of traditional healing, but it also portrays the willingness to "embrace other beliefs and practices" (Chavanduka, 1980, p. 80) resulting in the heterogeneity of healing modalities and knowledge traditions under this umbrella term.

In keeping with the plurality and parallelism of traditions in South Africa, it is not uncommon to see a sangoma and/or inyanga who is also umthandazi as traditional healers also form members of churches (Thornton, 2009). This is also true of the healers I interviewed in Chiawelo whom I found to hold a varying amount of proficiency across multiple healing modalities and knowledge traditions. It is for this reason that although in this research I have reported on different types and categories of healers, the lines are blurred as one healer may have a wider repertoire of modalities they use for their patients. Furthermore, there are other forms of traditional healers which are less documented and widespread such as isanusi and inyanga yabalozi. In Chapter Three, I examine more closely, the initiation and training of a traditional healer to abstract how the healer is prepared for their role. My aim in this chapter is not to categorise different types of healers but to understand, through abstraction, how knowledge is negotiated across the different healing modalities and knowledge traditions. In this analysis, I aim to expand the understanding of the context in which and how the traditional healer constructs health within their practice.

Traditional healing and mental health research

Omonzejele (2004) maintains that although Africans have no written history of mental health care, like most other knowledge in African tradition, procedures in mental health care have been transmitted via oral tradition from one generation to another (p. 165). Defined in relation to the African cosmological view of reality, Bodibe (1992) suggests that mental health from the African perspective focuses on interpsychic relationships where one projects themselves outwards and focuses on their relationships with their community, ecology, and cosmology. In this way, intrapsychic relationships of thoughts and feelings, are rarely considered and fall outside the scope of the work of the traditional healer. Chavanduka (1980) suggests, however, that the non-observance of taboos and anticipated withdrawal and anger from the ancestors may also result in mental illness. In this way, he proposes that psychology may be a helpful frame through which to view the intrapsychic effects of the interpsychic relationships.

In their own research study, Madzhie, Mashamba, and Takalani (2014) maintain that "traditional healers [in Thohoyandou] perceive mental illness as madness and disturbance in the person's brain, memory, and personality. It is an illness that affects the person's mind and its functioning. Mental illness results in behaviours which are culturally not accepted" (p. 322). This state speaks to a breakdown in the mentally ill person's interaction environmentally, socially, and physically (Omonzejele, 2004). Resultantly, the mentally ill person is prone to interpreting issues haphazardly, is unstable, may be unable to differentiate between realities and imaginations, may not pay heed to impending dangers, and may be unable to recognize people previously known to him (Ozekhome, 1990, p. 104). From a traditional healing perspective, the possibility of the "origin of psychopathology arises not only from the illness of the body, mind, or social contexts but also from the spiritual or the ancestral background of the individual manifesting the illness" (Nwoye 2015, p. 309).

Traditional healers have also cited witchcraft as a main cause of mental illness (Madzhie et al., 2014; Sorsdahl, 2009). In this way "psychopathology does not refer only to the key problems of mental illness, such as psychosis or schizophrenia, but also to irregular or strange behavioural presentations that often arise from mysterious origins" (Nwoye, 2015, p. 310).

The literature reviewed above, though helpful as a starting point, places health and disease as binaries or dichotomies, with most of the writers concerned with perspectives on mental illness. The common evaluation of the causes of illness is also placed on the binary of natural and unnatural or supernatural. I find that these binaries are unhelpful in understanding the continuum in which the traditional healer operates. As such there is little to be said about concepts such as well-being or how health is constructed in the absence of disease. **Ukugula Kwabantu**, responds to the call for research that centres and deepens the understanding of traditional healers' perspectives on mental health. Through this research, I aim to contribute to this literature by expanding the classifications of the causes of mental illness and illness more broadly, beyond that of natural and unnatural causes. Much of the literature is descriptive and lacks nuanced analysis of the worldview from which traditional healers operate. Resultantly, the writers rarely start from a frame of reference that is in line with the traditional healers they seek to research and report on. Through this research, I aim to do the work of abstraction and interpretation, parsed in relation to the philosophy of traditional healing. My aim is to strengthen the understanding of traditional models of health and illness by examining them as existing on a continuum. In this way, offer categories pertaining to the construction of mental health by traditional healers in a peri-urban setting.

II

A Dynamic Psychology

In the history of biomedicine, psychology, and psychiatry are recent innovations, coming into existence from the eighteenth and nineteenth centuries. This period saw in scientific

medicine, an expansion in its claims regarding “the ability to isolate, explain and cure diseases and disorders of the mind” (Parle 2007, p. 8). This claim was in keeping with the convention of the time, where mind and body were regarded as separate entities based on concepts of Cartesian Dualism (Parle, 2007; Swartz 1998; Ross, 2010; Janse van Rensberg, 2014). A tool of psychiatry, the “Diagnostic and Statistical Manual (DSM) [produced by the American Psychiatric Association (APA)] is a system of diagnosis and classification of disorders” (van Rensberg, 2014, p. 394). The DSM provides a “helpful guide to clinical practice, facilitates research and improves communication among clinicians and researchers” (Austin and Burke, 2009, p. 13). Shifts in biomedicine and psychology saw the writing of the DSM-III which formally adopted Engel’s bio-psycho-social model as the paradigm for practice (Alonso, 2004; Benning, 2015). This was an approach or model developed by George Engel (1977) as a challenge to the biomedical model.

Following this convention, the use of multi-axial diagnosis became the standard approach in the practice of psychiatry and abnormal psychology. This approach attempts to create a taxonomy for mental disorders and evaluates an individual’s behaviour on five axes. APA (2000) states that:

> each axis refers to a different domain of information that may help the clinician plan treatment and predict outcome. The use of the multi-axial system facilitates comprehensive and systematic evaluation. It gives attention to the various mental disorders and general medical conditions, psychosocial and environmental problems and level of functioning that may be overlooked if the focus were on assessing a single presenting problem (p. 25).

A critique of the DSM-IV by Cartwright (2008) as cited in Burke (2009) maintains that there “is a lack of focus on aetiology and thus only describes disorders and does not explain why they may occur. The manual classifies psychopathology in a similar way as the medical

profession diagnoses and classifies diseases and medical problems" (Burke, 2009, p. 18). This approach is erroneous because in most cases mental illness is not caused by brain diseases and cannot be located in some biological abnormality (Hook & Eagle, 2002; Parker, Gerogaca, Harper, McLaughlin & Stowell-Smith, 1995; Szasz, 1972). Various scholars have noted that although the DSM-IV recognised the importance of cultural diversity in mental health work (Swartz, 1998; Ross, 2010; Eagle, 2004, Mkhize, 2004; Janse van Rensberg, 2014), these adaptations were not yet fully thought through or integrated into DSM-IV thinking (Swartz, 1998, p. 62).

In efforts at inclusivity and in response to these critiques, "a process of reconciliation has been observed over the past two decades in the long-divided traditions of science/medicine and spirituality/religion" (Janse van Rensberg, 2014, p. 394). Subsequently in a post-apartheid South Africa we observed

> a conscious change in the public domain from *psychiatric treatment* to *mental health*. Great emphasis on mental health is, for instance also placed by recent legislation on traditional health practice defining it as a significant part of what is regarded as the traditional health practitioner's spectrum of responsibilities. It has become important for local psychiatrists themselves to establish whether and how spirituality should be incorporated into the routine practice and training of psychiatrists (Janse van Rensberg, 2014, p. 395)

In this vein, definitions of mental health have transformed to incorporate this shift in thinking about mental health. It is defined by the World Health Organisation (WHO) (2014) as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community (para 1). Understandings of mental health move beyond merely the absence of disease and are considered "as a rubric, a label which covers different perspectives and

concerns such as the absence of incapacitating symptoms, integration of psychological functioning, effective conduct of personal and social life, feelings of ethical and spiritual wellbeing and so on" (Parle, 2007, p. 9).

These definitions encompass issues of self-actualization, resilience, productivity, and self in community. As such, they allow views of mental health and functioning that "reject strict dichotomies between mental illness (insanity, deviance, pathology, madness) and a clearly defined and recognizable state of health" (Parle, 2007, p. 9). It permits us to regard this concept as existing on a continuum "ranging from widely recognized and clearly named forms of deviant or disruptive behaviours (madness) at one extreme, through states of mind that are distressing and even disturbing, but that do not require drastic measures, individual or collective, for their alleviation" (Parle, 2007, p. 9). Reflecting these shifts, innovations of the DSM (DSM-VI) saw a massive undertaking that involved hundreds of people from diverse backgrounds and contexts working toward a common goal over a twelve-year process, diverse needs and interests were taken into consideration in planning (APA, 2013, p. xii). In this fifth edition, the classification of disorders is harmonized with the World Health Organization's International Classification of Diseases (ICD), the official coding system used in the United States, where both ICD-9-CM and ICD-IO-CM codes are attached to the relevant disorders in the classification. Although DSM-VI remains a categorical classification of separate disorders, there is a recognition that mental disorders do not always fit completely within the boundaries of a single disorder (APA, 2013, p. xii). These innovations show a massive leap in the revision of the DSM and seeing it move in the direction of a more inclusive frame of reference.

African perspectives in Psychology

In the 1950s, psychology and psychiatry in South Africa adopted the "DSM as a system of diagnosis and classification of disorders" (vRensberg, 2014, p. 394). As such the same

critiques of the DSM are pertinent in South Africa. In moving beyond "stories that do not look into Africa but start from Africa and look out" (Mkhwanazi, 2016, p. 2), studies that rethink the sole use of Euro-American diagnostic conventions, tools, and interventions (Patel, Simunyu, Gwanzura, Lewis & Mann, 1997; Ebigbo, 1982, Martyns-Yellowe, 1995; Laher & Cockcroft, 2016) attempt to produce a liberating psychology which is both culturally relevant and is integrated with the indigenous frameworks that guide healing in developing societies. There are numerous challenges and opportunities provided by various attempts of integration (Nwoye, 2015, Sodi, 2009, Bojuwoye & Sodi, 2010). Studies in cross-cultural psychiatry have attempted to "describe the phenomenologies of mental disorder in patients judged by traditional healers to be suffering from mental illness and develop indigenous instruments which are valid for their use in regional environments" (Patel, Simunyu, Gwanzura, Lewis & Mann, 1997, p. 469). There are examples of such instruments developed in Nigeria- The Somatic Screening Instrument (SSI) (Ebigbo, 1982) and the Nigerian version of the WHO Self Reporting Questionnaire (SRQ) (Martyns-Yellowe, 1995)- and in Zimbabwe- The Shona Symptom Questionnaire (SSQ) (Patel et al., 1997).

The SSI was developed by listing the complaints of patients diagnosed as suffering from anxiety neurosis (Ebigbo, 1982). The SRQ was developed by adding 10 culture specific items to the WHO SRQ. Through a process of deduction 20 items remained as the NSRQ20 (Martyns-Yellowe, 1995). The developments of these items showed innovation in adding emic items to an existing questionnaire and evaluating its validity. The development of the SSQ was based on idioms used by patients in the local environment and on concepts which are relevant to the local environment and to the local care providers (Patel et al., 1997). Through the development of this instrument, Patel et al. (1997), demonstrated that an integration of emic and etic approaches is suitable in order to achieve culturally sensitive psychiatric measures that also permit communication between health workers in different

cultures (p. 469).

The DSM-VI has taken these efforts seriously and with the new DSM we see the inclusion of cultural concepts of distress, which detail ways in which different cultures describe symptoms. They are described through cultural syndromes, idioms of distress, and explanations and they help clinicians to recognize how people in different cultures think and talk about cultural problems (APA, 2013). There is a wider scope for the inclusion of culture in the DSM-VI and these innovations are commendable in their incorporation of a greater cultural sensitivity. Although innovations have been made in the DSM, the underlying biomedical orientation perpetuates Euro-American dualisms of mind and body treating symptoms and complaints as if they were objective indicators of underlying syndromes or diseases independent of time, individual, and culture (Vanheule, 2012). Further clarity is needed on the definition of culture within the DSM-VI as the term itself is fraught with complexity and tensions. These complexities manifest in the complex and dynamic relationship between biological and sociocultural forces in the manifestation of psychopathology (Kriegler & Bester, 2014; Walsh & Cross, 2013; Rossier, Ouedraogo, Dahourou, Verardi, & De Stadelhofen, 2013).

The opportunities and gaps presented in the literature are best described through a critical psychology lens (Hook, 2004; Mkhize, 2004; Manganyi, 1979; Nsamenang, 2002). South Africa's diversity poses significant challenges "when adapting western diagnostic conventions, research tools, and psychosocial interventions" (Sorsdahl, Stein & Lund, 2012, p. 169). The issue of psychological assessment itself is a controversial topic "primarily, but not exclusively, because of its links to South Africa's troubled past" (Laher & Cockcroft, 2013, p. 1). With a history of discriminatory practices (Laher & Cockcroft, 2013), psychological testing practices have resulted in suspicion "amongst the black population in South Africa" (Foxcroft & Davies, 2008; Nzimande, 1995; Sehlapelo & Terreblanche, 1996).

Furthermore, psychology needs to engage more deeply with the socio-cultural and socio-political implications of 'being-black-in-the-world' (Manganyi, 1973). As such, critical psychologists call for reform in the training and practice of psychologists and diagnostic and assessment methods to redress the negative effects of testing practices (Laher & Cockcroft, 2013). This redress includes "engagement with the values and meaning systems of [indigenous] researchers and by virtue those of local actors" (Mkhize, 2004, p. 28). In this way this research contributes to calls to "realign psychological theories, models, and methods with the increasingly complex issues as well as the human and social realities in Africa" (Akin-Ogundeji, 1991, p. 4) and widening the scope of psychology to consider the experiences of the communities it seeks to service. Through this research, I advocate for (amongst other things) a shift in psychology's role from a "curative role to one of prevention" (Louw & Van Hoorn, 1997, p. 243).

Shifts within psychology, saw the discipline reject strict dichotomies between mental illness and a clearly defined and recognizable state of health. These shifts permit us to regard mental health as existing on a continuum and encompassing issues of self-actualization, resilience, productivity, and self in community. Shifts in the philosophical constructs of health and illness within biomedicine also made way for the greater inclusivity of culture. As culture is itself a complex and fraught construct, it presents a complex and dynamic relationship between biological and sociocultural forces in the manifestation of psychopathology. While efforts at greater cultural inclusivity are commendable in the DSM-VI, critiques remain that assessment tools stemming from the DSM are still based on Euro-American forms of reference. Furthermore, the lack of focus on the aetiology of disease presents a gap in the understanding of why it may occur.

It is premature to think about how to bring together psychologists and traditional healers. I do note in this research, that it is possible to consider the strengths and weaknesses

in each of these perspectives. The literature maintains that strengths in psychology are the shifts from thinking about health and illness as dichotomies to considering the continuum of wellbeing. These shifts have culminated in greater inclusivity of cultural explanations of the illnesses in the DSM-V. The greatest challenge is translation as perspectives of mental health are still primarily driven by the perceived superiority of biomedicine. This leaves little room for theories emanating from the South. Mental health research in traditional healing, has not incorporated these shifts, and much of the literature still operates on the dichotomies of old, primarily focused on how traditional healers view mental illness. Furthermore, researchers still base their enquiries on frames of references imported from biomedicine and thus limit their research on these theories from the North. As traditional healers are less concerned with symptoms and more with causation, the opportunity presented may strengthen models in psychology by considering the worldview of traditional healers at an attempt to understand the aetiology of various mental illnesses. Furthermore, considering constructions of mental health moves the enquiry from the health-illness dichotomy to considering what wellbeing would mean within the traditional healing paradigm. **Ukugula Kwabantu**, therefore, contributes to the gaps in the literature by engaging with the values and meaning systems of traditional healers to expand psychological theories, models, research, and methods beyond those from the global North.

Constructing the research

Research methodology and design

Through this research, I seek to answer a metaphysical question on the construction of mental health from the perspective of traditional healers. Falling across multiple disciplines, it lends itself to using layered accounts to investigate the same phenomenon as a means of mutual confirmation of measures and validation of findings (Berg, 1995). To guide the collection of data, I have used a qualitative phenomenological research methodology. Kidder and Fine

(1997) maintain that qualitative research methods and critical psychology fit well together as qualitative research "helps psychologists see how class, race, and gender shape lived experience" (p. 35). Qualitative work involves "participant observation or ethnography; it consists of a continually changing set of questions without a structured design. It refers to unstructured research, inductive work, hypothesis generation and the development of a "grounded theory" (Kidder & Fine, 1987, p. 59).

I conducted semi-structured interviews with nine traditional healers in and around Chiawelo. The healers I interviewed were between the ages of 29 to 74. They had been practicing for between 2 – 52 years. There were 2 males and 7 females. Their ethnicities were mixed between Shangaan, Venda, Zulu, and Sotho. There were 4 who identified as sangoma, 3 who identified as both sangoma and inyanga, 1 inyanga and 1 sangoma and prophet. I also used ethnographic observations from time spent in Chiawelo- at Chiawelo Community Health Centre, late night music jam sessions in Chiawelo, and during an initiation ritual for me at a traditional healer's home. Observation allowed me to understand the context from which most of the healers I interviewed came. It allowed me a view into the socio-cultural, socio-political, and socio-economic climates of the healers' life worlds.

As an orientation into the traditional healing paradigm, I have used an auto-ethnographic approach through participation in traditional healing initiation and training rituals. Primarily, I consulted literature from African metaphysics, psychology, anthropology, and medical humanities studies conducted with traditional healers, as well as autobiographies by traditional healers. To a lesser extent, I also consulted radio interviews, information posts by traditional healers on Facebook groups, and YouTube videos to fill in some gaps. These helped me contextualise traditional healing and identify temporal concerns in the imaginary of black South Africans in the twenty first century. Resultantly, I found that I was using existing research and other material as a "source of questions [for] and comparisons [with]"

(Charmaz, 1983, p. 117) interview, participant-observation, and critical reflection as opposed to using existing research as a "measure of truth" (p. 117). In my research process “data collection and analysis proceeded simultaneously" (Charmaz, 1983, p. 110) and there was a constant back and forth between literature and fieldwork as I was developing a theoretical framework from which to interpret the results and findings.

The following section is the story of my fieldwork. Deeply entangled with my own training as a traditional healer, the combination of phenomenological interviews and auto-ethnographic experience, came away and toward each other in interesting ways. I was deeply concerned about my own positionality and subjectivity as a departure from the types of research I had read in psychology and the social sciences. In retrospect, it is my positionality and subjectivity that illuminate questions of research methodology and ethics within research with marginalised communities such as traditional healers and black people more broadly. To begin with, I will give an orientation of my research methodology and explain the reasons for my choices as well development of research tools. I argue that phenomenology and auto-ethnography have been suitable methodology with which to navigate the various terrains upon which this research was based. In my discussion of my choice of setting the research in Chiawelo, set the scene for my engagement with the area. Through an auto-ethnography lens, I tell the story of my data gathering and show that the exposition of the way in which I gathered my data can make useful and illuminating statement on the nature of research with marginalised communities. Finally, I discuss the ways in which I analysed my data and show that the journey of gathering data from an auto-ethnography perspective was essential in the interpretation and analysis within the worldview and lexicon of a traditional healer. Methodological concerns are offered as a form of critical reflexivity and to highlight the limitations of this research.

Building Blocks

Phenomenology

I used a qualitative phenomenological approach, the key aim of which is to "identify [mental health] through how [it is] perceived" (Lester, 1999, p.1) by traditional healers as practitioners. A phenomenological approach involves a "detailed examination of the participant's life world; it attempts to explore personal experience and is concerned with an individual's personal perception or account of an object or event, as opposed to an attempt to produce an objective statement of the object or event itself" (Smith & Osborn, 2007, p. 53). Phenomenological approaches have "a theoretical commitment to the person as a cognitive, linguistic, affective, and physical being" (Smith & Osborn, 2007, p.54). They are "based in a paradigm of personal knowledge and subjectivity and emphasize the importance of personal perspective and interpretation" (Lester, 1999, p. 1). In this way, I could centre practitioner narratives and through collection of their experiences could interpret data through the lens of a shared worldview. Analysis of the themes emerging from the narratives greatly informed the development of a theoretical framework.

At the beginning of my research, I had developed an interview schedule from themes that emerged through literature pertinent to the research. This was in the form of a semi-structured interview that allowed me to modify questions "in the light of the participants responses" and I could "probe interesting and important areas which arise" (Smith & Osborn, 2007, p. 57). Key areas of interest were the function and role of traditional healing, the training of the traditional healer, understandings of health and disease, and collaborations with psychology. As my own worldview was shifting toward deeper connection with traditional healing- through initiation, training, and auto-ethnography- my approach to the interview, participant recruitment, and the types of questions also shifted. This "open-ended stance" (Kidder & Fine, 1997, p. 36) became central to the work and has allowed me to

'dance with the data'; "abandoning or transforming hunches, hypotheses, favourite theory" (Kidder & Fine, 1997, p. 36) in the light of new and sometimes conflicting information. The shift in focus also encouraged me to concentrate less on the themes I had developed through literature and focus on the themes that were coming up in the interviews in the form of life stories.

The nature of my interests focused on "remembered lives" (Davies, 1999, p. 169) of initiation and training as a means to "improve understanding and knowledge of social and cultural processes" (Davies, 1999, p. 169) of knowledge production within traditional healing. I treated the stories of initiation and training as a general class of data from which to abstract various themes representative of most experiences of and attitudes (Davies, 1999) toward initiation and training. This gave important insight into how knowledge is negotiated and shared between the material and immaterial worlds. And helped in the formulation of the theoretical framework as empirically generalizable knowledge.

Autoethnography

The indigenous paradigmatic approach is a theory of "how knowledge is constructed and as such it guides assumptions about what counts as knowledge. It assumes that knowledge is transferred through oral history and story and is co-created within the relational dynamic of self in relation" (Kovach, 2010, p. 42). Hountondji (1983) asserts that to enrich and transform indigenous perspectives and philosophy within the African university, researchers should aim to practice the knowledge they seek to examine. Through critical reflection and innovation, should raise it to a level of complexity necessary for modern scientific knowledge to make links with universal concepts as theories that can inform research elsewhere (p. 168). The auto-ethnographic approach complemented the indigenous paradigmatic approach well and both allowed me to 'practise' aspects of traditional knowledge. I could "engage in a dialogue with theoretical frameworks emanating from the life perspectives" (Mkhize, 2004, p. 35) of

traditional healers as one that was being made a traditional healer myself.

Autoethnography is also a qualitative research method in which writers draw on their own experiences to connect the personal to the cultural context (Ellis, Adams & Bochner, 2010; Cutforth 2013; Foster, McAllister & O'Brien, 2006). As a method, autoethnography stems from an understanding that "embodied knowledge is as informative [in] developing understanding as are more conventional direct forms of data gathering" (Davies, 1999, p. 179). As a systematic and intentional approach to the socio-cultural understanding of self (Ngunjiri, Hernandez & Chang 2010), it offered me the methodological tools to be used alongside phenomenological interviews and research literature to analyze experience, comparing personal experience against existing research (Ronai, 1996) and other stories. A common tension amongst autoethnographers proposed by Davies (1999) is the delineation of selves within the research and a tendency for the researcher self to engage "in a process of othering their social self…using their professional selves to deny or isolate their other selves" (p. 189).

In the case of this research both my trainee traditional healer and research selves were equally pushing against and alienating the other. This interaction produced significant insights into the interface between traditional healing knowledge and the western frames of reference that were challenged in myself as researcher. Resultantly, the interaction between trainee traditional healer as "ethnographer-as-informant [with] access to the knowledge and experience of an insider" (Davies, 1999, p. 189) and "ethnographer-as-researcher [informed] by the theoretical positions of other social research and in a dialogue with a social scientific community" (Davies, 1999, p. 189) produced valuable and potentially generalisable knowledge. Notable insights were on the social and cultural realities of the power dynamics and nature of research within the African University. I could also strengthen my theoretical framework, through the roles of participant as observer and complete participant (Bailey,

2007). Through this, could observe and critically reflect upon how I experienced the interplay between material and immaterial and how it is shared and negotiated across these realms.

As a process that began before this doctoral degree, as aforementioned in the prologue, and continues throughout the writing of this thesis and beyond, my initiation and training for traditional healing is difficult to narrate. I kept fragments of reflections on voice notes, drawings, through songs, through embodied practices I was learning in the training, and through the keeping of dream journals. I argue that creative output over the duration of this research all acts as data that can be analysed in charting my growth as a traditional healer. The recording and structuring of these fragments of data evolved and transformed through the research process, the culmination of which is evident in the ways in which I offer my analyses in fragments of reflective writing and early drafts of chapters, conference papers given, radio interviews I participated in, and in the ways in which I critiqued books when called upon to participate on book review panels. The experience of radio allowed me to test out my theoretical framework as radio interviewer and audiences asked questions that sometimes fell out of the scope of my research. This afforded me the opportunity to experiment by answering questions with the grounding of a developing theory in my research.

Bailey (2007) maintains that observation functions as a major form of data collection for field research and while researchers cannot always see everything in a setting it is important to determine what is important to notice (p. 79). The writing of the auto-ethnographic section is around key themes and moments that emerged pertinent to the questions of this research. Firstly, I focus on my reflections on the institutionalisation of knowledge; where I reflect on tensions with the university, the T.H.O. and at Chiawelo Community Health Centre. Secondly, I reflect on the process of recruiting and interviewing traditional healers, to describe data gathering in Chiawelo. Finally, I reflect on my initiation

in Chiawelo and how it helped in finding middle ground in the analysis and writing of this research.

Chiawelo as a grounding setting

Although eventually this research fell slightly outside the confines of Chiawelo, this community was my starting point. In considering a setting for my research, I settled in Soweto. I live in Soweto and as such it was both convenient and would allow me to explore aspects of the community in which I lived. Soweto (South Western Township) itself is a predominantly black township and is a result of numerous forced removals before and during apartheid. Soweto, (much like the greater Gauteng) is a melting pot of different ethnic groups, the languages spoken reflecting all eleven official languages in South Africa. Through research I found that Chiawelo has an "active community of more than fifty healers, belonging to the Traditional Healers' Organisation (T.H.O), which meets weekly in the community to discuss problems and support each other" (Johannesburg Health District, 2016).

Chiawelo Community Health Centre, a government clinic, claimed to have identified these traditional healers as one of the "community level stake holders of the Centre, and as such the Centre has engaged in regular one-to-one discussions with the traditional healers through the THO" (Johannesburg Health District, 2016). In these engagements with traditional healers, the Centre seeks to strengthen its "community oriented primary health care programme that monitors and proactively works towards the improved health and well-being of families in the area" (Johannesburg Health District, 2016).

Approximately fifteen minutes away from my home, Chiawelo ext. one, where the clinic is based, seemed an ideal setting that would allow me to observe the interface between the clinic and the community of traditional healers surrounding it. I hoped that I would be afforded the opportunity to observe a case study example of the existing discourse on the

integration of traditional healing and biomedicine. From the claims I found through my research on Chiawelo Community Health Centre, I also imagined that the traditional healers in Chiawelo would be accustomed to and therefore more open to my type of research due to their interface with the clinic. A vast area itself with diverse communities, the area in which the clinic was based was predominantly inhabited by Venda, Tsonga, and Zulu ethnic groups.

Thus, my entry into and access to the traditional healers in Chiawelo, was granted by my affiliation with a department in the Centre[12]. This department began as an "experiment in developing community-oriented primary care (COPC) more strongly in South Africa, as a model for GP-led teams contracted to the National Health Insurance" (XXX, 2014). The mission of this department is to improve access and quality of care and it is modelled "on moving from a curative to a preventive and promotive focus in health services improving access and quality of care" (XXX, 2014). The team includes a family physician, an occasionally rotating 1st-year family medicine registrar, one clinical associate, two medical interns rotating weekly, one professional nurse, three enrolled nurses (team leaders), and 42 CHWs. They care for 30 000+ residents from the community of Ward 11, 12, 15, 16, & 19. The introduction of community health workers recruited from these various wards in community helps the department to build a profile of and strengthen daily interaction with the community (XXX, 2014). As part of the University of Witwatersrand, the objective is for this department to become a Centre of Excellence and to contribute to the research and training of undergraduate and postgraduate students already coming to this department in the Centre. The department identified traditional healers belonging to the THO as one group of local stakeholders. They have thus met with these traditional healers several times to introduce the

[12] To ensure confidentiality of staff in the department as well as the Dr I was assisting, I cannot explicate what department this was. As such my description of the programming and philosophy of the clinic is generalised.

practice and build rapport. The department claims to have an "open door policy where healers are encouraged to send problem patients to the practice" (XXX, 2014).

Gathering data

> *I was excited about the readings I was doing, particularly excited about a theorist I had recently been interested in, Sylvia Wynter. Her work "Human Being as noun? Or Being Human as Praxis?" resonated deeply with the ideas I was thinking through in relation to my work. I was also very excited to know of a philosopher who is a black woman who in her writing was also challenging the notions of human as understood by the academy. At this meeting my supervisors told me I was getting ahead of myself and had to first embark on research before I was able to draw conclusions. Here I felt misunderstood. I cried. We decided to give ourselves a break and discuss this at a later stage. Later that night whilst having dinner with a friend who is also a traditional healer, we got a visitation from an ancestor through my body. This ancestor came out crying. She inhibited movement on my left side, and I was thus on the floor unable to move with my left side. She was crying and complained about two figures dressed in white trying to press her down. She was trying her best to break free and asserted that these figures were men who were saying they would not be led by a woman*[13].

As with the stories of initiation from the traditional healers, I consider story or recollections of moments, as with the above vignette, as a "remembered life" (Davies, 1999). In the instance of a remembered life, it is vital to consider why certain aspects were foregrounded for their retelling. The above excerpt is a recollection of a meeting with my supervisors and experience later that evening. What I foreground in this occurrence, is how I continuously go back and process this remembered experience. It has become metaphorical for how I understood,

[13] An excerpt from draft two of introductory chapter submitted, 5 April 2018. This excerpt is based on an experience that happened in August 2017.

embodied, and navigated the tensions and conflicts presented to me by the coming together of two worldviews. Within this experience I can tell the stories of the meeting with my supervisors as a culmination of a delay in my fieldwork, alienation from the University, and a lack of writing. I can also tell the story of the visitation from an ancestor later that evening as the beginning of a shift in how I was approaching the task of initiation and the impact on my fieldwork.

In the following section, I tell both stories and critically reflect on the story of gathering data for my research. Within this story are various stories and moments which have led to the writing of this PhD. I cannot tell all these stories and for the purposes of this thesis, choose the ones that are pivotal in conveying the constant back and forth between literature and fieldwork experience, including interviews, observations, and participation, in the development of a grounded theory for this research. Key moments within this back and forth revolve around the institutionalisation of knowledge, recruiting and interviewing traditional healers, as well as the culmination of my initiation in Chiawelo.

The Institutionalisation of Knowledge

The vignette at the beginning of this section describes a moment in early 2017. It was a few months after receiving my ethical clearance. At this point I was falling behind with the interview aspect of my work as a result of the back and forth with the T.H.O not yielding any proper entry into the community of traditional healers in Chiawelo. I had met a healer in Randfontein and had done a cleansing ritual to prepare me for the training process of initiation. This initiation had not worked out, as I soon found that due to the cleansing ritual I had stopped dreaming and receiving messages from my ancestors and this was a bad sign. It appeared as though my auto-ethnography was also not going ahead as planned as I was not able to begin the training. As a result, I felt as though I was not producing the right type of material with which my supervisors could engage as up until that point, I had been submitting

reflective pieces in attempt to work through my positionality.

At that time, I was also attending many research seminars and reading groups at Wiser and around Wits. I was reading literature in order to refine my interview schedule. My engagement with seminars, reading groups, and literature became an emotionally taxing exercise as I experienced many tensions with readings and lectures that attempted to critically reflect on blackness and the black condition. Despite some of my critiques and disinterest in this work, I was also finding it difficult to find my voice and contribute anything significant in these platforms. I often felt that I could not relate to most of the readings especially at a moment where I was looking for a spark of inspiration. At this point, I was introduced to the work of Sylvia Wynter as a result of a series of lectures on her work in critical thought. Within the tradition of anti and postcolonial literature Wynter draws from various postcolonial scholars such as Fanon and Senghor. I was particularly drawn to her manifesto (Wynter, 2007) which called for looking beyond Euro-American frames of reference in relation to the understanding of what it means to be human and her proposal of 'human being as noun or being human as praxis'.

At this meeting with my supervisors, I felt the pressure of having to explain why I was falling behind on my work and was also trying to articulate a feeling of out-of-placeness that I was feeling in the university. It was difficult to articulate in words and at that moment, I had cried, feeling overwhelmed. That evening, I was having dinner with a friend of mine. This friend had become a confidant as a traditional healer and student herself, I often spoke to her about the challenges that I was facing within the university. It was at this moment that we had a visit from the female ancestor who lamented about how the male ancestors were pressing her down. As my friend was a traditional healer, she was able to calm me down and revive me from what had seemed like a trance. She then advised that I find out what message and gifts this female ancestor was coming with and allow myself the space to fully embody

her as my guiding ancestor.

This experience in the context of the various tensions I was facing at that moment in my life can be viewed from multiple lenses. On the one hand, as a psycho-somatic response to the meeting I had had with my supervisors earlier that day and the culmination of my failures to meet deadlines for my fieldwork, find my voice in the seminars, reading groups, and written tasks as well as a feeling of discontent and out-of-placeness in the university. In many ways I was feeling stuck. That I experienced this conflict through female and male presences also is a statement on the masculinity of the university and the pressure felt by women, more specifically black women in the university. Priest (2008) contends that black intellectual life is the exclusive domain of black men (p.120). Painter (2002) in Priest (2008) maintains that black woman intellectuals live with a strange kind of invisibility that minimizes us as scholars and allows others to neglect the content of our thought. Living with that kind of marginalization can do bad things to one's health (p.119). As a result, Priest (2008) maintains that "black women intellectuals are sickening and dying at alarming rates" (p.117). She goes on to name more than ten black woman intellectuals that have passed on and cites cancer as the number one cause. Of these women, she includes Audrey Lorde who wrote extensively about her experience with life-threatening disease, and for her the connection between the political and cultural struggles of black people and health of black women was clear. Lorde (1980) believed that cancer was deeply political in the face of struggles for black women in the university, she viewed it as "only another face of that continuing battle for self-determination and survival that black women fight daily, often in triumph" (p.147).

Although, I was not as engrossed in the university as most of the women that Priest acknowledges, there is an element of me that was struggling to co-exist in the structure of the university. I believe that this manifestation was a psycho-somatic reaction stemming from

this position of not feeling in place and not knowing where my place was, as the attempt at initiation had also failed. It was also a signal from my body, that I needed to shift my approach to the research as well as my initiation. Although the shift was gradual, I recognise this moment as one that set the ball in motion and in many ways, was a premonition for experiences to come.

Participant Recruitment

After narrating this moment to my supervisors, they both agreed that I will gain more clarity on my research by continuing with the interviews regardless of how difficult it was. We agreed that I would attempt to access participants for my study, not through the THO but by affiliating myself with Chiawelo Community Health Centre. My supervisors thus negotiated that I assist a doctor at the Centre with their own research project. This seemed an ideal arrangement as at the stage in which I was coming in, the doctor had already obtained approval for both the proposal and ethical clearance. As my supervisors and I had been informed that all necessary procedures and protocols had been completed and adhered to, I was to enter the project as a Zulu speaker- with an adequate understanding of Sotho and Tswana- who would hold focus group interviews with doctors, nurses, and registrars at the Centre, the Centre's community health care workers, and traditional healers who were on the Centre's data base. The doctor's research was centred on examining the identified groups' perceptions and understandings of primary health care and the proposal of a National Health Insurance. We agreed that I would spend time assimilating into the clinic environment and building rapport with the staff whilst also observing the activity at the Centre daily.

As an indirect benefit of this arrangement, I was afforded the opportunity of an ethnographic exploration of the Centre. This was a valuable part of my autoethnography as I could observe myself within a biomedical space and reflect on the tensions of my insider/outsider perspective. In this context- shifting greatly from my proposed view of this

perspective- I was insider as an academic and an outsider as traditional healer. Here, I was incredibly aware of myself within a clinic environment. It was not comfortable for me. I did not like being in one space with so many sick people. It made my ancestors sad and resulted in various pains in my body. I was at the stage where I would take on other people's pain. But I could not operate as a healer in the environment, it was not conducive to the practice of a traditional healer. This made me question whether the notion that traditional healers would want to come to a hospital/clinic to heal people. This experience also gave me insights to the superficial efforts at integrating health care. It further pointed to a neo-colonialism, the assumption that traditional healers would leave their own consultation rooms to come and work in doctor consultation rooms. I spent enough time at the clinic to build rapport or at least to be familiar to the staff and community care workers. I was able to move swiftly through their interviews.

Sister Y, a nurse at the Centre who is also a traditional healer, held the data base of traditional healers. I soon learned that she was the middle person between the Centre and the traditional healer because of her own insider/outsider position. She gave me a list of names and the contact details of healers she engaged with whenever the doctor needed to have a meeting with them. It was these healers that I was asked to contact and request their time for me to hold the focus group discussion for the doctors' research study. Although part of the THO, the healers had organized themselves into two cohorts, I made contact. I went to meet the two team leaders at their homes and talk through the doctor's research as well as my own. I was able to connect with the team leaders because I was able to explain myself and give them context to the studies, but I was also able to spend time with them which gave me the opportunity to feel my energy and connect with my ancestors. Both leaders acknowledged that they were comfortable with me specifically because I was not only black and spoke Zulu but also because they could feel I was a healer. From that meeting, the team leaders then

organized a meeting with the rest of the members in the cohorts and I was able to meet with the two groups and run the focus group interviews for the doctor.

In hindsight, although I spent time familiarizing myself with the clinic and clinic staff, I did not take the same time to familiarize myself with the groups of traditional healers, except the team leaders. I just jumped into interviewing them and assumed that my 'insiderness' would immediately connect us. Because I did not take the time to familiarize myself with the context, I was not sure why the groups were split into two. The groups did not meet as often as I thought, only coming together when asked to convene by the THO or in a case like this, when the doctor asked them to. When they did meet, it was at the leader's home, and they would contribute some money so that they could buy refreshments. I also learned that because they were not working transport money was difficult to find. This is part of the reason why they did not meet often. While I cannot be sure, it seems the doctor did not have a great budget for this research project and as such made no mention of a budget for the transport costs of the traditional healers.

The focus group with the first group did not cause too much tension for me. I noted the differences between the stature of the two groups. This group was in a more affluent area in Chiawelo and one or two of the healers had cars. This group also seemed slightly more organized, with a meeting book and agenda. It was clear that this group met on a regular basis, while I would have wanted to listen in on their meeting to hear the types of issues discussed, the meeting stopped on my arrival. The meeting was outside in the car port and the healers sat comfortably in a circle. I felt uncomfortable as though I had interrupted their meeting. I felt guilty when I was offered cold drink and biscuits, especially when I had contributed nothing, but culturally it would have been worse to refuse to eat and drink. I myself was a student and really did not have much money, but I also assumed that they could have thought that I was paid to be there, whilst they had to be there out of their own pockets.

I noted that I found it difficult to translate the English questions I was reading into conversational Zulu. The way the questions were worded also made it difficult for me to speak culturally, the language was very academic and clinical. I had not considered this with the focus groups in the clinic because the doctor introduced the subject matter to both the staff and community care workers and to an extent it was a language that they all understood. For the traditional healers, not only was the challenge translating the questions to Zulu but also to translate clinical language to conversational language. Although Chiawelo is a predominantly Venda, Tsonga, and Sotho speaking community, many people that live in Soweto are multi-lingual and the majority understood Zulu. I spoke in Zulu and the team leader translated to those that spoke only Venda, Tsonga, and Sotho. She tried to translate the responses to me, but I did not want to burden her with the work of translation. The interview was recorded on an audio device, I assured her that she did not need to translate for me, and I would get someone to translate for me when I was transcribing the interviews. This created more distance between myself and the group as I felt some group members switched to Zulu to accommodate me. I started feeling like a Zulu colonizer and I tried my best to follow the conversation with my understanding of Sotho and my very limited understanding of Tsonga. The interview schedule was in structured interview form. I was not able to allow flexibility or clarify answers because of my limited understanding of the topic in question and because of language barriers. The interaction in these focus groups became very clinical, not conversational at all.

At the end of this focus group, I presented my own research. From a group of more than fifteen, I only managed to recruit five women, one of which was the team leader, to participate in my data collection for my thesis. One of the women who signed up had misunderstood what my research was about and thought it was an offer to give counselling. There were only two men in the group, and I had hoped to recruit one of them, this was not

the case and I concluded that this could have been because of my own gender, and the unwillingness of older men to speak to a young woman. As I was leaving, one of the men acknowledged me as both a healer and a psychology student and said I should come back and teach them about psychology. This moment was an uncomfortable one for me as both a young woman and a researcher, as it pointed to an acknowledgement of inherent power dynamics in research of this nature. It felt to me, that despite my insistence on being an insider, to the men in the group, I was a psychology student who came from the clinic, and I just so happened to be a healer.

My meeting with the second group left me even more challenged and more resentful. This was in a less affluent area of Chiawelo. This group only consisted of women. I had to return twice as the first time nobody came. The team leader explained to me that the ladies were resentful of the doctor and therefore they did not come, she said she would convince them to come, and I should come back next week. When I returned, there were six members from a group of twenty. They also contributed money for refreshments and because of how I felt with the first group, I tried to contribute something, but they would not allow me, they said I was their visitor. This is where I learned about the fact that they felt they always showed up even when they had to borrow transport money, but the clinic never rewarded their efforts. They expressed a feeling of resentment because the doctor was always calling them for meetings and interviews, but they never saw the results or anything of the like. They expressed that this was the first time they were addressed in an indigenous language. In this session, they expressed that they were tired of being told what to do because they were trained to refer people to the clinic, but the clinic never referred people to them. They were tired of being used. Although they answered the questions to the interview, they refused to sign consent forms and told me to tell the doctor to get approval from the T.H.O in Johannesburg, they would sign when they get the go ahead from the T.H.O. In this meeting,

no one wanted to engage with my research.

I was shaking when I left. I cried when I got to the car. I reported the meeting to the doctor, and he told me to get in touch with the THO. I told him I was not comfortable with this and suggested he speak to them because he was in a senior position, he never did. Our relationship deteriorated as I spent less and less time at the clinic. I also felt I was being stretched too thin; the doctor did not want to pay someone to translate the interviews, so I was left having to ask friends to help. I wanted to get the transcription over and done with and disassociate myself with the clinic. I submitted what I had to and resigned as research assistant, to continue with my own research.

The nature of my interactions with the healers left me questioning the nature of research with traditional healers. In conversation with the friend in the excerpt above, she helped talk me through how the second group were projecting on to me the feelings they were feeling towards the clinic. She encouraged me to consider their feelings in relation to the history of research with indigenous people. Her prompt helped me think about the awkward socio-economic positions research participants can be placed in having their homes invaded by an outsider or if in a public space, money for food and transport not provided. She also encouraged me to think about how I would work through this as I hold interviews myself and advised that I could think of the interviews as going to a consultation. She suggested that this gesture was important because ngikhanyisela idlozi. This term translates to ‘lighting the way for the ancestor’ which is to encourage the ancestor to speak through showing appreciation through money. This is one of the reasons why healers charge for consultation and in this acknowledgement of their ancestor and practice, I would build rapport with the healers I interview. It would be difficult for me to access my research grant without invoices or slips but I was able to access it through applying for help with transport.

I began the interview process with the healers amidst thinking about these power dynamics and feeling sensitive about my own approach to interview. It was the end of the year, I was exhausted and did not have enough energy to rethink the questions, so I proceeded with the interview schedule I had already formulated. Circumstantially, the healers I had recruited were comfortable in Zulu and although I did not feel it at the time, I was able to gather rich data from these interactions. I would, however, need to find a creative way to get more information. Together, my supervisors and I lowered the sample size from twenty to ten interviews. I was not comfortable with the idea of recruiting anymore, so I used my own friends and acquaintances who were healers to help me with responses. This was now moving the study setting from just Chiawelo to surrounding areas of Protea North, Protea Glen and Westgate.

Although the twins were friends of mine, I spoke to them before I revised my interview guide. This interview was beneficial in reflecting the orientation of semi-structured interview guide I was using. Because we were friends and we had a good rapport between us, I found that in the interview our dynamic shifted slightly from how we interacted in normal conversation. This for me reinforced the feeling that I needed to shift how I was conducting the interview as researcher and researched. At this point I had seven interviews which were rich in data but there were missing pieces of information that I needed to fill in some gaps. My impression of the data I had collected was that although it would be easy to report on, I would have difficulty theorizing because I did not have enough information on it. Although themes were forming, I felt I would have little depth on them. From a brief analysis, I refined the schedule to reflect the areas in which I needed more information, namely, the processes in training, the nature of the ancestors, and a philosophical orientation on the practice of traditional healing. I wanted a specific type of healer to speak to. Someone who was a little bit more critical of their practice, already thinking about these issues, and

who would be able to engage both the academic and healer in me. I did not need respondents anymore; I needed a type of co-researcher who was invested in the topic of my thesis and was doing similar work in critical reflection of their practice. I was also running out of time and needed to start consolidating what I had, through translation and transcription which would take some time as well. I was able to convince the friend in the excerpt, Athini to have a conversation with me and an acquaintance, Lebembe, a traditional healer and student at Wits, who I had come across through a mutual friend. These conversations were held in both English and Zulu. Although unstructured, the level of expression I achieved in bilingual conversation with Athini and Lebembe, helped me better translate the links between the two worlds of the university and traditional healing, offering clarification of concepts that were forming in my mind and writing.

From an autoethnography lens, the vignette above can be read as a struggle of power amongst the ancestors within me as well as my search for initiation. Up until this time, my approach to initiation was very institutional and logical. I tried to follow a pattern; a template of what initiation had been said to be. I have made it clear from the prologue that I was called to be a healer from a young age and was not necessarily looking to enter initiation for the sole purpose of this PhD. The erroneous way I was approaching this initiation, however, was as an isolated moment, with a clear beginning and an end. In many ways, I was using initiation as a means to an end, my PhD. I learned that I was taking authority over my initiation by insisting that I enter within the confines of the PhD. In my own pushing to make the initiation happen, I realised that I was prioritising the system of academia, over a calling that I had been dealing with since childhood. My experience in the excerpt was a signal for me, that I was by-passing the hierarchy of my ancestors and order of things and was causing tension between myself and my ancestors. This signal well-heeded, Wynter (2007) became a great resource in thinking about my own initiation as developmental. The notion of being human as a praxis

and noun, shifted my thinking from willing an initiation event to happen, to reflecting on the moments of initiation I had experience in my life until then and consider how inextricably linked these had been to my academic life as well.

Consolidating: Analysis and Writing

From my fieldwork I had gathered nine interviews with traditional healers and had formally closed the process around March 2018. I set out to begin the analysis process of my research. Although listening to the interviews was an ongoing process and in preparation of succeeding interviews, I was now listening to interpret from Zulu to English. This process itself produced multiple tensions. Firstly, types of Zulu spoken by multi-lingual Sowetans are different from Zulu from someone who grew up in Kwa-Zulu Natal with a smaller repertoire of languages. Although these differences were minor, they were notable in the process of translation. Secondly, I was engaged in a process of double processing of information through translation and interpretation while transcribing. Much of the interpretations were based on my interpretations of the overall energy of the interview itself, my experience of the person I was interviewing and how I felt they were engaging with the interview. In this way, the reflective notes from my fieldwork experience, became important not only in how I experienced the person and interview, but also to how I interpreted their words. I was also interpreting in relation to the categories I had developed through literature and noting when the data was coming away and toward these categories. This aspect of interpretation was facilitated by my own initiation processes, as the lexicon the healers were using was familiar to me, some of which I had embodied experience with.

Reflexivity is a great part of qualitative research and throughout the process of this research, I have been engaged in the process of acknowledging, studying, interrogating, and writing about my own subjectivities. I acknowledge that my interpretations are inextricably linked to my own lens and bias informed by my deepening relationship with traditional

healing and my own cosmology. Viewing the data through this lens and bias allowed me to "find interpretations [I] might have missed (Kidder & Fine, 199, p.43) or divergent insights into previous interpretations as found in the literature. My subjectivity sculpts the story I tell of this research, the importance of which is a question of how my experience in the field, with institutions, with my supervisors, and with the healers came away and toward each other in ways that influenced my interpretation and analyses of the data. I assert that the subjectivity upon which this research is based, contributes to the originality of this research and is as such, invaluable.

Kidder and Fine (1997) maintain that a characteristic of qualitative research is maintaining an open-ended stance throughout the research process. This involves asking and analysing open ended questions which provide open-ended multiple, partial, and kaleidoscope interpretations. Like a kaleidoscope the analysis of qualitative work can yield multiple patterns from shifting perspectives (p. 36). The analysis of qualitative data involves what Wolcott (1994) refers to as the 'transformation of data' which moves beyond the stage of description to drawing inferences from the data. This process of abstraction is necessary as "field data themselves, contradictory, subjective, unruly, partial as they invariably are, provide little basis for knowing with certainty. Subjecting them to rigorous analysis offers a way to achieve credibility" (p. 26). Establishing links between analysis and data "is one of the most important aspects of transforming data into theory" (Davies, 1999, p. 194).

Smith and Osborne (2007) maintain that the use of themes in the organising of data moves the response to a slightly higher level of abstraction and may invoke more psychological terminology (pp. 69 – 72). This analytical or theoretical ordering helped me make sense of the connections between themes which emerged and helped to focus on relationships between different parts of the data. Although I only used certain steps from The Framework Method of Analysis (Ritchie, Spencer, et al., 2003), I found it beneficial in the

analysis portion of my work as it allowed me “to move back and forth between different levels of abstraction without losing sight of the ‘raw’ data” (Ritchie, Spencer, et al., 2003, p. 220). In this method of analysis, I was able to refine and clarify themes, checking them against the original data and to allow for the reflection on how the themes relate to each other and the participants’ and my experience (Spencer, Ritchie, & O'Connor, 2003) and thereby relate them to the domains of the areas interrogated in this study. The Framework method of analysis is cross-sectional and classifies and organises “data according to key themes, concepts and emergent categories… comprising of a series of main themes, subdivided by a succession of related subtopics” (Ritchie, Spencer, et al., 2003, p. 220) and is suitable for inductive and deductive approaches to qualitative analysis (Gale et al., 2013).

Through coding I applied a paraphrase or label (a ‘code’) that describes what I interpreted in the passage as important. Examples of codes I used were, “causes of mental illness”, “technologies of initiation”, “network of ancestors”, and the like. I thus classified the data so that it can be compared systematically with other parts of the data set. From this material, I was then able to identify the categories of initiation, cosmology of ancestors, categories of health to deepen this enquiry. Using a deductive approach, I pre-selected themes and codes based on literature, theories, and the specifics of the research question. In the development of inductive categories, themes were generated from the data through open (unrestricted) coding, followed by refinement of themes against which the deduced themes are matched. With this set of themes, I then began writing drafts of my thesis and engaged through an analysis through the writing where my work went through various draft phases. In these pieces, I was attempting to piece together the data and the themes that were emerging and soon found the issue of language to be a pressing one. My work was failing to make the leap from reflective writing to academic style writing and this was causing more problems. Amongst these problems were the deadlines to submit aspects of my already falling behind

research as well as a pull to attend to the needs of my ancestors.

Although I had formally closed the fieldwork segment of my research, I found it difficult to engage in the written portion of my work as it seemed that my auto-ethnography of initiation would continue. In July 2018, I entered what I felt would be the training phase of initiation with a traditional healer in Chiawelo. The circumstances through which I met this healer provided another aspect of ethnographic experience within Chiawelo and because it greatly informed my analysis and written aspect of this work, it informs part of the story of this research. Through my role of musician, I learned of jam sessions that were held in another area of Chiawelo. I used to attend these sessions and as a result met many young people who lived in and around Chiawelo. Through these gatherings, I observed Chiawelo social night life and some of the relational dynamics in the area. I developed a close friendship with a woman, who recognised some of the mental and emotional difficulties I was experiencing as needing interventions from a traditional healer. She then introduced me to her grandmother who was a traditional healer. After consultation with her grandmother, I decided to begin with a process at that time we thought would be training. A series of incidences and my own emotional and mental state as well as this grandmother's reading pushed me to this step. At this point it was for my own health and not for the purposes of this PhD. I thus began a month-long process of cleansing and preparation for training.

My new teacher was a seventy-five-year-old Tsonga woman who had reported to practicing traditional healing for more than thirty years. A widow, she lived with her youngest daughter and her two children. A young lady came daily to help clean and cook, she also lived in Chiawelo. On the same property, the teacher had built and rented out rooms, as a result there was little space for her traditional healing practice, which was run out her bedroom and a small storeroom to keep her medicines. The family's income was my teacher's pension grant, her tenants, the money made from her traditional healing practice,

and her grandchildren's social grant. In my short time spent there and watching credit transactions between the family and spaza shop owners, evidenced that the family income was not enough. I was pleased that I did not have to live there but arrived in the morning and left in the evening. As part of my initiation fees, I had to buy tea, milk, maize meal, and other grocery items to accommodate me and my daughter during the day. As it was quite a big family, this was a substantial amount. I was warned in the early days not to walk outside and not to speak to anyone because the street had many traditional healers on it, and they would use witchcraft to try lure me away from my teacher as a result of jealousy.

The first phase of this training entailed a week-long cleansing process which culminated in a ritual called ukufemba[14] as a final cleanse. After this weeklong process, I felt mentally and emotionally better and started negotiation of the rest of the process with my new teacher. During my time there, we agreed that my new teacher would test my divination skills and teach me about medicines. I was also to begin the process of beating ukhamba to induce dreams in order to guide the course the initiation should follow. After the initial week, I started noticing that my teacher did not receive many clients and as a result could not watch her work and learn through observation. As a result, I found that I was not learning much, but rather was transporting my new teacher and her family to run errands. This created some tension between us as I was also wary that I was not compensated for petrol and felt that this was not I was there to do. After time spent together, my teacher and her family soon found out that I was a PhD student and I felt as this further strained our relationship. Eventually I decided to stop going to their home as I felt that it was not progressing any further and I was not dreaming nor getting encouraged to dream. This for me signalled a displeasure from my ancestors, and a statement that their silence meant that the training could not take course.

[14] See description in Chapter Four

In reconciling this experience, I believe that time spent in Chiawelo for this initiation ritual, was useful for several reasons. It helped deepen my understanding of Chiawelo's socio-cultural and socio-economic context by allowing me entry into the household of a traditional healer. This helped me 'tap into the pulse' of my research setting by experiencing and observing daily life. This immersion into Chiawelo was beneficial in how I interpreted, analysed, and how I was beginning to write about the data collected in it. The cleansing process I underwent as part of the initiation, when seen through the lens of traditional healing, was necessary in my journey. It bought me closer to my ancestors and prepared me for the role I was about to play, as an expert on traditional healing through the media opportunities afforded to me by my appearance on the Mail and Guardian List.

While I was in initiation, The Mail and Guardian released their Young 200 List of which I was a part. This begun the series of newspaper and radio interviews, almost as soon as I left initiation, that allowed me to move my work to a slightly higher level of abstraction. Symbolically these appearances as traditional healer and scholar, although caused me to feel much pressure, forced me to take these roles on and integrate them both as part of me. This was an important moment for the integration of my insider/outsider, ethnographer as researcher and researched, this moment allowed me to play the role of the expert. And in so doing I was getting more comfortable in these roles. Through these interviews I was reminded of the socio-cultural and socio-political underpinnings of my work. These engagements allowed me to develop the language to write as questions from interviewers and conference attendees helped define the core questions and concerns that I was to address. This added another dimension on the dialogic nature through which I had conducted my research as the language too was developing through dialogue. This was reminiscent of the ways of my ancestors and how they passed on their knowledge through oral history. In many interviews, I was often surprised by my responses and in many instances my supervisors

encouraged me to record and relisten to the interviews as there was much material that I could include as analyses in my thesis. These engagements as evidence of my productivity and work, mitigated pressure, and guilt I had been feeling from the intermittence and insufficiency of my written work. This for me was also a statement on what counted as knowledge and evidence of that knowledge within the university and how my own evidence of research was a challenge to these notions of what counts as evidence.

On a personal level, I felt as though my supervisors and I were now understanding each other as we had these interviews, their observations from conference presentations, and clearer pieces of writing upon which to have feedback and conversation. After a long struggle with being readable and questioning my own relevance and proficiency within the university, I felt that my supervisors were proud of the work I was doing and that although not physically present at WiSER, I was representing them to the public and in this way also contributed to their presence in the imaginary of South Africa. The chapters that follow are thus a culmination of the work of interpreting, organising, re-organising, and grouping my data into categories. Through processes of characterising and mapping my data, I generated theoretical concepts that were refined further in the writing of this thesis to form the theoretical framework, the African cosmological view of reality.

Methodological concerns: Afterword on collection and analysis

Within an academic setting, all types of research have their own methodological concerns and questions. More so in this type of transdisciplinary research where the methods chosen are more instrumental than they are tied to any one discipline. This transdisciplinary approach is employed to avoid what Mkhwanazi (2016) calls the ‘danger of a single story’ in which she offers a critique on the ways in which medical anthropologists research and report on the “unpredictability of biomedical technologies and interventions in local settings” (p. 2). Many interventions have been done from elsewhere as aid to ‘the less qualified’ or those more in

need, the stories they tell of local settings are familiar and because of this familiarity; she writes:

> it risks becoming what the writer Chimamanda Ngozi Adiche (2009) has called "a single story," created through the persistent representation of people living in particular circumstances, having particular characteristics, behaving in particular ways. The problem with a single story, Adiche pointed out, is that it "creates stereotypes, and the problem with stereotypes is not that they are untrue, but that they are incomplete. They make one story become the only story" (2009). This is the antithesis to anthropology, which strives to study people and their engagement with the world around them. Anthropology endeavours to document the complexity, richness, and diversity of lives lived. Yet in the growing number of publications in medical anthropology about sub-Saharan Africa, there is a tendency to tell a single story of medicine, health, and health-seeking behaviour (p. 2).

In an aim to tell another side of the story, I cannot ignore some questions that could arise.

First, there is the question of my own initiation. In attempting to document aspects of traditional healing and initiation, I cannot claim to be an objective onlooker, I am in fact also contributing to the intellectual history and archive itself (Kalema, 2017). In writing this intellectual history down, the ethical question of 'healing knowledge as sacred' is a burning one and as some of the healers lamented, there is a possibility that in doing this type of research I reproduce some of the tensions felt by healers when research was done on them by the settlers. I need to take seriously these concerns, as I ask myself 'How can I research and write about traditional healing in a way that does not reproduce the 'suffering' this type of research has caused in the past?' This is a continuous question throughout this research the mitigations of which, I believe I have addressed in the preceding section through reflexivity and alignment of my methods and strategies.

Secondly, the information which the thesis gathers does not necessarily share the same status; nor is it of the same genre. I have used literature within psychology, anthropology, medical humanities, African Metaphysics as well as autobiographies and accounts from well-known traditional healers such as Credo Mutwa, Patrice Malidome Some, and VVO Mkhize to name a few. As I am reporting on some aspects of traditional healing that are temporal and vary in proximity to modernity (Comaroff and Comaroff, 2012), these are not well documented. I have had to use radio interviews, YouTube videos, as well as some posts on Facebook groups such as "The footprints of our ancestors" to fill in some of the gaps presented in the literature, these are used more as a bibliography than a reference.

In my use of interviews, I am asking the healers to give me accounts of events that happened in the past and as such the differences of time and recollection also presents a concern. Similarly, in the use of auto-ethnography, I am recounting my own experiences which may not be chronologically remembered. Furthermore, although there are moments of writing down certain aspects of my journey, the fact that some of my experiences could not be written, but rather archived as experience to shift my world view, can only be found in how I have chosen to express this research. The different potency of the information as well as my own opinions on the various contributors in this research carries significant implications for its interpretation. One possible question that might be asked—and this applies to all disciplines working with issues of truth and objectivity—is whether the stories told by myself and other healers; whether in books, radio, Facebook, videos, and interview are true or false and this speaks to issues of reliability, validity, and rigour.

Similar questions are asked by Kalema (2017); "if what the informants said is true, did the events they described unfold precisely as portrayed? What means do I have as a scholar to verify and ascertain the truthfulness of the accounts? If what the informants said is false, what role does falsity play?" (p. 7). Furthermore, I ask myself, particularly in the

descriptions of the different types of ancestors and ways in which they communicate, how universal is the healer's opinions and perceptions of a spiritual, intangible reality? Invariably, questions of truth and falsity pepper this enquiry, a reader for example, may feel the need to suspend their disbelief, because of a different type of worldview and reality. Indeed, at certain moments, I have had to suspend my own. However, the question of a suspension of disbelief may not be the right one. More useful, is to employ a suggestion offered by Kalema (2017):

> of plausibility, likelihood, and probability: that which my informants accounted for in their testimonies is likely to have happened, regardless of whether it actually happened or not. And what also matters is the fact that informants can now speak (to me) as if these things actually happened, knowing full well that even as a historian I hardly have the means to verify their stories. What they account for are things that we can imagine could have actually happened, especially in a context in which they found themselves [as called to traditional healers by spirits; falling outside the realm of western scientific possibility], a context in which any distinction between the normal and the ordinary (or extraordinary) either no longer existed or was deeply re-configured… In a situation where the distinction between the normal and the abnormal no longer holds, everything becomes possible. And when everything becomes possible, narration is liberated from its ordinary strictures. Under such circumstances, truth is mostly an effect of affect (p. 9)

He suggests, to circumvent this, an approach to the stories recounted as acts of affect. While affect is important in this enquiry, I suggest that coming at the enquiry from a lexicon that privileges the African paradigm, will help in my reading and analysis into the stories and events without needing to hold them as truths or falsities.

Third, is at the centre of this work, considering aspects of chronology and the whole story, I acknowledge that the stories gathered are but fragments of a greater story. A story

that I cannot necessarily piece together. Nonetheless, these fragments do make up part of the story and the approach here is “not to make them say what they do not say, but to use them as an entry point” (Kalema, 2017) to the part of the African paradigm that can be inferred and deduced from traditional healing. The interpretation can only be fragmented itself and as such “the knowledge that one can build from them will, out of necessity, be an incomplete kind of knowledge, a position which needs to be embraced as such. This should not be considered a lack, but the most logical approach” (Kalema, 2017, p. 9).

Fourth, my roles as researcher, interpreter, transcriber are contentious and fragile ones. While my participants were willing to engage with me in Zulu, there are certain dynamics to consider in thinking about how Zulu as a language spread and the variations of meaning and use within the language across South Africa. Furthermore, my own interpretation is tied up in my own learning of the language in KwaZulu Natal, as a mother tongue, and not necessarily in how my own participants use the language as a second, third, or fourth language. Furthermore, due to financial constraints, I had to do the work of transcription. I acknowledge that my interpretation is bound in my own understanding of the language, which may not replicate the respondents understanding. I suggest that my understanding of the lexicon of traditional healing and my exposure to the social life of Chiawelo, offered me a window into the lives of my participants in a way that could yield a ‘good enough’ interpretation.

A final concern of this research and indeed the most pertinent as I have wrestled with this from the opening page. The inextricable link between researcher and researched. In many ways the link cannot be circumvented, and this research can be none other than subjective. As this is both my research and initiation, I am the key player, the protagonist in this drama. The research begins and ends with me. I do however see the opportunity presented by this concern and this is an opportunity afforded to me by this very position. Although not the whole story

it is a different story, another lens that can complicate ‘the single story’. This work is an experiment in employing various narratives in the creation of a unifying narrative of another way mental health could be viewed within a paradigm that differs from psychology.

Ethical considerations

At the beginning of this research period, I applied for and received ethical clearance for non-medical research, granted per Appendix IV. At no point in the research did I find it comfortable to ask for signatures on the informed consent forms as most of the interviews had to follow the protocol of a traditional healing consultation session. For these sessions consent was given that these interviews be used as part of my research. I explained to my participants however, that in my research report they will be referred to by a pseudonym to protect their anonymity. The record of code numbers or pseudonyms that I ascribe to each participant will be in a password protected document only. As I had an audio device with which to record participants, I explained that I would ensure to save any recordings of interviews and transcriptions of interviews in a password protected folder on my computer. I deleted the original recordings from my recording device.

Participants were entitled to ask that certain information they shared with me remained confidential and “off the record”. Participants were not coerced to be in the study and were free to opt out of the study at any point. I also made it clear to potential participants that this was an independent research project, and that I was not operating at the order of the university administration. I informed participants that my final research project will be available online and that I may publish academic articles based on my research findings. I explained to participants that this research will not change anything in the short term, but that it is ongoing research that will inform my own practice and could potentially highlight some of the mental health challenges faced by practitioners today. In keeping with the protocol of a

healing session, I had to either pay a consultation fee or leave gifts such as candles and impepho.

Chapter Two:

Theoretical framework: The African cosmological view of reality

Manganyi (1973) suggests that to understand the status of an individual's interpersonal relations, health, or disease, attention should be directed at his existential situation in its totality (p. 39). It is thus important to understand their ontology of existence. It is in this vein that Mkhize (2004) argues that aspects of African metaphysics have direct bearing on psychological topics. Thus, the following chapter is based on the premise that African concepts of health, disease, and treatment are best understood within the framework of African metaphysics, ethics, and cosmology (Ngubane 1977, Omonzejele 2008).

African metaphysics is a broad field of enquiry, the breadth and depth of which I cannot address in a single chapter. In general, the field is concerned with African ways of perceiving, interpreting, and making meaning of their reality (Ozumba, 2004; Mawere, 2011). The assertion of a single African metaphysics at first glance may seem to suggest unanimity amongst the peoples of Africa. I suggest that although there are observable and obvious diversities and pluralisms of historical experience in Africa, there are metaphysical unities, similarities, and recurring themes (Omonzejele, 2008; Petrus & Bogopa, 2007; Nsamenang, 1992; Teffo & Roux, 1998). From the literature, I have deduced recurring themes which I argue may set a groundwork upon which to analyse the context specific data from my fieldwork. I propose this as a framework to help in the understanding of the African ontologies of existence.

As such, this chapter is an examination of the cosmological view of reality which is as a composite of material and immaterial simultaneously co-existing and existing as separate entities (Mawere, 2011). Thus, there exists multiple realities and these realities are best reflected through the beings that inhabit them. The literature has identified these realities as the supernatural and natural worlds and assert that they are inextricably linked (Molefe, 2015;

Omonzejele, 2008; Mbiti, 1991; Ngubane, 1977, Sundkler, 1961, Chonco, 1972). While I concur with the notion of interconnectivity, nomenclature requires my attention. Within these categories of natural and supernatural, there are nuanced understandings of reality as multi-dimensional in nature; simultaneously, biological, social, ecological, spiritual, and occupying these four interrelated worlds (Ngubane, 1977; Swartz, 1997; Sodi, 2011; Matoane, 2012; Makanya, 2014; 2017). It is understood that there is a constant dialogue and interaction between these realities and the beings that inhabit them (Sodi, 2011; Matoane, 2012; Makanya, 2014; Nwoye, 2015). The spiritual (creator beings and the ancestors) manifests itself through intrapersonal relationships, interpersonal relationships, as well as in relationship with various ecologies and environment. In this way there can be no concrete distinctions between these multiple realities, and they are considered as simultaneously overlapping and parallel to each other and in "a symbiotic relationship" (Petrus & Bogopa, 2007, p. 2).

The basic argument in this chapter is that within African metaphysics, the construction of reality sees entanglements between various immaterial and material worlds. The immaterial worlds are inhabited by a hierarchy of spiritual beings (Sundkler, 1961; Chonco, 1972; Ngubane, 1977; Mbiti, 1991) ordered based on the spiritual force emanating from the creator beings to all things in the universe (Myers, 1998; Kasenene, 1992; Mkhize, 2004). The material world includes the environment and ecology as well as the inner and outer life worlds of the human. The African cosmological view of reality is thus called because it is based on the notion of interdependence and cosmic unity and stresses the importance of the connection between creator beings, divinities, ancestral spirits, humans, animals, plants, and inanimate objects (Mbiti, 1969; Verhoef & Michel, 1997). There is, thus, a constant dialogue composed of multiple characters each capable of engaging with (Hermans & Kempen, 1994) and influencing each other (Ansah, 2015). The human is thus considered

as part of both material and immaterial reality and is affected by and can affect both worlds. Balance and harmony in this sense moves beyond the physical body but denotes a "healthy situation of everything that concerns [the human]. Good health means the harmonious working and co-ordination of the universe" (Ngubane, 1977, p. 28).

I propose this chapter as a framework and lens through which to read the succeeding chapters. The process of writing this chapter itself has been complex. As a framework of analysis, it was itself developed through an analysis of both phenomenological and auto-ethnographic elements in my research. Literature on African metaphysics provided a basic skeleton with categories through which I could think about the data I was collecting. Some of the categories proposed by the literature could hold as I was attempting to refine the codes and themes for the research. Others could not and what remains is this framework which was formulated through deductive and inductive means. The chapter itself was written as fragments within other chapters in earlier drafts of this thesis. My supervisors helped point out recurring themes as they engaged with the text. At their suggestion, I worked on the material as a chapter on the African cosmological view of reality and the human.

Although I propose that this is a 'good enough' framework through which to interpret the construction of mental health in traditional healing, the work is not without its concerns. These are partly to do with nomenclature, African philosophy as a tradition in the universal discipline of philosophy, issues of gender within African philosophy, as well as locating this enquiry specifically within a peri-urban setting in South Africa, such as Chiawelo. While these are secondary concerns in the research, they do warrant mention, as considerations I do have and am thinking through as I work with this research. As broad disciplines themselves, although parts of this work allude to them, I cannot yet engage with them fully and I flag them as areas of concern that I am yet to explore.

I have structured this chapter into three sections. In the first section, I examine the

notion of the African cosmological view of reality which denotes that the nature of reality is metaphysical and cosmic in nature. In this view "beings are differentiated into species according to their vital power or their inherent vital rank" (Ansah, 2015, p. 6). The hierarchy of beings is known as the cosmology and highlights the relationship between the human and the various beings on their individual cosmology. In this way, communication between these various beings is thought to manifest within the physical reality and in relation to the human. I suggest that this cosmology makes sense of the role and condition of the human and becomes important when thinking through issues of disease causation as "the African does not just speak of mechanical, chemical, psychological interactions… he also speaks of a metaphysical kind of causality which binds the creator to the creature" (Kanu, 2014, p. 2). I argue that the various communities are interdependent and interrelated (Bujo, 2005, p. 424). As such in order to understand health and dis-ease[15], it is important to understand how the hierarchy is ordered as well as the roles and functions of the various beings within the cosmology.

In the second section I examine more closely the relationship of the cosmology and the human and suggest that everyone has their own individual cosmology in relation to the greater cosmology. I argue that the human is both a microcosm and composite of their cosmology and is thus multi-dimensional in nature; simultaneously, biological, social, ecological, spiritual, and occupying these four interrelated worlds (Ngubane, 1977; Swartz, 1997; Sodi, 2011; Matoane, 2012; Makanya, 2014, 2017). From literature within African metaphysics and through the examination of how knowledge is passed down to a traditional healer by the various beings in their cosmology, I propose an understanding of the nature of the human. I argue that understanding the various faculties of the human as understood by

[15] In this thesis I have used the words disease and dis-ease. Disease I use interchangeably with illness and understand it to mean the same. Dis-ease I used in relation to the notion of wellbeing, where I understand that although there may be no symptoms of illness or disease, one can feel unwell and be in a state of dis-ease.

traditional healers will help in understanding how traditional healers construct mental health.

In the final section of this chapter, I examine a model of disease causation as derived from literature. Although the model attempts to uphold the integrity of the African cosmological view of reality and the human and allows an entry point into disease causation, I argue that it is insufficient in carrying the wide array of causes of illness cited by the healers in the study. In response to the opportunity provided by the limits of the model, I argue for an expansion of it such that it yields a complex matrix of causation. I suggest that an examination of the complexity of causation will highlight aspects of well-being or how health is constructed in the absence of disease within an African cosmological perspective, and by traditional healers.

A South African Traditional Healing Cosmology

Within African metaphysics, the material and immaterial communities are interdependent, interrelated, and are categorised hierarchically (Chonco, 1972; Ngubane, 1977; Mbiti, 1991, Ansah, 2015). This is based on the notion that "the life force of the creator is present in all creatures and in all things. To the African, the fundamental notion under which being is conceived lies within the category of forces". (Ansah, 2015, p. 1). The category of forces denotes beings on a hierarchy organised in the order of the amount of spiritual force they possess. Spiritual force is considered as the essence of the spiritual in all things in the universe (Kasenene, 1992; Myers, 1998; Mkhize, 2004; Etim, 2013; Obbannaya, 2014). It is known in "extra-sensory fashion as energy, consciousness, god" (Myers, 1993, p. 19). Everything both animate and inanimate possesses this spiritual force (Omonzejele, 2008, p. 123) in varying degrees. The nature of interaction between forces is well articulated by Ansah (2015):

> Africans hold that created beings preserve a bond with one another, an intimate ontological relationship, comparable with the causal tie which binds creature and creator.

> For the African there is the interaction of a being with another being – that is, of a force with another force. Beyond the mechanical, chemical, and psychological interactions, there is an ontological relationship of *forces*… One force will reinforce or weaken another (p. 6)

The ontological relationship is best described as a cosmology, a network in which various beings exist and through which they interact. The immaterial world is inhabited by spiritual beings who are also hierarchically organised. At the beginning of the hierarchy is the source of the spiritual in all things, the creator beings. In the succeeding ranks are various forms of spirit beings known as divinities and ancestral spirits. Within the material worlds, are humans, animals, and plants. The African cosmology is thus metaphysical, cosmic, and multiple in nature. The various beings in the cosmology interact and engage with each other, these interactions and engagements have several implications. My interests in this research are the implications of the cosmology in relation to the nature of knowledge, the understanding of the human as well as constructions of health and disease.

In this section, I will examine the nature, roles, and functions of the hierarchy of beings in the African cosmology. I argue that the hierarchy of beings is the foundation upon which to understand the cosmological view of reality. The literature has offered the categories under which the various beings are organised. These are herewith described and parsed with additional literature in anthropology, psychology, as well as my own interviews with traditional healers. I have also suggested Figure 1.1 at the end of the chapter as a diagrammatic representation of the African cosmology. This figure shows a horizontal hierarchy in representation of this cosmology. The horizontal hierarchy visually shows the amount and transfer of spiritual force from being to being. The hierarchy is horizontal as opposed to vertical and emphasises that the hierarchy is not based on order of importance, rather on the amount of spiritual force available to each. In observing the proximity of the

various being in relation to each other, I suggest that this diagram also portrays the levels of influence various beings can exert on one another.

The immaterial world

The Creator Beings

The creator beings are the source of life and spiritual force, they are thus placed at the beginning of the diagram. Ansah (2015) asserts that at the source of the hierarchy is creator who has force and power to give existence (p. 6). In this way creator beings hold the greatest amount of spiritual force as the sites from which this spiritual force originates. This category was not addressed in my research and thus did not make up a great amount of this enquiry. It does however produce several concerns, questions, and an opportunity to articulate my secular stance. A trend I recognised in the literature on African philosophy is its conflation with African religion. In turn, portions of the literature view and examine traditional healing as religion. Many of the philosophers have thus used a religious lens through which to interpret aspects of African philosophy and traditional healing. In this way much of the literature consulted refers to 'God' as above all and creator (Myers, 1998; Mkhize, 2004; Kasenene, 1992 Obbannaya, 2014; Etim, 2013, Ansah, 2015). My recognition of this use of 'God' is in relation to monotheistic religions such as Christianity and Islam, introduced to the continent through colonisation. In this thesis, I have chosen to take a secular stance and examine aspects of African metaphysics outside of religion. In this way I look to creation myths as anthropological sources and not religious texts to piece together the idea of creator beings as the source from where we come (Leeming, 2005, Wynter 2007).

Within a Zulu cosmology, Ngubane (1977) asserts that Mvelinqangi and Nomkhubulwane are believed to be the father and mother of creation. She suggests that these beings lived up above (ezulwini) and are separate from the spirits of the deceased who lived down below (abaphansi) (p. 51). The creator beings are rarely invoked as they take little

interest in day-to-day situations and are mainly concerned with matters of national and international importance such as of catastrophic disaster or impending doom (Ngubane, 1977; Chavanduka, 2001). Ngubane's (1977) interpretation of both masculine and feminine creator beings in Zulu cosmology is synonymous with that of iSanusi and storyteller Mkhulu Credo Mutwa[16]. Many of Mutwa's (1964, 2003) teachings[17] suggest that the impulse for there to be both masculine and feminine creator energies come from the understanding of the interplay between duality and balance within traditional healing. While the creator beings hold the greatest amount of spiritual force and influence, they are also the farthest removed from the human. Humans therefore rely on various intermediaries, which fall under the category of spiritual beings, in order to access the creator beings.

Spiritual beings

The following level on the hierarchy is best expressed as spiritual beings. For the purposes of this research, I have placed spiritual beings in two categories which are striated in themselves. The first category I have named divinities; these I understand as beings that have never taken on human form and as such possess greater spiritual force. I argue that divinities are best understood as spiritual beings available to the collective imaginary through certain natural phenomena as manifestations of divine power (Booi, 2004; Mlisa, 2009; Ansah, 2015). The second category, I have called the ancestral spirits which is made up of the spirits of the deceased. The ancestral spirits are also differentiated in rank and level of influence "following their order of primogeniture" (Ansah, 2015, p. 8) from national, clan, to familial ancestors (Ngubane, 1977; Mlisa, 2009; Mlisa, 2015). These spiritual beings are differentiated by the amount of spiritual force, power, and the amount of influence and proximity to humans. Below, I discuss their roles and functions within the cosmology.

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[16] https://theconversation.com/obituary-soth-africas-towering-healer-prophet-and-artist-credo-mutwa-134986

[17] There are numerous YouTube videos taken by followers and interviewers on Mutwa's teachings

Divinities and deities

Mlisa (2009) considers the manifestation of divinities as representatives of the complexes of the personal and collective unconsciousness (p. 90). These beings are well represented as closest to the creator beings and are seen through natural phenomena, sacred animals- through the symbolism of animal totems, and dwelling in sacred places- such as rivers, caves, mountains, sea, and forests (Chavanduka, 2001; Bernard, 2003; Booi, 2004; Mlisa, 2009; Ansah, 2015). Ansah (2015) maintains that as spiritualized beings, beings belonging to a higher echelon, participating to a certain degree in the divine force, the divinities constitute the most essential chain binding humans to the creator beings (p. 7).

Bernard (2003) asserts that these types of spirts belong to a generalised amalgam of non-specific or very old ancestors" (p. 150). This points to spirits available to the collective and have at times been called upon as "the gods of our land" (Omonzejele, 2008, p. 121). Because of their close ties with sacred sites in nature, these divinities are best described in relation to their zoomorphic spiritual manifestations (Bernard, 2003, p. 149) and places in nature where they reside. Divinities are separated from clan and familial ancestors rather constituting a collective or social ancestor and may be better described using the Zulu word, iThonga, as overseer of the site in which it resides. While both familial ancestors and divinities can be represented through animals, Berglund (1976) suggests that there is a distinction between the animals that are a manifestation of the family and "the big one representing the Supreme Deity" (p. 148).

In my own collected data, the divinity appears as a type of spiritual being best identified through respondents, Nobengula's and Dabula's dreams. In these dreams, the zoomorphic manifestations of a divinity signified the school of thought the healer would be initiated into. The divinities as conceived of in relation to the sacred sites they inhabit also

denoted the type of knowledge Nobengula and Dabula would access through initiation. Nobengula reports to dreaming of running away from a big leopard:

> *and when the leopard caught me, it would rip me apart… [I] was dealing with the traditional medicine like the bones and imithi… So, the healer said they can help with the sangoma part, of reading bones and imithi.*

This dream, for Nobengula and the sangoma to help with her initiation, signified that she undergo the initiation of a sangoma. Booi (2004) asserts that animals in dreams are said to represent the ancestors and those who dream of forests and wild animals, are being called to train in the forest (p. 4). The medicines used by izangoma are specific to the context in which the sangoma practices and because they are generally found in the forest or the bush, are considered the medicines associated with the land. Use of the divination bones commonly associated with the divination practices of izangoma also form part of the knowledge that can be attained from this type of initiation. They themselves are made up of land and forest elements such as the bones of animals like goats, lions, and leopards, stones, and various types of bark (Sodi, 2009).

Another respondent in this study, Dabula reported to dreaming of a creature she identified as a mermaid. In this instance this dream of a mermaid is a zoomorphic manifestation that signifies the type of knowledge tradition, she is chosen to access through the water. Nobengula reports:

> *The dreams of being underwater were getting more and more and I would dream of inzunza (something of a mermaid). She would speak in a strange language, which I later learned it was isindawe and only people initiated under this tradition could understand it… When I told my mother, she told me that this means that my gobela was someone who had studied under the ancestors under water.*

Like the belief surrounding the leopard as a land animal above, people who dream of water and/or water creatures are often believed to be called "by the ancestors to undergo training in the river" (Booi, 2004, p. 4). For Nobengula, the mermaid is associated with isindawe, which I will show in the later sections is a healing tradition believed to originate from a foreign spirit or a spirit not of South African origin. Healers called under this tradition use methods found elsewhere in Africa. The metaphorical nature of water as part of spiritual and physical life is based on its life giving and life sustaining qualities (Bernard, 2003). Water can also be considered for how it enables travel, trade, and exchange. The exchange bought about through travelling on water for trade purposes are also reflected by the hybridity and/or ambiguity of the mermaid as part human, part animal. The mermaid is thus considered as a water sprite and zoomorphic manifestation of a divinity associated with the hybrid and ambiguous forms of knowledge to be attained through the water.

I will take some time to delve into the water sprite or mermaid figure in detail here because it exemplifies my earlier claims about the widespread continental shared modalities of knowledge and healing. The mermaid figure also is metaphorical for the healing typographies and routes these take in many spaces on the continent now and in the recorded past. Bernard (2003) compares accounts of the mermaid figure in various healing traditions across South Africa. In her work she asserts that the Cape Nguni see the mermaid as a representation of a group of fishtailed beings known as abantu bomlambo or literally the people of the river (p. 141). The Zulu recognise the existence of a category of ancestors that are half human/half fish (mermaids) and that this is one of the forms the heavenly princess Inkosazane can take (p.150). Inkosazane is sometimes known as Nomkhubulwane (Ngubane, 1977) and features prominently within Zulu cosmology. She is also "seen as the ultimate symbol of fertility, the origin of life on earth and as the female

aspect of god's manifestation" (Kendall, 1999, p. 97). The Shona are "quite specific that the mermaids, known as njuzu are alien spirits of human and non-human origin. Certain mediums can be possessed by njuzu spirit who will give them healing powers" (Bernard, 2003, p. 150). Njuzu spirits are said to be able to shape shift and transform to other figures such as snakes, rain, mist, birds, and other animals.

In a similar vein, Wood (2008) ascertains that, accounts of this mermaid figure, recognise a creature known as Mamlambo who is frequently envisaged as a western mermaid, partly curvaceous woman with long flowing hair, part snake. She likens this creature to the siren like West African Mami Wata (plural) who also proffer wealth and power but can bring about terrifying ruin (p. 101). The mermaid figure is widespread and speaks to inter- and intracontinental cosmologies and ontologies of existence. Krishnan (2012) suggests that Mami Wata are figures imbued with ambivalence and contradiction both known as a nineteenth century invention and signifying a pantheon of water goddesses long predating colonial intervention (p. 2). The mermaid figure highlights the manifestations of the divinities in the imaginaries of humans in complex ways and confirms Mlisa's (2009) notion that these zoomorphic manifestations can also be associated with the complexes of both personal and collective unconsciousness.

Ancestral Spirits

The ancestral spirits also form part of the category spiritual beings. They are further away in proximity to the creator beings, and this denotes the level of spiritual force they possess. They are closer in proximity to the material world and humans. As ancestral spirits are "the spirits of dead members of the family lineage or the clan" (Ross, 2010, p. 45), they can exert direct influence on their descendants. The ancestral spirits, through death, "have acquired a greater knowledge of life and of vital or natural force… [which] they use only to strengthen the life of man on earth" (Ansah, 2015, p.9). This category is further striated and forms "a

chain through the links of which the forces of the elders exercise their vitalizing influence on the living 'beings'" (Ansah, 2015, p. 9).

In her anthropological work Ngubane (1977) refers to ancestral spirits using the Zulu name, amadlozi and she maintains that these spirits are,

> ... responsible for disciplining and protecting the descendants…The ancestors are said to be primarily concerned with the welfare of their descendants… Without their protection the descendants become vulnerable to all sorts of misfortune and disease. Each child is placed under the protection of the ancestors by a sacrifice of a goat known as imbeleko (p. 51).

Imbeleko, then, is for the purposes of thanking the ancestors for the child, as well as introducing the child to the ancestors of that family (Ngubane, 1977; Mlisa 2009) and invite those assigned to the child to watch over the child through the various phases of life. In clarifying the relationship with ancestral spirits within the cosmology in Schuster-Campbell (1998), healer P.H Mtshali ascertains that

> human life is always guided, it is balanced by your angel, your ancestor. God is the big boss, but he cannot work with everyone, so god works with ancestors, your ancestors, my ancestors… We all go on to be ancestors at some point in time. For example, you are a mother, are you going to forget your children when you pass away? No, you will be their ancestor and help them, give them instructions (p. 42).

Thus, within the African perspective, death is not considered as the cessation but rather as a continuation of life, as such "people do not actually die, they pass over, then contact us. They help us." (Schuster-Campbell, 1998, p. 41). In the same vein, traditional healer and author Mkhize (2013) reiterates this idea in his suggestion of umsamo which is an African ancestral shrine primarily for the purposes of communicating with the ancestral spirits. He states that these ancestral spirits are part of us and people who happened to live with us on earth. He

suggests that when we bury the dead, we are only burying the body, but not the spirit because the spirit continues to stay with us, and they stay at their special place called umsamo[18] (p. 9). In this way Mkhize (2013) maintains that ideally every African household should have umsamo as the place where they communicate with their ancestral spirits, the absence of which denotes a severed relationship between ancestral spirit and descendant.

The relationship between ancestral spirit and descendant, however, is not one-sided. Ngubane (1977) maintains that ancestral spirits are differentiated into categories of integrated and unintegrated ancestors. The ancestral spirits need their descendants to perform a sacrifice after a period of mourning "in order to integrate [them] with the rest of the ancestors" so that they may also exercise their jural rights of protecting them (p. 52). Only when integrated are the ancestral spirits able to carry out the duties of looking after the descendants. There is a myriad of other rituals ancestors may request of their descendants. These rituals not only unite deceased spirits with the body of ancestral spirits, but it also facilitates their continuation into pure spirithood (Wiredu, 1977; Menkiti 2004). In this way, this view sees the ancestral spirits as "still very much a part of the living community" continuing life as "persons in other worlds" (Menkiti, 2004, p. 327). This continuation is exemplified by the ancestral spirits use of their descendants as instruments to carry forth their work (Schuster-Campbell, 1998; Mkhize 2013). P.H Mtshali in Schuster-Campbell (1998) refers to this work as legacy, which the healer maintains is not only relegated to the realm of traditional healing. The healer suggests that "the idea of legacy works the same for healers and non-healers alike" (p. 40). All families have a legacy, and it is the responsibility of the descendant to "carry out the legacy of [their] family" (p. 40).

In analysing the words of Mtshali in Schuster-Campbell (1998), I find that she uses

[18] Translated from Zulu.

the example of music as a legacy passed down from generation to generation. She makes an example of a young child who:

> after the grandfather dies, the ancestors make contact with the child. She becomes possessed of this talent. She has the gift. Through the beauty of music, she makes her own contribution to healing. Now the ancestors are pleased. A legacy, a thing of beauty, and healing has been passed on (p.40).

This idea is further affirmed by Mkhize (2013) who suggests that "a man lives in his sons, who may receive a portion of another man's spirit and thus may in some sense become that other man… the working of spirit amongst men is by no means confined to the sphere of prophecy" (p. 11). He suggests that a portion of 'another man's spirit' can manifest in such things as the skill of a ruler, military genius, craftmanship, moral excellence, and leadership skills whether in business or in life. These are such powers that can come from the spirit of the ancestral spirits and be passed on as legacy and destiny.

This idea that one may receive another's spirit and become the other can also in many ways be considered as a broader view of epigenetics. Edwards et al. (2009) defined the terms ancestor generally as "anyone from whom a person has descended" (p. 1). There are also many connotations of this term and can be conceived in various ways "ranging from the total evolutionary heritage of contemporary humanity through direct linear relations in families to social constructions with special psychological and religious meaning" (p. 1). In the same vein, in his interview with me, Makhosi Lebembe eloquently states that "*much like you cannot divorce a person from their DNA, you can also not divorce a person from their ancestor(s)*" because consequently the ancestral spirits are literally part of their descendant's DNA. This extends the idea of genes from the realm of the physiological; as through the blood; to consider the spiritual implications of epigenetics. Hence, within the African cosmological view of reality, it is believed that every person has ancestral spirits within their

cosmology and that this is not solely particular to those who are called in to traditional healing (Schuster-Campbell, 1998; Edwards et al., 2009; Mkhize, 2013). The 'gifts', abilities, talents, knowledge, and mission of the ancestral spirits live on through the DNA of their descendants.

In my own collected data, the calling to traditional healing is an example of legacy, as a gift passed down from the ancestral spirits. While this idea will be expanded upon in the next chapter, this brief analysis suggests and expands the notion of epigenetics and DNA analysis, to include the inheritance of social relationships and diverse forms of knowledge from or through one's ancestral spirits. Furthermore, it highlights the relationship between the cosmology and notions of knowledge production and transmission as a function of the ancestral spirits. As exemplified by the leopard and mermaid divinities above and the different knowledge traditions Nobengula and Dabula were privy to as a result of contact with these divinities, different types of ancestral spirits bring with them different typographies and modalities of healing and knowledge. Traditional healer, Nkabinde (2008) maintains that "sangomas work with different kinds of ancestors; ancestors who share the same bloodline, ancestors from the village or the nation, ancestors that come from other parts of the world" (p. 60). In work by anthropologists of the spirit world, such as Thornton (2015) we see the differentiation between two sets of ancestral spirits as an example of the implications these variations have on healing typographies and knowledge traditions. He suggests that there are the healer's "own ancestors called uMnguni" which is a collective ethnic name that encompasses the Xhosa, Zulu, and Swati peoples. The "foreign" ancestors he identifies as umndzawe (Swati) or umndawe (in isiZulu) (p. 27). The interlocuter in Thornton's study describes the mandzawe as such:

> The origin of emandzau is from Maputo. You will find that a Maputo man will come and settle in Swaziland. Because of our Swazi tradition a person is welcome. Maybe he

> eventually marries one of the daughters. Once integrated in the community, once he dies there, he is integrated into the community. Now the spirits of mandzawe they connect to the spirit…to the family that he has been living with. This spirit is a go between, as he is a spirit that has come to settle because he is not from this area. Magodweni in Thornton (p. 27)

The mndawe ancestor is also highlighted by Mrs Ntombemhlophe Dube in Schuster-Campbell (1998) as an ancestor who came to help her with her healing: 'this ancestor is from Mozambique. He was killed by my great grandfather, the swazi warrior' (p. 42) and that through this act, he came to be her ancestor.

In the work and testimony of Makhosi Dabula this analytical point comes alive. Drawing on her exegesis my study ascertains that umndawe "*is normally an ancestor that is not a relative of yours. They either come from somewhere else like Mozambique or Zimbabwe and they have somehow mixed with our people*". Similarly, another healer, Makhosi Nobengula explains that her mndawe ancestor is "*an old shangaan man that used to look after [her] family cattle, and he died on the family ground*". As I will show in the next chapter, the differentiation of the mnguni and mndawe ancestral spirits has resulted in different types of healing traditions. The Nguni tradition associated with the local ancestors and the Ndawe tradition associated with the foreign ancestors. The implication on knowledge traditions and healing typographies highlights that traditional healing, as a by-product of spiritual beings and heritages, is dynamic and shifts with the changing national, cultural, and political contexts of South Africa. Although the geographical origin of ndawe ancestral spirit is unclear between Mozambique and Zimbabwe, its presence speaks to spirits introduced with migrant labour closely associated with African industrial development (Ngubane, 1977, p. 142). Here, South Africa saw the introduction of migrant labourers moving from the North into South Africa (Wood, 2008, p. 102). This history has shaped the spirit world: the spirit of

umndawe has shown itself to be a spirit inherited through mixing of some sort (marriage, trade, socially) with people outside of the nguni category. The spirits of the Nguni and Ndawe and resultant traditions refer to integration between the different peoples within South Africa, the implication here is that this diversity is also reflected in the cosmology and impacts on knowledge and healing traditions.

The material world

The beings in the immaterial reality, are categorised according to the amount of spiritual force they have access to, as well as according to their influence on the material world. The material world is made up of living beings- humans and the environment which includes plants, and animals, who in turn belong to a hierarchy (Sundkler, 1961; Chonco, 1972; Manganyi, 1973; Ngubane, 1977; Chavanduka, 1980; 2001; Mbiti, 1991; Gyekye, 1995; Eagle, 2004; Omonzojele, 2004; Ross, 2010; Mawere, 2011; Mokgobi, 2012; Ogbonnaya, 2014; Ansah, 2015). In this realm too, the beings are ordered "in accordance with primogeniture and their vital rank; that is to say, according to their vital power" (Ansah, 2015, p. 8). Humans are perceived as centre of the cosmology and are seen to have the power to rule over the land and animals as well as influence spiritual beings at varying levels (Chavanduka, 1980, 2001; Mbiti, 1991; Gyekye, 1995; Eagle, 2004; Omonzojele, 2004; Ross, 2010; Mawere, 2011; Mokgobi, 2012; Ogbonnaya, 2014; Ansah, 2015). The notion of rank and vital power is however dynamic and complex within the material realm. On the one hand, the spiritual force of animals, plants, and sacred sites in nature can increase when imbued with the presence and vital force of a divinity or ancestral spirit. On the other hand, human groups and animal species "can occupy in their respective classes a rank relatively equal or relatively variant. Their vital rank can be parallel or variant. A chief, for instance, in the class of humans shows his royal rank by wearing the skin of a royal animal [such as a leopard]" (Ansah, 2015, p. 9).

In the following section, I will briefly examine the nature of animals and plants. I think through the multiplicity of their role and function. In this study animals and plants appear as "inferior beings… [who]exist only, and by the will of the creator, God, to increase the vital force of men while they are on earth" (Ansah, 2015, p. 10). They also appear at times as intermediaries for humans and spiritual beings facilitating communication and strengthening the connections between these beings. I will then examine the nature of the human within the African cosmology and argue that the human is both a microcosm and composite of the cosmology. I offer Figure 1.2 as a diagrammatic representation through which to closer examine the ways in which the human is accessed by spiritual beings and affected by their environment. This is a suggested framework through which to examine the implication of the cosmology to the structure of the human. Figure 1.2 has a semblance to Figure 1.1 this highlights the notion that much like the cosmology, the human is simultaneously biological, social, ecological, spiritual, and occupying these four interrelated worlds. I suggest that an understanding of how these various worlds interact within the human, will allow insight into the construction of mental health.

In this discussion of the human there also arise a few concerns that warrant my attention. In the previous chapter, I discussed the principles on which this research is based. With the title **Ukugula KwaBantu** I am adamant that I am concerned with examining health and disease from an African perspective. In this research, my use of the word 'abantu'; the singular of which is 'umuntu'; is about people of African descent. I reiterate that ubuntu is a quality of humanity only available to umuntu and in this work is parsed within a bantu cosmology. In this examination of the human, it is umuntu (the bantu human) I am most concerned with. As such, in this thesis I have used the word human and person interchangeably. This can in many ways be a fallacy as in bantu cosmology while being human is a given, personhood is "the sort of thing which has to be achieved, the sort of thing

at which individuals could fail" (Menkiti, 2004, p. 326). This concern is partly to do with nomenclature as in Zulu there is no distinction between human and person and attaining ubuntu is at the same time becoming person and being human. In this way, while I use the word human, I clarify that my use of human is as it pertains to personhood not a given but a process of becoming (Bakthin, 1986; Ngubane, 1977; Menkiti, 2004; Mkhize, 2004; Eagle, 2004; Wynter, 2013).

The environment, animals, and plants

In Zulu cosmology there is "a special relationship between a person and his environment… plant and animal life somehow affect the environment" (Ngubane, 1977, p. 24). Animals, plants, and the environment itself are considered as beings with vital force themselves (Ngubane, 1977; Mawere, 2011; Ansah, 2015), their interaction with the various beings on the cosmology is complex and dynamic. With the least amount of life force within the cosmology (Mawere, 2011; Ogbonnaya, 2014; Ansah, 2015), they are thus the most easily influenced by and most instrumental to the various beings on the cosmology. As the environment itself has vital force (Ansah, 2015), animals and humans moving within the environment can "leave behind something of themselves and absorb something of the atmosphere through which they move" (Ngubane, 1977, p. 24). The interaction between all things within the environment denotes an ecological relationship within the cosmology and at the same time highlights the agency of the environment through its observed ecological influences on the human. The malleability of animal and plant life poses various entry points through which to parse the interactions between humans and spiritual beings.

Nature, including "plants, forests, [bodies of water], and mountains are integral to the training and practice of traditional healers" (Bernard, 2003, p. 149). For training purposes this can be seen in the use of "psychoactive ubulawu (plant medicine used in initiation)" which opens "the initiate to the teachings of ancestral spirits, to learn the healing arts and achieve

personal psycho-spiritual healing integration" (Sobiecki, 2012, p. 216). In the practice of the traditional healer, plant medicines are used for the treatment of both physical and spiritual ailments (Ngubane, 1977; Ross, 2010; Sobieki, 2012; Mokgobi, 2012). Plant medicine and animal familiars are also used by humans in witchcraft (Chavanduka, 2001; Petrus & Bogopa, 2007; Ansah, 2015). Much like their use in healing, this exemplifies how plants and animals can be used either to increase or decrease vital force (Ansah, 2015). Animals are also instrumental as sacrifice for communication with the spiritual beings and other ritual treatments of dis-ease (Ngubane, 1977; Mndende, 2002; Mlisa 2009; Mokgobi, 2012). The animal in this instance acts as an intermediary between spiritual being and human, strengthening the connections between material and immaterial world.

The spiritual force available to the environment is dynamic and ever-changing and is dependent on several factors. The presence of, or association with a divinity and clan ancestral spirits imbues the site in nature or animal totem with a greater amount of spiritual force. In this view, spiritual beings are found in and represented by certain mountains, hills, rivers, lakes, stones, trees, plants, animals, and birds which are part of the community of life (Kruger, Lifshitz & Baloyi, 2007, p.333). Mokgobi (2012) asserts that aspects of the environment such as the movements of the sun, moon, and stars, and elements like wind, lightening, and water can also be signs and communication to be interpreted as from the spiritual realm.

Humans

While the human is not central to the cosmology, the human is the object and subject of study in this research. The centralised position of the human is in no way unique to this research and contributes to various texts concerned with expanding the understanding of what it means to be human. In the view suggested above, being human is a complex interaction of the matrix that is the cosmology further nuanced by the interaction of various cosmologies within

the greater cosmology. Below I offer an analysis of the relationship of the human and the above-mentioned cosmology. I argue that not only is the human part of the cosmology, but the human is also a cosmology in themselves, and the various interactions involved amongst cosmologies have implications on health and wellbeing.

Humans are believed to inhabit and can influence both the material and immaterial worlds and thus become the centres around which material and immaterial forces interact (Forde, 1954, Petrus & Bogopa, 2007). The human is envisaged to include one's individual self, familial and universal human ancestors, the yet unborn, community, nature, and cosmos where everything is interrelated and every part is a microcosmic replica and reflection of the whole (Edwards, 2009, Mbiti, 1970, Myers, 1993, Ngubane 1977, Wilber, 2000). In short, the human is a microcosm and a composite of its cosmology. Much and Harre (1994) suggest that theories of personhood are derived from local metaphysical ontologies (p. 308). Thus, the cosmological view of reality described above sets a framework for the ways in which - in the traditional healing paradigm - the human, is viewed.

In this section, I argue that examining theories of the personhood through an African cosmological view of reality will offer greater insight into **Ukugula Kwabantu** and the ways in which mental health is constructed by traditional healers. I have read the literature in relation to data collected from traditional healers. In analysis of this combined data, I distilled recurring themes that when read with a psycho-analytic orientation suggested a model of the human as numerous separate but interacting systems. This view is synonymous with that articulated by Mawere (2011) in his own analysis of theories of personhood. In his definition, Mawere (2011) suggests umuntu as being:

> a set of concrete social relationships and a system of systems… Muntu is "n'kingu a n'kingu" - a principle of principles; such that muntu is able to produce materially or technologically other mechanical systems. This understanding of muntu connotes that a

> muntu is distinguished from other "beings" found in the realm of existence by intelligence and a unique quality of humanness, besides the physical body that makes it distinguishable from other "beings" (p. 42-43).

Like Mawere, my interest lies in the systems that interact within and are produced by umuntu. I argue that this basic understanding will provide a basis for understanding intrapersonal and interpersonal relationships within a context of relationships with spiritual beings and with the ecology. As such will exemplify the claim that the human is simultaneously biological, social, spiritual, and ecological, occupying these interrelated worlds.

The human within African metaphysics is presented as multi-faceted; made up of several layers, which are "synchronized between the physical and metaphysical bodies" (Mawere, 2011, p. 43). Freke and Gandy (1997) describe human nature as "the meeting place of spirit and matter. We have therefore a dual nature. We are mind enclosed by a physical body. The human mind is an image of god's mind, it is immortal, eternal, divine, and free. The human body on the other hand is mortal and controlled" (p. 89). This dual nature is also described by Mawere (2011) as "dual force vitale" or "soul-mind" and asserts that this is what sets the human apart from an animal as this allows the human to "remain interacting with the local community after death" (p. 43). Further analysis of the analyses offered by African philosophers and metaphysicists on the nature of the human and personhood suggests a gradated understanding of duality and shows that an idea of a multifaceted, composite, and transcendent person is found throughout Africa.

In Kemetic cosmology, the human was believed to be made up of the physical body (called zed or khet), the soul or body double (known as ba), the immortal soul which is the aspect of the divine within the human (ka), the shadow (šwt), the name (ren) and the heart (ib) (Diop, 1991; Mawere, 2011; Majeed, 2012). In Shona cosmology a person is made up of

the physical body (muviri/mutumbi or naka), the soul (mweya or rayi) which is understood to be the divine force within the physical body, the shadow (bviri or fifingi) and the mind (njere/pfungwa or kuci) (Mawere, 2011). In Akan cosmology, the physical aspect of the human is the body (honam or nipadua), and the metaphysical aspect includes the spirit (sunsum) and the soul (ōkra) (Gyekye, 1995; Majeed 2012). Similarly, the Yoruba of Nigeria include the physical body (ara), the soul (emí), inner head or divinity (orí) and the shadow (Gbadegesin, 2004; Mawere, 2011; Majeed, 2012). Within Zulu cosmology a person is believed to be a cluster composed of the physical body (umzimba), the shadow (isthunzi), spirit or essence (Umoya or umongo), and the soul (umphefumulo) (Ngubane, 1977; Asante & Abarry, 1996; Edwards, Makunga, Thwala and Mbhele, 2009). The relationship between the living and the dead is revealed in these important concepts (Edwards, Makunga, Thwala and Mbhele, 2009, p. 2).

In keeping with a metaphysical unity and solidarity throughout Africa, the conception of person is similar among various ethnic groups. In the analysis that follows, I postulate that the human is thus constructed as various categories and each of these categories denote different faculties within which to view the nature of the human. These categories are distilled into diagrammatic representation, Figure 1.2, which show 1) spirit, which is the aspect of the divine (creator beings) within each individual, 2) soul, comprised of two parts, the spiritual mind and the human mind, and 3) the body, which is also comprised of the etheric body (isthunzi) and the physical body. Each layer is equally important and the different sub-layers act as linkages or give access to either the higher or lower layers within the structure. Like Figure 1.1, Figure 1.2 shows a horizontal hierarchy based on proximity to the divine aspect, spirit, within the human. I argue that the hierarchy is also complex and dynamic and implies the human as various processes which give them access to both material and immaterial worlds. While I attempt to provide the natures, roles, and functions of each

faculty, it must be noted that each of the layers is made up of many parts beyond the scope of this thesis, and each layer is greater than the sum of these parts (Freke and Gandy, 1997, p. 89).

Spirit (Umoya)

Manganyi (1973) argues that the primary function of spirituality and in turn the spirit is in "being the fountain head of human creativity" (p. 41). The spirit aspect of the human is the highest faculty which links and connects them to the higher spiritual beings. Gyekye (1995) argues that the spirit aspect of the human is the "activating principle of a person" which "derives its spiritual nature from god" (p. 100). In this sense, I suggest that this aspect connects the human to the creator beings as the spark of creativity and spiritual force of the creator beings in each human.

In Jungian terms, this can be likened to the collective unconscious which manifests itself through dreams, visions, and the like to draw the human into an understanding of their "pre-determined destiny" (Mawere, 2011, p. 43) or the essence of who they are (Mlisa, 2009). The spirit is linked with a person's destiny and is believed to activate the capacity for action in relation to this destiny (Gyekye, 1995; Leke, 2004; Majeed, 2012). This point is exemplified in this thesis in examination of the initiation of a traditional healer (in the next chapter). Here, I show the importance of connecting to the spiritual faculty of an individual, for them to identify and live out this destiny. Furthermore, the process of connecting is a continuous process revealed through various developmental stages (Erikson, 1964; Jung, 1959; Judith 2004; Mlisa 2009).

According to Judith (2004), spirit is anchored and expressed through the soul, which gives it embodiment, meaning, and purpose (p. 409). Similarly, Gyekye (1995) maintains that the sunsum (spirit) is believed to be the active part of ōkra (soul), and although they survive death as an "ontic unity", they are logically distinguishable (p. 56). An examination of the

Zulu word for spirit, umoya, can also illuminate this fact. ‘Umoya’ directly translates to ‘wind’ which is everywhere and emanates from the environment. In this way umoya is that which we all partake in and is then individuated amongst human beings as umphefumulo, the soul.

Soul (uMphefumulo)

The soul is the individual expression of the spirit and spirit is the universal expression of the soul. They each connect and are enhanced by the other (Judith, 2004, p. 13) The soul comes from the spirit and in many ways is like the spirit but is also separate and individuated from the spirit. The Zulu word ‘umphefumulo’ translates to ‘breath’. Although similar in relation to the translucent, intangible qualities of umoya, breath belongs to an individual person and speaks to the individualised aspect of umoya. Leke (2004) maintains that the soul is “non-corporeal‟ and is “the bearer of destiny and, hence, constitutive of personality” (p. 69-70). In explaining the entanglements between the spirit and soul aspects of the human, Gyekye (1995) maintains that although the soul is the bearer of destiny, it is not entirely responsible for the manifestation of it. The soul’s duty is to hold the destiny of a human and the spirit activates it within the human (p. 100).

The human is thus seen as a spiritual being by virtue of the faculties of the spirit and soul which are inextricably linked. The human is also part of the material realm and has the capacity in them to engage with the spirit and exist in the material world. The soul is thus divided into two categories, proposed by Bowen (1993) as the spiritual mind and the human mind. I find these delineations useful in understanding how the soul can access both the material and immaterial realms. This idea is also reflected in Freke and Gandy (1997) in their assertion that although all beings [including animals] have a soul which is the expression of the spiritual force within them, “only human beings possess the power of the mind [cognition], with which we can contemplate the cosmos and come to know god” (p. 89).

Similarly, Khapagwani (2004) maintains that the human is “both a complete animal and a being endowed with intelligence”. In this way, the implication is that while animals may have a spiritual mind within their soul, only humans have a human mind which is the seat of intelligence. I thus argue below that within the soul, the spiritual mind gives access to the spirit and activates the soul. The human mind gives access to the lower material worlds helping the human navigate and live out their destiny in this realm.

Spiritual Mind

The spiritual mind is the faculty of the soul that gives the human access to and ability to comprehend the creator beings, divinities, and ancestral spirits. This speaks to the human’s ability of meta-cognition. I consider the spiritual mind as the seat of what Jung (1990) referred to as the collective unconscious and communicates through dreams and visions [what I call ‘altered states of consciousness’ in the next chapter], the secrets or information from the higher spiritual beings. This forms part of the “reservoir for folk wisdom (elders and ancestors) and primitive archaic wisdom” (p.77). I suggest that the spiritual mind connects to the highest faculty of the spirit. It gives access to divinities in their function as representatives of the complexes of the personal and collective unconsciousness. It is through the spiritual mind that the human can comprehend the divinities as constituting a collective ancestor and, in this way, it connects us with other individuated souls.

Like Mlisa (2009), I suggest that initiation is one of the ways which serve to enhance access to the spiritual mind, for the traditional healer to be in communication with the spiritual. Mlisa (2009) also conceives of initiation as a developmental process. She builds upon the Freudian idea of the pre-conscious which is the available memory which bridges the unconscious and conscious regions of the mind. She maintains that “a person in her mind may have information, becomes aware of it and acknowledge it. Under certain conditions she may forget it and when influence is exerted by certain therapeutic ways (ukuthwasa) she may

remember it… information at the unconscious level may be expressed in disguised or symbolised forms such as slips of the tongue, dreams, and intuitive expressions" (p. 82).

In my own data from interviews, this idea is taken up and well-articulated by Makhosi Lebembe who suggests that:

> *the soul, no, the spirit does not die, the flesh dies, and the spirit always remembers. And the spirit goes with the mind. I do not know if I am making sense, but I think you as a student of psychology, you may not believe this... so in the soul… there is… let me not say mind rather let me say there are DNAs of memory. These DNAs of memory are what enable the soul to remember where it has been in the past. So, I think that is why at sometimes one gets de ja vu moments. You are remembering certain aspects of the past. So, in this life we are repeating everything we have done before. Sometimes we improve them and sometimes we make them worse… That is why in a dream you can dream of a person you have never seen before and then you meet them three days later because the soul is remembering [or has remembered]. So, our soul journeys forever and they always remember where they come from, what we did and all those things. But due to the conditioning, we suppress these memories, and they lie dormant.*

In this way, Lebembe places an element of mind or memory within the soul. Humans, thus, have access to the spiritual beings through the meta-cognitive function of the spiritual mind. Access is best described by him as through dreams and 'de ja vu' moments. The process of initiation is thus when *"you are reminded of what you already know"* through strengthening the connection with ancestral spirits and divinities, accessible to the spirit of the human and processed through the spiritual mind. Lebembe further maintains that the initiation process is important because these memories are supressed and lay dormant due to conditioning. In this way, he suggests that there is a part of the human that is easily conditioned and thus forgets. I propose that this speaks to interaction between spiritual and human mind.

UKUGULA KWABANTU

Human Mind

The human mind within the soul is the link between the spirit and body. It is this faculty of the soul where the human attempts to make sense of the spiritual in the physical realm. This is the aspect of the human that Khapagwani (2004) maintain is the "faculty of reason or intelligence" and makes it possible for the human to consider "the data of his senses", "compare the facts of the knowledge he has acquired", and "invent something new by combining previously acquired knowledge" (p. 338). The human mind gives the human the ability to be both "on earth and ascend to the heavens" (Freke and Gandy, 1997, p. 89). As the name suggests this mind is also pre-occupied with physical reality and making sense of themselves as humans in the world. Judith (2004) suggests that the soul is an expression of immanence within the individual and tends toward manifestation within the physical realm.

In the collected data, healer Athini draws together socio-cultural influences that affect and shape the human mind in the physical realm. She asserts:

> *the system [of colonisation] we live under or have lived under for a few generations, it has succeeded moving us people as far away from self as possible, as far from feeling as possible. The mind, thinking that the mind is what will guide them, as if it is only the mind that knows. We forget that this mind we so heavily rely on is programmeable like a computer. There are so many ways we can be manipulated and programmed… That is why there is a stage in initiation where they say inkani, it is there to kill the ego. That the ego must die and vanish because then we know that lenkani, thinking who you are by society's standard, you know, these things that you think you are in the flesh and blood need to die. Because thereafter you can get to who the soul is… so who the soul is, you can only get into if the ego dies…*

I find Athini's analysis like the ideas presented by Fanon (1963), Wynter (2007) and many other anti- and postcolonial theorists. This is the idea of how colonisation has moved the

colonised away from who they are. Wynter (2003) maintains that the idea of being human has been universalised from a specific standpoint; that of the Western bourgeois. In this way all humans, through colonisation, have been conditioned to believe that this is the universal representation of human. In this way, Athini argues that abantu, have been moved as far away from self as possible, through this manipulation and control.

Another healer, Lebembe similarly reflects on these socio-cultural implications and asserts that we lose access to the 'DNAs of memory' within the spiritual mind *"because we are conditioned, as you grow up you grow up through a process of socialisation, they condition you to be this way. By and large, human behaviour is socially constructed. So, they do this so we can conform"*. Although this idea will be picked up in the chapter on initiation, it is worth mentioning here to illustrate the nature of the human. It is the human mind that is then implicated in this process of socialisation and conditioning and can be responsible for the chasm between spirit and matter upon which Western civilisation is founded (Judith 2004).

Athini also refers to a process in initiation called 'ukukhalela inkani' which roughly translated means 'to cry for the stubbornness'. Because in the chapter on initiation, I will not so much be describing the nature of the processes of initiation, it is important to bring it in in this discussion of the human mind. Athini proposes that through this process:

> *you can get to who the soul is. Because the soul may be a man and it will be difficult to accept that when you think you are a woman. The soul may be an old man and you are a young girl. So, who the soul is, you can only get into if your ego dies. So, this why knowledge of self is important and the more you know yourself and understanding that you are not just this flesh and blood, it then gets easier for you to learn to listen. Because then you are not listening as this woke black woman who is a feminist or whatever, you do not use that lens, but you really listen to what the spirit says.*

I understand Athini to be using the word 'ego' in its colloquial and not necessarily in its psychological sense[19]. She also refers to gender and age when speaking about the soul. While understanding that gender and age are social constructs, it is an important point in that it speaks to the idea that the human mind is tied to the physical characteristics of the human. It also alludes to the relationship with the ancestral spirits who in their human forms took on a gender and age and reveal themselves to their descendent not as disembodied spirits but appear with their human characteristics.

In further analysis of the process of ukukhalela inkani, I consider a definition of this stage as presented in the autobiography of transgendered[20] healer Nkabinde (2008). He asserts that this is the stage where "you learn to work with your ancestors to take out their stubbornness", it is the stage "where you work with the inner soul of the ancestors. You do this work for your clan, for all your ancestors. If your ancestor was abusive, that abusiveness must be taken out. I had to deal directly with my ancestral spirits and whatever had to be cleansed and purified in my ancestors had to be cleansed and purified in my own body" (p. 59). In this understanding this process is useful for both trainee traditional healer and ancestral spirits as well as the lineage as it is for the purposes of killing aspects of the ancestor which can or may hinder the healer in their practice. She maintains that in doing this work, the clan also is cleansed.

Here, although two seemingly different understandings of the process of ukukhalela inkani, both allude to an unlearning and cleansing that needs to take place. On one level, in analysis of Athini and Lebembe's assertion, the human mind is programmed and conditioned

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[19] I understand the colloquial meaning of the term ego to be connected to issues of self-concept and self-esteem. An example of this is exemplified in the rhetoric of the male ego being tied to fragile masculinity. In the psycho-analytic sense however, ego speaks to a complex process of identity and personality formation and development, much like the exegesis of the human mind above.

[20] I emphasized that this healer, is transgendered because it further exemplifies the queerness of gender within this paradigm. In his book, Nkabinde (2008) notoriously known as Nkunzi, writes about the journey of his transition from female to male, and asserts that this transition was as a result of his guiding spirit being a male.

by socio-cultural factors. These socio-cultural factors sever the relationship between spiritual and human mind. This severing not only moves the human away from their destiny and DNAs of memory but also results in the fragmentation of the human. The process of initiation, in the case of the traditional healer, works to integrate the spiritual and human minds strengthening the bonds between spirit and soul as ontological unities (Gyekye, 1995). The 'killing of the ego'/ukukhalela inkani as alluded to by Athini, is the notion of unlearning, characteristics of the universalised human and relearning ubuntu in a process of becoming umuntu and striving toward personhood. Athini's proposal, further, 'queers' gender and suggests that the connectedness of the spiritual mind and human mind simultaneously transcends physical attributes such as gender, while also rooted in the human's physical existence in the material realm.

The view bought in through Nkabinde (2008) further complicates this notion and gives rise to two implications. Firstly, as deceased humans, the ancestral spirits continue to live in the immaterial realm (Mawere, 2011) with the human mind still attached to the soul. This ensures that the ancestors continue to look upon their descendants even when they have passed on and act as intermediaries between the higher spiritual beings and humans. As such despite death in the material world, they continue as persons in the immaterial world and by virtue of the human mind, they are closest in proximity to humans. Secondly, as descendants, humans take both desirable and undesirable qualities and characteristics of their ancestral spirits who continue to live through them. This is an epigenetic principle which this research shows can be affected by the actions of the human in the material realm. This also reiterates the notion of a continuing process of spirithood of the ancestral spirits. Through the process of ukukhalela inkani, the stubbornness (undesirable qualities) of the ancestor is also cleansed by the descendent. This process progresses not only the descendent toward personhood, but also the ancestral spirits toward spirithood. This interaction, I argue, is made possible by the

connection of the human and spiritual mind within the soul as well as the connection of the soul to the body.

Body

Hall (1995) maintains that the human is a metaphysical being who is revealed to our material sense perceptions by its physical body. The physical body as a mineral organism (p. 188) is the least part of the human's composite nature (p. 187). This mineral organism houses the soul and is the vehicle used by the soul to navigate this world. The Zulu idea of isthunzi, the shadow, also brings to the fore another aspect of the body commonly known as the aura or the etheric body (Hall, 1995; Judith, 2004). In this way, the body too is comprised of sub layers known as the physical body (umzimba) and the etheric body (isthunzi).

Etheric Body/isiThunzi

The etheric body is the part of the physical body that contains vital force (Bowen, 1993; Ansah, 2015). Hall (1997) maintains that the etheric body is the link that unites the physical body with the soul. It serves as a binder between the spiritual energies of man and the physical substance through which it operates (p. 193). In Zulu thought, "a shadow is believed to depart from the body when a person dies. A shadow is seen to be synonymous with the soul in that it is believed to depart from the body in the form of a body although invisible" (Ngubane 1977, p.50). Similarly, Mutwa (2003) asserts that when the human is born, it does not possess this etheric body, it develops over time based on the human's memory and experiences. He maintains that this body was created to survive the world and that because of its connection with the spiritual mind within the soul, it is a little bit ahead of the physical body and can send messages to the physical body by way of dreams and knowledge of the future. He further maintains that humans have lost much of their original senses (p.20).

Judith (2004) argues that our etheric body is highly sensitive to emanations around us even without our awareness (p. 295). It acts "as a natural defence, repelling contagion and

infection and destroying any germs that come within its field. But if for any reason the chemical vitality is depleted the sterilising ether rays lose their power and can no longer combat the destructive micro-organism" (Hall, 1995, p. 195). According to Ngubane (1997) isthunzi can be manipulated, a practice that at the time was specific to chiefs, who had the right to "use stronger medicines to develop the weight of his personality" (p. 27) or "medicines which give the chief strength and presence" (Callaway, 1885, p. 417). She also uses the term 'ukweleka ngesithunzi' which she describes as the effect that a person who uses strong medicine has over a person that is not properly strengthened. The person who is not properly strengthened is thus vulnerable to feel or suffer the weight of someone's overpowering influence and may fall ill (p. 26).

Like Mutwa (2003) above, she suggests that newborn infants are most vulnerable because their own izithunzi are not yet properly developed, they develop as the child grows older. In her discussion on pollution, she also describes instances when isthunzi is weakened, she gives examples of after childbirth, after a miscarriage, after a death in the family, in this way those with weakened izithunzi are also vunerable to the emanations of the environment. She maintains that within the traditional healing paradigm everyone needs to be "strengthened to make themselves immune to ecological dangers through pollution" (p.26). Additionally, Thornton (2017) referred to isithunzi as the 'exposed being' and maintains that in treatment the traditional healer works to strengthen or heal the exposed being for the physical body to be healed. Similarly, Hall (1995) suggests that the etheric body has laws governing it which every metaphysical healer must learn and use. A considerable amount of so-called physical sickness and disease originates in this etheric body and not in the material body itself (p. 194).

As the anti-thesis of traditional healing, the practice of witchcraft also exemplifies the manipulation of the etheric body and "diminution of this power or [vital] force" (Ansah,

2015, p. 16). Diminution of the vital power compromises the vitality of the etheric body, thus weakening the physical body and exposes the human to illness, wound, disappointment, suffering, depression or fatigue, every injustice, and failure (Ansah, 2015, p. 16). There is thus an intricate link between the soul and physical body of the human through the etheric body. As such, Ansah (2015) suggests that the African notion of being is closely linked with the concept of witchcraft, sorcery, and medicine (p. 16).

My collected data also confirms the notion of the etheric body and its access to communication with the spiritual. Lebembe in my conversations with him, postulates a notion of multi-dimensional senses:

> *Senses are part of the spirit. They are the spirit... You see the problem is science told us to rely on five senses and anything beyond that is hocus pocus, in that it does not exist. So, spirit manifests itself different through these senses. So, then that means there are no longer five senses but multiple senses. Like in isiZulu you will say 'iso liwela umfula ugcwele' (the eye can traverse a full river). This means that you are looking at something, but you are seeing beyond what you are seeing. So, this sense of sight, does not end up just being sight, it becomes more multi-dimensional.*

Picking up the analysis of the integration between spiritual and human mind, I deploy Lebembe's assertion that *"the minute [we] become conditioned that is when [we] start losing these abilities"*. Lebembe suggests that through initiation, the traditional healer activates and works primarily through these multidimensional sense in diagnosing and treating their patients. I argue that the integration between spiritual mind and human mind leads to integration between the etheric body and physical body. The etheric body in it links with the soul, can communicate with the physical body the messages of the spirit through the spiritual mind. I further suggest that the etheric body is closely linked with the spiritual mind and contains the vital force emanating from the spirit and allows for the healer to tap into the

collective unconscious and draw out information of their clients' cosmologies. The physical body is linked with the human mind and gives the soul the physical attributes connected with the etheric body as shadow.

The Physical Body

The physical body is at the last level in the hierarchy that is the human. Much like plants and animals in the cosmology, the physical body holds the least amount of power and is easily influenced by the faculties in the higher levels of the human. Although Hall (1995) maintains that the physical body is the least important of the different compositions in the human, this is not to say that the body is not useful. The physical body "is a machine, the most perfect machine in the world. It is capable of almost unbelievable delicacy of function, and is sensitive to every impulse of the will, but like all mechanical devices, it is composed of material substances, useless unless directed by intelligence and inert and powerless unless ensouled by a conscious spirit" (Hall, 1995, p. 189). As the vehicle through which the human navigates this world, it is the meeting place of the spirit and the soul. In this way the human is both material and immaterial and is therefore "an intermediary between these two great principles" (Freke and Gandy, 1997, p. 90).

From my own collected data, parsing Athini's statement in relation to the physical body, I suggest that the body can be the means through which the other entities on the cosmology and other faculties within the human may communicate. Athini asserts that it is important to listen *"with every cell of your body… You listen to your feelings like my body is sore or your eye is twitching, you just listen. You know if your body is itchy, or you get goose bumps or if you are feeling anxious".* This listening to the body also denotes a listening body that, she maintains, can also receive communication from the immaterial realm through the etheric body. In this vein, the body itself "has an intelligence whose mysteries the mind yet has to fathom" (Judith, 2004, p. 55). The mysteries are a result of the various and

interconnected processes that entail being human in the African cosmological view of reality. By virtue of the various faculties that compose the human, I propose that the human is multiple and inhabits the material and immaterial realms. In this way, the human is simultaneously social, biological, ecological, spiritual, and occupies these various realms.

The human's cosmology: Implications for health

This framework sets a foundation for me to report on the findings of my research in the succeeding chapters. In a quest to distil categories that construct the understanding of mental health for traditional healers, this framework affords me an African cosmological view of reality and the human. In this understanding of the ideal functioning of the human within the cosmology, this framework gives a holistic view of health and the human. In this view, good health moves beyond solely the physical body as the site through which to determine it. It denotes that there are other processes at work, ultimately, "good health means the harmonious working and co-ordination of the universe" (Ngubane, 1977, p. 28). As such balance and harmony is achieved through the balancing the cosmology of and within the human.

Disease causation

The crux of this research is an interrogation of the construction of mental health within a traditional healing paradigm. As an entry point, literature across anthropology and psychology (Chonco, 1972; Ngubane, 1977; Straker, 1994; Chavanduka, 2001; Eagle, 2004; Sorsdahl et al., 2013; Straker, 2013), describe understandings of the characteristics and causes of illness within traditional healing. From an understanding of disease causation as extracted from the literature, my task in this research is to piece together the areas implicated in mental health. My earlier critique in the review of literature was that views of mental health within DSM thinking have shifted and move toward "rejecting strict dichotomies between mental illness (insanity, deviance, pathology, madness) and a clearly defined and

recognizable state of health" (Parle, 2007, p. 9). While views of mental health within the DSM-V permit us to regard mental health as existing on a continuum, literature on traditional healers and mental health still focus on the binaries. As such, there is little reference made to aspects of well-being or how health is constructed in the absence of disease within an African cosmological perspective, and by traditional healers.

In the following section, I offer a reprisal of the model of disease causation as outlined through the literature. I argue that the model itself is limiting and based on dichotomous thinking. This section is to be read alongside chapter four in which I aim to offer a nuanced view of health as existing on a continuum and offer categories pertaining to the construction of mental health by traditional healers in a peri-urban setting. From an understanding that African perspectives on disease are manifold and interrelated, the model of disease causation offers useful categories. Although these may be reductive and not fully capture the complexities of disease causation, the model provides a good entry point for thinking about the diagnosis and treatment of disease. The model of disease causation aptly begins from an understanding that disease in traditional healing is often looked at not as a set of symptoms but rather in terms of causation. Causation is understood in relation to either natural or unnatural factors (Chonco, 1972). Natural causation manifests in biological conditions caused by natural factors like viruses (Ngubane, 1977; Eagle, 2004; Starkowitz, 2013). Unnatural causes are those which are linked to illnesses given by ancestral spirits or influenced by other people. The idea of unnatural causation is based on the African cosmological view of reality and is divided into three categories (Chonco 1972; Ngubane, 1977; Straker, 1994; Eagle, 2004).

Mystical causes are cited in relation to pollution or umnyama. Pollution is defined by Ngubane (1977) as "a mystical force" that affects isthunzi or etheric body of an individual, it is conceived of as a dark cloud and is often referred to as umnyama or isinyama (the

darkness). In this state the individual is more vulnerable to illness, misfortune, and disease due to bereavement, menstruation, pregnancy, sexual intercourse, ecological dangers, and homicide (Ngubane, 1977; Straker, 1994; Eagle, 2004). Animistic causes are cited when one has "displeased the ancestors" (Starkowitz, 2013, p. 39) either by not observing certain rituals correctly or a failure to uphold the moral values of their community. This may result in "ancestral aloofness and withdrawal of concern to more active meting out of punishment" (Eagle, 2004, p. 7). Magical causation is associated with witchcraft (Chonco, 1972, Straker, 1994; Eagle, 2004). The victim of which "is understood to be under the influence of some malevolent force, inflicted upon them because of the ill wished upon them by another (Eagle, 2004, p. 7).

In examining mental health in relation to the model of disease causation, I argue that the understanding of the construction of mental health within traditional healing requires more complex and nuanced ways beyond what the model proposes. Mystical causes allude to umnyama on an individual. Umnyama is acquired in different ways and when read in relation to the African cosmological view of reality and nature of the human above, allows an entry into considering the socio-cultural, socio-political, socio-economic, ecological, and psycho-spiritual causes of illness. Mystical causes are also associated with the other categories in the model of disease causation as umnyama can also be a symptom of the other two. I therefore question whether it is enough as a stand-alone category or whether it belongs as a subcategory of the others.

Animistic causation is based on the idea that ancestors withdraw and/or mete out punishment, but this category limits the enquiry to the disobedience of the descendants. The African cosmological view of reality above has shown that the relationship and engagement between the material and immaterial world is complex and calls for a deeper understanding of the various causes of ancestral displeasure. I suggest that the category of animistic causation

lacks an understanding of the nature and inner life worlds of the ancestral spirits. An expansion of this category yields a view of how the interiority of the ancestral spirits is entangled with that of the human as their descendent in the material world. It does not put the blame entirely on the individual and does not paint the ancestors as disciplinarians who withdraw when their descendent errs. This expansion gives the human more agency, as one who not only listens to the voices of the ancestors and acts but one who can also help and is in service of their ancestors.

Lastly, I find the category of magical causation unhelpful as it negates an analysis of the social causes and factors that underlie the practice of witchcraft (Ngubane, 1977; Chavanduka, 2012) and the impact these causes have on the health and mental health of an individual. An expansion of this category examines the social implications of witchcraft and the events that led to the infliction or accusation of it (Chavanduka, 2012). As witchcraft is closely influenced by the socio-cultural, socio-political, and socio-economic environment, it is a statement on the social order and the ability (or lack thereof) of individuals to "realise their own potential, cope with the normal stresses of life, work productively and fruitfully, and is able to make a contribution to [their] community" (World Health Organisation, 2014).

In this way, I find the model of disease causation insufficient in carrying the wide array of causes of illness cited by the healers in the study. Ukugula kwabantu could not just be relegated to the category of unnatural or supernatural causation; magical, mystical, and animistic. In response to the opportunity provided by the outdatedness of the model, in chapter four I examine the codes and themes that emerged. This expansion yields a complex matrix of causation that gives insights not only on mental illnesses as narrowly defined but also on illness and mortality more generally, and a way of looking at, and contributing to, solutions for a very broad range of social issues (Swartz, 1998). The themes I propose in chapter four to expand the model of disease causation is an attempt at a lexicon of traditional

healer constructions of mental health based on the African cosmological view of reality and the human. As such it responds to calls of greater inclusivity and may offer a framework upon which traditional healers and western acculturated mental health practitioners may have discourse on collaboration.

Figures

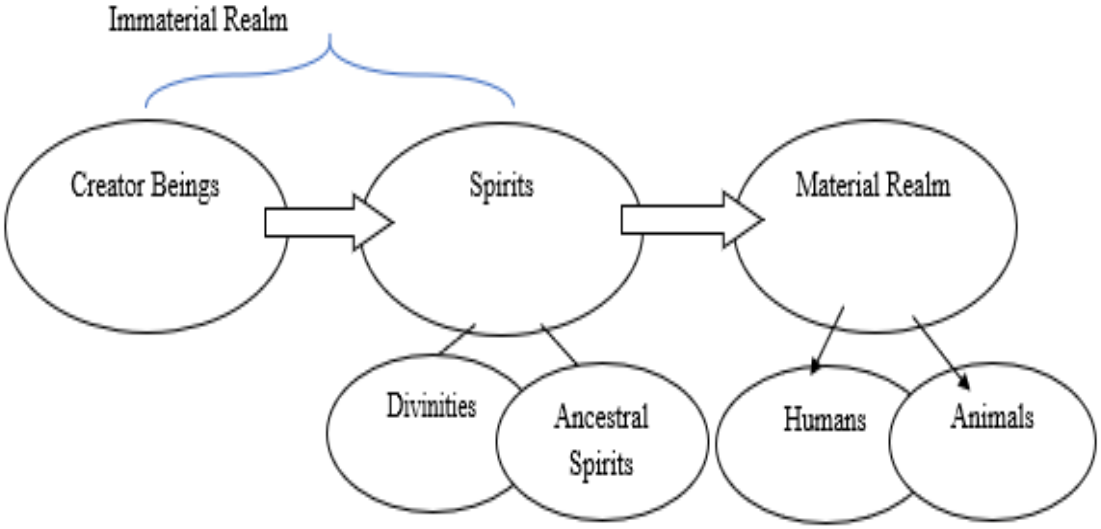


Figure 1.1 The African Cosmological View of Reality

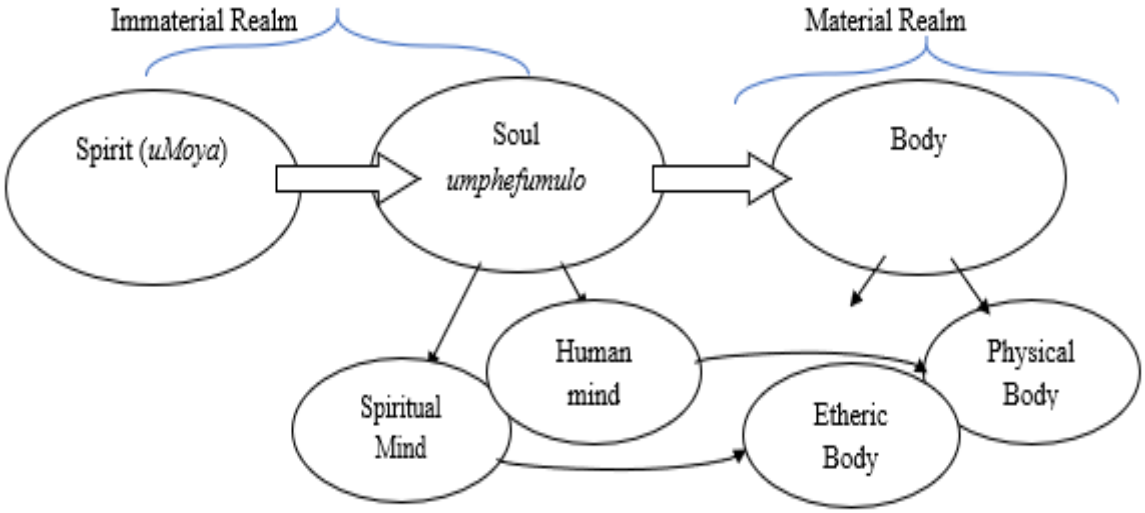


Figure 1.2 The Human as a Cosmology

Chapter Three

The Construction of Knowledge: UkuThwasa

Following on from an examination of the African cosmological view of reality and the human, this chapter serves two purposes. Primarily, this chapter examines the training of a traditional healer. The main concerns within this purpose are to examine the nature of knowledge and knowledge transmission from an African paradigmatic lens. A description of the training process of a traditional healer makes a political statement for the inclusion of indigenous forms of knowledge and by extension, education. In so doing, this chapter is a challenge to biomedical cultural hegemony and its "belief in the superiority of western medicine" (Ross, 2010, p. 48). This chapter centres the narratives of traditional healers, the voices of whom have been "devalorised and othered" (Ross, 2010, p. 48), as experts in the field of African medical knowledge. In bringing these voices to the fore and parsing them with literature across psychology, anthropology, and African metaphysics, the chapter argues that knowledge is negotiated and constructed across the cosmology and human, it is thus multi-dimensional and transcendent.

On a secondary level, this chapter strengthens the view of the human and ancestral spirits as in a continuous state of becoming. Working from the premise that the human spirit and soul utilise the physical body to achieve their destiny, I examine the initiation of a traditional healer as "a complex and abstract phenomenon that unfolds as a long process and is never completed fully in its entirety" (Mlisa, 2009, p. iii-iv). This process is one where knowledge is continuously remembered, negotiated, constructed, and reconstructed through various lifetimes, across various faculties of the human, and connections between various beings on the human's cosmology.

The initiation of a traditional healer is known as intwaso, the verb of which is ukuthwasa. Mkhize (2013) suggests that we consider the words intwaso and ukuthwasa in

relation to nature. In Zulu spring, which is also considered the New Year, is called ‘intwasa hlobo’ or ‘ukuthwasa kwehlobo’, directly translated as ‘the initiation of summer’. Summer comes with warmth, with green which symbolises new life, it comes with fruits and new forms. When used in relation to a person, we can say that this means the person will be rebirthed and become something new. He suggests that every person gets initiated in some way through the different phases of life, be it through school or life experience (p. 19-20).

Using this analogy, summer comes every year and is not a once off event and as such there is always an opportunity of new life and growth. This speaks back to the idea that ukuthwasa is a continuous, ongoing process of human life. Steeped within the African cosmology, the process of initiation occurs across multiple dimensions “of human experience [that] cannot be captured within the Newtonian framework's narrow confines of logic, reason, and formal experimentation” (Booi & Edwards, 2014, p. 1). Following on from an assertion I made in the previous chapter, I proposed that because every person is assigned ancestral spirits who are concerned with the continuation of the bloodline, the ancestral spirits thus pass on various gifts of legacy on to them. Ukuthwasa, when read in relation to the African cosmological view of reality and the human, should occur within the process of human development for all peoples.

As an example of how this ‘handover’ may occur, I examine the initiation of a traditional healer. In identifying the various types of ancestral spirits that can call a human into the practice of traditional healing, I argue that traditional healing is not a homogenous practice, and, in this way, one is inducted into the ‘school of thought’ and practice specific to the ancestral spirits that have called them. I suggest that the calling to be a “traditional healer is hereditary, passed down from generation to generation”, as such, “the person is chosen as a healer by her ancestors at conception” (Mlisa, 2009, p. 138). The differences in individuals define whether the gift is latent or manifests itself in various ways throughout childhood,

adolescence, and adulthood. In this chapter, I introduce various life stories of the healers I interviewed. Through these, I argue that initiation is not a once off event, but an ongoing process of integration of the various parts of the human, the various beings on their cosmology, and resultantly of the knowledge they hold. In this way, knowledge is not absolute or finite, rather it is dialogic and negotiated, defined, and redefined through various contexts and lifetimes.

Thinking through the initiation and training of a traditional healer and from the life stories examined, I identify the different signs and signifiers that manifest themselves through the individual to show that they have been called to traditional healing. I propose that traditional healing be considered a techné. My definition of techné is borrowed from a translation of Heidegger (1954) translated by Lovitt (1977). Heidegger (1954) maintains that techné "is the name not only for the activities and skills of the craftsman but also for the arts of the mind and the fine arts" (p. 7). It concerns itself with "bringing-forth, to *poiesis*; it is something poetic" (p. 7). Techné is about knowledge and knowing, "it reveals whatever does not bring itself forth and does not yet lie here before us" (p. 7). In this way, as a techné, traditional healing is about knowledge and knowing, revealing that which has been concealed. What traditional healing reveals in this thesis, is another cosmological way of knowing reality, the human, health, and disease.

Within the techné of traditional healing, I identified technologies used within initiation to help move the trainee traditional healer closer to the knowledge passed down and possessed by them. Heidegger (1954) maintains that technology is "a mode of revealing. Technology comes to presence in the realm where revealing and unconcealment take place, where *aletheia*, truth, happens" (p. 7). I have thus, referred to methods of training within traditional healing as technologies, because they have the same character of "a setting-upon, in the sense of a challenging-forth" (Lovitt, 1977, p. 8) as what is considered as modern

technology. The knowledge to be gained by the trainee, in employing various technologies is expedited and "directed from the beginning toward furthering something else, i.e., toward driving on to the maximum yield at the minimum expense" (Lovitt, 1977, p. 8). As such, these technologies used on the trainee, bring forth the role of the traditional healer. Furthermore, an examination of these technologies opens a way to consider the praxis of traditional healing in the identification and treatment of dis-ease.

I have thus structured the chapter into four parts. The first part provides context on how I think about initiation as a gift from the ancestral spirits, as a heterogenous practice, and as a developmental process. In the second part I extend the idea of initiation as developmental by offering an examination of the stories of initiation as it pertains to human development. In this part, I examine how the calling to initiation manifests at different times in various healers' lives. The third part is an analysis of the signs and signifiers that manifest in an individual called to be a healer. Lastly, I examine the training process of initiation itself and highlight the technologies, devices, and methods used to help the initiate move from initiate to fully fledged traditional healer and the skills and competencies that are gained from this process of initiation.

A Gift (or debt) from the Ancestral Spirits

In the previous chapter, in examining the notion of the cosmological view of reality and the human, I suggested that all people have ancestral spirits in their cosmology. These ancestral spirits come not only to protect their descendants but also pass on their gifts and talents so that their descendants may continue their family legacy. It is important to reiterate that the passing on of legacy and by extension ukuthwasa, is not only reserved for the gift of traditional healing and that as stated by Mkhize (2013) all people's go through a process of ukuthwasa as part of their human development and in keeping with their destiny. For the purposes of this research however, I consider the various knowledge traditions and healing

modalities that are encompassed within traditional healing as gifts passed down from the ancestral spirits to the traditional healer through the process of initiation.

Many writers suggest that the calling to be a traditional healer is passed down through generations and is a gift from the ancestors (Ngubane, 1977; Booi, 2004; Mlisa, 2009; Edwards et al., 2009; Ross, 2010; Thornton, 2011; Mkhize, 2013). This idea is also reiterated by Athini in this study by reflecting on the source of her own gifts of healing. She states:

> *So, you know that when we say that a person has been entered by idlozi (an ancestor), we are saying that this person has been entered by the spirit of a person that used to live on this earth and is no longer here, who used to heal or work in some way when they were still on earth. So sometimes it can be one grandparent or two or many that work in different ways. And these various ancestors come in various ways to give you different gifts... So, these grandfathers that were working with different gifts at different times and in different ways, have come together to give me their gifts; you know one gives me maybe to work in one way and one in another and to see maybe using bones or to see using water etc. And all of them are from my family, my mother's side. So, the most recent one has revealed herself, she is from my father's side, and she appears holding her gifts waiting also to give it to me. She knows that I work through my mother's bloodline, and she respects that; they all respect each other; but she would also like to give me a gift that will not clash or create tension with the others, it operates in its own way, but it will complement all the other gifts I have been given.*

In this sense Athini appears to organise her gifts of traditional healing through her matri- and patrilineage. She recognises her ancestors as relatives that have passed on from the physical realm but return to and through descendant with gifts to help the descendant diagnose and heal dis-ease. Her ideas reiterate those of Mkhize (2013) in the previous chapter who states, "a man lives in his sons, who may receive a portion of another man's spirit and thus may in

some sense become that other man" (p. 11).

Athini refers to multiple ideas that have been reiterated by different writers and assertions I have made in the previous chapter. The notion of the human as multiple is bought to the fore through her reflecting on the multiple ancestors she works through. The notion of personhood as a process is further elucidated as she acknowledges another ancestor who comes bearing more gifts for her more recently. In this way, she exemplifies the idea that within traditional healing, there are multiple knowledge traditions and healing modalities available to a healer dependent on the various ancestors that make up their cosmology. Athini's statement also alludes to the notion of multiple temporalities that can be present in an individual. Her claim that multiple ancestors come from different times to work with and through her in the present, puts into question the idea of time as a linear construct and potentially expands the possibilities of thinking about time. In this way, the human, by virtue of the various spiritual beings in their cosmology has the potential to traverse and inhabit multiple temporalities. Adding more complexities to the inter- or transgenerational relationship between ancestral spirits and descendent is the notion of gender as fluid and multiple. Athini is an example of this, other examples can be found in the stories of the other healers in this study. While she identifies as a female-bodied individual she acknowledges that she primarily works through the gifts handed down to her by her grandfathers. Only more recently, does she acknowledge a grandmother she could potentially work with.

Similar ideas can be found in the stories of Ntaba and Mahlaletsheni. These healers are twins and further exemplify the notion of the gift of healing passed down through the generations. Even more so, as twins they organise their callings and gifts in relation to matri- and patrilineage, with the Ntaba, as female, responding to their mother's calling and Mahlaletsheni, as male, responding to that of his father. Ntaba was the first twin to be called into initiation, she maintains that she was called by her mother's ancestors in order to fulfil a

calling that her mother did not respond to. She introduces the idea of ancestral debt into my thinking of the gift of healing as passed on by the ancestral spirits:

> *I kept on seeing my mother's grandfather who told me that it would soon be my time. He told me to pray and constantly ask for guidance. He told me that I had been called by the Mthimkhulu's[21], my mother's side of the family. When I told my mother, she refused at first because she knew that I was answering her calling that she denied.*

Her mother's refusal for her daughter to respond to the calling of the ancestral spirits, echoes that of her own. Coupled with Ntaba's illness and misfortunes, however, the same grandfather appears in her dreams by way of convincing the mother that there is no choice but to allow her daughter to respond to the call of the ancestral spirits. Ntaba continues her story and describes how her mother had to first slaughter a goat in apology for refusing her own calling, before she is then able to hand over the responding to her daughter. In this way, she exemplifies the dialogic nature of the calling to be a traditional healer, and as I will show in this chapter, the dialogic nature of knowledge within a traditional healing paradigmatic lens. As a gift passed on from ancestral spirits to mother, the case of Ntaba and her mother, illustrate that the gift of traditional healing is inherited and genetic, and with it, the debt to respond to the calling can be considered as lineage or ancestral debt.

Ntaba's brother, Mahlaletsheni began his training to be a traditional healer after his sister. They both give the impression that his own journey was facilitated by his sister paying off their mother's debt. Reflecting on his own journey he maintains:

> *…everyone thought I would go thwasa first because of the way I acted and dressed… But when they explain the story, it makes sense because my sister was paying for my mother's debt… Even indumba here at home is mine and not my sisters because she is*

[21] This and other surnames have been changed to protect the anonymity of respondents.

not supposed to be the healer as much as I am. But for me it was from my father's side, so mina ngithwasele oZungu, where she was doing it for my mother's side. Because of what happened to her before me, my path was easy.

Mahlaletsheni does not report to any illness or hardships because of being called to traditional healing like his sister. He does, however, reflect on an affinity to traditional healing based on his behaviour and manner of dress. They both give the impression that his journey was foretold because of his twin being in training before him. In my personal experience of the two, both twins were trained by the same teacher and in this way, it seems to me that she paved the way for his training to fall into place.

In juxtaposition to the twin's story, Khanya's story typifies the notion of the continuing growth of the ancestral spirits beyond the material realm and the implications of ancestral debts in the immaterial realm. Khanya asserts:

But I was getting sicker and sicker, so I went to consult again, and I was told the same thing. So, I asked the person why I don't feel anything, and she said my ancestors are too dirty, but they were showing me signs that they want to be cleansed so they can speak to me. So, I asked them what they must do, and she said she must cleanse me, and I must eat igobongo. So, I did. It was about a month so the gobongo opened me and the ancestors said I might as well carry on with the person who gave me igobongo. So, I did.

Khanya maintains that she came to her calling at an older age. In the absence of dreams or visions- commonly reported to pull a healer closer to their calling- she reported that her only complaint was her illness which could not be diagnosed and treated by doctors. In our interview she recounted her experience and maintains that multiple members in her church told her that she was being called to work by the ancestors. She eventually consulted with a healer. From this consultation, it was determined that her ancestors could not fully communicate through dreams and visions because they were dirty, and this impinged on

communication between the material and immaterial realms. By way of cleansing her ancestral spirits she was prescribed a cleansing and a process called ukudla igobongo. I will discuss this process in greater detail in the section pertaining to plant medicines, in short, it is a ritual process whereby a specific set of medicines are mixed and beaten with a stick, the froth or foam resulting from this is then ingested by the individual. While igobongo has many uses, as expressed through Khanya it was used to heal the ancestral spirits and to "integrate them with the body of the ancestors" (Ngubane, 1977, p.50) so that they come back as good spirits (Jombigazi and Msima, 2015[22]). Through igobongo, the ancestral spirits are helped to move from shadow state to spirit state, thus, bringing them home as amadlozi- in this case ancestors who can heal (Ngubane, 1977).

Khanya states that her ancestors were dirty because *"sometimes they do not do what they must do when they are alive. Like they are called and do not answer, and they die. When they come back, they know nothing but that they must heal".* This treatment was prescribed for Khanya to cleanse her ancestors who themselves found it difficult to communicate with her because of their dirty state. Unlike the case of the twin traditional healers, where their mother was able to perform the ritual of ukushweleza for herself, they in their ancestral spirit state rely on Khanya to apologise on their behalf and cleanse them. This story illustrates the implications of spiritual or ancestral debt and portrays that in the immaterial realm ancestral spirits find it difficult to progress fully into spirithood. In this way, they are stunted in their growth and as such, also stunt the growth of their descendants in multiple ways. While Khanya became the one chosen to help them progress, she reports that the rest of her family was also in a state of 'stuckness':

[22] Personal communication

> *But in my case, it is also to heal the blood line because with these dirty ancestors, the whole family was dirty, so I cleaned them, and things started getting better in the family… Well, the boys in my family were not getting married so the family was not progressing. And then after, a few got married and had children. And the children then were getting work here and there.*

This story illustrates another level to being called by the ancestral spirits. While most healers in this research were called to heal others, I suggest that the main premise of Khanya's calling, was to heal her lineage, through healing of the family's ancestral spirits. It exemplifies the notion of a bi-directional relationship between ancestral spirits and descendent and reiterates the notion of inheritance and genetics that connect descendent to ancestral spirit on both a biological and spiritual level.

Khanya reported to continuing with her initiation. I suggest that in this case too, the initiation was not necessarily for Khanya but to repair the rupture in the lineage to continue the family legacy. The knowledge of previous generations was stunted because of the rupture created by their refusal to accept their calling. They were thus unable to pass down this knowledge as it had skipped over them. Khanya asserts that her initiation was slow and that *"it was not a good experience for [her] because other people came and some of their ancestors were quick. But for [her] it wasn't like that. So, for [her], intwaso was not actually for [her] but for [her] ancestors. It's like [she] was paying their debt"*. And in so doing helped her ancestral spirits integrate with the greater body of ancestral spirits. Through Khanya's reflections, my exegesis is to suggest more potentials through which to think through the implications of 'generational trauma' as carried through the blood and spirit.

This notion of 'generational trauma' has been referred to in a radio interview on PowerFM by Gogo MkhanyaKude[23]. In this interview he explained that not everyone who comes into initiation is called to heal using imithi, some people are called to heal their family's generational trauma and sometimes they can thwasa and not necessarily work as a healer after. A similar notion is proposed by Jombigazi and Msima (2015) in explaining that not everyone who goes through the process of igobongo must necessarily thwasa after. For some the process is enough to cleanse the ancestors and heal the bloodline. For others it is to open their other gifts such as luck in business and the like. As to why the ancestral spirits did not respond to their callings while still alive, it is difficult to say. Following Khanya's story, I suggest that a possible reason is due to Christianity and the demonisation of traditional healing within the religion. Khanya delayed her own response to the calling due to Christianity. I suggest that when the ancestral spirits were still alive, they too converted to Christianity and thus renounced these traditions. This further reiterates Mkhize's (2013), Athini's and Lebembe's lamentation in the previous chapter of how colonisation and conditioning and socialisation under colonial rule, served to create ruptures between descendent and ancestral spirit as well as within the human soul's spiritual and human minds.

The gift of ukuthwasa as a gift from the ancestral spirits, speaks to the need of continuity between generations. An examination of how this gift is passed down also highlights the notion of ancestral, lineage or spiritual debt as a rupture between generations and how this rupture stunts the growth of the lineage. Healing this rupture, as in the cases of Ntaba and Khanya, results in a facilitation of an intergenerational or transgenerational transmission of knowledge. Coetzee (2019) defines intergenerational or transgenerational transmission as not only resulting from "vertical transmission from elders to younger ones,

[23] On an interview on PowerFM 23 January 2019. Gogo in this case is a male-bodied healer who works primarily through an ancestral spirit he recognizes as a grandmother. This further exemplifies my earlier claim about the transgendered relation of descendent and ancestor.

but that the gains and transfers are instead distributed up and down the bloodlines in a mutually interactive generation and regeneration of knowledge" (p. ix). Her idea of this type of transmission is like the concept of the 'DNAs of memory' proposed by Lebembe in the previous chapter. He considers ancestral spirits not as entities separate from the individual but as past life iterations of that individual by virtue of passing on their DNA and blood. In this he maintains that *"these DNAs of memory are what enable the soul to remember where it has been in the past. So, I think that is why at times one gets de ja vu moments. You are remembering certain aspects of the past. So, in this life we are repeating everything we have done before. Sometimes we improve them and sometimes we make them worse"*.

Lebembe asserts that the human soul and/or spirit are both timeless and timely and that the memories of knowledge gained in previous lifetimes travels with the human into the various iterations of their lives. The implication here is that we, as both our ancestors and ourselves, carry knowledge through lifetimes and each lifetime adds to what we perceive for future lifetimes. These ideas of continuity also account for the concept that traditional healing contains in it an aspect of trial and error, a readiness to experiment, to try new therapies or to discard some for better ones (Chonco, 1972; Ngubane, 1977; Flint, 2008, Sobiecki, 2014). In this way, the praxis of traditional healing, and the resultant knowledge and theories, occurs across material and immaterial realities. It is dialogic and negotiated. While dependent on the ancestral spirits, who hold the mantle of experts, it is also dependent on their descendants who learn and progress this knowledge. As passed down by beings in the immaterial realm who were once part of the material realm, I suggest that the knowledge is based on trial and error "for observed and replicable effects for many generations" (Sobiecki, 2014, p.4).

The human, in this way, has access to these memories and like the idea of multidimensional senses or umbilini (a type of intuition), these DNAs of memory can seep through, ultimately however, there needs to be ideal conditions in order to access and

remember these memories of knowledge. Lebembe also alludes to the fact that one would need to be unconditioned to remember these. The underlying assumption here is that "a child is born with an empirical knowledge that becomes consciously available to her during her growth development" (Mlisa, 2009, p. 85). The process of initiation is therefore one which should help the individual access these memories of knowledge. This echoes an assertion from the previous chapter, that DNA is not solely biological or rather does not only carry a biological code, but a spiritual code as well, and as such predisposes an individual to holding healing knowledge, should there have been healers in the lineage. In this way the spiritual is not something ethereal, intangible, or other worldly but also carries with it an element of cognition or consciousness and a way of being in the world beyond just the physical body.

Different types of knowledge traditions

Following on from the discussion in the previous chapter, in the following section I discuss in greater details the notion that ancestral spirits are differentiated into many categories. The different of ancestral spirits imply different types of knowledge traditions and healing modalities in traditional healing. Thus, resulting in a traditional healing that is a heterogenous and hybrid practice. It is dynamic and shifts with and to suit the ever-changing context of South Africa. Mdlalose (2009) asserts that these categories of spirits are dependent on the age of the deceased, where they were from and how they relate to the individual they gift with their knowledge[24]. In writing about traditional healers, Nkabinde (2008) maintains that "sangomas work with different kinds of ancestors; ancestors who share the same bloodline, ancestors from the village or the nation, ancestors that come from other parts of the world" (p. 60). In this study, Dabula confirms these observations and suggests that:

[24] Translated from Zulu.

> *There are different types of ancestors, and they work in different ways. There is umnguni like a relative of yours who will come and ask you to heal on their behalf, there is isthunywa which we see a lot of churches use, there is umndawe and umlozi and others. So umndawe differs… [and] is normally an ancestor that is not a relative of yours. They either come from somewhere else like Mozambique or Zimbabwe and they have somehow mixed with our people. Some people say we have not always lived in South Africa so you can find that this spirit maybe clung on from long ago from wherever we moved through. It is difficult to tell.*

Like Dabula, Nobengula proffers:

> *The mnguni is the ancestor from my bloodline, in my case it was my great great grandmother who was an inyanga before. Umndawe is the spirit of someone not from my family, in my case it was an old shangaan man that used to look after our family cattle, and he died on the family ground. This type of spirit then comes back, this was the violent one who wanted their bag because apparently it died violently away from home. So, when the umndawe is cleansed, it is then made into a good and healing ancestor.*

Both narratives and explications propose different categories of the ancestral spirits. Synonymous with the literature, these are also seen in terms of the different traditions of healing and types of healers one can find in South Africa, which in the previous chapter were primarily isinguni and isindawe healing traditions (Schuster-Campbell, 1998; Mkhize, 2013; Thornton, 2015).

Another type of ancestral spirit that illuminates he historical dynamics of the South African context is the spirit referred to as isthunywa seen more commonly amongst the healers categorised as prophets, faith healers or abathandazi. Makhosi Nobengula speaks of her different roles as sangoma and umthandazi as well as the ancestral spirits she works through in playing these roles:

> *As a sangoma I use the bones and imithi to heal. And as a prophet it is mainly through prayer and water and iziwasho and white medicine. So, it works with ancestors both of it, but it is just different paths. The older ancestors worked in the sangoma way but then when the white people came with their faith the newer ancestors used the church way. And they both work…. Isithunywa also likes church, so it does not get lifted by drums like idlozi but by singing and clapping hands in church. My family followed the church and so when the ancestor comes, he comes in its last form which is to be isthunywa.*

Edwards (2010) maintains that this type of healer generally belongs to an African Indigenous Church (AIC) and uses mainly Afro-Christian healing methods. The umthandazi came about because of the introduction of Christianity. They are also known as abaprofethi (prophets) or faith healers. Although "faith healers are not 'traditional' in the usual sense of the word in that they did not exist before the development of Western medicine, they are nonetheless 'traditional healers' as they share a common theory of health and disease and treat by integrating Christian rituals and traditional practices" (Freeman & Motsei 1992, p. 1183). UmThandazi or umProfethi emerged from the rise of the African independent church movement which broke away from the more western oriented missionary churches. Many of the roles of iSangoma "have been taken over by umThandazi within a modern supernatural religious and urban setting" (Edwards, 1986, p. 273). And "while some abathandazi use one or two herbal medicines particularly aloe, most rely only on prayer, holy water and ash" (Ngubane, 1977, p. 118), to arrive at the same point of healing as with the sangoma[25].

Yet another type of ancestral spirit comes up in the literature as the spirit of iNdiki

[25] The case of isithunywa is a curious one. While the literature and the healers in the study, link isthunywa with the African Independent Church movement and abathandazi, traditional healers like VVO Mkhize of the uMsamo Institute, Thuli Nhlapo (in a personal communication) and myself, have a different understanding of isthunywa, as not confined to the church but rather serves more like a universal or collective ancestor. In my own workings with isthunywa, I am able to use mediumistic divination, candles, herbal medicines and word spells (not prayer). Further research is needed on the different type of knowledge traditions and healing modalities as linked to the different types of ancestral spirits available in the South African context.

also associated with the shifting times in South Africa. Ngubane (1977) speaks of "a new form of possession" spirit possession she refers to as indiki and ufufunyane or izizwe possession "closely associated with African industrial development (p. 142). Mdlalose (2009) suggests that indiki and umndawe are a similar type of spirit, indiki is due to either a violent death or the spirit of an immigrant whose family was not able to perform the "rituals necessary to place them in their proper position in the spirit world. Such spirits wander about in desperation and become a menace to the local people, taking possession of them and causing illness" (Ngubane, 1977, p. 142).

In this way, this category of ancestral spirits is composed of different types of spirits that also reflect the political, cultural, and historical dynamics of the South African environment. This list of spirits is not all encompassing[26] and indeed throughout Africa there are more types of spirits particular to the context. This list does however point to the idea that ancestral spirits are not homogenous and that they affect their descendants in different ways or require specific types of technologies particular to them. As setting the context to my discussion of initiation, I propose that the succeeding parts are read in relation to the context of initiation as a human process inherent by virtue of the continuation between generations. Although I do not describe in detail the types of knowledge traditions that can be categorised from the different types of ancestral spirits, my interpretation of this heterogeneity elucidates

[26] Ngubane (1977), Mdlalose (2009), Mkhize (2013) as well as Dabula in this research also speak about an ancestral spirit known as uMlozi. The literature maintains that this type of spirit is rare and not yet fully understood, save to say that the spirit communicates in whistles and is the "highest in the graded scale of divination" (Ngubane, 1977, p 103). This type of spirit generally reveals itself after the initial training of a healer and indicates another phase of initiation and training. In this instance, the healer is trained by the ancestors through dreams, wherein they show the healer different medicines and techniques (Mkhize, 2013, p.109). I have left umlozi out in the main text as I have not been able to gather enough information about this type of ancestor. In my own initiation, at the writing of this thesis, I had only begun to understand how my own gift of writing and meta-analysis was connected to my possessing umlozi. In my case, the ancestor does not solely communicate through whistles, although there are high pitched sounds which mimic frequency signals, similar to but different from tinnitus. In my case, I believe umlozi to be responsible for the gift of clair-cognition and speaks to me not as an audible voice, but through a type of telepathy where knowledge is transmitted. In my practice as healer, I find that the divination is best through tarot cards as opposed to the bone oracle. Interestingly, Dabula, who also dreamt of a mermaid is the only healer that referred to uMlozi. My own connection with uMlozi is also through the symbol of the mermaid. In this way, I am inclined to believe that uMlozi is not necessarily an ancestral spirit, rather I perceive it to be more of a divinity or iThongo.

the process of initiation as highly individualised and particular to the cosmology of the healer in question. I thus implore the reader to consider this context as a precursor and to frustrate what seems like generalisations in the sections that follow.

Initiation as developmental

In her doctoral thesis, Mlisa (2009) compares Freud's topographical model of the mind (1977; 1978), Erikson's epigenetic principle (1963; 1980), and Jung's individuation process (1983; 1986; 1990) in her psycho-analytic analysis of the process of initiation. She integrates the common elements in these approaches with her own analysis of intwaso and contextualises it as "a ritual of inheritance, growth, and maturity which provides a person with the fulfilment and insight to know who she is" (Mlisa, 2009, p. 80). In analysis of the initiation stories of her own respondents she was able to *"*highlight various phases of development and crises as well as successes in their lives, and in that way prominent phases in the trainee's life experiences were highlighted. In addition, it was possible to identify the stages of the initiation and certain levels of growth development in the healing capabilities of amagqirha" (Mlisa, 2009, p. 103). Her own contribution to the literature on initiation is a seven-stage description of the process of initiation which highlights intwaso as a developmental process towards the full integration of the various aspects of a healer. In this work, I have used Mlisa's stages in thinking through initiation as developmental and throughout the chapter will draw upon her work to strengthen some of my own arguments.

Like Mlisa (2009), I concede that it is difficult to provide an exact chronology of the stages and phases of initiation. A lot of the material I collected from the healers was not necessarily told in a chronological manner, instead I was given glimpses of different moments in time. Through analysis of the different stories, I placed them according to the estimated age spoken about, childhood and/or adolescence as well as adulthood. The stories show that at these phases, there are persisting signs and signifiers that indeed a person is

called by their ancestral spirits. I also found that at these different phases, there are different ways to nurture the gift dependent on the development phases of the human more generally. I argue that as with the broader notions of human development, initiation as spiritual development, also fosters the achievement of various milestones connected to milestones of human development.

Booi and Edwards (2014) maintain that within the field of transpersonal psychology, spiritual development is understood as a human process that intermingles with other developmental processes. Spiritual development "concerns itself with the development of, attunement to, and engagement with realities that lie outside the conventional space-time co-ordinates" (p. 1). In this way, initiation as a process of spiritual development should be read in relation to other processes such as cognitive (Piaget, 1972), socio-cultural (Vygotsky, 1978; Bakthin, 1986), and personality development (Blatt & Levy, 2003; Pearlman & Courtois, 2005; Sroufe, 2005). Not as a once off event but continuous spanning the human life.

A child is chosen: Development childhood to adulthood

Mkhize (2013) ascertains that normally the way a person is born can reveal messages from the ancestral spirits about the type of person that the child will become. He gives examples of children born as twins, at an odd time of the year, born feet first despite various attempts by doctors to rectify this, and born embhethe (en caul) as signs that a 'special' child is born. He asserts that by the time the ancestral spirits are acknowledged to show themselves later in life, they have already done so while the child was in the mother's womb (p. 80). In a similar vein, Mlisa (2009) suggests that the first stage of initiation is the stage in which "the person is chosen as a healer by her ancestors at conception by a process called ukuqajwa (to be chosen) and there is no apparent chronology as to which child will be chosen" (p. 138).

Exemplifying Lebembe's concept of DNAs of memory embedded in the spirit and

soul, Mlisa (2009) asserts that a child is born with the "inherited genetic traits of ukuthwasa*"* (p. 84). This type of child is "born with an empirical knowledge that becomes consciously available to her during her growth development" (p. 85). This genetic inheritance is known in Zulu as ufuzo or in Xhosa as imfuza (to take after), "a process whereby certain family values, talents, skills, and abilities of past family members seem to stay in future generations through inheritance by certain children" (p. 85). The gifts of the child can be "identified at birth and by her intuitive abilities as she grows, such as: ukuzilinda (safeguard), shaking hands in greeting gestures or sweeping a floor, or ukutulusa (bending her head and raising her buttocks). All these are signs indicating the possibility of arrival of visitors (p. 85). These can all be thought of as signs that a 'special' child is born and that a child will one day be called to be a healer. Like the view held by Lebembe that we are all born with intuitive abilities, Mlisa (2009) also maintains that "amaXhosa refer to a child as a 'natural igqirha'" (p. 138) as such the one chosen can exhibit exceptional qualities. She further maintains that "the rich information at this stage is gradually brought to the fore as the child grows and matures, mostly through dreams, visions, and sensitivity to her environment. At times, a child shows an extraordinary sixth sense as she matures" (p. 139).

While Mlisa (2009) suggests that this stage is latent and that only intuitive actions and behaviour can foretell that a child is born called to be healer, she does admit that for others this is shown at birth and that the "parents are aware of the child's projected destination" (p. 138) as the child grows up. In my own collected data, I have used the cases of Athini, Dabula, and Zingisa[27] exemplify and expand these claims as their gifts were already functional in

[27] These names have been changed to protect the anonymity of the healers. Healers in South Africa generally have two names, their birth names and names they are given during the training to be a healer. Mlisa (2009) asserts that in Xhosa initiation, the initiate is named twice. Firstly, they are given a name upon entering the training, and this is replaced by the graduation name at the graduation ceremony. I only know the birth names of Athini, Lebembe and the twins because they are friends. During interviews, as I followed consultation formats, the healers gave me their healing names often preceded by Gogo (grandmother), Mkhulu (grandfather) or Makhosi (royal one). These names are not chosen based on the gender of the initiate, rather the perceived gender of the ancestral spirit who has called the initiate. In the cases of Athini, she was not named after a particular ancestor, but the name was released by the ancestral spirits that called her. I chose the names

their childhood (See Appendix I). Parsing their stories in juxtaposition, I argue that the inherited genetic traits or DNAs of memory related to the calling to be a healer are available to and develop with the child as they grow. In the cases of Athini and Dabula, these traits are nurtured by their mothers in different ways and actively developed as they matured. Although Zingisa presented with signs of these traits, they lay dormant as her parents were unable to nurture them. In this way, I suggest that the DNAs of memory develop alongside the other forms of human development such as cognitive, emotional, and social development. This can be considered as spiritual development and illustrates the epigenetic claim that both nature and nurture are responsible for the inheritance and succeeding development of specific traits in the person as they grow.

According to Mlisa (2009), the second stage of initiation is the manifestation of signs of ukuthwasa. It is possible that at first these signs may not be recognised as those that signify a chosen healer, "however, others start the process by seeking counsel with *igqirha* at this stage as the dreams affect them. Quite often people still tend not to believe what they are told, especially when it is related to *ukuthwasa*. Others depend on their families' responses at this time, which are often not helpful as other families resent and do not want to accept the reality of *ukuthwasa*" (p. 139). In my collected data, I parse the initiation stories of Dabula, Zingisa, and Boya Benyathi, in relation to Mlisa's exegesis that in adulthood, the signs and manifestations are indeed important in moving one closer to the training phase of their initiations (see Appendix II). There are of course exceptions as with Athini and Dabula, who began their training during childhood. In accordance, Mlisa (2009) reports that it is not uncommon to see a teenager as young as fourteen leaving school and entering initiation (p.

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randomly without much care of the meaning of the names. It was my supervisors that pointed out the significance of the names I chose and how they correlated with the experience narrated. While I was not aware of these correlations, this 'coincidence' could be a result of my own internalisations of the healer and their stories, such that I sub-consciously picked names that would correlate. In my worldview as a healer, I would say that this correlation is as a result of guidance from my own ancestral spirits.

219). I propose that adulthood is the appropriate time where the healers I spoke to are led to their teachers. I suggest that it is in these adult years that the healers have reached certain development milestones resulting in the maturity to undergo the training phase of their initiation, achieve full integration of their various faculties, and undertake the tasks of a traditional healer.

Discussion on healers' stories of initiation

In this discussion, I consider the different narratives in relation to the claim that initiation is development. I oscillate between considering the narratives individually and collectively. In many instances the stories stand out in their own rare distinctiveness while at other moments, they can be read in relation to each other. The general structure of this section sees me reflecting on the stories individually and then attempting to unify them in conclusion. In examination of these narratives, key themes emerge that will be discussed as a separate section.

Athini AmaZulu was born en caul and this is one of the main reported occurrences, suggested by Mkhize (2013), that signified to her mother, extended family, and community that a special child had been born. Exemplifying an assertion made by Mlisa (2009), during her childhood she exhibited exceptional qualities that showed that she was a child born with the inherent characteristics of intwaso. Athini reports to, what seems to me, a photographic memory that enabled her to excel academically. She maintains that as a child she would sleep with the lights on and reflects on not wanting to sleep as hers was not a restful sleep. Athini conjures up the image of time travelling in her dreams, where she reports, she would be taken to different times given a task to complete. Her narration reiterates and elucidates one of Athini's earlier ideas in the chapter, where she speaks of how in adulthood, she recognises her work as a traditional healer as coming from different ancestors bringing to her their different ways of working from different times. Read within her story as it relates now, it is

possible that this idea of time-travelling or traversing multiple times to access past memory is a skill that she exercised academically as a by-product of her ability to time travel in her dreams. The case of Athini further illustrates spirit-soul-body integration where through her dreams her skill of time travelling is either remembered or honed within her unconscious and subconscious and she is able to utilise it in her conscious mind in the form of photographic memory in her waking life at school. In this way, in her childhood, she is already engaged in the process of integrating spirit, soul, and body as part of her journey as initiate.

The idea of spirit-soul-body integration is further exemplified in Athini's story through the dream of the green snake. Beginning from an understanding that snakes in dreams symbolise a divinity or ancestral spirit (Bernard, 2003; Booi, 2004; Mlisa, 2009), I suggest that Athini's dream of being entered by a snake, symbolizes being entered by an ancestral spirit. This translates in her waking life as a gradual blindness. This case portrays her altered state of being, which causes much suffering and dis-ease, and expands the notion of the dream as an altered state of consciousness into the physical realm and becomes a type of reverie (Manganyi, 1977). In this reverie, an altered state of being allowed her to nurture and hone her skill of listening and seeing beyond what the physical eye can see. In this way, the reverie helps her remember the ability of using her 'multi-dimensional senses' and 'DNAs of memory' as alluded to by Lebembe earlier.

She grows up engaged with her skills of time-travelling through dreams, capturing time through photographic memory, and while blind, seeing beyond what the physical eye can see. In sober reflection of a painful experience, Athini, recognises how her childhood experiences prepared her for her role as seer. She reports that her mother was aware of her gifts as a child, and while it seems as though there was no choice or agency on her mother's part, she nurtured these skills in Athini by *"training [her] now that [she] needs to get used to how to get around the house blind"* and created the environment for Athini's integration.

Athini received further training while hospitalised at King Edward and she highlights the concrete lessons she learned during her time there. She reports to her ability in her blindness to 'see' babies in their mother's womb, sense her brother as he was coming to visit her, and perceive death in connecting a sound made by a stretcher and the type of stretcher it was.

Another type of nurturance is gathered from Dabula's story whose mother was a traditional healer. Her story exemplifies the claim that it is believed that the gift is passed down through the family (Mlisa, 2009; Kubeka, 2016; Booi, 2009; Mdlalose). Like, the case of Ntaba and Mahlaletsheni, Dabula elucidates the idea that it is possible to have more than one traditional healer in the family. On one hand, although the healers generally operate from a different cosmology of ancestors, both cases portray that the older healer can facilitate the journey for the younger healer. Such is the case for Dabula. Like Ntaba and Mahlaletsheni, her story opens multiple entry points in thinking about kinship and initiation. The relationship with her mother represents continuity of family legacy and a physical process of handing over her practice to her future successor. Her mother thus, nurtures her descendent, passing down her own knowledge as foundational in the child's initiation process.

For Dabula's mother, Dabula's dreams and affinity to the material aspects of her mother's practice, were signs that Dabula possessed the empirical knowledge of one with a genetic pre-disposition to healing. These signs prompted her mother to acknowledge that her child was indeed chosen by the ancestral spirits and highlight the communicative aspects of dreams and visions. Dabula reports to an awareness of what she could and could not do at that age. She could beat the drum and knew some medicines and imithi, but she "*could not yet bhula* (divine)" and "*could not yet go into trance"*- the moment of hyper-awareness and manifestation of an ancestor through the body of the healer. I argue that this points to the developmental aspect of her journey and an awareness of other realms already fostered. Although cognitive development occurred in that she was able to learn certain technologies

of traditional healing, namely imithi, ritual, and music, she was not yet privy to the full spectrum of work of a traditional healer- as seen through her mother and her mother's practice.

My interview with Dabula was held in Zulu and as the translator/interpreter, I chose to use the word 'affinity' instead of the word 'gift'. In Zulu, Dabula did not use the word isipho meaning gift, she used the phrase 'bengikwazi' meaning 'I could do' or 'I knew how to do'. Granted the distinction is slight, however, the idea of having an affinity to something also speaks to an exposure and liking to that thing. Her use of the phrase *"I enjoyed the dancing and beating the drum",* gives the impression she could participate in her mother's practice because she also liked to do it, or she liked to do it because she could do it. She also uses the phrase *'the technical side of it'* translated from *'indlela okwenziwa ngayo'* (the way it is done), suggesting that there is an element of cognition and skill in apprenticeship in her mother's practice. This case exemplifies Sobiecki's (2014) claim that traditional healing is not solely based on divination and intuition. It typifies the herbalist who enters apprenticeship under an older herbalist and gains knowledge of imithi, illnesses of the body, how to gather, store, prepare, and administer imithi. This aspect highlights the didactic or instructive passing on of knowledge and skill gained by the older inyanga to the younger apprentice and speaks to a cognitive aspect of knowledge where one is concerned with knowing the material aspects of traditional healing. She is also involved in an experiential learning where she is part of the preparation of imithi and part of initiation rites which will assumedly prepare her for her future role.

Like Athini, Dabula is already engaged in learning. From the signs identified by her and her mother in communication with the ancestral spirits, her mother is already engaged in the process of nurturing her child's multidimensional senses, albeit at a cognitive level. I would argue that in this case the mother as teacher or guide and nurturance itself are methods

of initiation, where in this case the mother nurtures this gift encouraging it to be in use within her practice. Dabula's case is like Zingisa's case in that they both exemplify the claim that initiation is also "a communicative ritual. It is full of utterances (clan praises), voices (people and ancestors) and addressees. In that interaction there is always a valuable message passed on, whether in utterance or through a symbol/ritual. These messages are in a meaningful context to give direction, meaning and understanding" (Mlisa, 2009, p. 82).

Like Athini and Dabula, Zingisa is also considered *"umntwana womoya".* Qualities exhibited by Zingisa at twelve are access to dreams and thoughts, to issues of mortality, of death, and dying. Death within the African worldview is not the end of life but a transition to another form of life. Death connects us with ancestral spirits as we journey on to them. Death can also be metaphorical for the living human being losing parts of themselves and giving birth to other parts. Within the canon of ukuthwasa, accepting the calling is known as ukuvuma ukufa- accepting the death. This represents accepting the death of an unintegrated self and the rebirth of the integrated healer (Mlisa, 2009). As such, Zingisa's knowledge and perception of death at twelve, potentially points to both her ability to see beyond what the physical eye can see and encourages an internal process of acceptance of her role as traditional healer.

On the cusp of her adolescent phase, she fell ill enough that she stopped going to school and her parents were told that she needed to go into initiation. Had the parents agreed, she would have given up one form of schooling to enter another form of schooling, that which would prepare her to be a healer at the young age of twelve. Her father refused to nurture this gift because she was still too young and for herself, she states that she also wanted to be *"a girl like everyone else"* and lead a normal childhood. The family was not ready or perhaps did not have the resources (internal and financial) to nurture the inherited genetic traits and DNAs of memory associated with intwaso. Zingisa is unlike Dabula, whose

mother as a healer herself was able to nurture Dabula's inherent traits to learn certain skills as a child. I suggest that Zingisa's call to initiation so young was because there were skills, she needed to learn at that age that were not available within the family or from the school she was attending. Her failing at school can also be thought of as a metaphor, the failure within the mainstream education system, runs parallel to her failure to meet the requirements of her spiritual development. Fortunately, through the device of communication, negotiation, and dialogue, between her parents and her ancestors within her, she can foreground mainstream schooling with a promise that she will return to this other type of education at a later stage.

Through the ceremony of ukushweleza, Zingisa's narrative illustrates, how her family was able to communicate with the ancestral spirits to give her more time to complete mainstream schooling before she enters her training into traditional healing. She reports that her ancestors hear their plea and respond in a dream where the form of a man she recognises as her grandfather informs her that he will be back when the time is right[28]. As with Dabula, the communicative aspect of knowledge within traditional healing encompasses negotiation between ancestral spirits and their descendants. In the literature the communicative nature of traditional healing knowledge is best described by Mlisa (2009) who argues that there are ways to communicate with the ancestral spirits through ritual utterances. These range from "ukungxengxeza (to plead with ancestors) when there is a delay in ukuvuma (to accept), or the family wishes to apologise or to plead for the blessings". This type of communicative ritual helps with "strengthening the interrelationships of the aspiring igqirha, family, and ancestors" (p. 65).

Mlisa (2009) parses the notion of ritual utterances with dialogism (Bakthin,

[28] As with the cases of most traditional healers, the dreams of her grandfather, exemplify earlier claims of knowledge transferred through the generations and the human as transcending dimension time and physical characteristics such as age and gender. This furthers the idea that the African cosmological view of reality and offers a view of the human as both material and immaterial as a composite of spirit, soul, and body.

1986; Hermans and Hermans, 2001; Mkhize 2004) and concedes that the human is always in "dialogue, not only with his/her surrounding but also in interaction with other people, as well as with his/her consciousness" (p. 82). These different "voices interact and together they create meaning and understanding, which constitutes a collective, group, and socially constructed meaning" (Mlisa, 2009, p. 82). Within the context of initiation as developmental, I argue that knowledge by extension is dialogic and negotiated between those involved. At childhood and adolescent phase key stake holders include the child, the parents or guardians, and ancestral spirits. The dialogic process shows the development of meaning making and knowledge construction as an element in the childhood development of the healers.

The remembered moments in the childhoods of these three healers are synonymous with the view that one is born with the inherited genetic traits, inherent knowledge, DNAs of memory, and multi-dimensional senses associated with the calling to be a traditional healer. These examples have expanded notions that these gifts are latent during childhood, elucidating rather, that under the right conditions, the gifts are nurtured into skills and the knowledge is further developed. I argue that knowledge develops along course with other processes of human development, albeit the notion of age appropriateness and development milestones require deeper research and enquiry. These stories illustrate the different types of knowledge the healers had access to and highlights the role of nurturance or lack thereof, in the development of these inherited genetic traits. `

Considering these narratives in juxtaposition with each other and to nature of knowledge within traditional healing, begs the question of education. While Athini and Dabula, were able to engage in both forms of education in varying ways, Zingisa was not able to hold both mainstream education and her calling to attend another form of education and thus stunted her spiritual development. Reflecting back to notions of conditioning and socialisation under colonial rule, introduced by Lebembe and Athini earlier, I consider the

ruptures created between the cosmology and the human and between the cosmology that is the human. A theory of initiation as spiritual development requires alternative modes of education that consider the multi-dimensional and cosmological view of the human as born with inherent knowledge, that speaks to a pre-determined destiny. The human child is not a tabula rasa by virtue of a timeless and time traversing spirit and soul. This has implications for the educational needs of the child within an African cosmological view of reality and opens a whole new enquiry in the field of childhood and human development that highlights the fact that this thesis is just a beginning.

Adulthood

The uniqueness of my analysis of ukuthwasa is my argument that initiation or ukuthwasa is not a once off event and not solely reserved for those called into traditional healing. This latter point will be elaborated upon in the next chapter. Much of the literature (Chonco, 1972; Ngubane, 1977; Schuster-Campbell, 1998; Booi, 2004; Mlisa, 2009; Thornton, 2017) has described and interpreted the initiation of a traditional healer as starting from the training phase, analyses of preceding events fixated on illness and misfortune as pointing to the need for training. While Mlisa (2009) has pointed to inherent traits from conception as signs that one is called to ukuthwasa, her analysis lies mainly on the training phase and how this phase serves to integrate various aspects of the initiate and prepare them for their role as healer.

The narratives of the healers interviewed for this thesis both exemplify and expand these claims. The narratives above portray how from childhood, the healers were actively engaged in awareness and development of their gifts in various ways. I argue that adulthood is a continuation of this developmental process, that under the right conditions could have begun in childhood. In this section, I reflect on the narratives as they pertain to events leading to the training phase of initiation as they occurred during the adulthood of Dabula, Zingisa and Boya Benyathi. The stories illustrate how the intensity of signs signified a need for

intervention. For Dabula the clarity of symbols as connection with the immaterial realm and intervention from her mother as her first teacher point her to the type of knowledge tradition she needs to be trained into. The development of Zingisa's inherent knowledge lay dormant as a result of ukushweleza. Signs in her adulthood signified that it was time for her to activate her inherent knowledge and skills by entering her training. With communication with the immaterial world previously halted, Zingisa consulted a healer to establish the type of training she was to receive. Although the timeline in Boya's story is unclear, her's illustrates the role altered states of consciousness play as intervention from ancestral spirits in moving the individual toward the training phase of initiation. Her story opens another entry point in considering the altered states of consciousness as parallel processing across the multiple layers of the human. Considering these narratives in relation to each other and literature, I suggest that while there are various signs and signifiers that one is ready to enter the training phase, key signs such as altered states of consciousness and pain, suffering, and dis-ease commonly considered as symptoms of ukuthwasa (Schuster-Campbell, 1998; Booi, 2004; Mlisa, 2009; Sobiecki, 2014), serve multiple functions. An examination of these multiple functions further elucidates the multiple sites, developmental, and dialogic nature of knowledge. Resultantly, strengthening the argument of the manifold and transcendent human.

Dabula's journey continues from childhood. Gaining autonomy from her mother, she married and worked as a domestic worker. Her dreams of water intensified. Dreaming of water signifies an overall calling to training as a healer (Mdlalose, 2009). These types of dreams specifically point to the type of knowledge tradition one should be trained into, in this case the knowledge tradition associated with the water (Bernard, 2003; Booi, 2004; Mlisa 2009; Kubheka, 2016). Furthermore, she dreams of the type of divinity associated with water healing knowledge speaking in another language. This not only denotes a specific type of calling; it also denotes that she soon needs to understand the language spoken by the divinity

in order to access the knowledge the mermaid brings. Alongside these developments in her dream life, Dabula reports to noticing another layer to her skills as she maintains that she was now successfully giving advice to her colleagues. I suggest that in her adulthood, she gradually moved from a technical knowledge of the materiality of traditional healing gathered in her childhood, into the interpersonal skills that prepare her for consultation with patients. Her acknowledgement that her *"own ancestors [were] starting to work"* exemplify a level of maturity and awareness of the development of her own gifts. In this way, I argue that as a continuation of her development it also displays progression and a scaffolding of knowledge and skill.

Like Zingisa, she confesses to *"being tired of working for a white woman"*, where she uses the term, *"ukunukelwa umlungu"* which directly translates into 'white people didn't smell nice'. This phrase is often used to either mean a deep dislike or disdain for white people, or in the way that the word 'umlungu' is used nowadays can mean employer. This rhetoric is often used when describing a symptom of the calling which is a feeling that one wants to leave their job or that one may lose their job (Edwards et al., 2009). This points to dissatisfaction with her current job and a nudge towards her true vocation of being a healer. Although Dabula does not say this exactly, the impression she gives in highlighting that she got tired of working for a white woman evokes a similar idea, in this way she left her job.

This story highlights the multiple connections between herself and her mother as her first teacher, as her mother is also aware of these changes. Her mother continues to nurture her child and student's growth and offers the intervention of ukhamba to facilitate clearer communication on where Dabula is to receive more training. The use of ukhamba is similar to igobongo in the case of Khanya above. It is a "medicinal preparation made from roots of a medicinal plant. This is mixed with cold water in a can, and using a prong-like stick, the mixture is twirled vigorously to form a white froth" (Booi, 2004, p. 51). In Dabula's case, it

was not used primarily to cleanse the ancestors like with Khanya but “used to induce or clarify dreams of and open minds to receive the messages of the ancestors” (Burhmann, 1989, p. 41). The device of ukhamba strengthened her altered states of consciousness and helped lead Dabula to her second teacher where she could deepen her own understanding of her cosmology, spiritual code, and receive further training on how to use her gifts.

Like Dabula, Zingisa in her adulthood, also had the feeling of no longer wanting to be employed. The discontent with her current work exemplified that it was time for her to follow her true vocation. Zingisa highlights relational problems with her employer and her husband. This aspect is comparable to the assertion that one of the symptoms of ukuthwasa is feelings of isolation and withdrawal from others (Mlisa, 2009, Mabona 2004). The dis-ease that she felt in her interpersonal relationships can also be thought of as a projection of the dis-ease felt in the intrapersonal relations between her multiple layers and within her cosmology of ancestors. When asked how she knew it was time for her training, Zingisa maintains that she did not fall sick as before, when she was a child. Rather for her, the inter- and intrapersonal tensions propelled her to seek counsel from a healer to confirm that it was indeed her time. On one hand, while these tensions are cause for pain, while I cannot compare her pain to another, I suggest that hers were not as severe as some of the other healers and this points to the idea of development in her journey. I propose that because she already knew and had communicated with her ancestors in her childhood, the severity of her symptoms was lessened and the unhappiness she felt acted more as a nudge, that led her to seek confirmation for what she already knew as a result of the development of her journey. Her case further portrays the nature of communication and negotiation between her and her guides and exemplifies the connectedness of the cosmological view of reality, as once again an animal is used to communicate with the immaterial world. This communication ritual seems to strengthen the relationship between her inner faculties and with the ancestral spirits as it

culminates in an altered state of consciousness which leads her directly to her teacher who is waiting in anticipation. This further exemplifies the communicative and dialogic nature of knowledge and illustrates how this knowledge is expansive, as her teacher is now included in the dialogue. In this way, she enters the training phase of her initiation.

Boya's story is narrated from the moment she is about to enter training. While her age is unclear, she was still living with her parents who were there to witness and affirm her calling. In Boya's story, a prominent feature is the persistent headaches she reported to experiencing. Headaches are a common symptom experienced by those who are called to be traditional healers (Booi, 2004; Mlisa, 2009). The headache she reported was a precursor for an altered state of consciousness as she reports to a black out following the headache. Boya maintains that following her black out, her parents would report that she would speak in another voice. While this may seem like a type of possession, I argue that the notion of possession does not fully capture this experience and that I do not consider possession as part of the discourse on the initiation of a traditional healer. My understanding of trance is as a "sense of hyper-presence or hyper-consciousness in which the healer becomes intensely involved with their own intellectual and emotional state" (Thornton, 2015, p. 30). This understanding borrowed from Thornton (2015) strengthens my proposal of a multi layered and transcendent human. While the other voice speaking through Boya can be thought of as the voice of an ancestral spirit, the idea of the ancestral spirit speaking through her exemplifies Lebembe's notion that there is no separation between descendent and ancestral spirit. That the voice speaking through her was perceived as a male voice, exemplifies my earlier claims that the human in their multiplicity cannot be confined by social constructs such as gender. Boya's case thus also strengthens my argument that the African cosmological view of reality and the human queers gender.

The idea of altered states of consciousness as parallel processing is also strengthened

through Boya's narrative. This narrative illustrates not only that the multi-layered human has access to DNAs of memory, but also illustrates that these DNAs of memory can seep through to communicate with people outside of the one that possesses them. Communicating through Boya and not necessarily to her further exemplifies the dialogic and communal nature of knowledge as through this communication, her parents had no choice but to listen. Again, the idea of communication through an animal is reiterated with the slaughtering of the cow and the succeeding dream of the house in which she would be initiated. Like Zingisa, her inherent DNAs of memory come to the fore and lead her, in an altered state to the house she had dreamed of to begin her training.

While all these narratives are pointedly different from one another, they do show commonalities. I argue through this chapter, that while there is no singular, standardised path of and to initiation, there are various signs and signifiers that alert both the initiate and surrounding community that one is called to the training phase of initiation to be a traditional healer. Communication shows itself to be an important device in accessing knowledge across material and immaterial worlds. In this way, pre-training, the human is still able to access this knowledge as something to be scaffolded and further developed through the training. Furthermore, the dialogic, communal, and developmental aspects of knowledge elucidate knowledge as infinite and dynamic as negotiated between various stakeholders. In this view, the human has the agency, not to deny or refuse their destiny[29], but to negotiate the terms upon which the destiny is to be fulfilled. An examination of these narratives has extracted key signs and signifiers that one is born with the inherent knowledge that predisposes them to traditional healing knowledge.

[29] I will develop this idea further in the next chapter, it does however go back to the previous chapter's assertion that the spirit and soul hold and communicate the individual's destiny as was agreed upon when the soul differentiated from the spirit into the human body.

Signs and signifiers

There are various 'symptoms' of the calling cited by various writers (Ngubane, 1977; Mkhize 2013; Booi, 2004; Mdlalose, 2009). These include but are not exclusive to psycho-social crises (as above) as well as "multiple physical complaints" (Booi, 2004, p. 4), symptoms of illnesses such as cancer (in the case of Khanya), headaches, palpitations, and various behavioural and spiritual symptomatic ailments (Mlisa, 2009). Other reported symptoms are related to mental illness such as anxiety, so-called hallucinations and delusions, mood swings (Booi, 2004), insomnia, restlessness, violence, aggression (Buhrman, 1986). The list is endless.

Most of these signs can also be mistaken for medically related illnesses including mental illnesses and as such can delay the process of accepting the call to training as often, consultation with a traditional healer is usually the last point of call. While various forms of these symptoms were cited by the healers in this study, I isolated three that I argue are not symptoms but signs and signifiers because their incidence is twofold. Firstly, one or all these signs and signifiers accompany the symptoms to alert the individual and family that the perceived illness is in fact communication that the individual is called to train as a traditional healer. Secondly, I propose that these signs can also be considered as pedagogical devices moving the human closer to an integration of their spirit, soul, and body as well as integrating them with their cosmology as precursors to the training.

Affinity and/or ability

The idea of affinity or ability is exemplified in the multiple narratives of the healers interviewed in various ways. Athini's ability to *'go back to the beginning'* during tests at school, mirrored her tasks of time travelling in her dreams. I argued that her altered states of consciousness served to alert her and her mother of this ability to time travel as a skill she would use as seer in her later life. These abilities in her altered state and occurring in the

immaterial world of dreams, translate as the photographic memory that enabled her to excel academically in her waking life. While at her age, this was not something she enjoyed doing, it does point to an ability to use her multidimensional senses to transcend the material world to see the immaterial world, a skill she now uses as seer in her practice.

Dabula entered an apprenticeship with her mother at a young age because she showed an affinity to her mother's practice and by extension to the knowledge to be gained within traditional healing. She attests to knowledge of imithi and ritual available to her as she grew through the apprenticeship under her mother. This apprenticeship engaged her in a vicarious learning where she learned by observing her mother and then later her ability activated by experiential learning where she was engaged in the preparation of imithi and by beating the drum in certain rituals. She later showed a progression of this knowledge by her ability to engage in the interpersonal skill of giving advice to her peers. Dabula exemplifies how affinity progresses into ability when nurtured and in many ways illustrates the role of training in the making of a traditional healer.

This notion of affinity is also identifiable in the case of Mahlaletsheni who states that *"everyone thought I would go twasa first because of the way I acted and dressed. And because I was an artist, I suppose I acted a little crazy. Like I would wear shells, walk with my feet (barefoot) and dress very African"*. Mahlaletsheni's assertion is also comparable to a notion presented by Booi (2004) that according to traditional Nguni beliefs, a person afflicted by intwaso behaves oddly. She gives the example of her case study:

> The participant reported that she did not like to sleep on the bed; instead, she preferred sleeping on a sack. She did not like to eat normal food but ate wild plants and drank from the water that was drunk by cows in the field. She slept in the kraal among the sheep or outside when she was in her paternal home. She used to play, eat and sleep with

dogs. She moved between the maternal and paternal homesteads, and she was unable to live in one place.

While pointedly different both cases illustrate the idea that certain types of 'strange' behaviours are "believed to be due to the ancestors alerting the community that something spiritual is emerging from that person" (Booi, 2004, p. 45). This 'strange' behaviour is also related to certain taboos observed by initiates and traditional healers. The affinity to them not only conveys that one is called to traditional healing but can also be considered as DNAs of memory seeping through as rehearsal for the individual's future role as traditional healer.

The notion of affinity not only speaks to the affinity to knowledge but also to behaviours associated with those of traditional healers. In this sense the idea of affinity and ability as a sign or signifier portrays natural talents and ways of being as pointing to access to inherent knowledge particular to traditional healing as well as serving as rehearsal for the role of traditional healer. Furthermore, particularly in the cases of Athini and Dabula, when affinity and ability are nurtured, they aid in the development of skills and knowledge pre-training and may even highlight the type of practice the healer is called to.

Altered states of consciousness as parallel processing.

The most common sign is the presence of persistent dreams (Ngubane, 1977; Booi, 2004; Hirst, 2005; Mlisa, 2009; Mdlalose, 2009; Edwards, 2009; Ross, 2010; Thornton, 2009). While there are different types of dreams, those associated with altered states as parallel processing are those known as 'amathongo'; "clear dreams with a clear message in them" (Mlisa, 2009, p. 223). These are pointedly different from other dreams because of the clear message and "a person never forgets that dream; it remains in her consciousness for a long time" (Mlisa, 2009, p. 223). These dreams include dreaming of "deceased and living relatives, sacred animals and places (rivers, seas, forest, mountains and caves), and amayeza (medicine). Amathongo are very important because they set the curriculum and direction for

the training" (Mlisa, 2009, p. 227-228). The types of animals and places a person dreams of also indicate the tradition or school of thought one is to be initiated into (Booi, 2004; Mlisa, 2009; Mdlalose, 2009). In this work, however, the notion of dreaming is expanded and the term 'altered state of consciousness' is premised on the assertion by Mlisa (2009) that:

> a person can dream even when she is awake or walking. That was difficult to understand but on analysis of their statements such as: ubanotyaba (you just have an imagination/idea); into isuke ithi tha uhleli or uhamba (you just have a mental picture of something whether you are sitting or walking); lento ihlelikuwe engqondweni ingasuki (something that occupies your mind and does not disappear); or umbilini ongafuni kohlukana nawe (persistent intuition); made the researcher understand that a vision or intuition about something is also a dream. This is called umbono (a vision) (p.225).

In this way, my understanding of the concept of dreaming includes persistent feelings (affect), visions, intuitions, the hearing of voices, persistent thoughts, going into trance, and the like. This is in accordance with Booi (2004) who includes dreams, visions, voices, and intuitions within the understanding of "altered state experiences" (p. 44).

Dreams are important in the development of traditional healers because "when the spirits wish anyone to become a diviner, they make known their wishes by causing [them] to dream" (Mdlalose, 2009, p. 14) and also "connect [them] to the invisible world of the spirits" (Mdlalose, 2009, p. 18). Most of these types of dreams show an imminence of ancestral spirits as "their will is manifest through them, dreams are conceived to be communications emanating directly from ancestors" (Hirst, 2005, p. 10). Dreams associated with altered states of consciousness engage the individual in a parallel processing that helps them "identify who [they are] through the continued analysis and interpretation of [their] fantasies, dreams, visions, and mythical experiences" (Mlisa, 2009, p. 88). In this sense, I suggest that the altered states of consciousness are pertinent in aiding the individual to remember information

as alluded to by the notion of the DNAs of memory introduced by Lebembe.

The DNAs of memory also allude to the connection between ancestral spirit and descendent, as previously asserted. The connectedness denotes the human as of both the material and immaterial realms. The metacommunications through the altered states of consciousness signify a multi-layered and transcendent human, who is a collection of the meta and corporal by virtue of their various faculties within the spirit, soul, and body. In this way, I argue that considering the dialogic nature of knowledge within the African cosmological view of the human, the different consciousnesses within the healer find voice through these altered states. As such the assertion that traditional healers are the 'house of dreams' (Callaway, 1970; Ngubane, 1977; Booi, 2004; Hirst 2005; Mlisa, 2009), suggests that the traditional healer has the ability to traverse multiple consciousnesses through their altered states. This multiplicity corresponds to and expands the idea of polyphony and dialogism as introduced by Bakhtin (1984) where "the self is conceived as a matter of dialogue between different I-positions" (Hermans, 2002, p. 422). While Bakthin has been used within sociocultural psychology to position the individual as one that is always engaged in relationship with others and the social context, I argue that the altered states point to intrapersonal communications. In this sense I consider them as the different voices within the traditional healer coming to the fore to guide, instruct, and engage in a process of dialogical meaning making.

In the process of human development, Jung (1990) proposes a process called the individuation process, in which a person grows and matures, by managing the struggles of the soul and fantasies of the dreams from the collective unconscious. This is the process whereby the unconscious is integrated with the conscious. The process is a life journey in which an individual becomes what or who they always were (p. 40). This is not a smooth process and usually runs a dramatic course with many difficulties. Expression of the dramas is often

through dreams and visions related to the representations of the collective. Individuation is explained as a process by which a person becomes a psychological individual, that is, a separate, indivisible unity or 'whole' (Jung, 1990, p. 275). Individuation is thus implicated in the process of becoming and corresponds to dialogism's assertion of the innovative and self-renewing human who can reposition themselves based on the interchange of voiced perspectives. As the dialogical self can be described only in terms of becoming (Hermans, 1996; 1997; Bakthin, 1993) ukuthwasa as dialogic presents itself as a lifelong process of development and becoming.

To further illustrate this idea, drawing on Sigmund Freud, Mlisa (2009), suggests that the information of the unconscious may be expressed in disguised or symbolised forms such as slips of the tongue, dreams, and intuitive expressions. She maintains that the interpretation of fantasies and dreams is critical for a deeper understanding of the unconscious processes underlying human behaviour. Resultantly "ukuthwasa as a phenomenon is a product of the unconscious level" (p. 82-89). Correspondingly, drawing on Buddhist philosophy, Thompson (2015) maintains that self is a process and that humans enact self in the process of awareness. In waking life, a "bodily-self" is enacted but when asleep, it drifts away and gives rise to the "dream ego", which he describes as the experience of the dream from the perspective of the self within it. In this state the self of the past or future overtakes the self of the present moment (p. xxxi). In this sense, the self is multiple and through the experiences of altered states highlighted by the healers, the various selves- past, present, and future- begin to seep through in several ways.

These various ways are illustrated by the narratives of the various healers in this study. In the case of Dabula, her dreams as a child alerted her and her mother of who Dabula was and would become. Prompted by these dreams, she entered in a training phase by apprenticing in her mother's practice. As an adult, the dreams of water and the mermaid,

served to portray the knowledge tradition and healing modality she needed to be trained into. Her dreams also led her to the teacher who was to train her. Following an assertion made by Thompson (2015) above, in the experience of herself in her dreams, her 'dream ego', her abilities are bought to the fore and her future selves overtake her present self, to show her who she truly is. These altered states of consciousness, for Dabula, are instructional and guide her toward integration between her spirit, soul, and body.

The narratives from Zingisa and Boya show trance as another type of altered state, a state of hyper-presence or hyper-consciousness. Both cases illustrate another sense of self taking over, to make known their presence and wishes for the present self as in the case of Boya. Zingisa's experience serves to project the healer to where she needs to be in order to begin her training. Both healers attest to waking up at the place where they would be trained, this comes after getting up in the morning and either walking or taking taxis. For Athini, the idea of an altered state of consciousness is further extended to include the reverie, where her state of being is altered, through her blindness, such that she is introduced to another reality through which to hone the skills she will use as seer. In this way then, these altered states are seen "as serving different functions namely: giving direction, informing, advising, empowering, requesting, raising awareness, and giving warnings (Mlisa, 2009, p. 53).

A brief examination of a dream shared by Nobengula, which I used in the previous chapter, highlights the complexity of symbols within dreams. Nobengula's case exemplifies the importance of interpretation of dreams as alluded to by Mlisa (2009) above. Nobengula states:

> *At night I would have a dream and there would be three people that would come to me. One would be a snake and then turn into a man. He told me he was a grandfather from*

far back in the family tree, he would call himself Dabula Amanzi[30]. He was the one that was in charge. These people would take me with them where they would show me a river and out from the river would come imithi and all sorts of animals. In other dreams I would dream like I was running away from a big leopard and when the leopard caught me it would rip me apart. And then I would come back together again but I would be wearing a prophet's attire. Like the one with blue and white with a cross on the back and I would be carrying a big stick like the one from the Zion church."

In remembering the dreams that accompanied the physical symptoms she was experiencing as a result of her calling, Nobengula, foregrounds the dreams above. Upon examination, these dreams point to a projected future of who she is as a healer, the types of technologies she would use (imithi, in her role as inyanga and water, candles, methods associated with the Zion church as umthandazi), as well as the type of trainings she would need to go through. Associations with the water and the leopard show two different types of healing traditions and may cause confusion when not properly interpreted. I argue that these different types of healing traditions as unified in her dreams, portray that her repertoire of healing spans and integrates the different traditions associated with the water and the leopard. Her deconstruction by a leopard ripping her apart and then coming together again wearing a prophet's attire, reiterate the knowledge traditions and healing modalities she is to embody. This type of dream is also reminiscent of the process of ukuvuma ukufa, where she is being called upon to accept the death of her present self for the rebirth of her future healer self.

The above analysis of the various altered state experiences as reported by the healers argues that altered states of consciousness can be considered as parallel processing as they help bring the unconscious aspects of the individual to consciousness. The processes of

[30] This is not to be confused with the Dabula interviewed for this study. I did not change the name given to me by Nobengula as it is not a defining factor that would expose her identity. Dabula is a common name especially to those who have the calling associated with the water.

processing highlighted above can be considered as accounting for the processing that occurs within the individual leading them through the ongoing process of initiation, toward the process of training to realise their full potential, and continues after the training (Mlisa, 2009). Thus, reiterating an assertion from Mawere (2011), in the previous chapter, that the human in African cosmological thought is considered a "system of systems", capable of producing "materially or technologically other mechanical systems" (p. 42). These processes are then also pertinent in enabling the integration of the various stakeholders or different voices in the knowledge the traditional healer holds. I would further argue that parallel processing also informs part of the training as the individual is introduced to the various domains they will inhabit. The functionality of the altered states of consciousness is that they serve as a type of rehearsal and makes experiential who the healers truly are through the experiences of being in altered states. With these altered states also viewed as "important communication skills and basic ingredients for allowing the passing on of information and wisdom from ancestors" (Mlisa 2009), other dimensions and stakeholders, the knowledge thus becomes dialogical, a call and response. In this way, the call to traditional healing is literally 'ubizo' known colloquially as 'a calling' and directly translates to 'a vocation', derived from the Latin 'voca' meaning 'a call or voice'. In heeding the call of multiple voices, including their own, and stepping into the role of traditional healer, the traditional healer responds. As proceeding throughout their lives and foundational to their practice, the traditional healer is engaged in a constant call and response.

Dis-Ease (pain, suffering, illness): Breaking point and/or break through.

Commonly cited as a main symptom of the calling, hardship, illness, or loss are considered crises associated with 'ingulo emhlophe' (Mlisa 2009) or the white sickness viewed as a normal process of or within initiation. These crises can take on the form of undiagnosable and untreatable illnesses (as in the cases of Zingisa, Boya Benyathi, Khanya, and Ntaba),

disruptions in relationships with employers, family, or lovers (as with Dabula and Zingisa) and the like. Other types of crises can include freak accidents, a loss of wealth, and deaths in the family (Mlisa, 2009). For the healers in this study, these crises were signifying factors that the time had come to respond to the calling of their ancestors and enter the training phase of their initiation. For all the healers in the study, except Khanya (for reasons identified), their crises were accompanied by altered states of consciousness as parallel processing showing the individual what type of initiation they are to receive. In most cases it is these crises that prompt individuals and their families to seek advice from a traditional healer and informs their decisions to go into initiation (Mlisa, 2009).

In this section, I argue that pain, illness, and suffering are a fundamental stage serving multiple purposes. Parsing the pain, illness, and suffering as both breaking point and break through, I suggest that these experiences can be considered a device to progress individuals to the culmination of their development as healers. This observation is in accordance with the stages outlined by Mlisa (2009) as she states that the third stage of initiation "is that of crises and/or afflictions" (p. 139). For most of the healers it was this stage that acted as a final push to seek external help and consultation from a healer was sought. The consultation with the healers then served as confirmation that indeed the individual is called and that they need to be trained how to use their gifts as healers. Secondly, it is a point at which 'unconditioning' as described by Lebembe and Athini begins. These crises, as part of the initiation process bring to the healer the experience of "supreme deprivation until their minds are redirected away from conventional reality, allowing them to then touch the supernatural" (Booi, 2004, p. 10). Finally, these crises serve "as a training strategy to provide umkhwetha (the initiate) with experiential insight to their clients' world-views. In that way, they learn how to understand their clients' dilemmas and how to treat them" (Mlisa, 2009, p. 87). Put in another way, these crises also serve to make the initiate more empathetic for their future clients'

dilemmas.

Mlisa (2009) rejects the notion put forward by certain researchers that consider this stage as a sign of ukuthwasa (Mqotsi, 1957; Broster, 1981; Hammond-Tooke, 1989; Hirst, 2000). Alternatively, she suggests that "the person already has the gift at that stage and has done nothing about it. The manifestation of the symptoms presumably takes place to force the person to take action" (p. 139). I suggest that both propositions are true in keeping with the idea that signs and signifiers of ukuthwasa act as both signs that an individual is called as well as pedagogical devices preparing the individual for the culmination of the developmental journey of initiation. Booi (2004) using the lens of transpersonal psychology, maintains that the "shamanic illness" is often the beginning of many shamans' careers. She suggests that this illness leads "to personal transformation or spiritual awakening and ultimately to the wisdom to serve the community as a healer". During this period, "the mission to heal and the tools for doing so are revealed" (p. 11). She, like many other transpersonal psychologists consider this phenomenon as a spiritual emergency which will pave the way for the spiritual emergence. A spiritual emergence, she defines "as a natural process of human development in which an individual goes beyond normal personal feelings and desires into the transpersonal, increasing relatedness to a higher power or god" (p. 10). She equates this phenomenon to the process of ukuthwasa and suggests that the similar may also hold for traditional healers. Similarly, Laing (1989) asserts that some indigenous culture's view illness and suffering as processes of physical and psychic transformation which is intended to alter consciousness and as forces and mechanisms of transformation and self-healing. The metaphor of death viewed as a way of regenerating and recovering from one's earthly existence (p. 80). Transpersonal psychologists thus view this stage of crisis as one that may open the doorway for a transformational experience and as such "they would also agree to the Xhosa belief that these crises can lead to healing and can have positive outcomes such as

psychosomatic healing and deep positive changes in personality" (Booi, 2004, p. 65).

Mlisa (2009), using a psychoanalytic lens, maintains that a crisis at each stage is a critical turning point in the individual's life. The crisis therefore arises from physiological maturation and social demands made upon the person at that stage. She applies this principle "to the training of umkhwetha (initiate) where she has to meet and overcome the demands of each training process to proceed to the next" (p. 87). In this way, the crisis is also a turning or break through point which is transformational and centred on the development of a psychological quality that will aid the healer in practice. In this way, Mlisa (2009) sees the experience of "afflictions as transformative growth, maturing processes and life-skill orientation processes (problem solving, healing skills, leadership skills, coping, adaptive mechanisms, and an enacting process)". It is also through these crises and the culminating training process of integration that healers are engaged in the process of ego development as they can "identify their personal strengths" (p. 234). The individuation process introduced by Jung (1990) is also relevant in this discussion of dis-ease as both breaking point and break through as within this process, the management of these struggles results in the integration between the conscious and unconscious and allows the individual to move in the path set for them in life.

Erikson's theory of psychosocial development (Hjelle & Ziegler, 1976; Meyer, 1989) emphasises the intermingling of the physiological and socio-cultural aspects of an individual. He presents an eight-stage model of psychosocial conflict and/or development. In this theory all individuals need to overcome and resolve these crises in order to adjust well to the environment. The encounter with these crises contributes to growth as we are left with no choice but to overcome them; failure to do so may impact psychosocial development. This notion exemplifies an assertion about personhood made in the previous chapter. Within the African cosmological view of the human, the human is in a state of becoming. The notion of

becoming person, also implies that it is a process that can be achieved or not. Failure at the various milestones implicated in human development leads to a stunting of or failure to become person and attain ubuntu, personhood.

In the journeys of the healers that were examined in this study, crisis and affliction interwove through their lives from childhood to adulthood. The healers were able to overcome these crises by either entering apprenticeship (Dabula), ukushweleza (Zingisa) or by rituals seeking guidance (Boya, Ntaba). The example of Athini's blindness in childhood also show that through the crisis of blindness, she was able to learn to use her multidimensional senses and learn to see beyond the physical eye. That she learned to do this within a hospital setting can also be considered symbolic for her future vocation of healing the ill. I argue that these various stages are developmental and are part of the initiation of a healer. Thus, a healer is born and prepared through experience and various nurturing devices from childhood to the point where the integration of their experiences will allow them to move more comfortable into their healer roles. Up until this point, I have described initiation as organic and developmental, manifesting in various ways in the traditional healer's life journey. I have shown that at various stages, the traditional healer had intrinsic and extrinsic factors in their lives that either nurtured or halted different aspects of this journey based on resources that were available or not. For those healers who were able to nurture this journey, there were different skills honed and knowledge accessed as a result of this nurturing. I found however, that even with this type of nurturance at their disposal, there was still a need for the initiation phase that I have called 'training'.

Training: technologies, devices, and methods

Up until this point, I have proposed the view that initiation is a developmental process that is available to all human beings. I have argued that within African metaphysics, the human is perceived as born with specific intrinsic knowledge, skills, and DNAs of memory by

virtue of their existence within the material/immaterial continuum, their multiple faculties, and the spiritual beings in their cosmology. In this way, I have suggested that all humans are initiates as they move through their own developmental processes to make the implicit knowledge explicit. In this thesis, however, I have followed the trajectory of the traditional healer as the focus. I argue that one is born a healer and as they develop, so too do their intrinsic qualities and resultantly, the inherent knowledge they possess.

In the following section, I examine the common technologies, devices, and methods used in the training phase of the initiation of a traditional healer, as collated from the interview data and literature. This examination is premised on the perception that the practice of traditional healing is heterogenous, and as such, different knowledge traditions follow their own protocols. The healers in this study identified as either sangoma, nyanga, or mthandazi and as such have reported on their various initiations. The aim of this section is not to give an appraisal of the process of training, this has been seen to in the work of Mlisa (2009). My purpose here, is to examine the common devices used in training to ascertain how these devices help the healer to attain the key competencies needed in the practice of traditional healing. Although this maybe an examination of various technologies, devices, and methods used within the training- as solicited from the literature and interviews- I am in no way implying homogeneity or that one size fits all.

The function of the training phase of initiation, is best described by Athini, who maintains that this is where the initiate becomes trainee and learns more about, how to access, use, and apply the gifts and inherent knowledge present from conception. She reflects on her own training as a sangoma:

> *It taught me about being a sangoma, what is being a sangoma, because beforehand I had the gift. I went because I was a sangoma… By the time you are born, you are already called. That is why most of the time, there are already signs when a child of the*

ancestors is born. All those signs, what they were, what they are, and what they mean, you learn them in initiation…

You are there to learn about your journey from the beginning. You are not there to learn your gift or how to have a gift or whatever. You go in there having your gift, you were given the gift at birth. My 'growing up' in initiation, was exactly that, growing up. In order for me to understand who I am, what do I do, what happened at different stages of my life.

Now you are at a point where you are listening 24/7 probably for the first time in your life because that is all you do in initiation… because you are working 24/7, maybe you sleep for one or two hours, but you do not feel it because you are now one with the ancestors. You are listening, you are on another mission, usethongeni, you are not in the physical… You surrender, it is about surrendering. Going into initiation it is about surrendering because you get to do things and be challenged. That is another thing about initiation, the gift that maybe you have possessed for years, becomes challenged. It gets tested.

Athini alludes to the fact that training becomes an integration of the initiates life experiences and altered states of consciousness before the training. This idea of integration reiterates the notion of the human as comprised of spirit, soul, and body. Her use of the phrase, 'usethongeni' directly translates to 'you are in the spirit or ancestor'. Parsed in relation to Athini's statements above, I argue that within initiation, the trainee, learns how to effectively embody the ancestral spirits. Considering the various faculties of the human, I suggest that embodiment of these spirits requires the trainee to learn how to effectively tap into their spiritual mind in order to comprehend the spiritual beings to allow for greater access to the inherent knowledge. I suggest that within the training phase, the spirit, soul and body are harmonised and balanced. It is at this stage where the initiate learns more about their gifts and

how to direct them into a skill using their bodies. Her notion of surrender is comparable to the notion of 'ukuvuma ukufa', described by Mlisa (2009), as the fifth phase of initiation which "involves a series of activities that could be categorised into sub-stages" (p. 141). At this point, "the trainer is entirely convinced that umkhwetha has a calling and she has committed to it" (p. 149) and an intense process of training and integration ensues.

The training phase is "a formal and meticulous process that can take between months and years depending on how fast the trainee learns the trade" (Mokgobi, 2012, p. 30). Although it is the ancestors who guide and set the course the training should follow (Schuster-Campbell, 1998; Booi, 2004; Mlisa, 2009; Thornton, 2009; Mokgobi, 2012; Mkhize, 2013), there is an order that is followed to ensure cognition or comprehension of immaterial realities in the material realm (Schuster-Campbell 1998; Mlisa, 2009; Thornton, 2009; Mokgobi, 2012). This is to ensure that key competencies are achieved by the trainee at the end of the training. The ancestral spirit's role in the training is to "guide each trainer and show them how to train and when to teach each important task. Each trainee is encouraged according to his or her talents; some may learn more or different types of healing practices than others. It all depends on the individuals, what they are ready to learn" (Mrs Sibandze in Schuster-Campbell, 1998, p. 52). Furthermore, although the gifts of the healer and the inherent knowledge is a gift to be guided by the ancestral spirits, the training and practice of the healer is inherently a dialogic and negotiated process. This notion of knowledge as dialogic exemplifies the claim that traditional healers are not possessed by ancestral spirits but rather possess ancestral spirits or have ancestral spirits (Ngubane, 1977; Thornton, 2009). The difference of 'being possessed' and 'possessing' gives agency to the trainee and is not simply a claim to special spiritual access but also a claim to an identity and a specific cultural intellectual heritage. Learning to heal involves learning to use and to control the power of these ancestral spirits. This is simultaneously a transfer of knowledge and a recuperation or

creation of an identity (Thornton, 2009, p. 26), becoming person.

During the training, the healer achieves balance, integration, and regains control over their various faculties in accepting this vocation. The "process of learning is also a process of healing" (Thornton, 2009, p. 31). In this sense, healing involves harmonising, balancing, integration, and is a culmination of preceding developmental milestones. The culminating process is that "of transforming a gift to a practical service" (Mlisa, 2009, p. 169). A comprehensive list of key competencies to be achieved by the end of the training is provided by Mlisa (2009). Amongst these by the end of the training, the trainee should:

- Understand the ethical code of conduct and dress (Mlisa, 2009; Mokgobi, 2012)
- Know how to stimulate, awaken and nurture their skill of divination. This differs between healers and ethnic groups. Some healers use and interpret the bones (Schuster-Campbell, 1998; Thornton, 2009; Mokgobi, 2012) while other healers use umbilini (Mlisa, 2009) or their heads (Ngubane, 1977).
- Have knowledge of medicines and the diseases they can heal (Schuster-Campbell, 1998; Thornton, 2009; Mlisa, 2009; Mokgobi, 2012). In this vein, it is also important for trainees to learn how and where to collect, prepare and store these medicines.[31]
- Have knowledge of the different types of ancestors and how to communicate with those specific to their types of tradition (Thornton, 2009; Mokgobi, 2012)
- Dream analysis (Mlisa, 2009; Mokgobi, 2012)
- To learn and practice all treatment methods or therapies- washing, vomiting, steaming, minor surgeries, fermentation methods, and others- including how to lead ritual ceremonies for different reasons (Mlisa, 2009)

[31] In my experience, in the context of Johannesburg, Soweto, less healers are collecting medicines themselves and are rather making use of the muthi markets in their respective townships or Kwa-MaiMai or Faraday in the city.

This list is not exhaustive and there are many other competencies particular to the various healing modalities not included above. Furthermore, ideally a healer has their own specialization according to the will and specialty of their ancestral spirits, in this way, the training should be in accordance with this specialty.

Considering the possible competencies to be achieved in the training phase, in the section that follows, I examine traditional healing as a techné, and parse the gobela, cleansing and plant therapies, ukugida, and continuous assessment as technologies, methods, and devices that are used in the training of a traditional healer to ensure that key competencies are met. I argue that, as common themes extracted from literature and interview data, these are the common pedagogical tools used to develop the skills of a traditional healer.

Gobela (Guide)

Healers in this study report to finding their gobela in an altered state of consciousness; either through a dream (Ntaba, Dabula) or after waking from a state of trance (Zingisa, Boya). In most of these cases, the gobela was also informed of their arrival, in an altered state of consciousness, and was already waiting. This is synonymous with the stories of healers interviewed by other writers (Schuster-Campbell, 1998; Booi, 2004; Mlisa, 2009; Mkhize, 2013). In these cases, the ancestral spirits choose a gobela who should be related to amathongo [the ancestors] of the initiate (Mlisa, 2009, p. 29). This is important as the gobela needs to be well versed in communicating with a specific type of ancestral spirit, as well as the rituals and plant medicine that will give the trainee more access to communication with their ancestral spirits. The gobela chosen needs to be initiated into the tradition that the trainee's ancestral spirits were also initiated into and of a similar spiritual lineage so that they can transfer the correct type of knowledge of that tradition.

Not every qualified traditional healer is qualified to train prospective healers. It is a specialisation that warrants another calling, process of initiation, training, and integration

(Mokgobi, 2012; Mkhize, 2013). As part of this training, the traditional healer enters training to be a gobela. This encompasses another set of rituals, observations, and practical experience of the training process of a traditional healer. Like an internship, the trainee gobela helps their gobela in the training of trainees. When the trainee has shown key competencies, they can then become a gobela. In most instances, the trainee gobela's first trainee will be trained by both the trainer and themselves. Another set of rituals is then observed to release the trainee gobela to now begin independently training prospective traditional healers[32] (Mkhize, 2013).

During the training of a traditional healer, the trainee is required to live with the trainer's family and other trainees and is therefore constantly observed by the trainer[33] (Schuster-Campbell, 1998; Booi, 2004; Mlisa, 2009; Thornton, 2009; Mokgobi 2012). The lines are thus blurred in the professional relationship, as the trainee becomes part of the social life of the trainer's family. The "teacher-learner relationship is discussed in a kinship idiom" (Thornton, 2009, p. 29). The trainer is often referred to as gogo/mkhulu (grandmother/grandfather) or mama/baba (mother/father) depending not on their own gender but the perceived gender of the ancestral spirit they work through. Correspondingly, the trainer refers to their trainees as 'abantwana bami bedlozi' (my ancestral children). The relationship between trainer and trainee is thus complex and strongly intimate because it involves "personal, emotional, physical and economic dimensions" (Thornton, 2009, p. 29).

Training under a specific trainer also "confers an identity and membership in a mpandze" (Thornton, 2009, p.29). Mpandze (SiSwati) or mpande (Zulu) has multiple meanings. It is simultaneously an initiation school or family lineage as well as a root of a plant medicine. In this sense, although it refers to an initiation school and its lineage, it also

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[32] In offering this process, Mkhize laments the loss of this tradition and questions the quality of healers trained in modern times as many believe that completing the training to be a traditional healer automatically makes them eligible to train others.

[33] This is also fast changing especially in the context of Soweto and other peri-urban areas as space and resources become an issue. It is not uncommon for the trainee to live at their home while completing the training.

speaks to the medicinal specialty of that initiation school. Therefore, impande as an initiation school commands its own healing modalities and knowledge traditions. Examples of healing modalities include medicinal specialties, treatments, and therapies. Knowledge traditions also include intellectual heritage, and knowledge specialties include dance steps, drum rhythms, songs, and costume (Thornton, 2009). The linkages to genealogy further elucidate the meeting place between kinship and intellectual identity, in the practice of reciting the genealogy of ancestral spirits. The trainee is taught to follow the right sequence, starting with her own lineage (both paternal and maternal side), that of ugobela, and those of the mpande (Mlisa, 2009). This practice is used to invoke the ancestral spirits of the trainee, ugobela, and those of the mpande lineage. It is seen as a "means of establishing an intimate level of contact with the ancestors" (Mndende, 2002, p. 44). It is also a show of respect (Mlisa, 2009) of these various ancestral spirits and solidifies the trainee's identity within the mpande (Thornton, 2009). I propose that the training of a traditional healer not only integrates them with their own cosmology of spiritual beings, but into a wider network and cosmology with intricate points of connection and heritage.

Ugobela is a guide for the trainee and instructs them "on a variety of aspects such as different medicinal plants and animal extracts to use, interpreting the bones, dream analysis, communicating with the ancestors, and different illnesses and how to treat them (Mokgobi, 2012, p. 31). Ugobela is important for the trainee as they not only help evolve the trainee's gift into an applied practice, but they also provide the trainee with support and security as an elder they can trust. Ugobela can help them attach meaning to their own illness, afflictions (Booi, 2004; Mlisa 2009), and inner world, through the analysis and/or interpretations of their dreams. The gobela, in this sense helps in "making explicit the implicit understandings that emerge from dreams" (Thornton, 2009, p. 30) and by clarifying what the trainee is taught in dreams, moves knowledge from the unconscious and subconscious to the conscious.

Ntombemhlophe Dube in Schuster-Campbell (1998) points out that in training it is not always ugobela who teaches the trainee a specialty. At times, the ancestral spirits give the trainee a specialty through dreams and visions. The ancestral spirits can show a trainee a specific medicine and where to dig or forage for it (Mokgobi, 2012; Mkhize, 2013). They also teach the trainee what they need to know about the disease that this medicine can heal. The trainee "may acquire a specialty that [their] trainer is not knowledgeable about" (Ntombemhlophe Dube in Schuster-Campbell, 1998, p. 49). This point is illuminated in Zingisa's experience of training:

> *But the gobela needs to train me and the ancestors in me. He saw that there was umnguni who wanted me to work with imithi to help cure people, so this was easy, you just learn about what umuthi does and how to prepare it. Some of them that your gobela has you learn from them, but others you learn for yourself. Like for me, I used to dream of them, and because there was a forest by my gobela, I would wake up early and go and find it where I dreamt, and I would show it to the gobela. Sometimes he knew what it was and sometimes he didn't know so he was saying that this is the muthi my ancestors teach me and want me to use. So, they will tell me how to use it.*

Zingisa's experience in initiation reiterates the idea of a bi-directional relationship between gobela and trainee and demonstrates the notion that ugobela also learns new medicines from their trainee. It also restates the notion of knowledge as dialogic and negotiated between the different stakeholders of the knowledge, namely the ancestors, the trainee, and ugobela. Thus, for the relationship to work well there needs to be transparency and honesty between all involved.

Because of the intimacy of this relationship, the relations between ugobela and trainee are sometimes fraught with difficulties (Hirst, 2005; Mlisa, 2009). Although this work attempts to examine traditional healing by extracting key themes and patterns such that a

framework can be known, I am not blind to some of the complications that can arise within the practice. One such complication is the fact that the relationship between trainee and gobela can be abusive. Mlisa (2009) reports to observing some instances of this abuse in her field work, in which she noticed that some gobelas look down on trainees "because of their junior status and accord them an inferior status" (p. 257). She makes the claim that although "there are those trainers who treat their trainees in respectful ways, but they are few" (p. 258). She reports that some of the elements of this abusive relationships were shouting at the trainees, making the trainees bath them, restricting food, sexual advances, overt jealousy, misinterpreting the dreams, and 'stealing' the knowledge from themselves and other negligent behaviours (p. 260).

I argue that one reason for exploiting the relationship may stem from a misunderstanding of the term gobela itself. The word gobela is a Zulu word and has a double meaning, although I suspect that in some contexts only one meaning is considered. The root of the word is 'goba' which means to bow down. This can be understood to mean 'the one you bow down before', which denotes that the trainee must always respect their gobela and stresses the importance of humility and submission (Mlisa, 2009). It can also mean 'one who bows down before your ancestral spirits' which denotes that the gobela must rely on the trainee's ancestral spirits to guide the training. The different meanings of the word gobela are important in portraying the bi-directional nature of the relationship between gobela and trainee. Lebembe also reiterates this idea, as he reflects on the relationship between teacher and learner. He asserts:

> *In isiZulu we say 'indlela ibuzwa kubaphambili' (the way is asked from those who are ahead). So, the advantage of the teacher is that they have walked the path before, and they need to be able to walk with you. So here you walk as equals, not with some labels like uGobela. And you as a child. This does not work for me… I do not like the terms,*

gobela, twasa [trainee]. That, in itself, speaks to power relations, speaking about dominion over the other. I am older, they are younger. What really can you gain from someone trying to dominate you?

Paulo Freire says something that I appreciate and image that I like very much when speaking about education. He says sometimes teachers act as if children do not know anything, they are empty glasses waiting to be filled by the ever-knowledgeable full jug. The image becomes of the teacher as the full jug pouring knowledge in empty glasses. So ubungoma is also approached in this way but it goes against what it is meant to be because this 'twasa' has 'abadala' (ancestors) who tell and teach them everything and so you need to treat that person like an equal. When the 'twasa' said I have seen this and that, as the teacher you need to accept that to be true and help them do whatever it is, they saw. In this role you help them because you have more experience, you know imithi and you know the protocols that they do not know yet. But as a guide.

Lebembe's statement illuminates further the problems of power relations within traditional healing and exemplifies the idea that traditional healing does not exist within a vacuum. Here to, societal problems are reflected, and, in this way, traditional healers are not exempt from human conditions which arise from the oppressive complexities offered to human nature by such things as colonisation, capitalism, apartheid, and the like. His proposal of Paulo Freire's 'Pedagogy of the Oppressed' as an ideal teaching relationship confirms that the trainee has inherent knowledge and the role of the gobela is to help the trainee make sense of this knowledge while guiding them to walk into the new role of healer. Mkhize (2013) also reiterates the idea of a bi-directional relationship in postulating that ugobela should follow the dreams and visions of the trainee (p. 130). Accordingly, "communication between the ancestors and umkhwetha is simultaneously shared and the trainer accompanies umkhwetha

on her journey as a spiritual guide, leader, illuminator, mentor, and mediator" (Mlisa, 2009, p. 223).

Cleansing plant therapies

All the healers in the study who spoke about the process of training, highlighted that a preliminary step of cleansing is vital for the training process to be successful. This step occurs alongside the ritual of ukuvuma ukufa. Mlisa (2009) describes this ritual in Xhosa initiation where the trainee must be cleansed by herbs. These herbs are used to steam, wash the body, to induce vomiting with and at times to use as enemas. The cleansing ritual is "to ward off evil forces and to make sure that umkhwetha starts her spiritual journey cleansed of bad omens" (p. 143). The trainer slaughters a goat as a sacrifice to ask the ancestors to "remove isimnyama (darkness/bad luck) and bless umkhwetha with ukukhanya (enlightenment) in her journey" (p. 143). The goat also symbolises the acceptance of the death of the trainee's former self and the beginning of a journey of rebirth.

Boya reports on her own cleansing experience:

> *I was cleansed first to make sure that there was no evil to mess with my gift. The cleansing was a little bit difficult because the ancestor who was crying for their bag was also killed very ruthlessly and as a result could become an evil ancestor so the ancestor also had to be cleansed and laid down properly so that it could have a pure heart. The cleansing alone took about a month. I would wake up in the morning, cleanse in a mixture and then I would phalaza. I would then beat ukhamba and eat the froth. This would help my visions. It showed me the type of clothes the ancestor wanted and so when it was clear I bought the clothes and the beads, from what my gobela was seeing she recognized that I was dealing with umnguni and umndawe. So, she had to work with both at the same time so that they would agree*

In Boya's case above, she had to embark on an extended cleansing because of the nature of the death of her ancestor, her ancestor was considered as a dirty ancestor. Her case is like that of Khanya at the beginning of this chapter, who also spent a month with ukhamba or igobongo the purpose of which was not to cleanse her but to cleanse her dirty ancestors and enable them to communicate with her. Mdlalose (2008) maintains that there are different types of amagobongo (plural of igobongo) for different reasons and for different types of ancestors. Thus, the gobela needs to be well-versed in these different reasons and types so that they can tailor-make this treatment for the needs of the trainee and their ancestors.

Throughout the training period, the trainee needs to *"be clean at all times, like to refrain from alcohol, sex and all other things that can block you"* (Ntaba). Healers Athini and Ntaba both maintained that a big part of a healer's work is to listen to their bodies because their bodies also act as tools for divination. Similarly, Mlisa (2009) suggests that the bodies of healers,

> ... become magnetic objects to sense the positive and negative inner worlds of their clients. In that way, they are able to see beyond their clients' bodies and to get involved in the clients' external dimensions: families, work, and lost property. In other words: umbilini may function like an 'X-ray' or medium for the ancestors to guide them with advice directly from beyond the realm of living. To sustain the intuitive abilities, amagqirha have to keep awakening and nurturing their umbilini in various ways such as intlombe, purgative, and other various ways of cleansing and purification (p. 171).

This cleanliness is further ensured by a daily cleansing ritual of either vomiting, steaming, bathing in an herbal mixture and by the daily ritual of ukushaya ukhamba or ukudla igobongo. This is a medicinal preparation made mostly from roots and stems of various plants. The preparation is "administered internally for spiritual healing purposes in South African traditional medicine, there exist mutually inclusive physical, psychological, and

spiritual therapeutic effects" (Sobiecki, 2014, p. 2). These ingredients are ground and made into cold water infusions which are churned with a forked stick to produce foam. (Booi, 2004; Mlisa, 2009; Sobiecki, 2014). The foam or froth is then eaten by the trainee and sometimes their trainer. After a few days the liquid is drunk "as part of emesis (vomiting) therapy" (Sobiecki, 2014, p. 7). This cleansing process is "to induce or clarify dreams and open the mind to receive the messages of the ancestors" (Booi, 2004, p. 51).

The use of these medicines in initiation shows that "Southern Bantu traditional healers consider the related physical, psychological and spiritual effects of plant medicine to be mutually inclusive of one another (Sobiecki, 2014, p. 7). This further confirms the multidimensional nature and holistic view of the human being. Consequently, igobongo can cleanse both the trainee and the trainee's ancestors opening both up to communicate with one another. Generally, when these cleansing practices transpire impepho (a type of incense) is burnt for the purposes of invoking and inviting the ancestors to preside over the cleansing and to also invite them to show their presence through dreams and visions in order to guide the trainee and the trainer. In this fashion, the igobongo and impepho work together as plant medicines to allow the trainee access to both their ancestors and the messages from their ancestors which are pertinent in the successful completion of the training process. Although this is a practice that is learned in training, it needs to continuously be part of a traditional healer's practice to ensure constant communication between the healer and their ancestors.

As with most medicinal herbs used by healers, the plant medicine used in initiation is not only for spiritual purposes but have clear physiological and psychological benefits as well. Sobieki (2014) postulates that the use of impepho and igobongo are no different. He reports on phytopharmacological studies conducted on some plant medicines including impepho and igobongo and suggests that these studies also demonstrate the "empirical basis for use of some plants in divination (by producing things such clarity of thought and

dreams)" (p. 7). He suggests that the burning of impepho has been shown to have an anxiolytic (anxiety reducing) psychoactive effect (p. 6). Similarly, Stafford, Jager and Van Staden (2005) indicate impepho to possess psychoactive chemistry that binds gamma aminobutyric acid (GABA) to the GABA receptor in the brain. GABA is a naturally occurring amino acid that acts as a significant inhibitory neurotransmitter that decreases certain activity in the nervous system thus producing a calming effect when it attaches to GABA receptor (p. 213). Thus, inhaling the smoke of impepho promotes a calm and relaxed state of mind because of the psychoactive chemicals in it (Stafford, et al., 2005; Sobiecki 2014). The calm and meditative state produced by the plant is helpful to the practice of invoking, speaking, and listening to the ancestors.

The different plant medicines used in igobongo and their use in emesis (vomiting) therapy is also useful in not only cleansing the body but also in its psycho-active effects in enhancing sensitivity and intuition (Sobiecki, 2012). Mrs Maponya, a healer in Sobiecki (2012) explains that the mixture of plant medicines is important because they clear the lungs and enable one's inner vision to remember dreams. Resultantly, they connect one to their ancestral spirits, to give them what they need and light the way (p. 219). Gogo Rainbow[34] advises that *"you never want the most important parts, those that you use in divination… basically your head and chest… when they are affected… they must never be affected because these are the core of where umhlahlo (divination) comes from. Even when the ancestor awakens, and roars like a lion it roars from your chest".* In this way, the clarity of the head allows the trainee to access the messages from the ancestors and as the chest-throat area is used to communicate the message to the clients, it also needs to remain clear.

[34] This was part of a WhatsApp conversation I had with a colleague of mine on May 21, 2020, who has been practicing as a traditional healer for longer than I have. The conversation was not pertaining to this study, but to a series of events I was seeking advice for. When she said this to me it made sense to me why most healers inhale snuff before throwing the bones or divining using their heads. The sneezing effect facilitates a process Mdlalose (2008) calls ukuhlakaza ikhanda translated to shattering the mind. A metaphor for the effect snuff has in clearing the nasal passages of excess mucous.

This idea is like the concept of the chakras in yoga and meditation. Judith (2004) defines a chakra as "a centre of organisation that receives, assimilates and expresses life force energy". She suggests that this is a "spinning sphere of bioenergetic activity" and the seven major chakras are "stacked in a column of energy that spans from the base of the spine to the top of the head" (p. 4). The chakras are thought to be associated with "various states of consciousness, archetypal elements and philosophical constructs" and each of the chakras have come to "represent a major area in human psychological health" (p. 6). Within the chakra system the head contains two chakras; the crown chakra which is responsible for cognition and the third eye chakra which represents intuition. The throat chakra is responsible for communication and the chest chakra is responsible for love or compassion (Judith, 2004). Using the metaphor of the chakra system, I understood Gogo Rainbow's advice to keep clear the head and chest-throat area, to alert me of the importance of keeping those chakras clear to help my divination and communication of the messages received.

Florczak, a pharmacist in Sobiecki (2014) suggests that the mixture of plant medicines used in igobongo, have highly effective expectorant effects which remove viscous mucus and other impurities in the lungs, throat, and chest. This allows more oxygen to enter the lungs and increase the functional surface areas of the blood-air barrier, this results in an overall increase in cognitive abilities because more oxygen would be reaching the cerebral cortex (p. 7). The vomiting mechanism is also useful in that it "removes the body of excess mucus and water that collects on the lungs and disturbs the mind and clouds the senses" (Frawley, 2000, p. 156). In this way, I argue that the plant therapies as technologies within the initiation process prepares the trainee for their role as one that communicates and communes with the other realms. The use of these therapies further portrays the multi-dimensional aspects of the healer's practice as well as medicines used within initiation and

treatment. Furthermore, it reiterates the nature of the human as inhabiting multiple dimensions by virtue of the spirit, soul, and body.

Ukugida

Ukugida is the Zulu name for the form of dancing and music which is commonplace in many African cultures and ceremonies. Whilst the ceremonies (imigidi) occur for various reasons such as rites of passage, fertility rituals, weddings, and virginity testing, the type of ceremony that is the concern of this thesis is particular to the training of a sangoma[35] and is a device used to activate and maintain the practice of divination. Mlisa (2009) maintains that while umgidi, is performed for different reasons throughout the training, beating the drum and ukugida forms part of the daily ritual of the trainee. This daily ritual helps the trainee remember their dreams and connect with their umbilini.

Thornton (2009) suggests that ukugida is a learned practice and is taught by example where ugobela teaches the trainee by "actually doing it for the thwasana to see how it is done" (p. 28). The trainee is taught the songs and the drum patterns that go with the dance and in this way the dancing also becomes an "expression of identity of the mpandze" (p. 29) as each mpande has their own unique songs, dance steps and rhythms. Thornton (2009) likens the learned practice of ukugida to the learned practice of yoga and suggests that it is a form of "intellectual or spiritual exercise that shapes and changes the mind, making it more receptive to the implicit or intuitive knowledge that the sangoma seeks and relies on… The dance develops the consciousness of the student and gets the ancestors' attention" (p. 29). In this way, he argues that it is not a training in disembodiment or transcendence "but rather for a method of making explicit the implicit understanding that emerge from dreams" (p. 29). It wakes up or lifts the consciousness of

[35] Not all traditional healers employ this technology and is specific to the training of a sangoma. This further reiterates the notion that traditional healing, and in the same vein the training processes of traditional healers is heterogenous.

the trainee.

Reflecting on her own training process and experience of ukugida, healer Ntaba confirms the above notions from Mlisa (2009) and Thornton (2009) and asserts that this daily ritual is important as it:

> *helps keep the ancestor awake and moving in the body. So, we also learned about ukugida and how it awakens what white people call the kundalini. This kundalini is what connects you to your core and you are able to connect better and faster. All sangomas must gida as a way to keep their kundalini awake.*

Ntaba refers to the idea that ukugida is associated with what she recognises white people to call 'kundalini'. This connects to Thornton's (2009) assertion that ukugida can be compared to the practice of yoga. Kundalini, according to Judith (2004) is a yoga philosophy that refers to the serpent goddess, Kundalini, who lies asleep at the base of the spine. The goddess is representative of the "evolutionary life force within each person" (p. 2). The awakening of this life force "releases stored and blocked energy" (p. 451) and acts as a "metaphysical bridge between matter and consciousness" (p. 2). The movement of kundalini often "leads to mental states that seem out of this world" (p. 451) and are often triggered by meditation, yoga, fasting, psycho-active substances, and the like. Judith (2004) states that this healing force can at times be unpleasant as it brings up unresolved traumas and underlying psychological issues. These unpleasant effects can be managed by purifying the body and practicing yoga as well as other grounding practices (p. 453). The idea of kundalini energy brings back the notions of chakras introduced in the previous section.

While it would be a fallacy to suggest that ukugida and yoga are synonymous, both practices do foster hyper consciousness and access to immaterial realms. Ukugida awakens and maintains the connection between trainee and ancestral knowledge. Yoga facilitates the release of kundalini, thus acting as a bridge between the conscious and unconscious. Mlisa

(2009) also draws similarities between the perceptions of umbilini and kundalini. She uses Sannella (1989) to define kundalini as the "purification and balancing energy that moves from the lower body (the feet) to the throat" and maintains that this definition is "similar to that of umbilini" (p. 252). She also uses the word 'libido' to describe the unused energy, healing abilities, and skills which cause some of the afflictions that drive an individual to training. She maintains that rituals of cleansing, purification, igobongo, and ukugida relieve the unconscious of this blocked libido and the energy is used positively. These practices stimulate umbilini and result in "energy to be used in constant assessment, diagnostic procedures, and treatment procedures for their patients" (p. 90).

In this research, another healer, Athini suggests that ukugida is a way to become fully 'ethongeni'. She asserts:

> *that is why even when you see a person egida, when they are awakening the ancestor, you see them egida in a way they could never if they were in the flesh, thinking they are performing now. It will never be the same because in initiation you learn to fully be ethongeni.*

The phrase 'ethongeni' translates to 'within or in the ancestor' and speaks to a union between trainee and the ancestral spirit in a way that one becomes the other. In this state of ethongeni, there is an "intense mental effort involved in the critical integration of knowledge from intuition, from the senses, and from the social environment. It is less a spiritual exercise leading to trance, as it is an intellectual one leading to a specific method of evaluating knowledge and making it real and manifest. It is a somatic and cognitive technology" (Thornton, 2009, p. 30). In this way, ukugida fosters integration and from this practice, the trainee "learns to take on the role of amadlozi by ukuvusa amadlozi (awakening the ancestor)" (Seleme, 2017, p. 38) within them. Madumela Ngcobo, a healer in Seleme (2017) suggests that in awakening the ancestors within, the aim is "to engage in a dialogue with

them" so that the trainee can "draw on and extract certain knowledge" (p. 37-38) from them.

The practice of awakening the ancestor is a process of integration of the various parts of trainee and their cosmology. It is ultimately an exercise in accessing the inherent knowledge the trainee has by virtue of being part of this cosmology. It is simultaneously an intellectual and healing practice and reiterates the idea that within the training aspect of intwaso learning is healing and healing is learning. Moyane Nkosi a healer in Seleme (2017) states that for him:

> Dancing brings peace within the self. It enlightens my soul. Each and every minute, I take off my shoes, the person within comes into life. Dancing that we do: connects us to the heavens; it connects us with the earth. It awakens everything on earth…like everything. When we stamp, we take off our shoes so that our feet may be able to touch the ground. So, it connects us to each and everything on earth. We stamp the whole time… When we stamp in our training, ukugiya can reawaken idlozi within you. Idlozi can reawaken because the moment I kneel and take the soil which enables me to be able to tell you everything about your life. It connects us to rivers and everything. Ukugiya can cleanse a person (p. 38).

In this way, ukugida is also therapeutic for the trainee as it not only fosters spiritual development (Mlisa, 2009; Thornton, 2009; Seleme, 2017; Mlisa, 2015), which is healing, it is also "a physical energiser to release body stress. They use it to free the body and mind, thus detoxifying igqirha's body" (Mlisa, 2009, p. 274).

Imigidi have become special occasions where various izimpande and the community come together. They can be for the purposes of welcoming a trainee into a new impande, graduation ceremonies, funerals, and weddings (mainly of healers) as well as if a healer is doing a thanksgiving in their home. In this way, the trainee or trainees are also invited to be part of imigidi. Ukugida, thus also fosters a sense of belonging within a community

(Mndende, 2002; Mlisa, 2009; Seleme 2017), places the trainee within an intellectual tradition (Thornton, 2009), and solidifies their position within that community. There is an order to when the different hierarchies of healers (gobela, practicing healer, and trainee) take the 'stage' to gida. In this collective ceremony, the trainee is also able to practice their divination as "the vigorous performance of these activities is believed to facilitate the divination process as messages are revealed faster" (Mndende, 2002, p. 88). The interconnectedness of everyone at the ceremony enables the trainee's own voice to mix "with other voices and because of their access to the collective unconscious their bodies are prepared to be magnets to sense various cues in the environment" (Mlisa, 2015, p. 925). It is not uncommon for those who gida to pull certain members of the audience aside and deliver messages they picked up on from the ancestors[36].

Skills development and assessment

Throughout the training, the trainee is continuously instructed by the gobela. Alongside this instruction the trainee "must demonstrate skills and abilities in the divining system (assessments, diagnosis and preparing treatments for clients)" (Mlisa, 2009, p. 149). As such, the technologies examined above strengthen the bond and collaboration as well as foster the growth and maturity of both the trainee and ancestral spirit they work with. As daily rituals the element of repetition and practise ensure learning and improvement. To aid the gobela in charting the impact of these technologies, there are other practical methods which serve as both practise and assessment of the trainee's developing skills.

Healer Athini reflects on her training as a sangoma and describes how her own skills were developed and assessed:

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[36] My supervisor made this observation: "I love this blending of isiZulu verbs etc. Maybe this could be a foot note and it also talks to your fluency in isiZulu, English, etc. so this code-switching is something quite elevated and integrated". While I was not aware that this was occurring, this note from my supervisor encouraged me to consider the implications of this ability. I suggest that it has in part to do with my own process of auto-ethnography and being fully immersed in both the worlds, the academic and traditional healing. I suggest that this also shows the importance of indigenous researchers embarking on indigenous research and being fully immersed in the topics they wish to research.

> *When things get hidden from you for you to find it is because they need to sharpen the skill so that when you are told now to look and see what you need to see you can do it now, because you know how to channel. Even when you are chilling with your friends, because there is no time table on what will happen when, because you can be at an umgidi and you think you have done the work and you are tired so just chilling and then all of a sudden you are surrounded with people burning impepho for you saying that something is lost, not because something is lost but because they are testing and training you. You need to get up there and then and see what is lost and where it is, and you need to go and find it. And then after you find it, everything carries on without even the people around you knowing that you were being examined. Because it really is an exam. It happens at any given moment... Even when you wake up thinking you are preparing for you teacher to divine for people, they just say you are the one divining today. And you have to divine at the drop of a pin. So, all of those things in initiation are the ways in which you are tested and these challenge you to really sharpen your skill and you do that by forever being present because if you are not present then you will not find the object you need to find and you will sit and sit and stay in initiation unnecessarily for a long time. You never know how long you will be in initiation, there is no set time. You are in there for as long as your ancestors see that you need to so that by the time you are out you are sharp*.

Athini reflects on two instances of practise and assessment. First, she describes the process of ukufihlelwa, the practice of hiding "an object in the vicinity, the trainee is required to find the object being guided by the spirit of the ancestors. The training may be extended for some months should the trainee fail" (Mokgobi, 2012, p. 31). Athini describes this practice within imigidi and amongst other people. In this instance, the stakes are raised, and the trainee is taught to find the missing object- sharpening their skill of divination- under

pressure. Ukufihlelwa is also practised as part of the day-to-day life of the trainee. Ntaba suggests that a trainee can "*either look in the bones to try find [the object] or they can use [their] intuition, the point is to see that [the trainee is] sharp and are able to see beyond the flesh*" as this forms a big part of the healer's practice.

The second form of practise and assessment that Athini alludes to is the trainee taking on the patients of the gobela. At this point the trainee is "expected to work independently, but under the strict guidance of the trainer. She becomes an assistant to her trainer. She can also lead certain procedures and rituals under the guidance of either her trainer or *ikrwala* (newly graduated *igqirha* – an intern). Moreover, she must demonstrate more expertise and knowledge in understanding how various herbs are collected, stored, and used" (Mlisa, 2009, p. 149). When the gobela is satisfied that skills of the trainee are well developed- from continuous assessments and the type of dreams the trainee presents them with- the trainee then helps in mentoring their juniors. When the trainee has shown mastery of the key competencies highlighted at the beginning this section, it is time for ukuphotula which simply means to graduate.

The graduation ceremony is outlined by Mlisa (2009) and does not form a big part of this enquiry. It is important to note however, that this ceremony is usually at the home of the trainee and is open to the community at large to come and celebrate this achievement with the trainee who now becomes an initiated traditional healer. Furthermore, although this ceremony marks the completion of a phase of training it is also "the most difficult test endured during the healers training" (Schuster-Campbell, 1998, p. 66). Here the trainee performs certain sacred rituals as well as displays their skills through finding hidden objects, ukugida and divining in front of the community.

Continuous development

While the training phase of initiation has a beginning and an end, initiation or intwaso is a life-long process that does not end after training. Mlisa (2009) maintains that following the graduation ceremony "a variety of rituals can still be undertaken by *igqirha* after this stage, depending on what her *amathongo* reveal" (p. 161). Within Xhosa initiation there is also an internship stage where the intern healer "learns about secrets not taught to *abakhwetha* during the training. She also attends and witnesses the performance of ritual ceremonies of those restricted to *abakhwetha*. Many people refuse to do the internship because they feel that the process has lasted long enough, and they do not wish to go back again" (p. 161).

Mkhize (2013) also maintains that the training phase of initiation is not the last phase and does not necessarily mean a healer is now ready to work as a traditional healer. He maintains that after the training phase begins the specialisation phase. He suggests that this phase is guided by the ancestors through dreams where the ancestor will now start to show the specific medicines they used and diseases that they healed. Here also, the ancestor can show the healer other rituals to do for themselves to help the healer get stronger and access more knowledge (p. 147).

In the instance that the healer has multiple gifts from multiple ancestral spirits, other types of training are required. This claim is exemplified by the reflections of Nobengula who needed to enter another training after she had graduated from her training as a sangoma:

> *nearing the end some [ancestors] would come in my dreams and give me gifts you know, like some type of imithi and others would show me my tools. There is one that came with the church robe and said that after this initiation I must still go and earn it at the Zion church. So, after I finished that initiation, I went to the Zion church bakhuphula isthunywa (helped the messenger rise).*

In Nobengula's case she had a variety of ancestors that wanted to work through her. The first required training as a sangoma and the second required a church-based training, where she would also be able to take on the role of umthandazi and work through faith-based methods. Nobengula's story shows that there is no opposition between the church and traditional healing. Although the healing modalities and knowledge traditions may differ, she exemplifies a plurality or parallelism as she is able to hold various modalities and traditions thus expanding her repertoire as a healer.

Not all healers who work through multiple ancestral spirits need to go into formal training to access other gifts. In the beginning of the chapter Athini reflected on another ancestor appearing to her more than ten years after practising as a sangoma. She asserts that this ancestor appeared to her *"holding her gifts waiting also to give it to [her]…. she would also like to give [her] a gift that will not clash or create tension with the others, it operates in its own way, but it will complement all the other gifts [she has] been given".* At the writing of this thesis, the task for Athini was to learn more about this gift and how to incorporate this new gift into her already existing repertoire. At times, this continuous development is not only dependent on what the ancestral spirits require but also on the ingenuity and commitment of the healer. An example of this is with Lebembe who asserts: "h*ow I heal is in many ways, a lot of which I am still experimenting with. I believe I heal through talking and through writing. I learned about umuthi when I was initiation, but I did not focus too much on it. I told myself that I need to teach myself to heal through energy."* In this way, he exercises agency and chooses to move beyond that which he was taught in the training phases of initiation and continues to experiment with other types of healing modalities and knowledge traditions.

As with many other professions and vocations, traditional healers continue to learn through practise and their own curiosity. Continuous development in the case of traditional

healers is sanctioned both by their ancestral spirits as well as their own curiousity, willingness, and commitment to the techné. I argue that in an everchanging South Africa, traditional healers need to be constantly connected to their surrounding environment in order to fully cater for the needs of the South African population. In this way, traditional healing too becomes dynamic in a bid to remain relevant. As more of the younger generation turns to traditional healers[37] it is important to make the techné more accessible. Furthermore, as the world is moving to online and digital methods, to keep up, traditional healers have had to develop beyond traditional healing into other fields.

[37] See "Are SA millennials embracing traditional healing?" by Thobekile Masombuka, 16 July, 2018; https://www.news24.com/w24/selfcare/wellness/mind/are-sa-millenials-embracing-traditional-healing-20180716

Chapter Four

Constructions of (Mental) Health

The following chapter is a culmination of the intellectual, spiritual, and emotional work of disrupting my own assumptions and beliefs that I had to engage in, to begin to answer the question of the construction of mental health within a South African traditional healing paradigm. The very concept of mental health, as I knew and conceived of it, came from my own education and acculturation into Euro-American frameworks of understanding health and disease. The process of researching and writing this thesis, therefore, has been a disruption in my own understandings of the nature of knowledge and assumptions upon which knowledge is based.

The preceding chapters have been important building blocks and have helped me consider the construction of health and disease causation in relation to the cosmological view of reality, the human, and the construction of knowledge. In my fieldwork, although already filled with tensions highlighted in chapter one, I found it an even greater challenge, as a student of psychology to ask (and be readable to) traditional healers about mental health as a separate category of health. On the one hand, I suggest that in my sample population, while there were healers who reported to specializing in techniques such as divination (Athini), ukufemba (Nobengula) and the use of medicine (Zingisa), no healer spoke in particular about specializing in specific types of illness, let alone mental illness. Of the nine healers I spoke to in this study, only one healer (Dabula) reported to having worked with people who are perceived as mentally ill and bought to them because of this. While the other healers had learned about them in their training, they reported to very few times treating a patient who they recognized as solely mentally ill. In this way I could conclude that my sample population was flawed and that I should have focused on speaking to healers who specialized in mental illness. I did however try to find such healers, to no avail. On the other hand, I also

suggest that my own preconceived notions of mental health and researcher bias were a hurdle.

I found it difficult to ask about mental health without asking about mental illness first. I additionally found it difficult to speak about these concepts in Zulu without translating from English and the explanatory models of illness that I had learned in psychology and drama therapy. While my multiple layers of engagement were initially a strength of my research, I found it difficult to neutrally occupy an othered and liminal space. An example of this was translating mental illness directly into Zulu where I eventually used the term umuntu ogula ngokwenqondo (one that is ill in the mind), without considering that the mind takes on a different meaning within a traditional healing paradigm. When asked about umuntu ogula ngokwenqondo the answers I received were synonymous with Madzhie, Mashamba and Takalani (2014) that viewed such a person as mad, disturbed in the brain, memory, and personality and that the madness results in culturally inappropriate behaviours (p. 322). Similarly, Sorsdahl, Flisher, Wilson and Stein (2010) report that healers identified patients with mental illness by "their extreme behavioural disturbances" (p. 286). Such behaviours include "*shouting and talking to invisible things*" (Dabula) and "*seeing izilwane (evil spirits) or things that other people do not see*" (Boya). Most times for these types of symptoms, witchcraft, spirit possession (Sorsdahl et al., 2010; Madzhie et al., 2014; Dabula; Ntaba; Nobengula), and disturbed social relationships (Madzhie et al., 2014) are cited.

While some of the healers reported that "*when the ancestors want you, mental illness is one way they affect you*" (Ntaba), there seemed to be a distinct recognition that in this instance, the symptoms are not of mental illness but due to communication from the ancestors. Lebembe in attempting to answer the question relating to mental illness and the ancestral spirits, responded:

> *Eurocentrically, they may consider these conditions as mental illnesses but to tell you the truth an ancestor manifests itself as mental illness. When an ancestor manifests in you, it manifests itself as depression. When an ancestor manifests in you, it manifests itself as bipolar. When I tell you that I am hearing voices or the eye is traversing a full river (seeing things other people do not see), you will say that I am experiencing a mental illness. And this how the ancestor manifests itself. There is a very thin line between mental illness and manifestations of ancestors. So, if a person from Europe could come now and see someone screaming or burping as you do when you feel an ancestor, they would take one look and say that it is mental illness and that one should be taken to the hospital. But you and I know that these are some of the ways an ancestor manifests itself.*

When prompted further about whether this was the only reason for mental illness, Lebembe maintained that it was not and, in the instance, when it is not the ancestor, he exclaimed "*You refer!!!! You don't play around with things you do not know*". Similarly, the other healers suggested that "*sometimes it is just because a person is going mad, and I think that doctors can deal with that*" (Dabula). They also pointed to a recognition of the role of psychiatrists because "*it's not always spiritual sometimes it's just a chemical imbalance as they say, and the medications help*" (Mahlaletsheni). There was also an implication that people who struggle with mental illness "*must go to a doctor for help because it is due to western things that they are sick, and so we cannot help them. When other nations came here, they came with their own illnesses so they can cure it. Like they can't cure our sicknesses*" (Nobengula).

These responses highlight that, traditional healers understand mental illness as falling outside their own paradigms. In this instance, traditional healers do not see their methods clashing with those of other health practitioners in the biomedical sphere and see the value of practitioners such as doctors and psychologists specifically in treating some 'western'

illnesses such as mental illness. These findings are relevant and may confirm Sorsdahl et al. (2010) in their assertion that "it would appear that traditional healers have a relatively low level of mental health literacy" (p. 286). This finding, however, would perpetuate the idea that collaboration between biomedicine and traditional medicine would necessarily take on "the form of a one-sided, unidirectional, educative approach" (Sorsdahl et al, 2010, p. 286). Thus, perpetuating a type of neo-colonialism where traditional healers are deployed to ensure "adherence to [biomedical] treatment and provide a setting where [the patient] can integrate into the community (Sorsdahl et al, 2010, p. 286). Furthermore, it would also perpetuate knowledge hierarchies and further marginalize the knowledge traditional healers come with as alternative 'nice-to-haves' to support biomedical interventions. This to me was an unacceptable conclusion.

Upon further reflection, I realized that Sorsdahl et al (2010) and other such studies sought to research explanatory models of mental disorders and the treatment practices of these disorders in relation to culture. In these studies, most researchers come with disorders already classified in the culture of the diagnostic and statistical manual of mental disorders (DSM) and seek to fit various symptoms within these disorders. Furthermore, Swartz (1998) maintains that the category of mental health is culturally loaded with definitions that differ depending on the type of health practitioner defining it. The discourse on mental health has moved beyond the body and mind split. This split is now seen as untenable as biomedicine becomes more sophisticated both biomedically and in terms of understanding social sciences. Within biomedicine, the move has been made to also think about the implications of social issues on mental health. The rhetoric has moved beyond ideas of health as "the absence of disease and infirmity but a positive state of physical, mental, and social wellbeing" (Swartz, 1998, p. 10). In biomedicine, mental health cannot be viewed as a separate category of health but a complexity that impacts and is impacted on by a wide range of issues.

My challenge was in finding a way to speak about mental health with traditional healers without prioritizing my training in psychology and drama therapy. Clues were given to me by the healers, after a negotiation of what I was asking about when I ask about mental health, and in response to a question about the diagnosis of mental illness. Nobengula maintains that she "*cannot say there is a specific way for mental illnesses because all illnesses are the same and [diagnosis of them] come from the same methods*". Similarly, Mahlaletsheni concedes that "*it would be the same as other illnesses. We use the techniques we were taught. I am not sure whether the ones that specialize with mental illness have a particular method or names of different mental illnesses in particular. But generally, we deal with symptoms more than names*". While Boya states that "*it is like with all illness. We use our methods; bones, intuition, our ancestors tell us, we get the word of knowledge about the person and the type of umuthi used on them*". Considering the above information, I had to take seriously and to heart, Lebembe in his provocation: "*what I am trying to say is that somethings like mental illness need to be looked at through different lenses [not only a Eurocentric one] in order to diagnose them*".

My 'DSM thinking', of mental illness presenting itself in a standard way based on the names it was given, had to shift. In retrospect, this seems like such a simple concept but at the time, the task of remembering that traditional healers are neither psychologists nor psychiatrists, and nor did they come from the same frame of reference, was difficult. I thus asked healers about their own practices, the types of patients that come to them, the causes of various illnesses, and the diagnostic and treatment strategies employed. Contrary to my initial conclusions, which initially were synonymous with those of literature, I found that traditional healers' considerations of the complexities of their patients' problems and illnesses could not fit into neat categories such as their physical, spiritual, mental, and social health.

Furthermore, the healers in the study carved clear boundaries of where they felt traditional healing ended and where integration with other health practitioners could begin.

As a starting point through which to analyse traditional healer responses in relation to the causes of various illnesses and the diagnostic and treatment strategies of these, I used the model of disease causation proposed in chapter two. Although this model was a good starting point, I soon found it insufficient in carrying the wide array of causes of illness cited by the healers in the study. Ukugula kwabantu could not just be relegated to the category of unnatural or supernatural causation; magical, mystical, and animistic. I soon found that attempting to fit my data into these categories was reductionist and further served to alienate traditional healing knowledge as "mumbo jumbo, unproven in efficacy and unhelpful" (Swartz, 1998, p. 4). I then looked at the codes and themes that were emerging from responses in relation to causation. Here, I found a complex matrix where traditional healers found a place as health practitioners with expertise that can make an impact "not only on mental illnesses as narrowly defined but also on illness and mortality more generally, on the way societies work, and on the functioning of economies… [And what they] have to offer society may be based not on their expertise with a specific range of problems or people, but a way of looking at, and contributing to, solutions for a very broad range of social issues" (Swartz, 1998, p. 9).

From my coding, I found themes that, although based on disease causation could allow me to understand deeper the idea of health as balance and harmony (Ngubane, 1977). The notion of balance and harmony beg the question 'of what?' In an attempt to answer this question, I have sorted my findings into a table (see Table 1. below). While it would be presumptuous of me to believe that this table is a taxonomy of mental health, this type of lexicon is useful in beginning to think through the praxis of traditional healing, the boundaries of the praxis, and whether collaboration is possible between traditional healers

and psychologists. The possibility of such a taxonomy confirms that for me, this thesis is just a beginning and that perhaps, this is my life work. I collated responses under the categories of causation, location, and domain. Causation is gathered directly from the interviews with healers and various causes of illness cited by them. Through my own interpretations, I then collated the various causes under five categories- ancestral causation, human development, psychosocial and/or socio-economic as well as chemical imbalances, below these are subcategories through which I have specified the nature of the cause. Location is conceived of as pointed to the faculty of the human affected by the cause either in the spirit, soul, body, or across multiple locations. These categories come from chapter two in which I used literature on African metaphysics and the interview data collected to discuss the nature and/or the structure of the human. Domain is defined as the area or territory that can be affected by illness based on the location. These are my own extrapolations based on my understanding of what each location is responsible for. The spiritual domain refers to the spirit of the human and its connections with spiritual beings in their cosmology. The psycho-spiritual domain is related to the soul which has the spirit and human minds. I propose that the spiritual mind is concerned with comprehending the immaterial realities, while the human mind is concerned with comprehending the material reality. The soul therefore balances these realities, giving the human access to both. The psychosocial domain refers to the social life of the human and encompasses relationship with other humans as well as with the systemic realities such as socioeconomics and the like. Finally, the physiological domain refers to the workings of the physical body.

These categories of disease causation highlight various areas implicated in the instance of disease and dis-ease. While further research is imperative to deepen the understanding of the construction of health, I believe that the categories of disease causation can begin to answer my previously mentioned provocation. If health is considered as balance

and harmony, these categories of disease causation are a beginning in understanding that balance and harmony across the spiritual, psycho-spiritual, psycho-social, and physiological domains of human existence is necessary for good health.

Ancestral Causation

This category of causation is based on the understanding that the human is a microcosm and a composite of its cosmology. In this way the various beings in the cosmology can make a person ill and mental illness is one such way that the illness can manifest. According to literature, illnesses with an ancestral cause are classified as animistic causation where "the withdrawal of ancestral spirits is also seen as a cause of illness; if the ancestors withdraw their protection, a person will become vulnerable to witchcraft" (Green and Makhubu, 1984, p. 1073), misfortune and illness. The experience of witchcraft, misfortune, and illness can in turn cause mental dis-ease for the person "*because their life just is not coming together*" (Nobengula). In such a case, the dis-ease can be bought on because the individual is finding it difficult to realise their own potential, cope with the normal stresses of life, work productively and fruitfully, and make a contribution to her or his community (World Health Organisation, 2014). Furthermore, the alienation from "one's ancestors or to incur their displeasure is cause for considerable disquiet and anxiety" (Eagle, 2004, p. 6). The anxiety and disquiet pointedly refer to imbalance and disharmony in the cosmology and within the individual as part of the cosmology.

In other instances, the ancestral spirits transfer their own disquiet and anxiety onto their descendants. This is described by Boya (2018):

> *Sometimes people come and they are always sad and always crying even the ancestor is crying and we check why they cry. Sometimes the ancestor is crying because they want something, or to thwasa or to be listened to. Sometimes our ancestors show in our bodies*

> *what they feel. Like the person that is always crying then the ancestor is crying. Sometimes a person is just sad you know very sad, and they cannot control it. That sadness can also be a spirit and we need to find that spirit and take it out or make it happy. We need to cleanse the person and get the spirit to talk. Sometimes it doesn't talk and then we know the person is sad and so we need to talk to the person why they are sad.*

In this way, Boya refers to the inner life worlds of the ancestral spirits themselves and exemplifies further my own claim that the ancestral spirits continue to live with both their human and spiritual mind- within the soul, intact.

I have thus chosen the term ancestral causation as it expands the idea that ancestors withdraw and/or mete out punishment. While this could be one cause, it goes beyond merely the disobedience of the descendants. In understanding the various causes of ancestral displeasure, I suggest that this gives more understanding of the nature and inner life worlds of the ancestral spirits, how this affects and is entangled with that of the human as their descendent in the material world. It also does not put the blame entirely on the individual and does not paint the ancestors as disciplinarians who withdraw when their descendent errs in the same way as the category animistic causes has been cited to mean in the literature. The category of ancestral causation thus gives the human more agency, as one who not only listens to the voices of the ancestors and acts but one who can also help and heal their ancestors. Under this category are the sub-categories that I have named; the ancestral call, problems of power, and ancestral rituals through which I examine the various iterations of ancestral displeasure.

Ancestral Call

As has been shown in chapter three, one explanation for mental illness is an ancestral calling because "*sometimes your ancestors can make you go crazy. Like if they want you to twasa*"

(Dabula). In these case, mental dis-ease can manifest itself in two ways. Firstly, Ntaba suggests that "*some people would come into ephehlweni (into initiation) screaming and seeing things or hearing things*". Although on the surface these may seem like symptoms of a mental illness, in the case of an ancestral call, these are considered the manifestations of an ancestor (Lebembe). As stated in chapter three, these symptoms are often accompanied by altered states of consciousness as parallel processing showing the individual what type of initiation they are to receive. I suggest in this sense that hearing voices or seeing things are not symptoms of mental illness but are read as communications from ancestors.

The second way the ancestral call has implications on mental health is as an emotional reaction to the crises that come with an ancestral call. In this thesis, healer Ntaba reports to feeling "*depressed as a result of being sick from the ancestors and as a result of being called*". In the same manner, Mlisa (2009) suggests that no one comes into traditional healing because they want to but as a result of being called. The denial and grief that comes with this type of diagnosis, is also akin to awareness that one's life will change dramatically, that aspects of them will need to die and others reborn (p. 140). In the case of an ancestral call, the course of action is to begin training as a traditional healer and healing the imbalance caused by this. Furthermore, the training itself is healing for the trainee as it is an opportunity to integrate the various parts of the trainee and their cosmology.

It is difficult to locate the ancestral call in any one location or domain at it has multiple implications for the traditional healer. The dis-ease itself comes from both the spirit and the soul and speaks to the notion of the destiny of a traditional healer. There are, however, psycho-social- which also includes economic- and physiological implications for the healer depending on how the call manifests itself. For all intents and purposes, I conceive of the source of the dis-ease to be spiritual and psycho-spiritual- located in the soul and spirit.

Problems of Power

This aspect of causation reiterates the notion of hierarchy within the human's cosmology. In chapter two, I argued that the various beings on the cosmology are hierarchically organised based on their proximity to either the human or the creator beings. This notion also exemplifies the Bakthinian notions of vocal polyphony, a decentralized and dialogical self, composed of multiple characters each capable of engaging each other (Hermans & Kempen, 1994). As I have used the notion of the dialogical self in the previous chapter through which to understand altered states as parallel processing, I will continue examining this notion in order to understand how this also includes voices from the ancestral spirits. The characteristics of the dialogical self are:

- Polyphony: plurality of independent voices in dialogue within a single person (Hermans & Kempen, 1994). These voices I read not only as voices within the various faculties of the human but also the voices of the various beings within the cosmology
- Spatialization: the dialogical self is not limited to one centralized position, towards which every voice gravitates. Rather, the person can move from one position to another, in response to changes in situation and time (Hermans, 1996; 1997; Mkhize, 2004). This idea of spatialization further complicates the notion of hierarchy and moves beyond the understanding of hierarchy as vertical or that anyone voice is greater than the other. Rather, it exemplifies that at any given moment, the proximity of voices to each other can vary.
- Innovation and self-renewal: the ability of the dialogical self to reposition itself based on the interchange of voiced perspectives. This concept of innovation is similar to the idea of rebirth within the training aspect of initiation as well as the notion of continuous development post-training. Furthermore, there is an opportunity for new

voices (or ancestral spirits) to introduce themselves into the cosmology as various milestones are met.

The dialogical self is thus described only in terms of becoming (Hermans, 1996; 1997; Bakthin, 1993). This is like the notion that personhood is never truly attained and is something at which the person continuously works towards. Notions of hierarchy and power assert that the multiple voices comprising the dialogical self are not necessarily equal and form a type of hierarchy. This is however not static, and the hierarchy can change from time to time (Hermans, 1996; 1997; Mkhize, 2004). The notion of the dialogical self illustrates my earlier claim and thread throughout this thesis that the self is multiple. The complexity of the multiplicity of the human within that African cosmological view is that the human has multiple faculties within themselves as well as that their cosmology is made up of multiple beings. In this way, these multiple voices need to be ordered to dissuade the dissonance that occurs when these voices do not agree. In this research Dabula reflects on this concept and affirms this claim. Dabula maintains that the multiplicity of voices and problems of power from them can cause dis-ease:

> *person has too many ancestors and they cannot agree on the right path and so the noise of the ancestors fighting and pulling in different directions it can affect a person in the head. Because we believe ancestors are mainly in the shoulders and head.*

This metaphor of ancestral spirits pulling in different directions gives an almost visual cue of the confusion that can occur in the individual's head. In this way, the issue needs to be resolved by balancing the multiple voices such that all can be heard and that no one voice overpowers the other.

Hereto, although there are various implications of this imbalance, it is primarily located within the spirit and soul of the human. The traditional healer as one who is proficient in communication with the ancestral spirits intervenes by "*get[ting] them to talk [to] see who*

is the most powerful… [they] work through them all and see the main one and find out about that one and the direction they want the person to take" (Dabula). Dabula, the one healer that attested to treating people that present as mentally ill, maintains that for her, the practice of ukufemba[38] "*is number one in letting us know what is inside the person*". In this way, the treatment for problems of power is to help order the hierarchy in the cosmology by giving each voice expression. As asserted previously all humans have ancestral spirits in their cosmology. The traditional healer going into training is an example of the importance of correctly ordering the beings on the human's cosmology. Correctly ordering the hierarchy helps the healer understand which type of training, they need to attend first and subsequent trainings, should the healer be required to train for their multiple ancestral spirits. Furthermore, this concept of ordering the hierarchy further illuminates the notion of heterogeneity of spiritual beings and resultantly of the practices, knowledges, and modalities under the banner of traditional healing.

Ancestral Rituals

This aspect of ancestral causation is concerned with the various types of rituals vital to the peaceful and full integration of deceased spirits into the ancestral community. In this thesis, the idea of ancestral or spiritual debt is an example of how this type of causation may affect the descendants. The notion of ancestral debt elucidates the development of the deceased from shadow to soul to spirit in their fully integrated form. The relations between the ancestral spirits and their descendants, are bi-directional, and both help each other become

[38] The process of ukufemba is a technology used by those trained in the Ndawe tradition of healing (Thornton, 2009). Mkhulu Ibrahim of Shobel'khulu Institute for Spiritual Healing explain this technology on his institute's Facebook page. He maintains that ukufemba is from the Shona root word 'kufembedzwa' which means "to sniff out some toxins". He describes this as an African exorcism where the healer is "able to drive out bad or evil spirits" that may have entered an individual due to witchcraft. He continues to assert that during this process, the healer "can also go into trance speaking to you ancestral spirit and speak in one or more of your ancestral voices, behave like and communicate with you to transmit the messages from the spirit world as in that state the exorcist or the chief healer will be possessed or connected to your ancestors…since you will be communicating directly with your ancestors". Posted on 12 December 2018 on https://www.facebook.com/1489340521168410/posts/ukufemba-an-african-exorcismthokozani-nine-bethongogreetings-to-sons-and-daughte/1531471706955291

spirit and person, respectively. Furthermore, it portrays how the actions or inaction of the deceased, while living, has implications in the immaterial realm.

This notion was discussed in Chapter Three through an examination of Khanya's story. In the case of Khanya, her deceased family members were considered dirty because they had not responded to the ancestral call while still in human form. Resultantly, upon their deaths, they could not fully integrate with the body of family ancestral spirits. This stunted not only their growth, but that of the lineage as well. This could have also manifested in any number of symptoms with psycho-social, economic, psycho-spiritual, and physiological implications. Khanya's story exemplifies the importance of continuity and passing on of legacy between generations, the connections between the material and immaterial worlds, and the effects of stunted development on both ancestral spirit and descendants.

Another example of the importance of ancestral rituals are rituals associated with death and bereavement. The ritual of ukubuyisa (to bring back) helps the deceased move from isithunzi (shadow) to soul form (Ngubane, 1977) and integrates the soul "with its ancestors and other spirits of the lineage segment and gives it a right to come home again as a spirit" (Ngubane, 1977, p. 56). These rituals are not only important for the deceased but also to cleanse the bereaved of the "highly intensified form of pollution [that] emanates from the corpse" (pp. 80-81). Ngubane (1977) maintains that pollution is a mystical force that affects isthunzi or etheric body of an individual. It is conceived of as a dark cloud and is often referred to as umnyama or isinyama (the darkness). In this state the individual is more vulnerable to illness, misfortune, and disease due to bereavement, menstruation, pregnancy, sexual intercourse, ecological dangers, and homicide (Ngubane, 1977; Straker, 1994; Eagle, 2004). Although pollution is generally allocated under mystical causation, ancestral causation due to improper adherence to ancestral rituals expands this notion.

In the case of sudden or violent deaths such as car accidents, murder, through

drowning, or through fighting, additional rituals are often required. These rituals not only to help cleanse the deceased but also protect the bereaved from umkhokha- the notion that this type of "catastrophic death has a special degree of intensity in that its pollution is said to cling to the bereaved in such a manner as to cause further disaster and calamities" (Ngubane, 1977, p. 81). Individuals who have died under such circumstances and "have not been put to rest by the execution of appropriate rituals, may exist in a kind of limbo state somewhere between alive and dead. Such 'living dead' may appear as 'zombies' who are both feared and viewed as objects of pity" (Eagle, 2004, p. 6). These types of spirits are known as indiki (discussed in chapter two) which is a general name of those that have died from a violent death or spirits of immigrants dying in a foreign country and whose families were not able to perform the "rituals necessary to place them in their proper position in the spirit world. Such spirits wander about in desperation and become a menace to the local people, taking possession of them and causing illness" (Ngubane, 1977, p. 142).

Ultimately, causation associated with the lack of execution of ancestral rituals is located in the spirit and soul of both the ancestral spirits and the descendent. The implications however manifest themselves as a broad number of symptoms in a vast array of domains. Traditional healers as experts in communication with the immaterial realm and in the rituals associated with the various circumstances are best suited to intervene in this issue. The main interventions in this case of causation would be divination through communication with the various ancestral spirits and carrying out the appropriate rituals to help cleanse and integrate the deceased with the body of family ancestral spirits.

Human Development

Rites of Passage

An important finding in this research connects rites of passage as vital to becoming person and connects spiritual development as a vital part of human development. Rites of passage

are “a category of rituals that mark the passage of a person through the life cycle; from one stage to another over time; from one role or social position to another; integrating the human cultural experience with biological destiny: birth, maturity, fertility and death…They allow the interplay of biology and culture that is at the heart of all rites of passage” (Mlisa, 2009, p. 270). Rites of passage mark “the developmental phases and maturity levels [which] are experienced as authentic cultural grounding that connects the child with ancestors and wisdom of the supernatural world” (Mlisa, 2009, p. 232). Within African metaphysics, the life cycle is envisioned “in three phases of self-hood. There is a spiritual selfhood, which begins at conception or perhaps earlier in an ancestral spirit that reincarnates” (Nsamenang, 2006, p. 295).

In this research, Khanya reiterates the importance of rites of passage as vital to human development and becoming complete person. She proposes:

> *The rituals are important to our people. And I see they can cause sickness if not done for the ancestor or for the child and they grow up not being complete. It is important to be complete. In every stage in your life. Like imbeleko makes a baby known to both the mother and fathers' side and this completes them. But also, when they become a teenager, their ancestors must watch over them being a teenager, even when they marry it must be done in the right way to take to the husband's surname. So, I think when you are not complete like this the ancestors cry, and it can make a person not to be well. But when you are complete then you know that the ancestors are with you all the time.*

The ritual known as imbeleko is the first ritual performed for a new-born whereby a goat is sacrificed. This ritual is a “form of baptism” (Ngubane, 1977, p. 51) that introduces the child to the ancestors (Ngubane, 1977; Nsamenang, 2008; Mlisa, 2009) and establishes their spirit selfhood. The child is placed under the protection of “the patrilineal line” as it is believed that it is protected “by its paternal grandfather’s ancestors. The protection it receives from the

maternal ancestors is not identical in nature"[39] (Ngubane, 1977, p. 51-52). This ritual is "a compulsory ritual and no other ritual may be undertaken until the rite of birth is completed" (Mlisa, 2009, p. 64).

According to Khanya's exegesis above, without the ritual of imbeleko and subsequent rituals, a person is incomplete. This incompleteness has far reaching implications such that a child is not placed under the protection of the ancestral spirits and is in a perpetual state of pollution. Without imbeleko as the first ritual, the child's spirit selfhood is also not established and spiritual development is stunted. Furthermore, without this ritual, the child's personhood is not established within the community and in this way the child does not develop in relation to the community. Mlisa (2009) maintains that the are other rituals for the full development of the individual. These include are "*ukwaluka* (circumcision) for boys and *intonjane* (female initiation) for girls, during adolescence" (p. 64). The topic of rites of passage and human development has far reaching implications. With the advent of colonisation, urbanisation, the demonisation of traditional customs and practices, as well as globalisation these practices are dying out. I propose that this topic warrants further research and cannot be left out of conversation on decolonisation. A deeper understanding of "indigenous development psychology can promote understanding of social cognition [as well as a host of other processes and issues]. It moves us beyond the relatively narrow confines of cognitive development in cultural studies to advance our understanding of the manner in which children come to adopt the prevailing social categories, values, and norms in the context of their widening social relationships (Jahoda & Lewis, 1988, p. 29). I argue that rites of passage highlight the material and immaterial nature of the human as they not only have ancestral implications but implications on other processes of development as well.

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[39] The social issues in our community, such as absent fathers and teenage pregnancy have far reaching implications for the mental wellbeing of South Africans.

Nsamenang (2008) maintains that development within African social thought is seen as the acquisition and growth of the physical, cognitive, social, and emotional competencies required to engage fully in family and society. Participation in cultural activities such as the various rites of passage is transformational for the individual as they are initiated into and actively engage in cultural life. Children gradually and systematically individuate into and assume different levels of personhood, identity, and being. Individuation is the process by which the human being comes into a sense of self and personal identity in search of individuality-an imprint on the human person by the ecoculture. Cognitive development is the unfolding of the abilities to generate the knowledge and skills with which to responsibly and increasingly, engage the world (p. 296).

As stated by Khanya above, in some instances mental illness results from a failure to partake in such rites of passage as a person can feel a sense of incompleteness and alienation from their ancestors and true selves. This can manifest itself in several issues for the child including substance abuse, disquiet, and problems of power amongst the ancestors as they fight for the right over the individual who has not been introduced to either matri- or patrilineal side. Furthermore, without the protection of the ancestors one is vulnerable to a myriad of illnesses and misfortunes and can be considered as being in a constant state of pollution, the effects of which has been shown above.

Destiny

> *And it is important for people to be in tune with the right path for their lives. Like if you must be isangoma then you must be isangoma* (Nobengula)

In chapter two, I suggested that every human has access to their cosmology of spiritual beings and that gifts are passed on to every individual by virtue of the connections between spiritual beings in their cosmology. I proposed further links between the spiritual beings and various faculties within the human and the importance of connecting to the spiritual faculty of an

individual, for them to identify and live out a "pre-determined destiny" (Mawere, 2011, p. 43) or the essence of who they are (Mlisa, 2009). The spirit, linked with a person's destiny, is believed to activate the capacity for action in relation to this destiny (Gyekye, 1995; Leke, 2004; Majeed, 2012). The soul on the other hand as "non-corporeal" is "the bearer of destiny and, hence, constitutive of personality" (Leke, 2004, p. 69-70). In explaining the entanglements between the spirit and soul aspects of the human, Gyekye (1995) maintains that although the soul is the bearer of destiny, it is not entirely responsible for the manifestation of it. The soul's duty is to hold the destiny of a human and the spirit activates it within the human (p. 100). For non-healers and healers alike, these gifts have an element of legacy and continuity of the generations.

The quote taken from an interview with Nobengula exemplifies that when individuals are not on their right life path, this too may cause dis-ease as "one's health is linked to one's destiny and ancestral spirit" (Omonzejele, 2008, p. 121). Whilst the discussion of destiny and purpose may evoke discourse on notions of freedom, freewill, and agency, such discussions need to consider the African paradigm. In this paradigm the human soul is timeless, and life is cyclical and as humans we come in and out of life (Lebembe). In this way there is a belief that the "chosen path of life was determined by an individual before birth" (Omonzejele, 2008, p. 121). Athini, in her reflections about how one is called to be a healer, also affirms that

> *you are called before you even reach earth, because the instructions of what you are coming to do on earth, is the reason why you sit in the womb, so you are called even before you reach the womb. By the time you sit in the womb, amathonga already know your calling and your journey; what you are here to do, how you will do it and how your journey will unfold. So, by the time you are born, you are already called.*

This suggests that one is called to birth with a clear purpose and destiny and the response to this calling is an agreement to be born. It also suggests that before birth, one's cosmology of beings is already chosen and ordered to help them fulfil their life's purpose on earth. In this way, freewill is exercised before one reaches the human form. There is a belief that the shift from spirit to body as well as human conditioning (Lebembe; Athini) may wipe the memories away. As such rites of passage, altered states of consciousness, training, and the like help the individual remember who they are so that they may fulfill their life's purpose.

This category of causation also deepens our understanding of the full effects of colonisation as well as the implications of a Eurocentric developmental psychology and education system. This has pulled "Africans away from their roots, away from their own knowledge and away from their own knowledge holders, into a chasm of dependency on others whose values and understandings have been shaped in very different cultures, histories and environments" (Nsamenang, 2008, p. 297). In this way, I argue that in many ways, colonisation has stunted the growth and development of many African children and created ruptures between the various faculties within the human and between them and the beings on the cosmology. In this way, it has inhibited the continuity of legacy across the generations as well as realisation of their destinies.

Psychosocial and/or SocioEconomic Factors

This category of causation points to the sociological causes of illness and further reiterates the notion that community, familial, and social relationships can affect and be affected by illness and disease. This is a view supported by literature which points to the health of an individual being dependent on the community (Ngubane, 1977; Mkhize, 2004; Eagle, 2004; Makanya, 2014; Seleme 2017). Madzhie et al. (2014) propose that disturbances or conflicts in social relationships can lead to the development of mental illness. A participant in their study confirms that the relations that people have with their family and community is important,

people must have a good relationship with their people because bad relationships lead to mental illness. This mental illness is a result of the dis-equilibrium created within the individual by bad relationships (p. 324-325). Furthermore, socio-economic, and socio-cultural factors such as inequality, access to resources, violence and ongoing hardships cause disequilibrium within communities and as a result appear as both causes and symptoms of illness more broadly.

In this study, the social causes of illness appeared because of inequality, community deprivation and poverty which manifest as witchcraft, substance abuse, and rape (and other forms of violence). The appearance of these categories is in line with the assertion made by Swartz (1998) that a deeper examination of notions of mental health will also give a view of the functioning of societies and economies as well as contribute solutions for a very broad range and social issues (p. 9).

Inequality: Community Deprivation and Poverty

The World Mental Health Report written in 1995 shows the negative effects that violence and authoritarianism have on mental health. South Africa's violent past of colonization and apartheid has caused and is continuing to cause the dislocation and fragmentation to social and family life, trauma, low quality of life, and displacement which leads to pain, loss, grief, guilt, anxiety, hatred, sadness, and the dissolution of everyday forms of sociality, language, and experience. (Desjarlais et al., 1995, p. 116). In this light, it is "difficult not to be overwhelmed by the complexity of need presented by the ubiquity of violence and repression and their aftermath. The high rate of crime in much of the region [South Africa] also underscores the relations between political, [systemic], and criminal violence, with many people in the region living in a state of fear or siege" (Swartz, 1998, p. 171). Mental health care workers have been burdened with the question of the relevance of mental health services considering such complex social suffering (Tau, 1989; Swartz, 1998). Many propose that

"unless there was a non-racial democracy, mental health could not be fully realized in South Africa" (Swartz, 1998, p. 170).

For similar reasons, and in reflection of their own lived experiences, the healers I spoke to in this research share the same sentiments. Nobengula reflects on her own inability to offer adequate counselling as part of her services as a traditional healer:

> *At the clinic they taught us about counselling. So, we can do that sometimes. But really, sometimes we do not have that time because you are seeing other clients and you can't just sit and talk with them all the time. You need to speak about what the ancestors are saying to them and then tell them how to heal it so we cannot always just talk. Sometimes you can't help because people will cry about not having work or money and maybe their children bother them. But sometimes we go through the same thing, and you can't help someone with a problem you have as well because if I knew where to find work, I would tell my child to go and look for work there. You know it is tough even for us traditional healers because we also don't have money. And sometimes you help a person, and they don't pay you. So, we also have stress because we also want money and for our children to be working*

While Nobengula maintains that they were taught about counselling at the clinic, she also inadvertently highlights the fact that the traditional healer is not necessarily a counsellor. For her, as a traditional healer, the priority is to listen to the ancestral spirits and translate this to the patients with the guidelines of how to help them with the problems pointed out by them. Nobengula proposes that "*people come to me feeling confused, because they don't know what is happening in their lives. They need someone who can see the problem. When people have problems, it can make them not think clearly and so they need a seer to help them see and think*". Within this proposal, Nobengula reflects on possible collaborations between psychologist and traditional healers. She delineates how each practitioner may approach the

promotion of mental health. She points to the idea that talk therapy or counselling is a skill and service that is offered by psychologists. Divination, on the other hand, is the ability to tell the patient the cause of misfortune and illness as the skill of the traditional healer. For her both are therapeutic. She reflects on the boundaries of her own practice, as one that can often help with the spiritual and psycho-spiritual domains but not necessarily the socio-economic and affective domains of the individual. She also laments that as healers they cannot help people with these types of issues, because they also face the same issues of lack. In this way she asserts that healers are not above the inequalities and stress that comes with the type of political and systemic violence in South Africa.

Nobengula further attests to seeing a psychologist, herself, because of "*these new things coming like depression we sometimes don't know because even me when my husband died, I had a depression, and they took me to a psychologist, and I was able to talk about it. So, the psychologists can help with this depression*". Although the circumstances under which her husband passed away or not clear, the depression she experienced is likely not to be due to solely issues of bereavement but are exacerbated by her own living conditions, relationship with her own children, and a lack of social support that could help her with bereavement.

Mahlaletsheni also recognizes and reflects on how such social inequalities affect his own mental health, stating that even though they are traditional healers, "*both my sister and I are prone to depression especially when we are not working and there is no money coming in at home. My mother had to go out of retirement back into teaching and that broke the both of us that we could not take care of our mother*". Similarly, Boya asserts that "*sometimes [people] are sad because of life, they have nothing to do, or they do not have money something like that*". In this way, there is a recognition that even though they are traditional healers and can help with the spiritual and psycho-spiritual problems their patients present

with, they are powerless in the situation of inequalities (because they cannot give people money) and they too may suffer as a result of them because they also cannot find work.

Witchcraft

Witchcraft is cited in the literature as a common cause of mental illness (Eagle, 2004; Madzhie et al, 2014) and is categorised in the model of disease causation as the magical causation of illness (Hammond-Tooke, 1970; Ngubane, 1977; Straker, 1994; Eagle, 2004; Chonco 1972). I find the category of magical causation unhelpful as it negates an analysis of the social causes and factors that underlie the practice of witchcraft and the impact these causes have on the health and mental health of an individual. The question of witchcraft in this work is not whether witchcraft exists but what the belief in witchcraft tells us about the notion of health within the traditional healing paradigm. Petrus & Bogopa (2007) maintain that witchcraft has various meanings depending on the context within which it is believed to exist, for this reason it is difficult to arrive at any one definition of it (p. 2). In the context of this study, I examine witchcraft in relation to the methods used to inflict harm on the victim and the causes of ill-intent from the perpetrator of witchcraft.

- **Victim**

Although it is difficult to place witchcraft in neat categories there are two main methods with which to inflict harm. The nature of the act is that those with ill-intent "are able to use their powers to possess other people with different illness including mental illness. More especially if you are progressing in life or prospering, they might use mental illness as a way of stopping you" (Madzhie, et al., 2014, p. 325). Nobengula, in her experience as a healer differentiates between these methods below:

> *Or you can see the type of muthi a witch used on them, whether it is muthi or whether they have sent utokoloshe or islwane (a beast) to sit on them. You can see this in the bones, or you can hear the voice tell you.*

These definitions from Nobengula, are synonymous with the literature. The idea of utokoloshe or isilwane is considered as "psychic witchcraft" (Petrus & Bogopa, 2007, p. 3) which involves the use of both mythical and common animals known as familiars to cause harm. Zingisa also confirms this notion and attest that a cause of illness is "*being sent isthunzi (a shadow) that will make them to pick up papers on the street and then people say they are crazy*". Other examples of the familiars used in psychic witchcraft are impundulu (lightening bird), imfene (baboon), snakes, and the like (Ngubane, 1977; Pauw, 1994; Osei, 2003; Petrus & Bogopa, 2007). These familiars are used as "supernatural spiritual agents that can only be controlled by the one who has created" (Petrus & Bogopa, 2007, p. 3) or gained favour over them.

Sorcery, on the other hand, involves the use of material (such as imithi), rites, and spells to cause misfortune and illness. Ntaba confirms this type of which craft and states that while in initiation she saw cases where individuals were "*thrown with a muthi to make them go crazy*". In this instance substances can be added to food or drink (Ngubane, 1977) or mixing harmful imithi and other substances with "material that a victim has been in contact with and that has personal connection to the victim such as hair, nails, or clothing (Petrus & Bogopa, 2007, p. 3). Umeqo involves manipulating the ecology by burying medicines along a path that a victim will use. Once the victim steps over the medicine, he/she will fall ill (Ngubane, 1977; Olivier, 1981). The notion that a sorcerer is able to deliberately place harmful substances in situations which can harm particular people reiterates the idea that human beings, through their etheric bodies (Bowen, 1993), isithunzi (Ngubane, 1977) or exposed being (Thornton, 2017) can absorb certain elements of their immediate surroundings that can make them physically ill.

In what Ngubane (1977) refers to as lineage sorcery, one descendant is able to "persuade the ancestors to favour them and abandon one or more members of the lineage…

This ritual involves the churning of black medicines… Its effects are to deprive the victim and his dependents of the protection of the ancestors and therefore the expose them to all kinds of misfortunes" (p. 36). As the name implies, this type of sorcery is inflicted between family members and shows that at times the ancestral spirits withdraw their protection from an individual not because they are displeased, as has been proposed by the category of animistic causation (Hammond-Tooke, 1970; Ngubane, 1977; Straker, 1994; Eagle, 2004; Chonco 1972), but because they have been manipulated by the ill-intentioned diseased family member.

The effects of all these forms of witchcraft are misfortunes, such as car accidents, loss of money, and physical and mental illness. They also cause isichitho (Nobengula) or umnyama/pollution (Ngubane, 1977). While a state of pollution itself may not be the cause of mental illness, I argue that that its effects, "diminishing resistance to disease, and creates conditions of poor luck, misfortune, disagreeableness, and repulsiveness" (Ngubane, 1977, p. 78), may lead to social alienation, neuroses (Ngubane, 1977), and depravity which can lead to mental illness. The effects of witchcraft highlight the view that in traditional healing there is an understanding of the body as a site for the interrelationship between material and immaterial realities with the capacity to influence each other (Petrus & Bogopa, 2007, p. 5). It also points to the etheric body as the object of witchcraft and the view that pollution or umnyama is considered as the illness of the etheric body that has psycho-spiritual, psychosocial, and physiological implications. It also highlights that, medicines and substances used in traditional healing and sorcery have biological, spiritual, and psychological effects for health and ill-health respectively.

The treatment of this type of causation entails therapies that "*makes isilwane speak in them. If it is isilwane making them crazy, then we need to take it out and send back to where it has come from. Then we need to strengthen the person so isilwane does not come back to*

them. Here we must also cleanse their home, where they sleep and all of that" (Nobengula). The isilwane is sent back to whomever sent it and the person is cleansed of the pollution that came with isilwane. The cleansing of the environment inhabited by the individual also implies that contact with isilwane has made the environment or ecology dangerous, that the isilwane has left its tracks or imikhondo. This is synonymous with a proposal made by Ngubane (1977), she asserts that in Zulu belief both "men and animals leave behind something of themselves and absorb something of the atmosphere through which they move" (p. 24). She explains that the something left behind can also be "picked up through inhalation or through contact either by touching or stepping over… and the evil elements enter the body" (p. 25). As such the individual's living environment then also needs to be cleansed as to not reverse the treatment as a result of the previously ill individual picking up the track again. Here after, the individual is strengthened to make them strong enough to withstand further infection or possession from the isilwane. Although this was not clear in conversation, I suggest that treatment of this kind also involves the family, where they too would need to be cleansed and strengthened as a result of living with a person who was ill from isilwane. This idea implies the connection between humans and between the human and the ecology and/or environment and implies that when one person in the family is ill, the rest of the family and their environment is affected by the illness and would in turn also need to be treated along with them.

- **Perpetrators**

Sometimes we can do a return to sender, like if a person tried to cast a spell on someone and then the healer takes it back to that person who sent it and it can sometimes come back as a mental illness and there they have to confess and they are freed by that

(Mahlaletsheni)

The notion of witchcraft also highlights the idea of balance and harmony as precursors of health and that imbalance and disharmony thus result in ill-health and dis-ease. The witchdoctor or sorcerer is the "antithesis and enemy of natural order" (Petrus & Bogopa, 2007, p. 3) and I argue, is in themselves disharmonious and thus dis-eased. Like the traditional healer, the witchdoctor or sorcerer is an ambiguous figure who is believed to be both human being and 'superhuman' and able to control both material and immaterial worlds for evil- where the traditional healer is believed to have a moral obligation to use their ability for good. This ability is attained in various ways and can also be passed down from generation to generation much like the gift of healing[40].

When ordinary people consult with the witchdoctor it is for malicious intent to cause illness, misfortune, or to accumulate wealth through manipulation of spirits and ancestral spirits (as in the case of lineage sorcery). I argue that this ill-intent itself is a disease or illness which causes more disease and illness to others, the motive of which may be jealousy, envy, rivalry, or revenge (Eagle, 2004). Ngubane (1977) describes witchcraft as a breakdown of social relationships. In her sociological interpretation of witchcraft, she shows its relationship to the nature and structure of society which generates situation of competition, envy and jealousy (p. 45). While the cause of this jealousy, envy, or competition at any given moment is unclear, I propose that modern economic forces and situation of community deprivation results in a lack of resources that promote this type of competition and in this way a breakdown of communal life.

A practice of witchcraft includes the practice of ukuthwala, directly translated as 'to carry'. In this practice, the sorcerer 'carries' mythical creatures such a uMamlambo who has been described as a mermaid or snake for the purposes of accumulating wealth (Wood, 2008).

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[40] For a description of the witchdoctor/sorcerer see Ngubane, 1977, p.30-46

In other instances, the sorcerer has been said to use other mythical creatures such as utokoloshe and imikhovu (whereby they resurrect corpses and creates zombies and dwarfs to be under their control) to "till the fields at night… in order to be more successful and gain [economic] advantage over others" (Ngubane, 1977, p. 32)[41]. In this instance, the unequal distribution of wealth in the community is a cause of suspicion and jealousy amongst members in the community and this may lead to further alienation of the individual in question. Wood (2008) suggests that such practices and suspicions thereof have developed through contact with modern economic forces (p.102). Similarly, Comaroff and Comaroff (1993) argue that the mamlambo is a symbolic expression of the dark magicalities of modernity. They argue that sorcerers and figures linked to forms of occult such as the Mamlambo and imikhovu embody all the contradictions of the experience of modernity itself (p. xxix-xxx). Witchcraft thus expresses or is a manifestation "of the imbalance inherent in the social structure which carries within itself seeds of evil" (Ngubane, 1977, p. 45).

Mahlaletsheni, in the above quote, explains that in the treatment of one who has been bewitched, the evil element is extracted and returned to the sender, in this way, this may inflict the harm that was intended for the victim on the perpetrator. The perpetrator of the witchcraft, thus, becomes ill and a way that this illness may manifest is through mental illness. In this instance he maintains that there are ways to "*heal the person but part of the process is them asking for forgiveness from the person they did wrong*". The idea of confessing the wrongdoing and asking for forgiveness to be freed of the illness seeks to repair the broken bonds between perpetrator and victim.

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[41] A point of clarification. In my practice of traditional healing, I have learned that the practice of ukuthwala has not always been for ill-intent. The practice was reserved for kings and chiefs to "develop the weight of his personality". This is like the assertion from Callaway (1885) and Ngubane (1977), that there were specific medicines reserved "to strengthen the chief" (Ngubane, 1977, p.27) and that these medicines and practices cannot be used for common men. I argue that these practices and medicines have been bastardised as capitalist and economic forces have taken hold and through the years are now practiced by those who do not hold chiefdom.

Rape (and other forms of violence)

The case of rape, as a category of causation, is difficult for several reasons. I argue that the complexities mimic the complexities presented by the category of witchcraft, which shows that the act of witchcraft has implications on both the victim and the perpetrator. I argue that the act of rape both stems from and is a cause of the breakdown of society in complex ways including a breakdown of the social structure and relationships. The reparations of this breakdown although important become difficult as highlighted by Boya in this research, because of the power, economic relations, and patriarchal systems that protect the perpetrator of rape. Boya suggests that "*sometimes it's like you find a girl was raped long ago and somewhere in their spirits they are still crying*". She suggests that this is a difficult case to treat because "*this one needs the family because then she must say who raped her and the family needs to see what they will do. It is sometimes difficult if it is someone in the family like the stepfather or brother or uncle because the family will protect them. And so, it becomes difficult, and we will ask the family to get the girl some counselling*".

Boya's proposal that the spirit of the young girl is crying from the rape, point to spiritual implications of the rape. To push this further, this can also result in an imbalance in the girl's cosmology. While the healer could help cleanse the young girl from the pollution or umnyama that comes with sexual intercourse (Ngubane, 1977, p. 79) or the psychologist can counsel the girl to help her process the trauma of the rape, this is not enough if the perpetrator is not held accountable as part of the process of helping the woman process the trauma of the rape. Yet another dimension to this argument has been introduced to me through my own practice of traditional healing. In working with women, who I have found have survived this type of sexual assault, have discovered that rape itself is a trauma that has generational

implications. In most of these cases, much like the notion of umkhokha[42], an ancestral spirit who has been a victim of rape needs to be cleansed so that it does not become generational and visit upon the generations repeatedly.

Similarly, perpetrators of rape are also vulnerable to the pollution or isinyama that comes with sexual intercourse (Ngubane, 1977, p. 79). The effects of this pollution are exacerbated by the violence of the act of rape. Like Ngubane (1977), Ntaba asserts that illness can also occur if a person has "*killed someone and they are haunted by the ghost of them. Or even guilt sometimes can drive a person crazy*". I suggest that the notion of haunting and guilt not only speak to the affective or emotional implications of violent crime but also psycho-spiritual implication of umnyama that comes with inflicting harm on another. Ngubane (1977) maintains that killing another person "adds another dimension to the degree of pollution; in addition to the pollution that arises from death as from catastrophic death, the killer himself is polluted in a special way… This is expressed as iqungo (bloodlust) whereby such a person is over-aggressive and ready to kill" (p. 82). In this way, I suggest that the perpetrators of witchcraft, rape and other violence need to ask for forgiveness as part of cleansing iqungo. This is also a form of rehabilitation so that they will not remain blood lust and commit the violent act again. Like, the example of the generational implications of rape above, I suggest that it is possible for iqungo associated with rape to run through the generations.

Substance abuse: Nyaope

In this research, substance abuse was also cited as both a cause of mental illness as well as a symptom of an underlying issue by the healers I interviewed. While Nyaope was the main substance cited by healers, I recognise that this is context specific and seems to be the main

[42] Umkhokha was discussed in the section on ancestral debt, where the deceased has died a violent death. The importance of a ritual was expressed so that it does not come back to visit upon the bereaved.

substance abused by youths in townships such as Chiawelo. For all intents and purposes, I will discuss the abuse of Nyaope as proposed by the healers but recognise that this is only one iteration of substances that may be abused. Boya proposes that nyaope can be a cause of mental illness and imbalance in the individual:

> *You know sometimes even this nyaope is driving children crazy. So now we must take out this nyaope and deal with the person when they are clean from it, this nyaope is also an evil spirit also the other drugs. And I see this a lot here in Chiawelo… Even when the children go to rehab, they come back and there is nothing to do at home so they go back to nyaope, our government must also help here because it is also their problem. You see some problems it's not about the ancestors or anything like that but the world we live in. Sometimes it's not an ancestor making the child naughty it's because the child doesn't have anything to do*

The notion that Nyaope is an evil spirit can be considered in two ways. Firstly, the drug itself is seen as an evil spirit, that when smoked can take hold of an individual and make them act as if they were mentally ill. In this case behaviours resulting from smoking nyaope such as reduced appetite, agitation, insomnia, and the like are like and may be related to illnesses such as depression and anxiety as both symptoms and underlying causes. The evil spirit associated with substance abuse can manifest itself by engaging in criminal behaviours and violent acts in order to attain the substance. Secondly, much like the notion of psychic witchcraft, there is a belief that isilwane can be sent to a person and it is this isilwane that causes an individual to abuse substances. In both instances, the depravity leads to alienation for the abuser and a breakdown of family and community. In these cases, the nyaope or isilwane associated with the abuse of nyaope needs to be taken out, through cleansing.

Boya also recognises that substance abuse does not always have a spiritual cause and proposes that drug use can result from a lack of recreational activities. She recognizes that

even though the traditional healer may work to rehabilitate the person abusing the substance, if the cause of the abuse was boredom and this is not dealt with, the person may go back to the drug use. Boya refers to issues such as lack of recreational activities, unemployment, and capacity building ventures of which traditional healers themselves can do nothing about. Boya's proposal reiterates the effects of socio-economic depravation and implores the government to help the youth. Lastly, Boya asserts that sometimes experimentation with substances can also lead to addiction and in this instance, other than rehabilitation, there is little that healers can do to intervene.

Dabula affirms this notion from Boya, stating that "*sometimes the person's mind just needs to be occupied and they need to keep busy. Like the one boy who comes to help me crush my medicine, he is a little bit crazy and drinks all the time but then he knows that on a day he must come and help me, so he doesn't drink. And he comes to help me*". Dabula recognises that a lack of activity can affect the mental health of an individual and this may lead the person to abuse substances. Her intervention for the young man, although related to her practice as a traditional healer, is not necessarily part of her role as a traditional healer, but more a concerned member of the community. The call for government intervention from Boya, reflects the frustrations of many health care workers who recognize that South Africa is overpopulated and under-resourced to deal with the burden of disease rampant in our society.

In my conversation with Lebembe, he suggests that when a child is bought to him because they are smoking nyaope, he recognises this abuse of substance as a symptom of an underlying cause. He suggests that the cause may sometimes be linked to an underlying imbalance in relation to their ancestors. While Lebembe does not explicate the nature of the imbalances, in my own experience, issues of human development- such as the child is crying for imbeleko or their surname (in the case of an absent father) and any one of the ancestral

causes- are usually cited. In this way, Lebembe, inadvertently suggest that the use of substances may be a form of self-medication as an attempt to self-regulate in relation to an already existing disorder or imbalance.

As with most of the causes in this section, substance abuse has far reaching implications across most of the domains of human existence. In this case it is difficult to locate the cause in anyone domain as shown above, it can be in the spiritual and psycho-spiritual if it is the symptom of another cause. It can also be in the psychosocial domain, should the abuse result from issues such as unemployment, lack of recreational activities and the like.

Chemical Imbalance

Mahlaletsheni introduces the idea of a chemical imbalance as the physiological cause of mental illness. He suggests that "*sometimes people just need psychologists. It's not always spiritual sometimes it's just a chemical imbalance as they say, and the medications help*". This speaks to the idea of a natural cause of mental illness, that the brain as part of the body, which as "natural and alive has an inherent quality of breaking down of its own accord- it ages and dies. Besides the ageing process in general, certain bodily organs may break down individually… In addition, the malfunctioning of certain organs can disturb the whole-body system and cause illness" (Ngubane, 1977, p. 23). Although not much effort is placed on understanding the causes of natural illnesses, there is a belief that "imbecility and strains of madness run in families. Such diseases are referred to as ufuzo" (Ngubane, 1977, p. 23). Similarly, Dabula, maintains that "*sometimes it is just because a person is going mad, and I think that doctors can deal with that*".

Ngubane (1977) ascertains that for natural causes of illness there are medicines that are used to cure disease that are potent in themselves for physiological purposes. Furthermore, because there is a general belief that the understanding of natural illness is

common to most people, "there is readiness to use curing techniques and medicine of the Western type" (p. 23). From the responses in this study, I suggest that not all healers are well versed in all types of medicines and in this way, there is a recognition that they may not know the medicines used to heal this type of illness. As such there is a readiness to refer to biomedical practitioners for these types of medications and counselling.

For those that do have proficiency over imithi for chemical imbalances, Boya maintains that there is "*muthi we use for it, that deals with the mind. But the main thing is to cleanse a person whether we put them in the steam or help them phalaza, we need to take out the evil making them like that. Some of the time the doctors can deal with that, and we cannot and sometimes we can deal with it and the doctors cannot*". This assertion is in line with a proposal made by Ngubane (1977) that "certain types of diseases can be taken out of a patient and be discarded as a definite material substance" (p. 26). Boya proposes that the spirit of the mental illness as evil can be taken out in order to restore balance and health. Similarly, Nobengula asserts that "*there are also certain medicines for being crazy that we get from the bush, and we can mix that with some papers we have picked up. Like if you are crazy in the way that makes you pick up papers, and we mix it and burn that for you, even the record (vinyl) it works because of the radio or music helps when your mind is full so we can burn the record as well, it's like the spirit of the radio comes and calms you down*". In her role as a faith healer, Nobengula states that another option is a religious retreat, where the mentally ill individual is taken to her church, "*a place called Moria where they stay in the church and every day they pray and meditate, and they have supervision and someone to pray with because sometimes the visions of a crazy person are powerful, and they just need someone to talk to*". In this instance, the use of prayer and a form of counselling is believed to help some people who may suffer from mental illness.

Although I did not inquire about which medicines are used for mental illness, as a

respect for intellectual property, I suggest that the mechanism of ukuphalaza and steaming discussed in chapter three also apply in this instance. I also suggest that the medicines used for mental illness have physiological and psycho-spiritual properties in a similar way that impepho and ubulawu were discussed. Both healers refer to 'the spirit' of mental illness that needs to be taken out or counteracted with the symptoms of itself, i.e., the spirit of the mental illness causes one to pick up papers or manifest the noise that is in their heads. As such the spirit of picking up papers or the spirit of music, through the vinyl are burned along with imithi to counteract the symptoms and restore health. The use of symbolism in this case is noteworthy as the experience of mental illness itself is intangible and ethereal and the visions of the mentally ill individual 'powerful'. Ngubane (1977) writes about the use of colour symbolism in traditional medicine, and I suggest that a similar logic is followed, where the burning of papers and vinyl is similar to the use of black and red medicine to expel what is bad in the body (p. 113). The notion of like repels like, as in the understanding of magnets is applied in the instance. She further maintains that illness is associated with heat and as such black and red medicines are always heated, in the same way that the paper and vinyl are heated and administered through smoke inhalation (p. 120).

Using faith healing, the main devices used are prayer and meditation. Although at this point, I will not go into detail as the study has not focused on faith healing and church, the spiritual use of prayer is similar to the symbolism used with imithi. The supervision and support aspect provided by the church are also likely to be effective as the mentally ill individual will have an outlet to express the visions and symbolism they experience as a result of their mental illness. The use of both imithi (for physiological purposes) and the symbolism used in treatment for psycho-spiritual benefits, such as extracting the spirit of mental illness, the use of paper and vinyls as well as the use of prayer and the ability to express visions, further reiterate the idea that traditional healers view the human as inhabiting

both material and immaterial worlds. There is a recognition that the symptoms of mental illness occur on or impacts the liminal space between physiological and psycho spiritual. In chapter two, I suggested that the soul contains both spirit mind and human mind and is the liminal space between the spiritual and physical aspect of the human. The etheric body as part of umzimba was the element of the body that connects the physical body to the soul. I suggest that the category of chemical imbalance as causation shows the treatment of mental illness as a physiological illness as highly symbolic. It presents a lucid idea of the human being as both physiological and etheric being and highlights the location of the mind, not as separate from the body but as deeply entangled in all aspects of the human.

The complexity of taxonomisation

In this chapter, I examined the practice of the traditional healer in relation to categories of causation of the illnesses they are presented with. I found that mental health is deeply entangled in the causes and effects of these illnesses and that constructions of health are complex and interrelated. The categories showed the health of an individual to be dependent on balance on all domains of human existence. I found however, that it is difficult to locate causation in anyone domain as the causes differ from person to person. While I suggest that a general taxonomy will be difficult to arrive at, categorisation of the various types of causes may offer a beginning framework in how traditional healers construct health and in considering when and how traditional healers can be considered in mainstream mental health interventions.

The category of ancestral causation portrays the human on the spiritual domain and places them in the immaterial world. The human is seen as one who possesses a spirit by virtue of the beings in their cosmology and interactions with them. In this category, I suggested that illness is caused by their relations (or a lack thereof) with their ancestral spirits, as well as relationships between ancestral spirits. I argued that this category also

affords us the opportunity to examine the lifeworld of the ancestral spirits. In this I found that the connection between ancestral spirit and descendent is equally important in the attainments of spirithood and personhood respectively and that spiritual development is important for both. In this way, rituals of communication, integration and cleansing are important to ensure good relationships, generational continuity, balance, and harmony between the human and the ancestral spirits on their cosmology.

I suggest that the traditional healer is proficient in diagnosing and treating such disorders as their main area of expertise is in communicating with and attending to the immaterial realm of the spiritual beings. Furthermore, the traditional healers maintained that their work, especially in the instance of mental illness, is to look at the cause and not symptoms. This reiterates the idea that within traditional healing, illness is often regarded as a message or communication to be read from the immaterial realm. Lebembe confirms this suggestion:

> *So, me as a healer, I do not look at the condition. I start from the beginning and look at the causes, because for me the condition is a matter of symptoms. So, my work is to look at the causes, like what is making the child do what they are doing. And when I find the causes then I will see then what I should do in terms of treating the case. Or perhaps if they bring me a child with depression, I will look at what causes the depression. So, I look at it spiritually and then I come with solutions based on what spirit is telling me the causes are and what it is I need to do. So, in short what I am trying to say is that healing is inextricably linked to the diagnosis, that spiritually what they tell you is wrong with the person.*

In this way, Lebembe, inadvertently suggests that the spiritual domain is the main playing field of traditional healers, and this is where they may be called upon to intervene by psychologists and doctors. A similar view is held by Zingisa who suggests that:

> *I think there are some sicknesses that they doctors don't know like the when ancestors are angry and all of that. Like when someone must thwasa or when they have witchcraft, they can have something that is like cancer but is not and the doctors do not know what to do with it. Or when ancestors are angry or want something. The doctor cannot know about the ancestors. And here it must be a referral, but they don't refer instead the person must go die at home. The doctors must know what we specialize in, so they know when they don't know to refer. Because a disease isn't just for the body, yes there is a headache that is a headache but sometimes a headache can be saying something else so the doctors must know that they must consult or refer.*

Both views are synonymous with Ngubane (1977), and the title of this thesis of ukufa kwabantu. Zingisa suggests that doctors and psychologist will not know illnesses that are connected to the worldview of traditional healers, and these are mainly classified under ancestral causation. In this instance, systems can be put in place where doctors and psychologists are educated in and taught to recognise these so that they may refer cases to traditional healers.

Similarly, the category of human development, seen from an African worldview, portrays the human on the spiritual, psycho-spiritual, and psychosocial domain of existence and argues that the human soul carries in it both spirit and human mind, as such, both faculties need to develop in tandem. Furthermore, rites of passage see the human developing in community within a cultural context. Within this category, the human is seen as inhabiting both material and immaterial worlds. I argued for the importance of rituals such as rites of passage in attaining personhood and maintaining the connection between the human, their ancestral spirits within a cultural context through all phases of development. Within this category, I argued for expanded ways in which to view human development beyond Euro-centric models and the idea that spiritual development occurs alongside other processes of

human development.

Using the development of the traditional healer as an example, the human is shown to be born with a destiny, and the inherent knowledge and skills, towards which they develop. As personhood is that which person is constantly working at, their destiny is part of their personhood, and this is something at which the individual may fail. Failure to walk in that right life path is failure at personhood and this may result in mental health issues. In this category health, balance, and harmony are sought through rites of passage which integrate the spiritual, psycho-spiritual, psychosocial, and physiological aspects of the human. Hereto, there is a possibility for collaboration between traditional healers and psychologists. Khanya, in thinking through possible collaborations between these two worlds suggests:

> *The ways of our people. Sometimes someone is not sick, they just need a ritual. So, psychologist can also ask people about their family history and what rituals need to be done. Then they can call us, and we can help with the ritual. I think it would be nice because then the psychologist can talk to the person about how they feel about the ritual, and we can do it.*

This type of collaboration would also warrant an expansion of the human development models that psychologists are taught so that they are able to know when to call upon traditional healers. Ultimately, however, this category of causation calls for further research, reform and illuminates the necessity for decolonisation on multiple levels.

The category of psycho-social and socio-economic factors, such as inequality, witchcraft, rape, and other violence as well as substance abuse, portrays the human on the social domain and places them directly in the material world. The sub-category of witchcraft highlights the human as part of the material and immaterial world with the ability to influence and be influenced by both. Traditional healers reported to being able to deal with witchcraft and restoring balance and harmony within the individual and partially repairing social ties.

Within the categories of inequality, rape, and substance abuse, although traditional healers reported to being able to offer some relief, found it beyond the boundaries of their work as healers. In this instance, healers reported to being able to cleanse the victim of pollution as a result of this act, they also recognized the need for counselling and were open to work with psychologists with this.

While none said this explicitly, there was an implication that the healers were able to cleanse the perpetrator from the pollution and iqungo that come from this violent act. An admission of guilt and request for forgiveness is also important to repair broken social relationship. There was a recognition, however, of the importance of the family in such a situation as well as the systemic violence that would need to be rectified by the government in order to ensure balance and harmony. These include (pervasive) perpetrator accountability and justice. The case of substance abuse pointed to an underlying cause which could be as a result of any of the categories highlighted above. While healers reported that they could help with spiritual and psycho-spiritual causes, such ancestral causation and issues of human development, psychologists were recognized to be able to offer counselling and rehabilitation. Healers recognized the futility of their and psychologists' treatment if the government could not offer better infrastructure in the community to help create recreational activities and employment for youths.

In the case of a chemical imbalance, the human is considered on the physiological domain. This category points to a natural cause of illness where the body as an organism can breakdown and fall ill. In this category, healers reported that western medication could work in correcting the imbalance in the brain. An examination of traditional medicine and therapies found treatment as highly symbolic in an effort to balance the physiological and psycho-spiritual aspect of the human. In the way, the human being is seen as having a body and soul and that mental dis-ease influences both. This category of illness as strictly physiological

implies that interventions from traditional healers and psychologists could be useful, although it is based on individual susceptibility and trial and error. Dabula suggests that in this instance there can be a transfer of knowledge:

> *There are also some medicines that the doctors do not know that we can teach them. But I don't know if they can use them because we do not use muthi like they use theirs. But maybe if they know about them.*

While she sustains that this transfer would not necessarily lead to traditional healers administering pharmaceuticals or psychiatrists administering traditional medicines, the transfer would be mutually beneficial and expand the knowledge for traditional healers and psychiatrists alike.

The categories outlined above necessarily expand the model of disease causation through which I sought to analyse them. The categories of natural and unnatural proposed by the model of disease causation conceived causation as a binary. Alternatively, causation in this thesis appeared to inhabit a continuum and showed that naturally occurring, physiological illnesses (such as chemical imbalance) or events (such as pregnancy, breastfeeding and death) can also affect the human socially, psycho-spiritually, and spiritually. Disease causation, in the modern day, is therefore not only constructed upon the cosmology but also upon physiological, social, and psycho-spiritual factors and in this way expands the possibility of traditional healers being included in health interventions. At the core of my research findings are calls for the expansion of health models and a destigmatisation of not only traditional healers but also the frameworks through which they operate. Furthermore, I argue that there is value in western acculturated health practitioners learning about models from other worldviews and that this could not only expand their own knowledge repertoires but also share the burden of care in South Africa.

Mental health within traditional healing is thus constructed in relation to a general category of health and in relation to an expanded view of the human. The health of an individual is constructed across spiritual, psycho-spiritual, psychosocial, ecological, and physiological domains of existence. These categories are deeply entangled in one another, and traditional healers show proficiency in the comprehensive and systematic assessment of the health (or ill-health) of their patients. Furthermore, traditional healers show an understanding of the boundaries of their practices and a willingness to refer should treatment fall outside the boundaries of their expertise. It is upon these boundaries that collaboration with other mental health care workers can occur, and a system of integration proposed.

Table 1

Summary Table: Categories of Disease Causation

Causation	Location	Domain
Ancestral Causation - Ancestral call - Problems of power - Ancestral rituals	Spirit Soul - Spirit mind - Human mind	Spiritual Psychospiritual
Human Development - Rites of passage - Destiny	Spirit Soul - Spirit mind - Human mind	Spiritual Psychospiritual
Psychosocial and/or Socio-economic - Witchcraft - Inequality - Rape and other violence - Substance abuse	Soul - Human mind Body	Psycho-social (including socio-economic, socio-cultural, socio-political)
Chemical Imbalance	Body	Physiological
Ecological	Spirit Soul Body Ecology	Spiritual Psycho-spiritual Psycho-social Ecological

Chapter Five

Archaeology and architecture

While **Ukugula Kwabantu** sought to examine the construction of mental health by traditional healers in a peri-urban context such as Chiawelo, the research question itself proved to be secondary and perhaps, the wrong question to be asked. An enquiry into the constructs used by traditional healers was essentially asking about the worldview and paradigm from which their knowledge is constructed. A question of this nature cannot be asked divorced from acknowledgement of a context that has seen the violent subjugation of paradigms from the global South and imposition of paradigms from the global North. This thesis has thus been a challenge to this practice and an assertion that we cannot merely import theories, practices, and interventions from elsewhere and assume that they will be a suitable fit in South Africa.

A great amount of my enquiry began from literature reviewed in chapter one. This literature was an important and helpful starting point to help identify research already done and as a guide for what we currently know about both mental health and traditional healing. I focused on literature in psychology, anthropology, and African metaphysics and/or philosophy. As proposed in the introduction, I was presented with the urgency of need for an updated African metaphysical perspective from Southern Africa as I found that much of the work in African Metaphysics was coming from North and West Africa. While I consider traditional healing as a site from which to infer elements of African metaphysics, very few of the African philosophers read had explicated traditional healers as experts in this paradigm. Amongst anthropologists, appraisals of traditional healing practices and attempts at understanding their philosophies acknowledge that healers are less interested in symptoms and are more interested in causation. The common evaluation of causation is as a dichotomy, of natural and unnatural/supernatural. While a doorway into understanding disease causation,

the distinction of natural and unnatural/supernatural further perpetuate dichotomous thinking and proved to be etic categories imposed by western acculturated scholars in trying to make sense of non-western communities. I argued that natural and unnatural/supernatural are not bounded entities having fixed boundaries but are conceived of as being indeterminate. As such, the dichotomy of natural and unnatural/supernatural- as well as the types of causation categorised within unnatural/supernatural causation- proved to be unhelpful in understanding the continuum in which the traditional healer operates. Current research on traditional healing is still based on frames of reference imported from biomedicine and Euro-American paradigms of health and is thus limited to theories from the North. Resultantly, the writers rarely start from a frame of reference that is in line with the traditional healers they seek to research and report on. Lastly, the literature is descriptive and lacks nuanced analysis of the worldview traditional healers occupy. This leaves little room for theories emanating from the South.

As a doorway into framing mental health, literature in psychology highlighted shifts in how the discipline moved to reject strict dichotomies between mental illness and a clearly defined and recognizable state of mental health. Rather, mental health was conceived of as existing on a continuum of wellbeing and encompassing issues such as self-actualization, resilience, productivity, and self in community. With this, greater inclusivity of socio-cultural and socio-political context was introduced. This presented a complex and dynamic relationship between biological and sociocultural/socio-political forces in the manifestation of psychopathology. While these efforts at greater cultural inclusivity are commendable, the category of mental health is still primarily driven by the perceived superiority of biomedicine. Furthermore, the preoccupation with pathology in biomedicine, places great emphasis on diagnosing symptoms. This leaves little room for understanding why and how disease occurs and perceptions of health in the absence of disease. As an area of interest to socio-cultural

psychologists, more commonly, I found through the literature, that despite these shifts within the greater field of psychology, mental health research in traditional healing, still operates on the dichotomies of old, primarily focused on how traditional healers view mental illness. Little research has been generated seeking to examine how traditional healers construct health in the absence of disease and whether they recognise mental health as a category at all.

Ukugula Kwabantu, aimed to therefore, move beyond description and do the work of abstraction and interpretation to centre and deepen the understanding of traditional healing as praxis. I aimed to strengthen the understanding of traditional models of health and illness by examining them as existing on a continuum, expanding the classifications of the causes of mental illness and illness more broadly, beyond that of natural and unnatural causes. An examination of this continuum offered categories of causation from which I could abstract how health is constructed by traditional healers in a peri-urban setting. While I cannot say that I rewrote the African metaphysical perspective, I suggest that the work of Chapter Two sought to deepen current understandings of Southern African metaphysics as a theoretical framework. As a thought experiment, I aimed to test whether this theoretical framework could hold the chapters that followed.

In the following chapter, I, therefore, assess whether this experiment was successful by summarising the lessons, arguments, and findings of the preceding chapters. I begin with a summary of the African cosmological view of reality and the human from Chapter Two. This helped set the groundwork through which to examine how knowledge is constructed by the trainee traditional healer in chapter three. I then draw conclusion with regards to how helpful the African cosmological view of reality and the human has been in the understanding of the construction of knowledge as well as what we can know about knowledge and the human through this work. I used the model of disease causation from Chapter Two to set the groundwork for examining the constructions of mental health in Chapter Four. I argue that

this research has in fact expanded notions of disease causation and has offered broader categories through which to infer the constructions of health more broadly. In conclusion, I argue that collaboration and/or integration is possible and give suggestion of how this can be achieved. I argue that, in training, psychologists would need to be oriented into the traditional healing paradigm and that the field of psychology would need to acknowledge where their boundaries lie. Furthermore, considering questions of the validity and reliability of traditional healers, suggest that further research into indigenous methods of quality assurance is needed.

In Chapter Two, I examined the African cosmological view of reality. I argued that the nature of reality is metaphysical and cosmic in nature. The construction of reality thus sees various immaterial and material worlds simultaneously existing parallel and in overlap to each other. The immaterial worlds are inhabited by a hierarchy of spiritual beings (Sundkler, 1961; Chonco, 1972; Ngubane, 1977; Mbiti, 1991). These beings are differentiated by the amount of spiritual force or power they possess. In this chapter, I used a diagrammatic representation which also illuminated the level of influence each of these beings have over one another based on their proximity to each other. The highest level of this hierarchy is inhabited by the creator beings who hold the greatest amount of spiritual force as the sites from which this spiritual force originates. While the creator beings hold the greatest amount of spiritual force and influence, they are also the farthest removed from the human. They are, therefore, rarely invoked as they take little interest in day-to-day situations and are mainly concerned with matters of global importance such as catastrophic disaster or impending doom. Humans thus rely on various intermediaries to access the creator beings.

The following level on the hierarchy I referred to as spiritual beings. For the purposes of this research, I placed spiritual beings in two categories which are striated in themselves. The first category I named divinities and understood to be those beings that have never taken on human form and as such possess greater spiritual force. I argue that divinities are best

understood as spiritual beings available to the collective imaginary as they are thought of as social or collective ancestors. The divinities are best described in relation to the site or element in nature over which they preside and in their zoomorphic manifestations. As natural phenomena are considered as manifestations of their divine power, they generally preside over matters of national and international importance (Booi, 2004; Mlisa, 2009; Ansah, 2015). In my data collected with traditional healers, the appearance of zoomorphic manifestations of divinities in dreams, signified to the healers the knowledge tradition into which the healer would be initiated and trained. Although divinities may play an intermediary role between creator beings and humans, they form only part of the chain of communication.

The second category, I called the ancestral spirits which is made up of the spirits of the deceased. The ancestral spirits are also differentiated in rank and level of influence "following their order of primogeniture" (Ansah, 2015, p.8) from national, clan, to familial ancestors (Ngubane, 1977; Mlisa, 2009; Mlisa, 2015). In examining the role and functions of the ancestral spirits, several key functions appeared. As the category that is closest in proximity to humans, their influence over humans is more pronounced than the other beings in the higher levels of the hierarchy. They are thus the first point of reference for the human within the immaterial realm and act as the primary intermediaries between humans, divinities, and creator beings. Their primary function is to guide, protect, and ensure the welfare of their clans and descendants. Relatedly, the descendants ensure the welfare of the ancestral spirits by engaging in rituals to communicate with the ancestral spirits and on their behalf. These rituals not only ensure the welfare of the descendants but also facilitate the ancestral spirits continuing into spirithood. The relationship between ancestral spirit and descendent is therefore bi-directional. The ancestral spirits also pass on their gifts, talents, and skills to their descendants to ensure the continuation of family or clan legacies. Consequently, the ancestral spirits are also implicated in knowledge production and transmission, the types of which are

dependent on the type of ancestral spirit concerned. In this chapter, I argued that the constituents of the South African cosmology are however not static and have shifted to reflect changes in the socio-political and socio-cultural environment of the country. In this way I argued that there is a complex and nuanced relationship between the immaterial reality of the spiritual beings and the material world of the human and environment.

The material world includes the environment and ecology as well as the inner and outer life worlds of the human and is in constant dialogue and interaction with the immaterial world. The environment includes plants and animals and possesses spiritual force in and of itself. As beings considered with the least amount of spiritual force however, plants and animals within the environment are easily influenced by and are instrumental for both humans and spiritual beings. Plant and animal medicine are an example of how the environment can affect the health of a human. Different sites and animals in the environment can carry the spirit of a divinity or ancestral spirit. In this way I argued that much like different divinities are associated with different knowledge traditions, so too are different types of plants, animals, and sites in the environment. An examination of the environment as part of the cosmology, elucidated that the environment also has a level of agency, and that the ecology can affect and be affected by other beings in the cosmology. As such, ranking within the hierarchy of beings in the cosmology is multifaceted as categories are nuanced in complex entanglements. Dynamic, they continuously shift as the various communities on the cosmology engage and interact with one another.

This view of reality is thus based on the notions of interdependence and cosmic unity. It stresses the importance of the connection between creator beings, divinities, ancestral spirits, humans, animals, plants, and inanimate objects (Mbiti, 1969; Verhoef and Michel, 1997). There is a constant dialogue composed of multiple characters each capable of engaging with (Hermans & Kempen, 1994) and influencing each other (Ansah, 2015). The

human- from the perspective of humans- is central and both a microcosm and composite of their cosmology and is thus multi-dimensional in nature. In this view, the human is simultaneously, biological, social, ecological, spiritual, and occupying these four interrelated worlds (Ngubane, 1977; Swartz, 1997; Sodi, 2011; Matoane, 2012; Makanya, 2014, 2017).

An examination of the nature of the human depicted a human that is not only part of the cosmology but is a cosmology in themselves. Resultantly, I suggested that the various interactions involved amongst cosmologies have implications on health and wellbeing. The cosmological view of the human is as various categories and each of these categories denote different faculties within which to view the nature of the human. Like the cosmology of beings, the faculties within the human are also hierarchically organised. I argued that the spirit aspect of the human holds the greatest amount of life force. Each layer, however, is equally important and the different sub-layers act as linkages or give access to either the higher or lower layers within the structure. The hierarchy is also complex and dynamic and implies the human as various processes which give them access to both material and immaterial worlds.

On the highest level, is the spirit faculty of the human. The spirit, being the element of the creator beings, is concerned with creation and creativity and is the faculty of the human that works to activate the succeeding levels toward the destiny of the human. As connected to the creator beings, the spirit has access to the collective unconscious. This is made available to the human through their ability of metacognition through the spiritual mind within the soul. The soul, I argued, acts as the link between spirit and body and is further categorised into the spiritual and human mind. The spiritual mind can comprehend the immaterial realm as closest to the spirit of the human and holds the capacity for spiritual function of the human. It is through the spiritual mind within the soul that the human has access to the divinities and ancestral spirits. The soul does not die with the body, it continues to live after the physical

death of a human. Consequently, the ancestral spirits as the spirits of the deceased are spirit and soul. The human mind within their souls enables them to continue living amongst their descendants. The human mind is concerned with the machinations and negotiations of the physical or material realm. The soul then holds the both psycho-spiritual and psychological processes as it navigates the material realm through the body. In another way, the human is capable of metacognition and cognition through the differentiation of the spiritual and human mind within the soul.

The body is also differentiated into the etheric and physical body. The etheric body is the link between physical body and soul, with specific access to the spiritual mind. The etheric body develops as the human develops and can be manipulated through plant and animal medicine. In this way, the etheric body is vulnerable to witchcraft, ecological dangers, and other forms of umnyama/pollution. As the etheric body is connected to the physical body, these dangers then affect and are made manifest in the physical body, the micro-organism at the final rank of the human. The physical body is the vehicle through which the human navigates the material realm. It is instrumental to the higher faculties of the human as well as to the higher beings in the cosmology. The physical body also houses the various systems and processes of the human. This analysis of the human illuminates the notion that the human is multiple and simultaneously inhabits the material and immaterial realms. The human is in constant dialogue with their cosmology and this dialogue is also reflected in the inner processes of the human. While the notion of the cosmology is individuated and unique to each human- by virtue of divinities as collective ancestors as well as the familial and clan ancestral spirits- it is also collective.

As a framework, the African cosmological view of reality and the human showed reality as a complex network of the beings in the immaterial and material worlds in constant dialogue with one another. The human, as a complex network in themselves, multi-faceted

with various faculties giving them access to the various levels in the hierarchy. Chapter Three examined the initiation and training of the traditional healer as an example of how the various beings and faculties interact. I suggested that a view of the traditional healer was one way of zooming into the human. I, however, expanded the view of initiation and suggested that when read in relation to the African cosmological view of reality and the human, should occur within the process of human development for all peoples. Complicating notions of time as linear, I argued that this process occurs across multiple dimensions "of human experience [that] cannot be captured within the Newtonian framework's narrow confines of logic, reason, and formal experimentation" (Booi & Edwards, 2014, p. 1). Consequently, I argued that the human and ancestral spirits are in a continuous state of becoming. I argued that initiation is not a once off event, but an ongoing process of integration of the various parts of the human, the various beings on their cosmology, and resultantly of the knowledge they hold. In this way, knowledge is not absolute or finite, rather it is dialogic and negotiated, defined, and redefined through various contexts and lifetimes. This process is one where knowledge is continuously remembered, negotiated, constructed, and reconstructed through various lifetimes, across various faculties of the human, and connections between various beings on the human's cosmology.

I analysed the initiation and training stories of various healers in relation to the Mlisa (2009) who used psychoanalysis (Jung and Erikson) as well as dialogism (Bakthin) to analyse the process of ukuthwasa. I found that the gift of ukuthwasa is a gift from the ancestral spirits, essential for continuity between generations. An examination of how this gift is passed down also highlighted the notion of ancestral, lineage, or spiritual debt as a rupture between generations and how this rupture stunts the growth of the lineage. Healing this rupture, results in a facilitation of an intergenerational or transgenerational transmission of knowledge. Initiation and training were identified as one such way that this rupture could be

healed. While dependent on the ancestral spirits, who hold the mantle of expertise, it is also dependent on their descendants who learn and progress this knowledge.

I argued that the traditional healer is thus "born with an empirical knowledge that becomes consciously available to her during her growth development" (Mlisa, 2009, p. 85). This expanded the notion of DNA which I suggested is not solely biological or rather does not only carry a biological code, but a spiritual code as well. This predisposition to healing knowledge and the resultant processes of initiation and training, illustrated the processes of metacognition and cognition across the spiritual and human minds. It made tangible the notion of spirituality and the world of the spirits as not removed but part of everyday reality. This chapter also strengthened the argument that the category of ancestral spirits is composed of different types of spirits that also reflect the political, cultural, and historical dynamics of the South African environment. These spirits range from those of the bloodline - the Nguni spirits, foreign spirits as a result of cultural mixing through marriage and trade - the ndawe spirits, spirits associated with the advent of Christianity – isthunywa, and spirits that are mainly associated with violent death and as a result of not being integrated with the spirit world – the ndiki. This was evidence of the heterogeneity of traditional healing as composed of multiple knowledge traditions and healing modalities.

From the stories of various healers from childhood, I found that, as children, the healers were actively engaged in awareness and development of their gifts in various ways. I illustrated the different types of knowledge the healers had access to and highlighted the role of nurturance or lack thereof, in the development of these inherited genetic traits. I challenged the notion of mainstream education in reflecting on how the healers' gifts were nurtured (or not) from childhood. I also suggested that conditioning and socialisation under colonial rule, created the ruptures between the cosmology and the human and between the cosmology that is the human. A theory of initiation as spiritual development requires alternative modes of

education that consider the multi-dimensional and cosmological view of the human as born with inherent knowledge. This idea also reiterated that the human is born with a pre-determined destiny. This suggested that the human child is not a tabula rasa by virtue of a timeless and time traversing spirit and soul. This has implications for the educational needs of the child within an African cosmological view of reality and opens a whole new enquiry in the field of childhood and human development that highlighted the fact that this thesis is just a beginning.

I argued that adulthood is a continuation of this developmental process, and that various signs and signifiers- namely, affinity and/or ability, altered states of consciousness, and pain, suffering, and dis-ease- commonly considered as symptoms of ukuthwasa (Schuster-Campbell, 1998; Booi, 2004; Mlisa, 2009; Sobiecki, 2014), serve two functions. Firstly, one or all these signs and signifiers accompany the symptoms to alert the individual and family that the perceived illness is in fact communication that the individual is called to train as a traditional healer. Secondly, I propose that these signs can also be considered as pedagogical devices making the individual aware of the necessity to integrate their spirit, soul, and body as well as to integrate them with their cosmology as precursors to their training.

The notion of affinity not only spoke to the affinity to knowledge but also to behaviours associated with those of traditional healers. As a sign or signifier, it portrays natural talents and ways of being as pointing to access to inherent knowledge particular to traditional healing as well as serving as rehearsal for the role of traditional healer. Furthermore, when affinity and ability are nurtured, they aid in the development of skills and knowledge pre-training and may even highlight the type of practice the healer is called to. I argued that altered states of consciousness can be considered as parallel processing as they help bring the unconscious aspects of the individual to consciousness. This also spoke to

communication between the spiritual mind and human mind within the soul of the human as imperative in integration. This exemplified an assertion from Mawere (2011) that the human in African cosmological thought is considered a “system of systems”, capable of producing “materially or technologically other mechanical systems” (p. 42). These processes are then also pertinent in enabling the integration of the various stakeholders or different voices in the knowledge the traditional healer holds. Additionally, parallel processing also informs part of the training as the individual is introduced to the various domains they will inhabit.

The functionality of the altered states of consciousness is that they make the knowledge experiential and as such one learns, remembers, and processes who they truly are through the experiences of being in altered states. With these altered states also viewed as “important communication skills and basic ingredients for allowing the passing on of information and wisdom from ancestors” (Mlisa 2009), other dimensions and stakeholders, the knowledge thus becomes dialogical, a call and response. In this way, the call to traditional healing is literally ‘ubizo’ known colloquially as ‘a calling’ and directly translates to ‘a vocation’. In heeding the call of multiple voices, including their own, and stepping into the role of traditional healer, the traditional healer responds. As proceeding throughout their lives and foundational to their practice, the traditional healer is engaged in a constant call and response. The metacommunications through the altered states of consciousness signify a multi-layered and transcendent human, who is a collection of the meta and corporal by virtue of their various faculties within the spirit, soul, and body. Consequently, this illuminated my earlier argument of the dialogic nature of knowledge within the African cosmological view of the human. Through these altered states the different consciousnesses within the healer find voice, suggesting that the traditional healer can traverse multiple consciousnesses, dimensions and times through their altered states.

Parsing the pain, illness, and suffering as both breaking point and break through, I

suggested that these experiences can be considered, on one hand, a device to progress individuals to the next phase of their development as healers, the training. On the other hand, these crises, as part of the initiation process bring to the healer the experience of "supreme deprivation until their minds are redirected away from conventional reality, allowing them to then touch the supernatural" (Booi, 2004, p. 10). Finally, these crises serve as a training strategy to make the trainee more empathetic for their future clients' dilemmas. In this way, I described initiation as organic and developmental, manifesting in various ways in the traditional healer's life journey. I elucidated that at various stages, the traditional healer had intrinsic and extrinsic factors in their lives that either nurtured or halted different aspects of this journey based on resources that were available or not. For those healers who were able to nurture this journey, there were different skills honed and knowledge accessed as a result of this nurturing. I found however, that even with this type of nurturance at their disposal, there was still a need for the initiation phase that I have called 'training'.

I then examined traditional healing as a techné, and found that the gobela, cleansing and plant therapies, ukugida, and continuous assessment were technologies, used in the training of a traditional healer in order to ensure that key competencies are met. I argued that these technologies serve as common pedagogical tools used to develop the skills of a traditional healer. The gobela as a guide, is a technology or device used in traditional healing to help the trainee harmonise, balance, and integrate their experiences and altered states. This figure ensures that the unconscious and subconscious material stemming from the immaterial realms is made cognitive to the trainee. The gobela, being well versed in ritual and plant medicine to access the ancestral spirits, accordingly, helps the trainee mature into a traditional healer. They should ideally provide containment and a safe space for this maturity to occur whilst also taking on the role of teacher and instructing the trainee on the material aspects of the techné. Additional calling and training to be ugobela is thus of the utmost

importance as there needs to be a balance between different pedagogical tools.

The cleansing and plant therapies as a technology and device used within the techné of traditional healing is useful on both an immaterial and material level. Immaterially, the multidimensional aspects, cleanse and enable the spiritual beings to effectively communicate with the trainee. This communication is of utmost importance as it is the ancestral spirits that set the curriculum and provide the trainee with the subconscious material that can be interpreted by the gobela. Materially, the cleansing and mood stabilising properties of the plant medicines give balance and harmony to the body of the trainee. The physical properties of these medicines also induce a clarity of vision, thought, and communication for the trainee, so that they can effectively access and communicate their subconscious material for interpretation by the gobela. The use of these medicines further illuminates the notion of knowledge within traditional healing to be dialogic and negotiated. With the call and response nature of this vocation, the plant medicines call upon the ancestral spirits to communicate through dreams, visions, and intuition. The trainee takes up this call and further calls upon the gobela to help them make sense of the different messages that come through. The gobela then helps the trainee respond to the calls of the ancestral spirits and in this way helps them mature into their role as traditional healer.

Ukugida as a technology used within the training of a traditional healer serves to balance and harmonise the body of the trainee. As a learned practice, it is facilitated by the gobela and further opens communication with the ancestral spirits. Through this act the ancestor is awakened and propels the trainee into a state of hyperconsciousness where dialogue with ancestral spirits takes place. In fact, the act of ukugida, in awakening the ancestral spirits within, allows the trainee to take on the role of the ancestors and embody them, thus becoming one with these spirits. This communication, embodiment, and hyperconsciousness is of the utmost importance as unconscious and subconscious material is

bought to the fore, the content of which is then interpreted and guided by ugobela. As a continuous practice it helps the trainee practise the skill of divination and serves as an assessment tool for the gobela to chart the growth and maturity of the trainee into the role of the healer. On a physiological level, it acts a stress reliever and mood stabiliser. Like the expectorant effects of plant medicine, it may help clear the lungs, thus allowing more oxygen to enter the blood stream encouraging clarity of thought. It also solidifies the trainee as part of a community of healers and as such strengthens the creation of a new identity within an intellectual tradition. As with most of the technologies and devices discussed above, ukugida further reiterates the notion of a multi-dimensional and multiple human as it also fosters balance within the trainee and between the trainee and their cosmology.

Throughout the training, the trainee is continuously instructed by the gobela. Alongside this instruction the trainee "must demonstrate skills and abilities in the divining system (assessments, diagnosis and preparing treatments for clients)" (Mlisa, 2009, p. 149). As such, the technologies examined above strengthen the bond and collaboration as well as foster the growth and maturity of both the trainee and ancestral spirit they work with. As daily rituals the element of repetition and practise ensure learning and improvement. To aid the gobela in charting the impact of these technologies, there are other practical methods which serve as both practise and assessment of the trainee's developing skills. As with many other professions and vocations, traditional healers continue to learn, after their graduation, through practise and their own curiosity. Continuous development in the case of traditional healers is sanctioned both by their ancestral spirits as well as their own curiousity, willingness, and commitment to the techné. I argued that in an everchanging South Africa, traditional healers need to be constantly connected to their surrounding environment in order to fully cater for the needs of the South African population. In this way, traditional healing too becomes dynamic in a bid to remain relevant. As more of the younger generation turns to

traditional healers it is important to make the techné more accessible. Furthermore, as the world is moving to online and digital methods, to keep up, traditional healers have had to develop beyond traditional healing into other fields.

Considering the training of the traditional healer gave a practical view of the processes of transmission within cosmologies and the human. It also allowed a view of the practice of the traditional healer as expert in mediating within cosmologies. With these understandings, I then examined deeper the practice of the traditional healer in diagnosing and treating disease within their paradigm of reality and the human. In the final portion of chapter two, I offered a reprisal of the model of disease causation as outlined through the literature. I argued that the model is limiting and based on the dichotomy of natural and unnatural/supernatural causes of disease. Although I found the categories of causations to be outdated, reductive, and not fully capturing the complexities of disease causation, it provided a good entry point for thinking about the diagnosis and treatment of disease in relation to the cosmological view of reality. In relation to cosmological thinking, in chapter four, I found that mental health is deeply entangled in the causes and effects of disease and that constructions of health are complex and interrelated. I then proposed new categories that showed the health of an individual to be dependent on balance on all domains of human existence. While I suggested that a general taxonomy will be difficult to arrive at, categorisation of the various types of causes may offer a beginning framework in how traditional healers construct health. I also suggested that these may be useful in the training of psychologists to help them understand when and how traditional healers can be considered in mainstream mental health interventions.

The category of ancestral causation portrayed the human on the spiritual domain and placed them in the immaterial world. The human is seen as one who possesses a spirit by virtue of the beings in their cosmology and interactions with them. In this category, I

suggested that illness is caused by their relations (or a lack thereof) with their ancestral spirits, as well as relationships between ancestral spirits. I argued that this category also affords us the opportunity to examine the lifeworld of the ancestral spirits. In this I found that the connection between ancestral spirit and descendent is equally important in the attainments of spirithood and personhood respectively and that spiritual development is important for both. In this way, rituals of communication, integration, and cleansing are important to ensure good relationships, generational continuity, balance, and harmony between the human and the ancestral spirits on their cosmology. I suggested that the traditional healer is proficient in diagnosing and treating such disorders as their main area of expertise is in communicating with and attending to the immaterial realm of the spiritual beings.

Similarly, the category of human development, seen from an African worldview, portrayed the human on the spiritual, psycho-spiritual, and psychosocial domain of existence. I argued that the human soul carries in it both spirit and human mind, as such, both faculties need to develop in tandem. Furthermore, rites of passage see the human developing in community within a cultural context. Within this category, the human is seen as inhabiting both material and immaterial worlds. I argued for the importance of rituals such as rites of passage in attaining personhood and maintaining the connection between the human and their ancestral spirits within a cultural context through all phases of development. Within this category, I argued for expanded ways in which to view human development beyond Euro-centric models and the idea that spiritual development occurs alongside other processes of human development. Using the development of the traditional healer as an example, the human is shown to be born with a destiny, and the inherent knowledge and skills, towards which they develop. As personhood is that which person is constantly working at, their destiny is part of their personhood, and this is something at which the individual may fail. Failure to walk in the right life path is failure at personhood and this may result in mental

health issues. In this category health, balance, and harmony are sought through rites of passage which integrate the spiritual, psycho-spiritual, psychosocial, and physiological aspects of the human.

The category of psycho-social and socio-economic factors, such as inequality, witchcraft, rape, and other violence as well as substance abuse, portrayed the human on the social domain and places them directly in the material world. The sub-category of witchcraft highlights the human as part of the material and immaterial world with the ability to influence and be influenced by both. Traditional healers reported to being able to deal with witchcraft, restoring balance and harmony within the individual and partially repairing social ties. Within the categories of inequality, rape, and substance abuse, although traditional healers reported to being able to offer some relief, found it beyond the boundaries of their work as healers. In this instance, healers reported to being able to cleanse the victim of pollution as a result of rape, raping, and the abuse of substance. They also recognized the need for counselling and were open to work with psychologists with this. This exemplifies the claim that within traditional healing there is less emphasis on the intrapersonal world of affect and thought and more on the interpersonal world, between spiritual beings and persons. While none said this explicitly, there was an implication that the healers were able to cleanse the perpetrator from the pollution and iqungo that come from the violent act of raping. An admission of guilt and request for forgiveness is also important to repair broken social relationships. There was a recognition, however, of the importance of the actions of the family in such a situation. A difficulty in repairing social bonds in this and other cases (such as witchcraft) is presented by the systemic violence that sought to rupture and interrupt social life. In this way perpetrator accountability and justice are evasive.

The case of substance abuse while a category of causation could also be a symptom of an underlying cause- any of the categories highlighted above. While healers reported that

they could help with spiritual and psycho-spiritual causes, such ancestral causation and issues of human development, psychologists were recognized to be able to offer counselling and rehabilitation. Healers recognized the futility of their and psychologists' treatment if the government could not offer better infrastructure in the community to help create recreational activities and employment for youths. In the case of a chemical imbalance, the human is considered on the physiological domain. This category points to a natural cause of illness where the body as an organism can breakdown and fall ill. In this category, healers reported that western medication could work in correcting the imbalance in the brain. An examination of traditional medicine and therapies found treatment as highly symbolic to balance the physiological and psycho-spiritual aspect of the human. Treatment of natural illness within traditional healing, exemplifies the argument that within this paradigm, the human being is seen as having a body and soul and that mental dis-ease influences both. This category of illness as strictly physiological implies that interventions from traditional healers and psychologists could be useful, although it is based on individual susceptibility, trial, and error.

The categories proposed in Chapter Four necessarily expanded the model of disease causation through which I sought to analyse them. The categories of natural and unnatural proposed by the model of disease causation conceived causation as a binary. Alternatively, causation in this thesis appeared to inhabit a continuum and showed that naturally occurring, physiological illnesses (such as chemical imbalance) or events (such as pregnancy, breastfeeding and death) can also affect the human socially, psycho-spiritually, and spiritually and vice versa. The category of animistic causation was found to be limiting. It neglected to include the inner life worlds and development of the ancestral spirits as well as their various iterations of displeasure i.e., there was no room to consider other types of causation associated with the ancestral spirits such as problems of power and issues of

ancestral development.

The category of mystical causation in the model of disease causation is associated with the phenomenon of pollution or isinyama. Pollution in this study was found to have physiological, psychosocial, psycho-spiritual, and spiritual causes and implications, affecting largely the etheric body or isthunzi of an individual. It is deeply entangled with all categories of health as both cause and symptom of illness more generally. Finally, the category of magical causation, was insufficient in examining the psychosocial and socio-economic implications of witchcraft and as such was not well positioned to complicate these factors.

The model could not hold issues of human development, psycho-social, and socio-economic factors all of which are included as categories within the construction of health. Disease causation, in the modern day, is therefore not only constructed upon the cosmology but also upon physiological, psychosocial, and psycho-spiritual factors and confirms the notion that the human is considered as simultaneously biological, social, ecological, spiritual, and occupying these interrelated worlds. From the testimonies of the healers, counselling is an expertise of psychologists as the healers are not trained in intrapersonal functioning and in this way, healers felt that they could collaborate with psychologists. The findings of this research expand the possibility of traditional healers being included in health interventions. At the core of my research findings are calls for the expansion of health models and a destigmatisation of not only traditional healers but also the frameworks through which they operate. Furthermore, I argue that there is value in western acculturated health practitioners learning about models from other worldviews and that this could not only expand their own knowledge repertoires but also share the burden of care in South Africa.

Mental health within traditional healing is thus constructed in relation to a general category of health and in relation to an expanded view of the human. I thus argue, that while the notion of mental health is essentially a Euro-American construct, it is implicitly

considered in traditional healing interventions. The health of an individual is constructed across spiritual, psycho-spiritual, psychosocial, ecological, and physiological domains of existence. These categories are deeply entangled in one another, and traditional healers show proficiency in the comprehensive and systematic assessment of the health (or ill-health) of their patients. Furthermore, traditional healers show an understanding of the boundaries of their practices and a willingness to refer should treatment fall outside the boundaries of their expertise. It is upon these boundaries that collaboration with other mental health care workers can occur, and a system of integration proposed.

Recommendations for future research

While theoretically, I suggest that there are grounds upon which traditional healers and psychologists may collaborate there are obstacles to realising this collaboration. In my interviews with both the healers I spoke to as research assistant for the doctor (introduced in my research methodology) as well as the healers in this study, there was a unanimous consensus of the continuing demonisation of traditional healers and their practices. Nobengula highlights that despite efforts from the Traditional Healer's Organisation (THO) and government as well as a willingness from traditional healers to collaborate, more work needs to be done to educate and sensitise doctors to these issues. She maintains:

> *THO is trying to get us to be more respected here. And the government has said we can even go to the hospitals to work with our clients there. So, I think we can work together. It's just the doctors and nurses do not trust us and look down on us, maybe because they think we are not educated, but we are educated in our own way and THO is trying to get them to believe that. So maybe it will take time for us to get there because… sigh… We are not treated very well indeed. Even when you came to the group you heard for yourself, we were crying about it.*

Unanimously, traditional healers felt there was lot of work to be done for them to be in a position where they may work alongside biomedicine.

Ultimately, this is not an issue of merely putting psychologists and traditional healers together. This is an issue of dismantling the centuries of colonisation that imposed the belief that biomedicine is superior. This point is eloquently articulated by Lebembe who asserts that:

> *…western medicine is colonial medicine and anything colonial looks down upon anything African. So there needs to be a serious shift from the Eurocentric approach towards Africa. And they have made it so that even us Africans we look down upon anything African. So, if the playing field can be levelled it will be better.*

This point is also well-articulated by Dabula who retorts that:

> *…there is not just one way to be sick, they know their ways to be sick but it's not the alpha and omega. Even our education teaches us different ways… the world is big, and we cannot see everything in the world. And as Africans our spirit is very important to us. And these doctors do not believe the spirit so now we can teach them that, of what is an African person and what we believe in.*

Consequently, these views from the healers reiterate the necessity to expand the theories and models in which psychologists are educated. I commend the work done through the field of medical humanities in Africa and globally. This field has expanded what counts as health knowledge and has opened a gap for my own research to take up space. Through this field, I found myself as guest lecturer in anthropology and sociology classes, and this is a beginning. Unfortunately, a single 'nice-to-have' lecture has not been enough. I have found that as an introduction, I have had to call upon students to suspend their disbelief and give me a chance. I also acknowledge that because of the way I articulate myself, and my level of education, they have been more open to what I have to say. Often, I have left them with more questions

than answers. As both a recommendation and a direction for future research, I propose the potential for the African cosmological view of reality and the human and constructions of health as a curriculum requires further research. I suggest that herein lies the key to 'levelling the playing field'. The complexity of this recommendation is in who would teach such a course and the parameters of the contents of the course such that sacred knowledge is not made secular.

This suggestion may contribute to psychologists and other biomedical practitioners understanding better when they can refer their patients to traditional healers. Referral would require hospitals, clinics, and other institutions of health to have databases with the specialisations of various healers. Lebembe further complicates this notion. He asserts:

> *But I also don't romanticise our spirituality. There are so many charlatans. I am not exaggerating, I can say about 90% are charlatans, even me maybe I am a charlatan. So, in that sense it becomes tricky… if we could fix [this], then there is possibility of collaboration.*

This complication introduces with it another direction for future research, understanding the grounds upon which traditional healers may be validated, within their own worldview. I am not calling upon Euro-American methods of validation such as laboratory and written tests. Rather, an enquiry into 'indigenous' methods of testing reliability and validity. An interesting suggestion from Boya pertained to issues of healing the healer and supervision of the therapist. It all at once could be a suggestion of how to train psychologists of the work that traditional healers do and may be a way for the two groups to experience the nature of their practices, respectively. This, for me was an important and unexpected assertion. Boya suggests:

> *Yes, I think so if we can work together. Because sometimes even I need counselling from a psychologist because I am stressed about my work or something. Maybe we can even*

> *help cleanse them from other people's problems. Do you know that always being around sick people also makes you dirty and gives you a dark cloud so we can be able to help them by cleansing them. We can also help each other with clients, but they must be taught which ones need a sangoma and which one needs a psychologist.*

In this way, teaching and learning is bi-directional, experiential, and gives the opportunity for traditional healers and psychologists to interface and build rapport with each other.

Lebembe offers a glimmer of hope:

> *But there is hope because I think the energies in the Universe are shifting. The ancestors seem to be calling the so-called educated people and greatly so. So, people like you are bringing a new dimension all together, so you are an authority in psychology, you have studied it and you also are a child of the ancestors so that is part of the shift.*

Perhaps, that I have been able to complete the writing of this thesis is testament to Lebembe's encouragement and the ongoing efforts at decolonisation on the agenda of many universities.

Conclusion

When attempting to box that which cannot be boxed, there will always be spillage. One cannot tie such work in a pretty bow by manner of a well-rounded conclusion. Although attempted in the writing of this thesis, it refused to be fully contained. A deep concern of any labour of love is whether one has done it justice. Mine is no different. With the added concern of whether the ancestral spirits that have guided this work, are satisfied. Was my attempt good enough? While I cannot have any concrete answers, I am comforted by the fact that this can be none but my life work. And this, although not a beginning, has been an important milestone in my journey of intwaso.

Not only has it refused to be boxed, but it also refused to follow a concept of linear time. Set to be completed in three years, it has taken six. Granted, I may have overestimated my ability to simultaneously embark on two trainings, as doctoral candidate, and healer,

however, the issue of time in this work is graver. While I have tried to present some form of chronology and linearity, the content refuses it, and this should be mentioned. To research and write this thesis, I have had to call upon a principle known to the Akan of Ghana and has been spread through the African diaspora as Sankofa. Directly translated, “it is not taboo to fetch what is at risk of being left behind” (Slater 2019, p. 2), I would argue that not fetching what is at risk of being left behind is in fact taboo. The principle of Sankofa reflects that “the Akan people’s search for knowledge is based on critical reasoning, as well as intelligent and patient investigation of the past” (Slater 2019, p. 2). In this thesis, primarily a phenomenological and theoretical work of paradigm excavating, Sankofa underpins my proposal that for any mental health intervention for abantu to be successful, it is imperative to look to their past “as a guide when planning for [their] future and obtaining the wisdom of [their] past enables planning for a strong future” (Slater 2019, p. 2); looking back to look forward, this work has seen me simultaneously engage in archaeology and architecture. Simultaneously in projects of excavation and construction. Crossing multiple realms and times, I have called upon the healers I spoke to in this study to do the same. Spanning these multiple times and dimensions, may seem to fall outside the realm of western scientific possibility and therefore call upon questions of truth and falsity. In this space that challenges and deeply reconfigures any distinction between the ordinary and extraordinary, questions of belief are inept. In this moment where the division between the “normal and the abnormal no longer holds, everything becomes possible. And when everything becomes possible, narration is liberated from its ordinary strictures” (Kalema, 2017, p. 9).

Both the healers and I have had to call upon multiple archives in the form of memory. Our own memories as well as those of our ancestors. Thus, I am not working from a full view, rather I have traced key clues beyond this lived reality connecting to layers of the past through ancestors and various ecologies. Furthermore, this thesis offers no neat descriptions

of ethnicity or any broad quality of ‘healerness’. It cannot, as the concepts offered between these pages are tied simultaneously to a specific space and time and to various spaces and times. The space of Chiawelo within a cosmopolitan Johannesburg, inhabited by people of mixed ethnicity that bring with them various spaces continuously entangled with another. The time as spanning multiple temporalities, written in the time of now.

As a result, the archive used for this research is as all archives, as partial reflections of the whole. Nonetheless, these fragments do make up parts of the story and the approach here is to employ these parts as entry points. The interpretation can only be fragmented itself and as such “the knowledge that one can build from them will, out of necessity, be an incomplete kind of knowledge, a position which needs to be embraced as such” (Kalema, 2017, p.9). This is an intellectual intervention, within an Academy built on universalising knowledge, this knowledge refuses to be universalised and I therefore lay no claim at offering a global kind of metaphysics. This is another kind of metaphysics, one that goes beyond the fallacy of single story and intervenes by expanding what has been inexpertly universalised in the past.

My thesis lands differently on different types of people. Throughout its course, I have had the opportunities to occupy various spaces and experience different types of reactions to it. To a group of philosophers at *The Geography of Philosophy Workshop*, bringing together primarily white American men and white South African men, at the University of Johannesburg philosophy department, invited on the assumption that I was in fact a man to speak about the ‘dark side of knowledge’ through the lens of initiation, it was almost unbearable. It refused its mandate to be labelled as from the ‘dark continent’ and rather spoke about the nature of knowledge as inferred from initiation. One picture stays with me. The principal investigator continuously scratching his bald head as if the dissonance were too much for it to hold. After my talk, standing over me, almost cornering me into offering a neat description, asking “but would you really trust someone who has learnt a skill through

dreams and hardship?". In that workshop, I argue, my point was sorely missed. It did however teach me to over-articulate my arguments and understate the effects of colonisation for the arguments to be better received.

After speaking at the *Second International Medical Humanities Conference: The Body in Parts or as Whole* in Malawi, bringing together various medical practitioners and social scientists from across Africa and the globe, my presentation was welcome warmly. Although prepared for the worst in presenting to people from African countries not as caught up in decolonisation rhetoric, I received the best. Feedback ranged from acknowledgement that this work answered various gaps in their own training and thinking, to them wanting to know more. A moment, however, that stuck with me is the imposition of a white South African anthropologist man, whose work on traditional healing, I had been called upon to critique in various platforms. Finding me at lunch times and breaks to share tables and spaces with him, and perhaps me being too polite to walk away, I found myself deployed to validate his own work, and when I was approached with the question, "when can we expect your book?" his response, "in the meantime you can buy mine" to me wreaked an intellectual violation of being co-opted into a cause I wanted nothing to do with.

Another conference, *"Mindfulness Approaches in an African Context"* hosted by the Institute of Mindfulness in South Africa at the Cradle of Humankind, found me engaging in another type of work. The experience of which is written in Appendix III, it moved from an intellectual engagement to an embodied one, me, from an academic to a child of the spirits. Feeling as though I was called upon as the black face to validate mindfulness approaches in South Africa, this time, it was the ancestral spirits that refused and rather used the opportunity to use me as voice. To speak about land appropriation and displacement, as their bones were crying beneath us and from behind exhibition glass. Here they stood against more imposition of foreign practices when we had our own. Fortunately, the mindfulness

community is mindful, or perhaps moved by my own tears, engaged in moments of reflection.

There have been many conferences from which I can share various stories, both heart-warming and unbearable. Some of these conferences gave me the freedom to move this thesis to where it wanted to go, and these have allowed my thought experiments space and validation. Others have proven to me, that this work cannot be what it is not. All these opportunities have created the dialogue needed to develop the language of this thesis, seeing my work of excavation and construction come to fruition. While this thesis does not yet offer concrete models or theory, it does provide a foundation and tools through which to comprehend the existence of another worldview. While as a localised case study, it cannot yet provide universals, it alerts us that the universals themselves are erred and need expansion. While it may have required the reader to suspend their disbelief and judgement, it also requires the reader to now release these and to use their dissonance as an entry point to other types of lived reality and knowledge. It reminds us that knowledge cannot be finite and that there is no one way to be human. While initially written against the backdrop of calls for decolonisation, it has been completed amidst realisations that these types of calls have now become clichéd, as replicas of calls before them. Sankofa, has seen this thesis as retrieval of fragments that were nearly lost, fragments that describe the world in a new and beautiful way, where all knowledge is welcome. And this is the world in which, as mother, I would want my Khanyisa to live.

Appendix I

Biographical Information of traditional healers

Age	29-74
Sex	7 females 2 males
Number of years practicing	2-52
Ethnicity	1 Venda 1 Zulu/Venda 2 Sotho 3 Shangaan/Venda 2 Zulu
Type of healer	4 Sangomas 1 Inyanga 1 Prophet/Sangoma 3 Sangoma/Inyanga
Place of residence	5 Chiawelo 3 Protea 1 Westgate

Appendix II

Initiation Stories

The section that follows relies heavily on the individual stories of the traditional healers as remembered moments in the past. To centre the narratives and voices of the traditional healers, I have included these stories, albeit as an appendix, to rupture the format of this thesis by deploying a device used by Xaba (2019) in her edited collection, '*Our Words, Our Worlds*'[43]. In a review of the book, Moonsamy (2019) reflects on how this edited collection by Xaba "destabilises the notion of the literary anthology and demands a different reading praxis of us" (p.1). In this work, Moonsamy (2019) suggests that *Our Words, Our Worlds* "aspires to an earlier style of literary collation called 'miscellany'. She suggests that Xaba uses this form to "expose how entrenched ways of thinking cannot and do not serve the fullest expression of black female livelihood in South Africa" (p. 1).

Miscellany is described by Mujica (1997) in contrast to the anthology which has come to signify the rather bourgeois aesthetic concern to "create and reform canons, establish literary reputations, and help the institutional culture, which they reflect" (p. 203-204). Miscellany instead offers "an unordered gathering of writings on the same topic or of the same genre" (p. 203). It "sees inclusiveness as a far greater ambition than overarching ideological comprehensiveness" (Moonsamy, 2019, p. 2). Moonsamy (2019) asserts that miscellany, as a form, worked best in Xaba's work as a reflection "on the nature of Black women's poetry which has been consistently overlooked in literary canons". In this way, miscellany "strikes out against cruel exclusion and denigration of women's poetry and

[43] On 29 August 2019, I was invited to chair the launch of this book by Makhosazana Xaba. I was deeply moved by the book and how it collected the stories of Black women poets. It asked them to engage in a meta-analysis of their own writing process and journeys as poets. At the launch Nedine Moonsamy was one of the discussants in review of the book. Both myself and Mam Khosi were impressed with the notion of miscellany introduced to us by Moonsamy. We both asked for a written review. In conversation with Mam Khosi, she admitted that she was not conscious that her choice in editing the collection this way had a name and literary tradition. She reported that she was just interested in foregrounding devalorised voices. This notion resonated deeply for me and my own work as here I believe the stories of initiation speak for themselves and require little interpretation or outside voice.

presents us with a more fundamental opportunity to rethink the nature of literary practice itself" (p. 2).

It was imperative to include these narratives in this thesis to include the voices of traditional healers. These various voices illuminate the heterogeneity of traditional healing in highlighting various narratives and pathways this call and response can take. This form of miscellany best contains the rare distinctiveness in each narrative and lends to "a spirit of plurality of voices that converge to unpack nuance rather than ones that combine to iron them out" (Moonsamy, 2019, p. 2). The push and pull of the form of miscellany I am deploying is that the stories do not have equal weight and follow no unified form as reflected by the interview phase. This has resulted in a heavy reliance of my own interpretation, perceived importance, extraction and synthesis, and placement of the stories. In other words, my own tempering with stories as instrumental in strengthening my argument. This form of miscellany has its limits as I do need to somewhat conform to the structure of a thesis and guide the reader through the text in an accessible way. On the other hand, however, these tensions provide the opportunity to reflect on the complexities and nuances of knowledge within traditional healing and elucidate the need for further research. I argue that this type of plurality reflects the intricate networks inherent in human life and resultantly knowledge by virtue of the entanglements within the human's cosmology.

I have thus structured the narratives according to the reported age of the healer. The narratives appear either under childhood and/or adolescence[44] and adulthood as an attempt at some form of unifying way of reporting on them. I then offer my discussion of these

[44] In some of the stories it is difficult to make the distinction between the childhood and adolescence, I have used the age range of birth to eighteen years old. There are however other factors that complicate the distinction between childhood, adolescence, and adulthood. These factors include marriage (as some healers married in their adolescent years), independence (most healers lived with and were still provided for by their parents) etc. Space does not permit me to engage fully with theories of development within psychology and in many ways although I attempt to parse initiation in relation to development and milestones provided by various theories, I also believe this view offers expansion on some of these theories and holds in its own right.

narratives in juxtaposition with each other. In proposing themes through which the narratives can be read, in the discussion, I suggest my analysis of the nature of knowledge within traditional healing as well as a strengthening of what can be known about the human within a wider scope of African metaphysics.

I

Athini AmaZulu

(What are the heavens saying?)

I was born ngembethe (born en caul), all the events leading to and after my birth pointed to the fact that I was a child of the ancestors. Everything in my life alerted everyone, not just my immediate family, my extended family, and everyone in the community. Everyone around me knew that I was Athini AmaZulu. I knew because of all the gifts that were manifesting themselves through me that were unlike the gifts of other children…

So, at 9 years old, in school, I was so clever as a child. I think the word genius is what I would be called. I was called a genius. When I got older, I thought maybe I used to cheat because if I wanted to remember something, especially Maths, if I wanted to remember something, I was able to go back, I know this may sound creepy but it would be something like time travelling because I could go back to the beginning and see the day we were taught something. My memory was on another level. And it was pure and clear you know the way I could see things and to me it was normal. That is why it was weird for me to be looked at as a freak and for other people to take me like there was something weird about me or strange or something because for me everything was so normal. I didn't know anything else…

…I had many dreams and visions as a child it was almost normal to us now. She [mother] knew that sometimes I would tell her where I went because sometimes, I would leave. While other people are sleeping, some are travelling. And that is why sometimes I would not want them to switch the lights off when we sleep because I just don't want to go, I

don't want to work, I don't want to sleep. I just don't want to see you know. And I would travel through different times and in these different times, it even still happens now, I know what I need to do. Like I have a task to complete for that particular journey. I know what I am doing there you know, I am not a stranger watching, well sometimes I would watch whatever it is that is happening in that world.

One time, I am 9, I dreamed that I was laying on the floor of a place I later learned was Bhekuzulu hall at the University of Zululand, it was not built at the time. But I saw it and I was there, and I was lying on the floor and playing and singing and doing all types of things. And it was empty because I was there and I could echo, it was beautiful. And then I see this big green snake coming to me and then I try to get up, but it feels like everything of mine is stuck to the floor and I am trying but I cannot even scream. But my mouth is wide open and then the snake comes directly into my mouth, and I swallow it and then I can get up but when I get up I cannot speak and I just don't know what to do with myself, I mean I am young, I am nine years old, you can only imagine what this is doing to me…

…I woke up in the morning and I have a red dot in my eye. My mother sees it but doesn't pay attention and from that day it grew bigger and bigger. And then at some point it felt like there was like a spider's web in my eyes and I was getting more and more sensitive to light and all that… Every day you would worry because each day it would get even worse. And so, at that point my mother took me to all kinds of specialists this one and that one and this thing is not stopping and at some point, I need to stop going to school because I can't see…

…Then my mother was training me now that I need to get used to how to get around the house blind, and the sad thing also is that I was just learning to crochet. And I remember the frustration now that I cannot even see what I was doing there. It was driving me nuts and eventually my sight went completely, and I was hospitalised at King Edward. The specialists

had done everything they could, and they said that they would do tests. So, I am hospitalised, and I am blind, and this was for months. And I am completely blind and in my complete blindness I did not want it to take away from my passion that I just learned and that was of crochet. So, I used my finger and I made beautiful blankies. I liked going to the maternity ward and I knew how to get there on my own and I would tell the mothers what their children were saying. I loved the idea of a baby inside the stomach and the fact that I could see the baby.

There is so much that I learned to listen to and to see, so this seeing that I talk of[45]*, it was heightened when I could not see physically. I could see people's energies and I could see people's energies. I could feel my brother as he was coming through the gate that my brother was in a certain place now and he was turning the corner or whatever. I could see so much, and I did not feel like I was a freak. Even though everyone thought that I was just a special little thing that says things and sees thing you know. And I remember that I learned there to hear the spirit of the deceased. I remember that there was time when I would like sitting outside in the sun and I would hear the sound of a stretcher. There was different sound to it, and I had to find that the sound to it, was unique to the sense I was feeling at a certain point because I would feel a certain way and see it when it went past. And I would see it and feel it and see that it had someone in it who was wearing this and looked like this. And then as my sight was coming back some weeks later, I would now see when I hear the sound that, oh, this is a blue stretcher and see the person in there, but the stretcher is covered. And then I would ask the nurses what kind of stretcher this is, with the covered people. And I was told that when a person dies, they are put in this stretcher and so forth. And at the time, I am a child.*

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[45] Here Athini is referring to the question I had asked related to her role as a traditional healer. She had responded by saying *"I am a seer. So, I see, and I am shown, what is happening now, what has happened and what will happen in the future. I have the gift of pulling. I can pull a person towards me and see everything happening to them or that has happened or that will happen".* In this she gives the distinction between isangoma and inyanga, confirming the distinction made by the literature. Her narrative of her initiation is also in part to portray how her childhood experiences of photographic memory, time travelling in dreams, and blindness served as training to teach her how to use her gift of seeing.

And later in life when I feel that there was someone who was dead, it would be the same feelings I experienced as a child. And then I learned that all those years back was when I learned to get that energy.

II

Dabula Amanzi

Tear Through the Water

My mother was a healer. She mainly worked with imithi. I would help in her practice. I would crush imithi and beat the drum for her thwasas when she had. I sometimes took part in her consultations so I quickly learned about the bones even though I could not read them properly. I was a child that dreamed a lot. Like if she would have a client the next day then I would dream about them the night before. I would keep quiet at first but after a few times it happened so I would tell her. Eventually my mother saw that I had an affinity for this, and she presented me to the ancestors asking them to show us my path clearly. I then became an official helper, and she would teach me this and that. I had a vast knowledge of imithi and rituals, but I could not really bhula people (see for them). I just had knowledge of the technical side of it. I enjoyed the dancing that I would see and beating the drum. But I never really went into trance.

Adulthood: *When I was about 18, after I got married and started living with my husband I would dream of water, a lot of water and it was like I was living there. I was working in the kitchens at that time and although I appreciated my job, I never really wanted to be there. It was strange the other workers would come and consult with me and ask for advice and I would always seem to recommend the right course of action because they kept on coming back. Maybe this was all the knowledge I gained from my mother or maybe my own ancestors were starting to work…*

After a few years I got tired of working for a white woman and decided to leave my

job. The dreams of being underwater were getting more and more and I would dream of inzunza (something of a mermaid). She would speak in a strange language, which I later learned it was isindawe and only people initiated under this tradition could understand it. My mother was also aware of what was happening, so she then took me under her wing to begin something of ukuthwasa. It was really rituals we did like cleansing and eating ukhamba to help me see clearer so we could see what path we had to take. The one day I had a dream about this woman. This woman looked like a fish but was also human, not like a mermaid but she was fishlike. When I told my mother, she told me that this means that my gobela was someone who had studied under the ancestors under water. They normally say that these types of healers are so powerful because they stay under the water with the mermaids and the snakes who teach them all they need to know. Direct from the horse's mouth. My mother told me that this lady would be able to understand the language spoken by my ancestor and help with the rituals specific to this type of tradition. But I didn't know where to find her. Most of these types of healers originate from Mozambique so I did not know whether they I had to go to Mozambique.

III

Zingisa

Persevere

Well, I was always that child that would have dreams, you know, I would be able to tell if someone in my family would pass away. I am not sure how, but I knew. At home they just knew that I was that child. We say umntwana waMoya (spirit child). When I was about 12, I got sick, and my parents were told I needed to go to initiation. But my father refused saying I was too young. So, they did a ceremony called ukushweleza (roughly translated to plead). It is the ceremony whereby something is slaughtered. In my case it was two white chickens, a man, and a woman. One standing for my mother's side and the other for my father's side. So,

these are slaughtered, and we make the beer, and my parents need to shweleza on my behalf. So, they phahla and talk to the ancestors and tell them we accept the calling, but we asked if I could have some time to finish school. At this point I was doing my form 1. So even me I wanted to be like a girl like everyone else. Unfortunately, I had to repeat my form 1 because I was failing to go to school that year. But ukushweleza helped because I got better after some time. And even the one time my grandfather came to tell me he would come back to me later. He is the one that was calling me because it was him, I would dream about. So, for that time I was ok

Adulthood: *Well, I did not get sick like before when I was younger, just everything was going wrong. I could not work at the kitchens anymore because now the white person would smell ugly (direct translation from ukunukelwa umlungu meaning they had a deep dislike for white people), and I would fight all the time with my madam. At one point she said I stole her necklace, and I did not, so I left her. And went to my husband but even there he and I were fighting all the time and there was no happiness at home.*

I went to consult, and I was told iskhathi sami sesifikile (my time had come). So, then I slaughtered a chicken and asked the ancestors to show me where to go. It was about 2 months later, and I woke up at a stranger's house. They said I walked and walked until I got there, it was in the Vaal and so I do not know how I walked there from Soweto but when the ancestor wants you, they want you and I had also given them the freedom to take me. And they did. And when I got to my gobela he was already waiting for me. They had to shisela me with imithi to clean me and wake me up and then I had to inform my family I was there. And my husband came with a goat so I could start with learning.

IV

Boya Benyathi

Buffalo Hide

I was sick for some time. I used to have a bad headache, when this headache came, I would just see black, then I was told I would speak in another voice. My parents told me that I would want iskhwama sami (my bag-usually associated with a bag of working tools, passed down from generation). They would then burn impepho for me and I would come around. They eventually took me to a traditional healer who then told them that the ancestors were calling me. It was difficult for my mother to accept but at the end of the day she saw how I was suffering. They had no choice but to do a ceremony for me. They were told that they needed to slaughter a cow and tell the ancestors they agreed to this. They slaughtered the cow, and we had the ceremony. About two months later, I had a dream about a house. One morning I woke up and started to take taxis, I ended up in Tsakane, where I found the house, and this is where my initiation would happen.

Appendix III

Ecological Causes

Although the ecological causes were not explicitly named by the healers in the study, they are implicated both in the literature and by the healers I have interviewed for this research. As such, I have opted to include these in the appendices as an important after thought in the topic of mental health in South Africa. While the idea of pollution or umnyama does point to ecological causes in the model of disease causation reprised, I have shown that pollution can be both a cause and symptom within the categories named above. My own push to include ecological causes as a separate category of causation is influenced by my own experience as initiate, trainee, and practicing traditional healer. As one who is called by the mndawe and isthunywa ancestors, most of my interventions begin and end with water, my most important sacred site in nature- in the context of an inland Johannesburg, the river. The state of most of the rivers in Soweto have often left me saddened. The surrounding area is often filled with litter, the water sometimes dirty because of burst pipes and a lack of proper sewage or ablution facilities. I have had to consider this category, not only because polluted water has implications on the health of the surrounding eco-system and the most immediate ecology but also because on the spiritual implications on the various cosmologies implicated.

Seen within the African cosmological view of reality and the human, this is an important category to include as it illustrates two things. Firstly, it is an indication of how the divinities interact with and may cause illness, disease, and dis-ease on a national and international scale. Secondly, it illustrates the link between divinity and the environment, stressing the importance of the ecological relationship between humans, plants, animals, and the physical environment. The argument around ecological causation is best described in a vignette. A recounting of a ‘meltdown’ I experienced when I was called upon to deliver a talk by The Institute of Mindfulness South Africa. This talk was part of a conference, Mindfulness

Approaches in an African Context, held at The Cradle of Humankind in March 2019. It was my first time visiting the Cradle of Humankind and it coincided with my introduction- of what I realise in hindsight to be- to working with the ancestor referred to as isthunywa.

The second day of the conference was a day of mindfulness practice. There would be various mindful meditation spaces held by different facilitators. On this day, I woke up exhausted and decided to stay in my room and sleep. There was a heavy energy at the Cradle of Humankind, that I could not yet place. It made my body tired and my heart sad. As I was lying in bed, I received a message from my spirit guides. They asked me to find a cave with water where I could go and practice my own type of mindfulness meditation, prayer. At the time I was unsure whether this was a message from my guides, or whether subconsciously, this was an opportunity to gather the cave water ubaba[46] had asked me to bring back. Perhaps it was both, as my current guide, he was probably told by his own guides that where I was going there would be a cave with water in it. And that this would form part of my own training.

Coincidentally, as I was preparing to leave, one of the cleaners knocked on my door and asked if she could speak to me as she had seen that I was a healer. After the interaction, which was strange for me in many ways, I asked her whether she knew of a cave with water nearby. She directed me to the Sterkfontein Caves. I arrived at the caves, bringing everything I was asked to bring with me- snuff, candles, small bottles of alcohol, and bottles with which to collect the water. Entering the caves exacerbated an already emotion-filled and spiritually charged situation. I found myself causing a scene because they would not let me in, despite my willingness to pay the entrance fee. I

[46] At this time, I had begun another phase of my initiation. I was involved in a process called ukukhuphula isthunywa, a process concerned with awakening the ancestor associated with faith healing and prophecy under the banner of traditional healing. Because I am not part of a church, I was working closely with umthandazi, who was umphrofethi within the Zion Church. As a sign of respect, I referred to him as ubaba, father.

eventually had to ask for the manager, to whom I had to explain that I was a healer and I had been instructed that I needed to pray at the caves. I was not there for the tour, I was there to pay my respects, to the keeper of the place where we were. Fortunately, the manager was a black man, who seemed to understand what I was asking of them. I was let in, with a tour guide.

I remember experiencing feelings of shame as we walked past the visitors to the cave, most of whom were white. I was a spectacle; barefoot, tears streaming down my face, and burping very loudly because of how heavily embodying the spiritual. Finally arriving where the water sits at the cave, I fell and prayed. Much of the prayer was an apology to the entity inside the water, who felt angry. I felt that this was a masculine presence, a type of water snake that I could see with my spiritual eye. He was upset that it had been such a mission for me to access him and to him this was his everyday reality. The land had been colonised. Structures had been built in and around the cave and he could not come and go as he pleased. He was fed up with tourists coming into the sacred space, disturbing his peace, and dirtying his environment. In many ways he felt trapped, much like the bones of the ancestors that were trapped behind exhibition glasses at the museum.

He then turned his anger on to me. Why was I part of a conference that sought to colonise African contemplative practices and sell them as part of their mindfulness brand? How could I come to a sacred space, walk on top of the bones of my foremothers and watch them on exhibition? Why did I not come to this site first, to introduce my presence and gain entry on tis sacred land? Did I not feel the pain of being a spectacle as I walked in to come see him? In his provocations, the heaviness and fatigue I had been feeling at the conference made sense. After patiently listening and understanding the ground upon which to apologise, I laid down the offerings, apologised, and assured him

that I had heard him loud and clear. Although there was not much I could do, I would use this experience to inform my talk at the conference. That night and throughout the following day, it rained[47].

My talk at the conference reflected these feelings from the water snake divinity I encountered the day before. While my intention was not to call the conference organisers out, to 'play the race card', or to paint mindfulness as neo-colonial, after my talk many members in the audience confirmed a lot of my feelings in the question-and-answer sessions. Some reflected on the headaches, dis-ease, and fatigue they had experienced since arriving at The Cradle. Others reflected on their own inhibitions with working on mindfulness with black communities. Others reflected on the amount of guilt they felt knowing their ancestors had colonised and that they continue to reap the benefits.

It may be easy for those who are not familiar with my worldview to discount my experience as imagination, superstition, somatisation, or even mental illness. Regardless, it gave me another lens with which to think about current debates around issues of the Anthropocene and/or "planetary consciousness" (Nuttall, 2020, p.2).

In the dialogic fashion through which much of this thesis has been written, an interview with journalist, Leonie Joubert- who was present at the conference- and culminating article in The Daily Maverick, helped make tangible, the ethereal experience at The Cradle of Humankind. As part of a three-part series of articles on climate collapse[48], Joubert (2019) argues that "the Western notion that we are in dominion of nature is driving us over a precipice of ecological overshoot that is killing life on Earth, including our own. Maybe it is time to fall back in awe of our ancestors, to bring about the social upheaval we

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[47] Rain for me is an important sign. It acknowledges cleansings and confirms to me that my prayers have been heard. As one of my ancestors are named ZaneMvula (come with the rain), it also assures me that I had made close contact with this ancestor.

[48] https://www.dailymaverick.co.za/article/2019-07-07-falling-back-in-awe-of-our-ancestors/

need to slow suicidal capitalism". This conversation and provocation from Joubert (2019) encouraged me to read up further on the notion of the Anthropocene thesis to further understand the importance of my encounter with the water snake divinity.

Anderson (2015) asserts that this thesis implies that humans have "entered a new geological epoch defined by the visible and lasting effects of human activity on all aspects of the environment" (p.338). As these effects of human activity have resulted in ecological crisis, the naming of this epoch is "grounded in calling out the cause" (p.339). Alternatives such as "Capitalocene" and "Colonialocene" have been proposed in a move to "point more directly towards the avenues of human activity that have caused the most ecological damage" (p.339). Nuttall (2020) argues for the "distinctiveness of the call to the planetary in its twenty-first century form without discounting its historical antecedents" illuminating that "a number of theorists insist that we have seen it all before, and that the planetary has long been with us, only to be resurrected now as a new fad for thinking with" (p.1). She traces the genealogy of the planetary to the 1900s and emphasises that these debates are not new.

Nomenclature, in this regard is the least of my worries. Within this school of thought, I am concerned with the revival of a view that sees the "world as a living organism" (Nuttall, 2020; p.1) and the acknowledgement that this organism's "life-support system has been so severely damaged by human activities and is in dire need of repair" (Mbembe, 2019; p.4). Mbembe (2019) reminds us of "the organised violence that underpins both contemporary capitalism and our world order in general" (p.9). In the present day, and in the face of this ecological crisis, he continues, we still are:

> witnessing a bifurcation between life on the one hand and bodies on the other hand. Nowadays, not every-body is thought of as containing life. *Discounted bodies* are believed to contain no life as such… Such bodies on the precipice are the most exposed to droughts, storms and famines, toxic waste, and various experiences of effacement.

> Their livelihoods made impossible, they are the most likely to sustain the most crippling wounds and injuries. Trapped human subjects often without escape, they bear the brunt of terrestrial life on a damaged planet (p.10)

Joubert (2019) suggests that it may be time to "draw from other-than-western cosmologies and worldviews that embed us within the circle of life rather than place us as masters of it". Herein, is the opportunity to consider the African cosmological view of reality and the implications of my encounter with the water snake divinity.

Within the cosmological view, the divinities imbue the sacred place in which the reside with spiritual force. Much like the relationship with ancestral spirits, the relationship with divinities is also bi-directional. In being called to, and laying offerings for the divinity in the cave, I was in some way nurturing the land upon which I had entered. As this informed part of my training into a worldview, I was most sensitive to the spirit of this land, and in this way was most affected. While many in the audience had an inkling of something out of balance, I was able to articulate it to them in order to help them give words to their feelings. From this experience and culminating question and answer session, I suggest that the dis-ease and feelings of entrapment of the water snake divinity translated into my own feelings of heaviness and fatigue, as well as the headaches and dis-ease recounted by other audience members upon entry into The Cradle. The feelings conveyed by this divinity as well as my own experience of being policed into the space, echo the words of Mbembe (2019), who speaks not of borders but of 'borderization', which he defines as "the process by which certain spaces are transformed into uncrossable places for certain classes of populations, who thereby undergo a process of racialization; places where speed must be disabled and the lives of a multitude of people judged to be undesirable are meant to be immobilized if not shattered" (p.9).

While I could commend myself for 'a job well done', I recount this experience with a

tinge of bitterness. As the one most affected, and in a position to articulate the dis-ease from my 'other-than-western' cosmology, the burden of undoing was most immediate for me. Under these conditions, these "repressed topographies of cruelty (the plantation and the colony in particular) …the lines between resistance and suicide, sacrifice and redemption, martyrdom and freedom, are blurred" (Nutall, 2020; p.2-3). Put in a very crude way, the colonial systems no longer hold, the burden of undoing lies on the very ones that were violently colonized, as the ones who can decipher the messages of the living Earth. Regardless how painful, the Anthopocene and/or planetary consciousness opens an opportunity for the African cosmological view of reality and the human. It presents the "possibility of starting on a journey towards the human for the very first time, given the necropolitical history and plantation politics of the planet thus far" (Nuttall, 2020, p.3). It makes plausible the notions of the ecological as a category within the construction of health.

As a category, ecological causes of illness and/or dis-ease while not explicit in this study, I argue its implications are far reaching. I argue that this category encapsulates all the other categories of causation as it explicates the grounds upon which ruptures were created between spiritual beings and humans, between the various faculties of the human, and between humans. This category implicates the divinities, and I would argue the creator beings, in the construction of health by traditional healers. Seen within the African cosmological view of reality and the human, the global implications of ecological causation reiterate notions of interdependency and cosmic unity between the spiritual beings in the immaterial realm and humans, plants, and animals in the material realm. The oppressive foregrounding of theories from the global North and violent subjugation of theories from the global South, symbolic of the violence of land appropriation and displacement resulted in the lesser known but more pertinent Capitalocene and Colonialocene theses. Here, I use these terms purposefully as it was not all humans responsible for where we find ourselves in the

world today. It elucidates further that ‘the centre is no longer holding’ as well as the gravity and urgent need for reform in paradigms that govern the world today.

Appendix IV

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Makanya

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H16/10/09**
PROJECT TITLE	Ukugula Kwabantu: The construction of mental health by traditional leaders (in a peri-urban setting)
INVESTIGATOR(S)	Miss S Makanya
SCHOOL/DEPARTMENT	Human and Community Development/
DATE CONSIDERED	21 October 2016
DECISION OF THE COMMITTEE	Approved
EXPIRY DATE	04 December 2019

DATE 05 December 2016 **CHAIRPERSON** pp (Professor J Knight)

cc: Supervisor : Drs V de Andrade and C Burns

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University. Unreported changes to the application may invalidate the clearance given by the HREC (Non-Medical)

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

_____ _____/_____/_____

Signature **Date**

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

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