

THE PSYCHOLOGICAL PERSPECTIVE ON ZULU ANCESTRAL CALLING: A PHENOMENOLOGICAL STUDY

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Abstract

When an individual in the Zulu culture has an ancestral calling, he/she sometimes presents with symptoms and signs that are similar to those of a person with a mental illness/psychosis. The individual needs to go through the process of *ukuthwasa* in order to be healed from the signs and symptoms of ancestral possession and to become a traditional healer. The psychological perspective plays its part in conceptualising having the ancestral calling by providing theories and psychological understanding. In the western psychiatric view, illness is perceived purely in physical and psychological terms. Jung's collective unconscious concept postulates that we are interconnected and according to this the process of *ukuthwasa* can be viewed as generational.

Semi-structured interviews were conducted with two Zulu traditional faith healers who had undergone the process of *ukuthwasa*. Their lived experiences were analysed using Interpretative Phenomenological Analysis. The findings of the study revealed that the processes of *ukuthwasa* for both participants have their differences and similarities. Their views on the process were about finding healing, connection and having a sense of belonging. During the process there was a loss of self to regain the gifted parts of their lives and their ancestors. The psychological perspective takes the emotional aspects during the process into consideration, while the Zulu cultural perspective focuses on the outcomes of the process. Both perspectives believe that an individual should be looked at in totality when he/she is seeking healing and going through the process.



Table of Contents

Keywords.....	i
Abstract.....	ii
Table of Contents.....	iii
List of Indigenous Terms.....	vi
Statement of Original Authorship.....	i
Acknowledgements.....	ii
Chapter 1: INTRODUCTION.....	3
1.1 Introduction.....	3
1.2 Background, significance, scope and definition OF THE STUDY.....	3
1.3 Context.....	6
1.4 Purpose.....	6
1.5 Thesis outline.....	7
Chapter 2: LITERATURE REVIEW.....	9
2.1 Introduction.....	9
2.2 Zulu culture and healing.....	9
2.3 <i>Ukuthwasa</i> and the Zulu culture.....	13
2.4 Signs and symptoms of <i>ukuthwasa</i>	17
2.5 Zulu traditional healers and <i>ukuthwasa</i>	20
2.5.1 Diviner (<i>isangoma</i>).....	20
2.5.2 Herbalist (<i>inyanga</i>).....	21
2.5.3 Faith healer (<i>umthandazi</i>).....	21
2.6 The psychological conceptualisation of <i>ukuthwasa</i>	23
2.7 Psychosis in relation to <i>ukuthwasa</i>	27
2.8 Summary and implications.....	29
Chapter 3: METHODOLOGY.....	31
3.1 Introduction.....	31
3.2 Methodology and research design.....	31
3.2.1 Methodology.....	32
3.3 Participants.....	33
3.4 Data collection and instruments used.....	34
3.5 Data analysis.....	37
3.6 ETHICAL CONSIDERATIONS.....	38



3.6.1	Informed consent	38
3.6.2	Confidentiality and privacy.....	38
3.6.3	Avoiding harm	38
3.7	Limitations and strengths.....	39
3.8	Summary.....	40
Chapter 4:	RESULTS AND ANALYSIS	41
4.1	Introduction.....	41
4.2	Demographic information of the two participants	41
4.2.1	First participant.....	41
4.2.2	Second participant.....	42
4.3	Themes	42
4.3.1	Mkhulu Cele	42
4.3.2	Mkhulu Khumalo.....	49
4.4	Summary.....	55
Chapter 5:	DISCUSSION	56
5.1	Introduction.....	56
5.2	Zulu cultural perspective	56
	Loss of self	56
	Denial as a defence mechanism	57
	Finding meaning and healing.....	58
	Loss of control and dependency on ancestors	59
	Dreams.....	60
	Connection, sense of belonging and finding the sense of self.....	60
5.3	Western psychological perspective	63
	Loss of self and spiritual emergence.....	63
	Withdrawal and isolation of the self.....	65
	A sense of belonging and connection	66
5.4	Summary.....	67
	The Zulu cultural and the western psychological perspective	67
Chapter 6:	CONCLUSION	69
6.1	Introduction	69
6.2	Conclusion.....	69
6.3	Limitations	71
6.4	Recommendations.....	71
	REFERENCES	73
	APPENDICES.....	78



Appendix A: Invitation for participation in the research study.....	78
Appendix B: Informed consent	80
Appendix C: Interview schedule	81
Appendix D: English translated transcripts for Mkhulu Cele	82
Appendix E: English translated transcript for Mkhulu Khumalo	89



List of Indigenous Terms

Abaphansi - departed elders of the family	Izihloli - ancestral bones for consultation
Abaprofethi - prophets	Izingomazokuvumisa - songs for accepting ancestors
Abathakathi - witch doctors	Ubizo - ancestral calling
Amabutho - forces	Ubuntu - humanity
Amadlozi - ancestors	Ukudla intwaso/ukuphothula - becoming a qualified traditional healer and a point of rebirth
Amafufunyane - possession of evil spirits	Ukugidela idlozi - dancing for ancestors
Amandawo - ancestors that are not from the family clan	Ukhlambuluka - ritual for cleansing to gain spiritual purity
amaNguni - ancestors with diviner powers of healing and who worked as sangomas	Ukhlanya - madness
Amathwasa (plural), ithwasa - trainees	Ukuphefumulela amadlozi or ukububula kwedlozi - breathed and/or to be inspired by ancestors.
Imisebenzi - rituals	Ukuthwasa/Intwaso - the process of initiation to become a traditional healer
Indumba - ancestral house where traditional healing consultation is done	Ukuvuma idlozi - accepting ancestors
Inhlanhla - fortune/luck	Umoya Ongwele - the holy spirit
Inyanga, izinyanga (plural) - herbalist	Umoya - spiritual energy
Isangoma. Izangoma (plural) - diviner	Umthandazi, abathandazi (plural) - faith healer
isazela esifileyo - dead consciousness	Umuthi - traditional medication
isazela esiphilileyo - living consciousness	UMvelinqangi/uNkulunkulu -God
isazela sengquko - a transpersonal level	
Isithunywa - ancestors that worked as faith healers	



Statement of Original Authorship

The work contained in this thesis has not been previously submitted to meet requirements for an award at this or any other higher education institution. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made.

Signature: _____

Date: _____

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Chapter 1: Introduction

1.1 INTRODUCTION

In this chapter, the background and context as well as the purposes, aims and objective of the study are discussed. Finally, the remaining chapters of the thesis are briefly outlined.

1.2 BACKGROUND, SIGNIFICANCE, SCOPE AND DEFINITION OF THE STUDY

Many black African psychiatric patients often seek help from both the psychiatric clinics/hospitals and also from indigenous healers (Sorsdahl & Stein, 2013). Traditional healers have a specific function in South Africa. They are usually the first option when it comes to treating illnesses for African-oriented people (Viljoen, 2006). Many indigenous societies regard illness and diseases to stem from spiritual disharmonies and, therefore, they believe that ancestral spirits have the power to heal or inflict illness (Edwards, Makunga, Thwala, & Mbele, 2009). Traditional healers are known to have undergone a spiritual, cultural and religious conversion experience after receiving an ancestral call to become a traditional healer. This is known as the process of *ukuthwasa*. In the process the healers also receive intensive instruction and supervision from fully-fledged traditional healers. The traditional healers practise in the community with widespread respect and recognition as mediums with the ancestral shades (*amadlozi*) and God (*uMvelingqangi/Unkulunkulu*) (Edwards, 2011).

People who go through the process of *ukuthwasa* may have similar symptoms and signs as a person who is mentally ill or psychotic. These symptoms and signs then may lead to confusion as to whether or not one has a calling or suffers from a mental illness (Makhanya, 2012). Most psychotherapists who are unfamiliar with the Zulu tradition are faced with difficulties in understanding the different problems that African patients present during a psychotherapy consultation. Issues that may be presented are ancestry, prayer, callings, rituals, protection and cursing, dreams and witchcraft (Eskell-Blokland, 2005). When a patient presents with these problems, it may be assumed some of them may be caused by ancestors. Bojuwoye (2013) supported these views in his study by looking at the ancestral spirit in indigenous cultures from a psychological perspective. He asserted that the key

premise in the belief in ancestral spirits is about the influences. There is a strong sense of connection or emotional attachment with ancestors in indigenous cultures. This plays a crucial role in the individual's behaviour, wellbeing and lifestyle choices.

The principles underlying the belief in ancestral spirits are similar to those which gave rise to mindfulness, which involves the mental representation or the thoughts about ancestors influencing the behaviours and actions of the living indigenous descendants. These principles can certainly be integrated into many aspects of psychological and therapeutic work, especially in terms of what is done, how it is done and under what circumstances and the different therapeutic fields (individual and group therapeutic situations)(Bojuwoye, 2013).

There are also specific names and descriptions used in both the Zulu tradition and the psychiatric view to categorise disorders. The categories demonstrate a range of symptoms that are experienced by traditional healers (Zabow, 2006). These include *ukuthwasa* (calling to be a healer), *ukuhlanya* (madness) and *amafufunyana* (possession by evil spirits) amongst others (Washington, 2010). The use of these terms does not exclude conventional mental health services being consulted. However, there is a lack of understanding in the ways in which indigenous illnesses may present to people with an ancestral calling (Washington, 2010).

Traditional healers are sometimes considered comparable to psychologists in the western health care system by some African-oriented people. This is largely because traditional healers are perceived as counsellors who listen carefully to their patients' problems and worries without any judgment (Viljoen, 2006). There are different viewpoints when it comes to the collaboration of these two different modalities of treatment (Zabow, 2006).

There are similar studies that have been conducted that speak to different perceptions with regards to the process of *ukuthwasa*. Booi (2004) did a case study where a traditional healer who had undergone the process of *ukuthwasa* was interviewed. A series of interviews were conducted where information was gathered about significant experiences related to the *ukuthwasa* process. A case narrative was interpreted using the traditional Xhosa beliefs, the western psychiatric and the transpersonal psychology perspectives. The study revealed that the Xhosa perspective has the advantage of helping an individual with the calling to find meaning as everything is explained by ancestors. However, this belief also normalises some extreme experiences; even someone with psychotic symptoms is understood to have the

ancestral calling. On the other hand, the western psychiatric perspective has disadvantages in that it does not address all the underlying problems but would only relieve the symptoms by drug therapy. There are other symptoms from the participant in the study that were psychological and emotional and they required psychiatric drugs and psychotherapy. The transpersonal perspective is a bridging perspective that considers both the traditional Xhosa beliefs and incorporates psychodynamic views. It has advantages in that it can collaborate with the traditional Xhosa beliefs and western psychiatric and psychodynamic perspectives, and can incorporate insights from all of them (Booi)

Makhanya (2012) also conducted a study with a group of ten different Zulu traditional healers on psychosis. In-depth-interviews were conducted to understand how people of the African ancestry conceptualise illnesses and the use of traditional medicine. The study revealed that there seems to be a contradiction with regards to the cause of mental illness. From the western psychiatric and Zulu traditional perspective, the aetiology of illness results in different sets of treatment. Makhanya asserted that, from a western point of view, mental illnesses are believed to be manageable with both psychotherapy and anti-psychotic medication rather than curable. Traditional healers in the study believed that ancestral calling runs in families and *ukuhlanya* is not due to genetic predisposition, but is due to the disconnection from the ancestral spirits or from bewitchment that is curable with traditional medication.

Psychological theories and different authors who have conducted research in psychologically conceptualising the process of *ukuthwasa* are also used in this research study to understand the psychological perspective of *ukuthwasa*. Bojuwoye's (2013) research study was based on integrating the principles underlying belief in ancestral spirits with counselling and psychotherapy. He believes that some principles underlying the belief in ancestral spirits are parallel to those of conventional psychotherapy in terms of an explanatory model as to the aetiology of illnesses. There are also beliefs that the *ukuthwasa* process is the way of interrelatedness that allows a person to have a sense of belonging and identity (Washington, 2010).

Grof and Grof (1989) spoke about spiritual emergence and its impact on the ego's coping mechanism. These theories include Carl Jung's collective unconscious that reveals a close connection between the person and the cultural and ecological environment. According to Jung, a person's development is determined by his/her inheritance, culture and social

factors influencing him/her (Jung, 1990). Edwards et al. (2009) conceptualised *ukuthwasa* from a psychodynamic perspective. Having the ancestral calling or spirits may be rooted from childhood experiences that play a role and influence an individual's behaviour and manifestation of certain defence mechanisms.

1.3 CONTEXT

In this research study the lived experiences of becoming traditional faith healers from a psychological perspective are explored. There are difficulties in differentiating between actual psychosis and the process of *ukuthwasa*, more especially because they present with similar symptoms and signs (Booi, 2004). Therefore with the closer understanding of the process of *ukuthwasa*, the study will help mental health workers in understanding the Zulu culture. This research gives a rich description of the two traditional faith healers' experiences.

1.4 PURPOSE

The purpose of the study is to give a better understanding of the experiences of two Zulu traditional faith healers to healthcare providers especially in the mental health care systems. There is also an appreciation of how the Zulu cultural and western psychological perspectives are similar and also how they differ in terms of conceptualising the process of *ukuthwasa*. This research study gives an in-depth experiential intervention in psychotherapy for patients who may present with *ukuthwasa* as their presenting problem. This gives a better understanding of the rootedness of the Zulu healing process. Therefore *ukuthwasa* may not be seen as an illness but rather as a healthy response to a spiritual awakening. The psychological perspective looks at the process of *ukuthwasa* from a western context that is different to the Zulu cultural context. It also conceptualises the process by using psychological theories to understand human behaviour.

This research is aimed at exploring two Zulu traditional faith healers who have undergone the process of *ukuthwasa*. This involves the exploration of their condition, and the significant experiences they went through during the training process. This was done through the phenomenological lens.

Interpretative Phenomenological Analysis (IPA) is used as a methodology for data analysis. IPA focuses on the subjective experiences of individuals and is interested in what happens when the everyday flow of lived experiences take particular significance for people, for example, with regards to this research, having an ancestral calling and going for the

ukuthwasa process is considered significant (Smith, Flowers & Larkin, 2009). IPA is committed to the detailed examination of the particular situation. It wants to know in detail what the experience for this person is like and also what sense this particular person is making of what is happening to him (Smith et al) It attempts to get beneath the subjective experience and find the subjective nature of the things as realised by the individual (Kafle, 2011).

The objectives of the research study were: (a) to provide an in-depth understanding of *ukuthwasa*, using the two Zulu faith healers' experiences from the psychological perspective; (b) to explore the stages of the initiation process of *ukuthwasa* and the ritual performances involved in each stage, including the competences learned from the experiences of the two faith healers; (c) to explore where the Zulu cultural and western psychological perspectives diverge and converge; and (d) to interpret findings through a phenomenological lens. Interpretative Phenomenological Analysis (IPA) as a methodology helped in answering the research question of: What would a phenomenological study reveal about the psychological experience of becoming a Zulu traditional healer?

1.5 THESIS OUTLINE

This introduction (Chapter 1) gives an outline of the rationale, objectives and the aims of the research study. Chapter 2 contains the literature review which describes summaries and evaluates related studies. The chapter is divided into sections, namely Zulu culture and healing, *ukuthwasa* and the Zulu culture, signs and symptoms of *ukuthwasa*, Zulu traditional healers and *ukuthwasa*, the psychological conceptualisation of *ukuthwasa* and psychosis in relation to *ukuthwasa*. Chapter 3 discusses the methodological procedure followed in carrying out the research. It provides a detailed description of the underlying theoretical assumptions and outlines and discusses the sampling procedure and inclusion of the criteria. A description of the interview procedure for collecting data is presented, and the method of analysis and the steps followed during the Interpretive Phenomenological Analysis of the data and the interview schedule are also illustrated. In addition, the chapter includes the ethical considerations of the study. Chapter 4 contains the detailed description of the results obtained from the analysis. Chapter 5 discusses the findings of the study. Chapter 6 provides a brief summary and the conclusions of the study. It also provides the limitations and recommendations for future study.

Chapter 2: Literature Review

2.1 INTRODUCTION

In this chapter, literature that is relevant to this specific research study is discussed. Some of these literature sources are dated but provide basic and important principles that could not be excluded. This chapter goes beyond the search for information and includes identification and articulation of the relationship between similar and different studies in the literature. This literature is specifically in the field of study of the psychological perspective of the process of *ukuthwasa*, with in-depth information about the Zulu culture and healing. The chapter provides the context of the research, justifies the research, identifies studies that have been similar and also describes how this research study is different. It also fits the study into the existing body of knowledge.

This chapter consists of a literature review on the following topics: Zulu culture and healing, which speaks to the meaning centred on significant spiritual sources in the Zulu cultural healing and also the rituals that are performed. The second topic is *ukuthwasa* and the Zulu culture. This topic speaks to the process of *ukuthwasa* and also the significance of ancestors in the Zulu culture with the description of the process. The third topic, which is the signs and symptoms of the process of *ukuthwasa*, discusses the types of illness or symptoms that an individual with the ancestral calling has before and also during the process of *ukuthwasa*. The fourth topic, Zulu traditional healers and *ukuthwasa*, gives a description of the different traditional healers and their different processes of *ukuthwasa*. The sixth topic is the psychological conceptualisation of *ukuthwasa* with the focus on different authors who have done similar studies to this research and also different psychological theories. The last topic in the chapter discusses the differences and similarities between psychotic and *ukuthwasa* symptoms and signs. The chapter highlights the implications from the literature and develops the conceptual framework for the study.

2.2 ZULU CULTURE AND HEALING

The African Zulu population forms part of the largest Nguni language tribe in South Africa. The word ‘Zulu’ refers to ‘people of heaven’ or ‘God’s people’. The inherited belief attached to this name is the acceptance that God is central to the Zulu people (Makhanya,

2012). The Zulu people's healing is centred on God (*Umvelinqangi*), ancestors (*amadlozi*), nature and the individual's connection to all of these spiritual forces. Ancestors act as mediators between Zulu people and the Creator (*uMvelinqangi*). The ancestors do God's work. God and ancestors in the Zulu culture work together hand in hand (Mabona, 2004). In order for healing to be successful the Zulu people use rituals to connect and communicate with the ancestors and God. During these rituals God is prayed to and the ancestors are communicated with to make all healing possible. God is believed to work through ancestors (also called 'angels') in helping people on earth and also the ancestors work for their families (Washington, 2010).

Myers (1993) supported the original African orientation of healing by describing healing as everything being in the spirit (the vital life force known in extra-sensory fashion as energy, consciousness, god and quarks) and appearing materially (known through the five senses).

Zulu people have developed systems of human interaction through healing and these have existed since the ancient times and have evolved within the Zulu context (Washington, 2010).

These systems speak to Zulu people's specific needs with indigenous healing acknowledging the presence of both internal and external variables that may infringe upon the optimal growth and development of a living organism (Washington, 2010). The Zulu people operate in harmony with nature and the universe, and believe that various aspects of colour contain the power for healing. It is important to understand the Zulu context and the diversity in all its relatedness in order to appreciate the balance and harmony of healing (Makhanya, 2012).

Research conducted by Edwards et al. (2009) on the beliefs and practices with regard to the role of the ancestors in healing in relation to communal, human spirituality in general and the Southern African Nguni people in particular explains the mechanisms and the dynamics of responsible healers believing that the healing power works through both internal and external ancestral forces. They stated that healing by ancestors is achieved in the sense that they provide us with a sense of rootedness; they anchor us and they confirm our identity. If one conceives of human consciousness as nature's ability to be aware of itself that is the capacity to know that we are living entities that will also die in future, one can understand the need of human beings to understand their origins as well as their destinations.

Myers (1993) supported this by asserting that ancestral consciousness specifically includes the understanding of spirit as a source of self that extends into transpersonal realms. Self includes 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.

There is an understanding that the presence of the individual's mental illness such as madness (*ukuhlanya*) suggests that ancestral shades have withdrawn their protection from the person due to his/her failure to act in a manner harmonious with the community (Makhanya, 2012). This person's failure to act in an appropriate manner renders the entire community vulnerable to his/her illness because the community has to witness the residuals of the illness or misfortune. Zulu healing occurs within the communal context and it is the responsibility of the community to facilitate the healing of the family, couple and individual, because the illnesses as well as the wellness impact on the entire community (Washington, 2010). Washington (2010) in his study suggested that even though the mental illness is seen as ancestral shades withdrawing their protection, there are Zulu people who perceive *ukuhlanya* as an illness that has a genetic component, even with this Zulu centred belief.

On the other hand, Sorsdahl, Flisher, Wilson and Stein (2010) conducted a study in Mpumalanga which consisted of in-depth interviews with Zulu traditional healers; the majority (60%) asserted that psychosis is not necessarily a mental disorder. Some of the traditional healers in the study stated that the symptoms that people present with are inflicted on them by their ancestors as a calling to become traditional healers. For example, these healers reported that the voices these people were hearing are linked to the instructions to accept the calling to become healers. Moreover, healers in this study mentioned that there is more to the process of becoming a traditional healer than simply hearing voices (Sorsdahl et al.).

Edwards (1985) also reported that the spirits of deceased ancestors are frequently held responsible for sending illness because the living have blundered in some way. The spirits of deceased ancestors are concerned with the lives of the living and either protect or discipline them. Ancestors are regarded as custodians of our lives. They occupy a position of dignity and awe among their descendants. They can bring good luck and bad luck equally if they are pleased or angered respectively. Among the Zulu peoples the notion of disease encompasses both physical illness and misfortune. Anything that brings intrapsychic, interpersonal or

social disharmony is associated with the environment or other people and can be perceived as potential disease/illness causing. Skuse (2007) mentioned that in the Zulu culture there is a hierarchy of vital powers that govern the manifestations of illness and disease. At the top of this hierarchy is a deity of greatest power, followed by lesser spiritual entities, ancestral spirits, living people, animals, plants and then objects.

Edward (1985) maintained that, even though illnesses are regarded as a disconnection from ancestors and caused by the imbalance of nature, there is also another aspect that causes illness and is inflicted by living beings. The Zulu people tend to regard mental illness such as madness (*ukuhlanya*) as stemming from bewitchment. A person from a Zulu clan might assume that they have been bewitched. To support this view, Naidoo, Sehoto, and De Villiers (2006) reported that Zulu people occasionally are debilitated by a range of physical, social, psychological and economic “symptoms” which imitate western diagnoses of physical and psychiatric disorders. These symptoms “arise in various combinations and do not respond to everyday traditional and western remedies. The Zulu people regard these presentations as being caused by supernatural entities or bewitchment (*abathakathi*) that is, the practitioners exerts negative supernatural influences over other people” (Naidoo et al., 2006, p. 3). Naidoo et al. mentioned witches (*abathakathi*) as one of the practitioners who might exert negative influences.

This was also supported in Sorsdahl et al.’s (2010) study, in that some of the 50 traditional healers who were used in the study mentioned that the symptoms that people presented with were due to bewitchment. However, not all healers in that study believed that people who presented with symptoms of psychosis were not suffering from mental disorder; some of them agreed that these people have a mental disorder that is due to genetic components and not caused by bewitchment or an ancestral calling. Healing of illnesses caused by ancestors requires ancestral ceremonies typically consisting of community gatherings that involve rituals (*umsebenzi*) of some kind. From time to time, through certain ritualistic procedures that differ from group to group, the ancestors are celebrated and consulted for guidance. As they have passed on, ancestors are believed to know more than the living beings, they have extra-ordinary powers and they can be at any place at any time. Various different types of rituals (*imisebenzi*) include various sorts of rites and rituals involving a particular animal such as a goat, sheep, cow or bull in a particular place, for example, a kraal or a homestead, with a particular person leading the ceremony. The person

leading the ritual is usually a healer or an eldest son. It is accompanied by particular medicines, at a particular time (birth, adolescence, marriage, death) or place such as cleansing for *amabutho* (forces) or for various reasons such as to contact, appease or promote various ancestral spirits including nature spirits and the Holy Spirit (Edwards et al., 2009).

When a person has been bewitched and requires healing, the healer either presents herbs in the form of medicine (*umuthi*) or provides a healing environment (divination). This process allows God to be fully present within the sick person and community. People who visit the traditional healer are required to engage in specific rituals in order to be healed. This requires the sick person's effort to restore order and find balance within self and the community. The healer must simply connect with the universal force to manifest the full power of God. This process will empower the ill person (or empower the powerful collective presence within the person) while concomitantly overpowering the destructive forces outside of the person (Washington, 2010).

Healing in the Zulu culture occurs in different entities and it depends on where the problem or illness emerged. Individuals who play a crucial role in the Zulu healing are the ones who have a deep connection with the spiritual forces; they are respected in the community and are referred to as traditional healers (Washington, 2010). These rituals give acknowledgement of the existence of ancestors. This then is believed to bring fortune (*inhlanhla*) (Africanshama, 2010). Acknowledgement and good treatment of ancestral spirits is believed by the Zulu people to translate to good will and successful lives for living descendants, with benefits such as bigger crops, better business deals, or achievement of other desirable goals, since the ancestors are believed to still have interest in the well-being of their living family members (Africanshama). In this research study the psychological perspective of *ukuthwasa* was explored and the next section focuses on the experience of the process of *ukuthwasa* in the Zulu culture.

2.3 UKUTHWASA AND THE ZULU CULTURE

According to the Zulu culture, certain people may be identified by ancestors to become traditional healers. The person has to accept the calling to be a traditional healer and has to go through the process by means of rigorous training. The person has to be treated by a fully-fledged traditional healer who has been identified and presented to the trainee through dreams by the ancestors. Any Zulu person with the calling can go through the process of *ukuthwasa*

irrespective of his/her education, gender or age. These processes differ from person to person depending on what their ancestors require from them (Mabona, 2004).

Every individual has a unique process of *ukuthwasa* and the definition of the process varies. It is a spiritual journey. It is an embodiment of nature and the ancestral world. The Zulu tradition views it as an inborn gift that runs in families. A person has to have *ubizo* (a calling by ancestors) to go through the process of *ukuthwasa*. It is perceived to be in the blood of a person and cannot be given to a person by any means (Mlisa, 2009). Booï (2004) defines *ukuthwasa* as coming out and rebirth. Niehaus et al. (2004) viewed *ukuthwasa* as a calling to serve the ancestors as a traditional healer, meaning that this is a special but normal event. The trainee needs to comply with the guidance of his/her ancestors in order to receive special powers.

In the Zulu culture, people do not choose to become traditional healers but they are chosen by their ancestors. Ancestral calling usually takes the form of powerful ancestral dreams and some encounter with a snake in water (Edwards, 1985).

Accepting the ancestral calling (*ukuvuma idlozi*) implies the death of the old way of life as the neophyte undergoes a period of traineeship under a qualified traditional healer and becomes reborn (*ukudla intwaso/ukuphothula*). Accepting the calling also implies sexual abstinence (*ukuzila*) as necessary in order to achieve the unpolluted sacred status of the traditional healer as medium with ancestral spirits (Edwards et al., 2009).

Not all people who go through the processes of *ukuthwasa* become fully-fledged traditional healers. Some are neither healed nor their future vocations established as shown by many psychiatric patients who attribute their illness to an incomplete calling. The completed *ukuthwasa* process may be described as a crisis in living accompanied or followed by a creative illness in which there is integration and resolution in the life and world of the traditional healer (Edwards, 1987).

The attitude towards *ukuthwasa* is ambivalent as it is regarded as both a gift from the ancestors and a burden which people do not wish on themselves or their children. The ancestral calling and the process of *ukuthwasa* are often resisted. The sick person and the relatives can consult several fully-fledged traditional healers to have it confirmed or negated. It is resisted because the training and treatment are long, emotionally demanding and expensive, not only for the trainee but for the family as well. In this regard the family has to

accept the findings because their role during treatment and training will be of particular significance, more especially as the support structure of the trainee (Ensick & Robertson, 1996).

Ukuthwasa depends on clear, directive dreams, visions and it is associated with purity. Traditional healers are known as “the house of dreams” Booi (2004, p.4). Constant dreaming of water and rivers, or being flooded in a river pool or actually dipping themselves in a river is prominent to people who are afflicted with *intwaso* (the calling). These potential traditional healers (*amathwasa*) are believed to be called by the ancestors to undergo training in the river. The dreams vary from one trainee (*thwasa*) to the other. Some may dream of wild animals and forests, and it is believed that this is an indication that they are being called to train in the forest. Animals in dreams are said to represent the ancestors, and animals that are mostly dreamed of are zebras, lions and snakes (Booi). Dreams are considered significant as they are the mode of communication from the ancestors with regard to guidance, warnings and/or the appointment of someone for healing as in the process of becoming a healer (*ukuthwasa*). Once the dream message has been made clear by indicating what is required of the individual, family or clan, it is acted on to prevent illness and promote health (Edwards et al., 2009).

Healers use different instruments to heal people; some use objects such as bones (*izinhloli*) and others use water and candles. This is dependent on the kind of gift and also the ancestor’s gift that they want to give to the person who has been called (Hammond-Tooke, 1974). According to Gumede (1990), sometimes the ancestral spirits speak in a non-clear whistling voice. The language of these spirits sounds like whistling. The trainee’s function is also to interpret to the client the message that the ancestors are communicating to the client or patient. Moreover, traditional healers also use prophecy to read clients’ minds. This means the ability to use observation skills to make fairly accurate judgments based on non-verbal communication observed from the client.

Gumede (1990) also reported that while the enquirers are still on their way approaching the healer's place, the trainee develops premonitions and experiences *ukuthwasa* symptoms like sneezing, a headache and heaviness on the shoulder. The particular trainer may then know that someone is coming to seek help. She snuffles, twitches, shrugs her shoulders and roars abnormally. When the enquirers ask the healer to make a divination or prophecy, she asks them to clap their hands so that he/she can speak and also agree with what

is true in the traditional healer's divination or prophecy. The healer starts with a series of speculations as to what the problem may be. The trainer tells the trainee what the problem of the latter is.

The trainer is in the service of the ancestors because he/she is knowledgeable about the trainee's wishes and needs. The trainer understands and interprets messages that appear in dreams of the trainee; the trainer is the specialist in rituals and customs which are required to communicate with the ancestors. The trainer is therefore the mediator between the trainee's ancestors until they are able to communicate directly with the trainee as the process progresses (Buhrmann, 1986).

There is no set training period; it might take anything from six months to ten years. The acceptable level of competency depends on several factors. Firstly, it depends on how fast the trainee's ancestors are in their teachings and how long they want the trainee to stay in the fully fledge traditional healer's house for training. Secondly, the trainee only qualifies as a traditional healer once a final fee is paid. Thirdly, the healer retains territorial exclusivity where the trainee pays allegiance to the trainer (Truter, 2007).

Ancestral reality and reverence remain clearly present when breathing through a Zulu healer in a process called *ukuphefumulela amadlozi* or *ukububula kwedlozi*. The first phrase literally means to be breathed on and/or inspired by the ancestors; the second has connotations of moaning or groaning as the energy of the past lives of the ancestors is experienced in all its power, love and wisdom (Edwards et al., 2009).

There are various rites related to the process of *ukuthwasa*. These include appropriate sacrifice, abstention from new clothes and cosmetics, not cutting hair and/or one or more nails, wearing the slaughtered animal's inflated gall bladder and/or bile in one's hair and other articles from the animal's skin, for example, an amulet. In particular, there is drinking or cleansing in gall and/or bile after the sacrifice, as it is believed that the shades are especially fond of gall or bile. It is believed that the gall or bile's sweetness and bitterness is significant for cleansing.. The gall bladder and the bile are considered as important parts of the animals that are required by ancestors for every animal slaughtering made for them. It is not just any type of animal that is slaughtered for the ancestors. Goats, cows and chickens are significant animals for the Zulu people when sacrificing for ancestors and each type of animal is slaughtered at a particular stage of the process of *ukuthwasa* (Berglund, 1976).

In the process of *ukuthwasa* various healing and strengthening methods are utilised including repeated confessional dances (*izingoma zokuvumisa/ukugidela idlozi*) (Edwards et al., 2009). Sondlana (2014) in her study investigated the experiential values of traditional African dance and music for traditional healers using a psychodynamic perspective to conceptualise the process of *ukuthwasa*. Her study revealed that traditional African dance and music offer a safe environment for the release of the unconscious energies. Vibrant music can be thought provoking, heightening the traditional healers' emotions and spirituality. Furthermore, traditional African dance and music bring the traditional healers closer to their ancestors, enhancing a sense of acceptance, commitment, forgiveness for any disobedience observed, hope, safety and self-discovery.

The trainee is gradually introduced to the ancestral spirits so as to enhance communication. This process is accompanied by fear of what to expect and ignorance of how one should respond. Guidance is given throughout by the trainer. Furthermore, traditional African dance and music are conducted daily and early in the morning for trainees to relate their dreams to the trainer for analysis and interpretation. This helps the traditional healer in monitoring the training progress. In some instances, traditional African dance and music are conducted every evening when preparing for the ceremony/ritual as a way of praying for the upcoming ritual (Sondlana, 2014).

2.4 SIGNS AND SYMPTOMS OF UKUTHWASA

The symptoms of *ukuthwasa* manifest themselves in different ways; they vary from one individual to another and it also depends on a traditional healer's calling. This may include symptoms such as mental confusion, visual and auditory hallucination, anxiety, fear, delusions, mood swings and social isolation (Booi, 2004). There may also be the presence of aggression, restlessness, violence, the neglect of personal appearance and hygiene, aimless wandering around, eating poorly, and the experience of extreme physical illness (Buhrmann, 1986).

There may also be problems that cause distress that are created by the ancestral spirits and they manifest themselves in many ways in everyday lives. The ancestral spirits may cause obstacles in the individual's life. If the individual does not accept the calling, it can affect the whole family resulting in the family having a dark cloud over it and various family members may also undergo various problems despite all efforts to overcome them. The

difficulties that are caused by ancestral spirits present themselves in different forms. The individual may experience misfortune in all levels of living such as marital disharmony, car accidents, loss of employment, addictions, miscarriages and financial problems (Edwards et al., 2009).

These symptoms were also evident in the case study that was conducted by Booi (2004) where she interviewed a traditional healer who had undergone the process of *ukuthwasa*. The traditional healer reported becoming very ill at the age of fourteen. She reported having experienced pains all over her body, she had loss of appetite and loss of weight, she cried for no apparent reason, and she had incontinence of urine. She also reported having episodes of anger, aggression and being violent when she was a child, and being very irritable. She reported experiencing palpitations, sweating, loss of energy, dizziness and light headedness when she confronted a person that she felt was having harmful medicines. These symptoms were believed to be symptoms of *ukuthwasa* (Burhmann, 1986).

The participant reported that she did not like to sleep on a 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 (Booi, 2004).

According to the traditional Nguni beliefs, a person afflicted with *intwaso* behaves oddly. According to the African traditional perspective, it is believed that man is a unitary being consisting of a biological body and a spiritual body (Chiakwa, 1999). The spiritual body or the non-physical reality is believed to be capable of separating from the biological body (or physical reality) especially in situations such as in a dream, trance or some other altered state of consciousness (Mabetoa, 1992).

Burhmann (1986) stated that people with an ancestral calling have a tendency of wandering aimlessly. This is believed to be due to the ancestors alerting the community that something spiritual is emerging from that person. Schweitzer (1977) reported that the calling is associated with 'sickness' or 'disintegration' which is initiated by the ancestors. The afflicted person can be identified in the community as being required to pursue the course prescribed by the ancestors to become a true traditional healer.

The participant lost her suitcase at the railway station after a warning by the ancestors that she was going to experience difficulties on the way because she was running away from home to her father. She was involved in a car accident after she was warned by the ancestors not to go to a certain place. She sustained a sprained ankle and a fracture on the leg after a warning not to go to a sports meeting (Booi, 2004). The traditional belief is that ancestors punish people who do not listen to their instructions or warnings. This is also an indication of the misfortune and losses that can occur due to the ancestral spirits (Edwards et al., 2009).

Though *ukuthwasa* may present with these symptoms, Booi (2004) mentions that there is a positive side to the process in which traditional cultures, sickness and suffering manifest into the body's inherent wisdom, to which traditional healers in training only have to surrender to reach areas of perception capable of revealing the true basis of their earthly existence. Therefore, sickness is regarded as a call for self-realization and self-development. Hence *ukuthwasa* is referred to as a life transforming experience which is either seizure or death (Makhanya, 2012).

This is also supported by a study that was conducted in Mpumalanga where Zulu traditional healers were questioned using in-depth interviews. Traditional healers in the study reported hearing voices which are connected with instructions to accept the calling to become a healer (Sorsdahl et al., 2010).

According to Hammond-Tooke (1989) the series of symptoms become persistent until the calling is accepted. The shades communicate most clearly in visions, dreams and synchronistic events. Failure to comply or proceed with training is feared to lead to madness or death. This can have both positive and negative outcomes: complying with this divine calling may result in special powers while refusing to accept the calling by the ancestors may lead to illness/*ukuhlanya* (madness) in Zulu culture, which in western psychiatric terms is referred to as a 'psychotic disorder' (Niehaus et al., 2004).

On the completion of the process of *ukuthwasa*, the trainee can now specialise in the gift that has been given to him/her by his/her ancestors. Traditional healers are subdivided into their different specialities (Truter, 2007). The next section briefly discusses the different subtypes. The main focus is on the faith healers as this research is exploring the experience of *ukuthwasa* by a Zulu traditional faith healer.

2.5 ZULU TRADITIONAL HEALERS AND *UKUTHWASA*

Traditional healers are a heterogeneous group and there are three overlapping categories in the Zulu culture: the healer/counsellor (*isangoma*), the faith healer (*umthandazi*) and the herbalist (*inyanga*) (Zabow, 2006). Truter (2007) discusses different categories of traditional healers in South Africa. He stated that traditional healers do not all perform the same functions, nor do they all fall into one category. Each healer has his/her own field of expertise or methods of diagnosis and his/her own particular medicine. They also have different types of training (*ukuthwasa*) processes (Truter). This research study focuses on faith healers and their experiences of *ukuthwasa*. Different types of African traditional healers can be identified as discussed in this section.

2.5.1 Diviner (*isangoma*)

A *sangoma* or diviner is the most senior of the traditional healers. This is someone who explains an illness or disease and in addition divines the state of affairs of the illness in the cultural context. They are usually highly valued in their community for their guidance and mystical powers (Makhanya, 2012).

Depending on the type of training which is subjective from person to person, an *isangoma* (diviner) may or may not have knowledge of herbal medicines. A *sangoma*'s specialty is divination where they work within a traditional religious supernatural context and act as an intermediate with the ancestral spirits. *Izangoma* focuses on diagnosing what may be unexplainable, more especially among the western medical professionals. *Izangoma* traces the causes of specific events and interpret the messages of the ancestors. Whilst the focus is on divination, they frequently also give medication (*umuthi*) or performance of cultural rituals for the specific case they have diagnosed (Truter, 2007).

Training to become a *sangoma* is not a personal decision but is a calling bestowed by ancestors to a person who then is apprenticed to a qualified diviner for more than a few months. During this period, the diviner learns to throw and read bones and to control the trance-like states where communication with the ancestral spirits takes place. The trained *sangoma* can start healing people using the gift that has been given to them by ancestors (Truter, 2007).

2.5.2 Herbalist (*inyanga*)

A herbalist is referred to as an *inyanga* in Zulu. The *inyanga* specialises in the use of herbal and other forms of traditional medicinal preparations to treat illnesses. *Inyanga* possess wide-ranging knowledge of curative herbs, natural treatments and medicinal mixtures of animal origin. About 90% of *izinyanga* are male. Their wide ranging curative expertise comprises of preventive and prophylactic treatments, rituals and symbolism as well as preparation for fortune and fidelity. Some *izinyanga* treat only one specific condition and become well-known experts on that disease. These include rainmakers and specialists in conditions of specific organs such as heart, kidney or lung disease. *Izinyanga* in general spend only some years as apprentices and do not profess to have divine powers (Truter, 2007).

This leads to patients having to practically visit the *izinyanga* and have a case history taken. *Inyanga* run their business through referrals and regularly have storage places where herbs and remedies are sold (Makhanya, 2012).

Izinyanga get training in medication; more specifically, what to prescribe for different problems and how to mix herbs made up of roots, bark, leaves, minerals and animal parts. They spend years learning to treat illnesses using plants found in the field or forest. Gumede, (1990) stated that the medicinal mixture and dosage can be extremely complicated and the learning process involves being apprenticed to a master herbalist. When they are done with their training they are allowed to practise on their own (Mpono, 2007).

2.5.3 Faith healer (*umthandazi*)

Abathandazi (faith healers) comprise a sophisticated combination of traditional African religion and Christianity. They are found practising mostly at the African indigenous churches such as Zionist and Apostolic churches in the villages and cities. These African indigenous churches can be found anywhere throughout Africa. In their bright and symbolically coloured church attire, groups gather wherever convenient, at the river or the mountain, near the sea, at a vacant plot in town or at the bus stop. Spiritual energy (*umoya*) is invoked through Bible reading, prayer and singing in a healing circle. In more formal meetings held in churches, community halls or houses, faith healers or prophets (*abaprofethi*) may close windows and doors to keep out distractions and amplify spiritual energy for an evening, day or weekend of intense individual, family and community healing and spiritual

purification (*ukuhlambuluka*) in a religious ceremony which includes rituals, music, drama and dance (Edwards et al., 2009).

The faith healer is gifted in ways of prophesising, divine use of prayer to heal by laying hands on their patients, and they also use holy water, steaming baths and enemas. Faith healers believe that their healing power comes from God and it is a combination of both the Christian Holy Spirit and the spirit of ancestors. This is believed to gain further meaning with reference to the third person of the Trinity or Holy Spirit (*Umoya Ongcwele*). Christ is viewed as the ancestral divine Son of God and peace, truth, power, love and wisdom. In inspirational Africa indigenous Nguni, healing is experienced simultaneously in the body and breathe of any particular individual in communal ancestral spirituality as graced and mediated by the Trinity of God, Christ and the Holy Spirit. The faith healer's healing system is moulded on the *sangoma* group pattern whereby the afflicted lives for months and in other instances years at the prophet's residence (Truter, 2007).

Faith healers are expected to exercise expert skill in decision-making, diagnosis, planning, and the implementation of a therapeutic treatment plan to protect people and the community against evil powers and illnesses. These healers are able to provide their local community with a communal-spiritual circle that addresses many needs such as traditional ancestral reverence, old testament and modern Christianity (Mlisa, 2009).

The faith healer's period of training is pre-arranged. The trainee is prayed for, goes through purification rites and is in close contact with the healer. The trainee may go for purification rituals in a river and in the mountains. *Abathandazi* understand sickness in terms of the patient's world perception. The dynamic displays of emotions in rhythmic movements and dances are regular practice in faith healing. These occur mostly in churches and dance is believed to bring more connection with God and ancestors, and this is somewhat the same model as the ceremonial dances of *izangoma* (Truter, 2007).

Faith healers (*abathandazi*) and prophets (*abaprofethi*) typically heal through prayer, holy water, baths, steaming and purgatives. A Xhosa Zionist healer has described such healing in terms of different levels of consciousness (Edwards, 1987). As opposed to *isazela esifileyo* (dead consciousness), *isazela esiphilileyo* refers to that form of living consciousness of prayerful, close connection to God, with *isazela sengquko* implying a transpersonal level (e.g. clear conscience and Christ consciousness). Illness is understood in three forms: as

arising in the unconscious, in conscious awareness and through consciousness, for example, anxiety or trauma (Edwards, 1987).

2.6 THE PSYCHOLOGICAL CONCEPTUALISATION OF *UKUTHWASA*

Ukuthwasa is a communicative ritual. It is full of utterances (clan praises), voices (people and ancestors) and addressees. This indicates that a person with the ancestral calling has no conscious choice, will or power to choose to be or not to be. A person is chosen even if he/she can consciously choose to deny or reject the calling later on. The trainee's life is determined by his/her family (Buhrmann, 1982). The belief in ancestral spirits gives a sense of belonging as members or integral parts of a family and ancestral lineage. Ancestors or ancestral spirits are, therefore, rallying points by which family members are connected together. Mental images of exemplary behaviours or good virtues of ancestors or lineage can serve as an organizing focus of identification (Edwards, 1987).

The acknowledgement by trainees of having superior beings that are their custodians provides a sense of security for Africans. Therefore, doing all that is required in order to secure a place in the future destination is what gives the trainees their identity, a sense of purpose and a sense of belonging. When a new person joins the family, she/he must be reported to the departed elders of the family (*abaphansi*) for example, a new bride or a newborn child. It is believed that illness and misfortune could result if the expected procedures are not followed correctly (Booi, 2004).

Healing by ancestors is achieved in a sense that they provide us with a sense of rootedness. They anchor us, and they confirm our identity; without the completion of the process and the acceptance of the calling one may not discover one's full potential. If one conceives human consciousness as nature's ability to be aware of itself, which is the capacity to know that we are living entities that will also die in future, one can understand the need by human beings to understand their origins as well as their destinations. Ancestors provide this (Buhrmann, 1986).

The trainee loses independent control and his/her predetermined journey is designed, manipulated and controlled by dreams, a means of connection between trainee and the ancestors. Dreams play a major role as they set the curriculum baseline for the training process. Without the ancestors, there is no training and without the dreams the training may not proceed until the messages are communicated to the trainer or to the trainee (Buhrmann,

1982). Carl Jung (1990) in his explanation of dreams supported the significance thereof and their function as a mode of communication and connection. He also asserted that dreams should be taken as warnings and advice. He stated that dreams exist in both the human conscious mind and also in the collective unconscious. Bojuwoye (2013) asserted that ancestral spirits are invisible and remain largely in the minds or mental psyches of people. Belief in ancestral spirits is often used to activate people's mental state and by so doing influences their behaviours and/or lifestyles.

Washington (2010) conceptualised from *Ubuntu* psychology and stated that *ukuthwasa* is the ability to recognise the interrelated aspects such as one physical being, culture and spirituality within the universe. This involves the full recognition that all things within the universe are connected in some way. In the process of *ukuthwasa* and also being a traditional healer the self is seen and used as an expression of the divine. This stems from the understanding that all humans come from one divine source, and are at the same time an expression of that divine source. This means that all possess some elements of the divine and that the greatest obligation is to be divine in daily interactions. This is an energy that is transmitted from generation to generation (Washington, 2010).

According to Jung (1990), people usually experience archetypes indirectly through dreams, ritual and mystical experiences. Jung strongly maintained that symptoms of psychopathology and spiritual experiences are signs of mental health that relieve people from neurosis.

Mlisa (2009), in his study, used Carl Jung's (1990) psychoanalysis to conceptualise *ukuthwasa*. Jung was more concerned with a positive appreciation of religious symbolism. He used a concept of 'collective unconscious' to describe a person's developmental and maturation process. He also suggested that an individual needs to be viewed in totality, that is, as a whole or in all aspects. Collective unconscious reveals a close connection between the person and the cultural and ecological environment. According to Jung, a person's development is determined by his/her inheritance, culture and social factors influencing him/her (Jung, 1990).

The collective unconscious does not develop individually, but is inherited. A child is thus born with inherited genetic traits. In addition, it means that the inheritance of the collective unconscious is not derived from personal experience and is not a personal acquisition (Jung, 1990). This is a process whereby certain family talents, values, skills and

abilities of past family members stay in future generations through inheritance by certain children. The archetypes are the unconscious images of the instincts; in other words, they are patterns of instinctual behaviour based in the id. Instincts, in turn, influence how a person behaves, as they are rational motivations of the conscious mind (Jung). The person's imagination, perceptions and thinking are likely to be influenced by inborn and universal elements. This reinforces the idea that, if a person has the calling, she cannot deny the existence of such a gift, as much as she wants to reject it (Jung).

In Jung's view human spirituality has both instinctual and transcendent roots and functions (Jung, 1990). Hammond-Tooke (1989) stresses the cognitive meaning making and emotional security providing function of spirituality, religion and ancestral respect. He distinguishes between clan founder ancestors and recently deceased ancestors to whom everyday communication is addressed. The concept of spirit explains such states as sleep, trance, coma and death and justifies beliefs as to why ancestors continue to take a lively interest in the affairs of their descendants. The explanatory function of such beliefs, therefore, affirms an afterlife and provides post facto causes of illness.

Nguni people believe that extended family kinship ancestors play a role of protecting the home, keeping harmony or, when appropriate, causing misfortune and even illness to remind the children of the error of their ways. They therefore need to be heeded and given appropriate respect and care (Buhrman, 1989).

According to Grof and Grof (1989), a spiritual emergency is a disturbing experience resulting from a spiritual experience, such as past life experiences and possession states. They also categorised the types of spiritual emergences which are the past life experiences, shamanic crises, near death experiences, communication with spirit guides and possession states. Their pathways might be difficult, whilst at the same time not dangerous at all. The ego may be overwhelmed by these new states of consciousness, because they are not signs of pathology but can be part of health awakening. The types of spiritual crises dampened the ego's coping mechanisms.

According to Bragdon (1990) and Grof and Grof (1989), the term spiritual emergency is used in the same way as *ukuthwasa*. Transpersonal psychology is an alternative western view that is less widely recognized, but which sees human life in spiritual terms, similar to the perspectives of traditional healers. From this perspective there are many similarities between the Zulu perspective and that of other shamanic traditions all over the world.

Traditional and transpersonal psychologies do not claim that all psychoses are initiatory illnesses. Bragdon (1990) defined spiritual emergence 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.

Edward et al. (2009) described the term ‘psychosocial dynamics’ as an umbrella term to explain the hidden, imperceptible, psychological, familial, social and cultural tensions. It also refers to forces, mechanisms, reasons and/or causes underlying otherworldly or spiritualistic phenomena. This is in the form of visions, dreams and hallucinations that may appear to persons with ancestral visitations. They stated that this kind of phenomena can become augmented under conditions of stress, death, and bereavement. Dreams lose their distortions and intensity in daylight and reality becomes vivid when we have eaten and slept well.

From a psychodynamic perspective, ancestral visitations and their communications are as threatening or reassuring as these personages had been in their former physical existence and as perceived by the perceiver. Examples which include verbal abuse, corporal punishment and familial rejection by powerful parents and/or elders are clearly very threatening experiences for a vulnerable child. Such experiences will remain rooted and amplified in the consciousness of the child. These experiences can be corroborated by familial and socio-cultural belief systems and, after the death of such elders, may assume gigantic proportions and readily manifest as *abaphansi basifulathele* (ancestors have turned away). This may then require appropriate appeasement rituals. Ancestral ceremonies bring a re-establishment of archetypal and psychodynamic harmony between humans and spiritual forces, providing balance between people in their individual, familial and/or collective unconscious and/or consciences, and ancestral heritage in the forces of nature on land, trees, rivers and seas (Edwards et al., 2009).

On the other hand, if parents and grandparents have been affirming, kind and loving, after their death their continued recognition (*abaphansi banathi*), kindness and love are more likely to be experienced by future generations. In terms of reciprocal parent/child relationships, bad behaviour is punished/rejected and good behaviour rewarded/praised. Such patterns are recognised by various schools of thought in psychology. Children learn to bring about rewards of parental recognition, love and praise through proper behaviour. These are very good reasons for surviving generations to continue to communicate and honour their

ancestors, be well behaved and perform appropriate ceremonies to ensure continued health, protection and prosperity (Edwards et al., 2009).

2.7 PSYCHOSIS IN RELATION TO *UKUTHWASA*

Ukuthwasa can be confused with psychosis due to similar pictures of symptomology. This research discusses the innate differences between and the similarities of *ukuthwasa* and psychosis. Psychosis, broadly, indicates impairment in the individual's reality-testing ability (Sadock & Sadock, 2007). Psychosis can also be defined as the distortion of reality that results in the presence of delusions or prominent hallucinations, with the hallucinations occurring in the absence of insight into their pathological nature (Feldman, 2006, cited in Makhanya, 2012). A somewhat less restrictive definition would involve prominent hallucinations that the individual realises are hallucinatory experiences (Makhanya, 2012).

Bragdon (1990) stated that intense spiritual experiences may often look similar to psychosis. This is due to visual, auditory hallucinations and delusions that people with spiritual experiences have. She also states that, when spiritual emergence is punctuated by profound emotions, visions, psychosomatic illness and compelling desires to behave in unusual ways, the spiritual emergence becomes a crisis, a spiritual emergency. A person experiencing a dramatic psychic opening, which is an opening of perception to paranormal abilities, might also be so much in touch with the inner processes of others that he or she appears to have telepathic abilities. Indiscriminate verbalisation of accurate insights about the contents of other people's minds can alienate others so severely that they may react by unnecessarily hospitalising the person who is exhibiting this ability. If given in doses that are too large, or over too long a time, some psychiatric medication can rob people of their capacity to complete the 'journey' that has become alive in them. This may happen when a person in a spiritual emergency is misdiagnosed as chronically schizophrenic and given a life prescription for anti-psychotic medications. Antipsychotic medication must be used with care as the overuse of some psychiatric drugs, especially anti-depressants, anti-anxiety and anti-psychotics may close the door on spiritual awakening and seal it tight (Booi, 2004).

The Diagnostic and Statistical Manual of Mental Disorders Five (DSM-V, 2013) defines the schizophrenia spectrum and other psychotic disorders and schizotypal (personality) disorder by abnormalities present. These include one or more of the following five domains: hallucinations, delusions, disorganized thinking (and speech), grossly

disorganized or abnormal motor behaviour (including catatonia), and a range of specified negative symptoms, which may impact on the individual's functioning in society (American Psychiatric Association, 2013). These may be similar symptoms that are presented by traditional healers; however, the experiences and the processes (*ukuthwasa*) are different and some trainees may not present with these symptoms (Mlisa, 2009).

In the diagnosis of psychotic disorders a number of assumptions are drawn as a causal factor of psychosis such as genetic influence, disturbed parent-child relationships, neural dysfunction, and biochemical factors (Washington, 2012). Schizophrenia, one of the psychotic disorders, follows certain phases. The diagnosis of schizophrenia is marked by the disturbance lasting for at least six months. During this period there is a presence of symptoms such as delusions, hallucinations or disorganized speech, disturbed behaviour, and negative symptoms like speechlessness or lack of initiative and this is referred to as the active phase. This phase more often appears without warning signs. A person may show deterioration in social and interpersonal functioning; this is a period prior to the active phase (Halgin & Whitbourne, 2007).

The prodromal phase is marked by maladaptive behaviours such as inability to work productively, maladaptive behaviours, social withdrawal, eccentricity, poor grooming, inappropriate emotionality, peculiar thoughts and speech, unusual beliefs, odd perceptual experiences, and decreased energy and initiative. For most people the active phase is followed by a residual phase, in which there are continuing suggestions of disturbance similar to the behaviours of the prodromal phase (Halgin, & Whitbourne, 2007). Niehaus et al. (2004) in their study on different traditional healers revealed that there is no difference in the core symptoms of schizophrenia and the symptoms presented by *ukuthwasa* even though the symptoms of *ukuthwasa* are perceived as good sometimes. Furthermore, it is important for clinicians to comprehend that *ukuthwasa*, although seen as a potentially positive event by the Zulu people, may be representative of the onset of schizophrenia. Thus, a thorough history taking is essential. Arguably, individuals with a family history of psychotic symptoms, even if these are not associated with the ancestral calling (*ukuthwasa*), may be at greater risk for the development of psychiatric disorders (Niehaus et al.).

The major difference between the western psychiatric view and the Zulu cultural view of *ukuthwasa* or psychosis is the aetiology of the symptoms (Kangwa, 2010). The Zulu people also believe that disease manifests because of the moral wrong that has been

committed or lack of respect for the ancestral spirits or when an individual has been chosen or has the calling to be a traditional healer (Makhanya, 2012).

The western psychiatric view without objectivity can fail to comprehend this aspect of people (Makhanya, 2012). According to Washington (2010), whilst it is true that psychologists have an interest in the mind, this presents limitations as well. Such limitations occur with the understanding of the spiritual world view, and not just the mind. Ironically, the term ‘psyche’ does not refer only to the mind but also to the ‘soul’. Hence, one should not disregard the importance of the client’s spiritual reality. To the psychologist, disease and mind problems are still cognitively-related. Herein lays the major discrepancy between western psychiatry and traditional or cultural understanding of psychosis. Canino and Algeria (2008) asserted that psychosis does exist; however, it is viewed differently in different cultures. In addition, what may be regarded as symptoms of psychosis in one society may not be the case in another. Psychosis from a western point of view is not only due to psychological problems and genetic predisposition, but can also be brought on by substances, allergies to medication, exhaustion, fear, shock, trauma, grief, religious experiences, and anxiety.

2.8 SUMMARY AND IMPLICATIONS

Healing for Zulu people is connected to all spheres of life with greater respect for the hierarchy of life. For Zulu people God is the centre of everything, with the belief that ancestors work as mediators between God and the living. The connection between the ancestors and the living is communicated by traditional healers who are considered important in the community. These traditional healers have to go through a process that allows maturity of their gifts. The gifts from the ancestors allow the traditional healers to be extraordinary and also an important part of healing in the Zulu culture. The person with the calling does not choose to go through the process or to become a traditional healer. However, they are chosen by their ancestors and it is embedded in the family and they come with the gift or the calling from birth.

Ukuthwasa is a process that the traditional healer undergoes in order to be a fully-fledged traditional healer. The process comes in stages which are hard. Before the process commences it comes with illnesses. These kinds of illness are both physical and mental. Ancestral calling symptoms are often confused with psychosis as they look and sound the

same. A person with an ancestral calling can develop symptoms that are similar to psychosis as a result of incompleteness of the process of *ukuthwasa* and fulfilling the ancestral needs. Schizophrenia is one of the mental illnesses that presents with similar symptoms as ancestral calling. Psychological understanding also helps in understanding the western view, with theories that connect and differentiate the Zulu traditional and the western psychological worlds. There are different subtypes of traditional healer in the Zulu culture, *isangoma* (diviner), *inyanga* (herbalist) and *umthandazi* (faith healer). These subtypes have different processes when it comes to their initiation and training processes.

The literature also states that every process of *ukuthwasa* is different and is dependent on the individual's ancestors. This research explores two Zulu traditional faith healers who have gone through the process of *ukuthwasa*, how they experience their condition, and the significant experiences they went through during the training process. It also explores both the Zulu culture and the western psychological perspectives to determine where the two perspectives differ and where they converge. The implications of the research are to help with the understanding of the similarities and also the difference between the Zulu culture and the psychological perspective of the process of *ukuthwasa*. The literature demonstrates that there is the co-existence of both aspects. However, there are also differences more especially with the aetiology and the proceeding process of healing. This research fills in the gap of understanding the spiritual way of healing in the Zulu culture and also the meaning of the process psychologically. This is done by exploring the subjective experience of the two faith healers with their significant life events. This research uses methodology that allows for the analysis of the two traditional faith healers subjective experiences. This is discussed in the next chapter.

Chapter 3: Methodology

3.1 INTRODUCTION

In this chapter, the research methodology used in the study is described. The design adopted by this research to achieve the aims and objectives as stated in Chapter 1 is also discussed: a) to provide an in-depth understanding of *ukuthwasa*, using two Zulu faith healers' experiences; (b) to explore the stages of the initiation process of *ukuthwasa* and the ritual performances involved in each stage, including the competences learned; (c) to explore where the Zulu cultural and western psychological perspectives diverge and converge; and (d) to interpret the findings through a phenomenological lens. The first section discusses the methodology and research design where Interpretative Phenomenological Analysis as a qualitative method is described. The IPA is also discussed in terms of how it was used and why it was considered relevant to the study. The sampling method of the participants and also the challenges that the researcher came across in getting the participants are also described. The description of data collection, instruments used to collect data and the steps of data analysis are discussed. The ethical considerations that were utilised during the study are described. Lastly, there is a discussion of the limitations of the research.

3.2 METHODOLOGY AND RESEARCH DESIGN

The design of the study falls within the ambit of qualitative research and specifically interpretative phenomenological analysis (IPA). The strength of qualitative research is its ability to provide complex textual descriptions of how people experience a given research issue. It provides information about everyday issues that are often contradictory; these include behaviours, beliefs, opinions, emotions, and relationships of individuals, amongst others. Qualitative methods are also effective in identifying intangible factors, such as social and religious, whose role in the research issue may not be readily apparent (Harper & Thomson, 2012). Qualitative research is suitable for this study which explores the human experience of *ukuthwasa* and how Zulu traditional healers have experienced the process. This research also involves a comparison with the literature from the western psychological perspective. This is implemented to discover the aspects where there is convergence and

divergence of the two perspectives. Through semi-structured interviews participants were able to explain and describe their unique experiences.

One advantage of qualitative methods in exploratory research is the use of open-ended questions and probing which, in this case, allowed the two participants to respond in their own words, rather than forcing them to choose from fixed responses. The open-ended questions evoked responses that are meaningful and culturally salient to the participant. Another advantage of the use of qualitative methods is that it allowed the researcher the flexibility to probe initial participant responses – that is, to ask why or how. The researcher used interviews or narrative inquiry to engage with the participants in accordance with their individual personalities and styles. Probes were also used ‘ to encourage them to elaborate on their answers (Frankfort-Nachmias & Nachmias, 1996). This research study used semi-structured interviews in which participants were able to explain and describe their experiences of *ukuthwasa*. These interviews were audio recorded and notes were also made during the interviews.

Different qualitative approaches/methods including narrative research, thematic analysis and grounded theory were also considered. However, IPA goes beyond the text or what is being said; it interprets the experience to render it more meaningful (Harper & Thompson, 2012). This is the reason it is considered the most appropriate qualitative design for answering the research question regarding what a phenomenological study would reveal about the psychological experience of becoming a Zulu traditional healer.

The next section of the chapter explains IPA in more detail and also why it is suitable for this research.

3.2.1 Methodology

IPA was used as a qualitative design to answer the research question (Smith et al., 2009) regarding what a phenomenological study would reveal about the psychological experience of becoming a Zulu traditional healer. IPA was also used to explore in detail the similarities and differences between the two experiences of the participants. In this research specifically the process of *ukuthwasa* was considered as a significant experience for Zulu traditional healers. There was also the comparison of not only the experiences of *ukuthwasa* but also the convergence and divergence between the Zulu traditional and western psychological perceptions about the process of *ukuthwasa*. These experiences are unique

hence IPA as a methodology was considered for this research. IPA was also used to analyse the data. This allowed the researcher to do analyses and provided the illumination of emerging themes during and after the data collection procedure (Booi, 2004).

3.3 PARTICIPANTS

Purposive sampling is a non-random technique that does not need underlying theories or a set number of participants. The researcher was able to decide on the two participants according to what the research is exploring and also in answering the research question of what a phenomenological study would reveal about the psychological experience of becoming a Zulu traditional healer. The two participants who were selected and interviewed were both willing to provide information by virtue of their knowledge and experience of the process of *ukuthwasa* (Lewis & Sheppard, 2006).

The purposive sampling technique was used in the research study. These participants were approached from the churches *Inqaba yokuphila yamaKrestu* (Faith Cherubs) and the Faith Apostolic Church in Zion in Soweto. After announcing the research in the churches there were only seven people who came forward and were interested in participating in the research study. One of the concerns from most people who did not come forward to participate in the research was that in the *thwasa* process there are certain aspects that are kept in confidence and also that only people who have been through the process and their ancestors have knowledge of them. This was communicated as a feeling of betraying or disobedience to their ancestors. The other two of the potential participants who came forward did go through the process of *ukuthwasa*, but were not practicing as traditional healers. It was difficult to find someone who worked only as a faith healer; however, there were potential participants who went through both the faith healer and a diviner *thwasa* process. Two of the potential participants who were willing to participate in the research were still in their process of *ukuthwasa* as faith healers and had completed their training as diviners, but they were under the age of 18 years and therefore, did not meet the criteria of the research. One went through the process of *ukuthwasa* as a faith healer, but was not from the Zulu clan and was not working as a traditional healer at the moment.

Two participants were selected from the seven potential participants. Potential participants, who were still in the process of *ukuthwasa*, were uncertain about participating in the study and under the age of 18 years were excluded from the study. Furthermore, those

who had been through the process, but were not practising as traditional healers were also excluded from the study.

The two participants that were selected met the selection criteria of the research and were interested in taking part in the research. The participants were both males; however, the research selective criteria did not specify gender. They were both over the age of 18. They both did not have a psychiatric history nor took any medication for a mental disorder. They were both Zulu speaking, belonging to the Zulu clan and were practicing as traditional healers. They were verbally fluent, fully functioning and were able to communicate their feelings, thoughts and perceptions in relation to being a traditional healer. They were both willing to talk about their experiences of having an ancestral calling and also of the process of *ukuthwasa* (Lavery, 2003). This was assessed by having a pre-interview with all the seven potential participants before selection. This was done by engaging in a conversation with the potential participants to determine logical thinking. The two participants were approached and the nature of the study and their involvement were explained to them. They agreed to participate. The ethical issues pertaining to the study were explained and informed consent was obtained and signed.

The research aimed at interviewing participants who are traditional faith healers; however, both the participants were trained as both faith healers and diviners. During the sampling it was discovered that most of the participants do not consist of only one ancestor that results in a specific gift, but most participants consisted of several ancestors in one individual. They consisted of different types of ancestors that came with their different gifts of either becoming a faith healer or a *sangoma*. This then results in a person having one or more gifts depending on the ancestors one might possess. The utilization of two participants was considered advantageous to the research as it allowed the engagement of more in-depth interviews with the participants, and rich data was obtained from each of the participants. With the limited time it gave a better opportunity for more careful data saturation.

3.4 DATA COLLECTION AND INSTRUMENTS USED

Semi-structured interviews were used as the technique for data collection. The researcher conducted two semi-structured interview with both participants. Rich data was obtained and the researcher was able to gather all the information required to answer the research question: What would a phenomenological study reveal about the psychological

experience of becoming a Zulu traditional healer? The semi-structured interviews were proposed to be a series of interviews until sufficient data was saturated. Data was obtained from only two interviews with each participant. According to Smith et al. (2009) a semi-structured interview is used to collect qualitative data by setting up a situation (the interview) that allows participants the time and scope to provide a detailed account of the experience that is under investigation. Both the participants were interviewed in their places of work, their ancestral houses known as *Indumba* in Zulu. Both the participants claimed to have a busy schedule so the interviews were conducted at a time that was convenient for them. This was during the weekend and even then there were disturbances from people coming in for consultations during the time of data collection.

The participants were asked about their experiences of *ukuthwasa* and of being a traditional healer. These interview sessions were audio recorded and notes were also made during the interviews. The interviews lasted for 30-50 minutes. The focus of the interviews was decided by the researcher and the questions were led by what the researcher was interested in exploring. The interview and the questions steered to a conversation and the questions that followed and where asked in the interview. This helped in developing possible explanations and evaluation of the phenomenon (*ukuthwasa*) (Smith et al., 2009). Due to the flexibility and fluid structure of semi-structured interviews, questions were open-ended and expansive, and the participants were able to talk at length (Mason, 2004). For example, some questions were suggested by the researcher and some arose naturally during the interviews. The researcher tried to build rapport with the participants and so each interview was like a conversation (Smith et al., 2009).

Audio recordings were made during the interviews and notes were also taken. However, the notes were limited due to the fact that extensive note taking runs a risk of distracting the participants and interrupting the flow of the interview (Barker, Pistrang, Elliot, 1996). Using audio recorders provided a more accurate rendition of the interviews. Other benefits of audio recording were: preserving the words of the participant, the researcher was able to have original data, and even when something was not clear in a transcript, the researcher was able to return to the source and check for accuracy. Audio recording also benefited the participants in that they felt assured that there was a record of what they said to which they had access. Thereby they could have more confidence that their words would be treated responsibly (Yin, 1984).

An interview guide was used to cover all the interviews. Taylor and Bogdan (1984) explained it as a list of general areas to cover with each participant. The interview guide served as a reminder to the researcher to ask about specific things that would answer the research question. In this research the interview guide was structured around a framework, which was conceptual or chronological (Barker et al., 1996). Thus the main themes in the interview guide were the participants' life histories, their experiences during the initiatory illness, significant experiences they went through during training, and their current experiences as traditional healers (Jones, 1996).

The interview guide consisted of a list of specific questions. Questions were asked when the researcher felt it was appropriate to ask them. Some of the questions were prepared and some occurred spontaneously to the researcher during the interview. The wording of questions was not necessarily the same for both participants (Mason, 2004).

The following are the questions that were asked during the semi-structured interview:

- What is *intwaso* (verb of *ukuthwasa*)?
- How did you know that you have a calling?
- What are the characteristics that confirm that a person has to be initiated?
- What happened or led you to acknowledge it?
- How does the process unfold to identity healing maturity?
- How were you able to manage your own process?
- How would you explain your feelings, pain/hurt, failures and successes in your journey?
- What makes some complete the process and others fail?
- What is the result of not completing the initiation process?
- What are the competencies of the trainees on completion of the training?

All interviews were conducted in Zulu. They were audio recorded and notes were made with the participants' informed and written consent. Recorded information was then transcribed in a verbatim fashion. Transcribing involves translating from the Zulu language to

English. Transcripts are not copies or representations of some original reality; they are interpretative constructions that are useful tools for a given purposes (Kvale, 1983).

3.5 DATA ANALYSIS

To analyse the data Smith et al.'s (2009) IPA steps were used:

- The researcher began with analysis at the level of the individual case, with a close line by line analysis (coding) of the experiential claims, concerns and understanding of each participant.
- There was also identification of the emergent patterns within the experiential material, with the emphasis on the convergence and divergence, commonality and nuance, usually first for the single case, and then subsequently across multiple cases.
- There was also a development of the 'dialogue' between the researchers, their coded data and their psychological knowledge about what might it mean for the participant to have these concerns in this context. In this context it led to the development of a more interpretative account.
- There was a development of the structure, frame, or gestalt which will illustrate the relationship between the themes.
- There was also the organisation of all this material in a format that allowed for coded data to be traced right through the analysis, from initial codes on the transcripts through to initial clustering and thematic development into the final structure of themes and subthemes.
- Supervision and auditing were utilised to help test the collaboration, the development of coherence and the acceptability of the interpretation.
- There was the development of a full narrative, evidenced by detailed commentary on the data extract, which takes the reader through this interpretation, through themes and subthemes.
- The researcher then reflected on her own perceptions, conceptions and processes (Smith et al., 2009).

The two interviews completed were subjected to a series of IPA readings using Smith et al.'s (2009) reading guide method. The first set of readings examined the cases from the perspective of the traditional Zulu understanding of *ukuthwasa*. The second set of readings is based on the western psychological perception of the process of *ukuthwasa*. The second set is also based on the literature about the phenomenon.

3.6 ETHICAL CONSIDERATIONS

3.6.1 Informed consent

The two participants were informed by a letter which contained all the elements of the research, including the position of the researcher and the involvement of the researcher in the issue, the purpose, what the research involves and how the research will be conducted and who will have access to the data. Only the two prospective participants who were used in the research study were fully informed and asked to give consent (Harper & Thompson, 2012).

3.6.2 Confidentiality and privacy

Pseudo-names were used to protect the participants as the information will be made public. Consent was obtained and used as routine feedback to the participants of the excerpts that are to be reported (Harper & Thompson, 2012).

3.6.3 Avoiding harm

The two participants were made aware of their right to decline to participate and to withdraw at any moment during the interview if they felt uncomfortable with the process. However, none of the participants withdrew. Participants were informed of the option of assistance such as counselling or therapy if this was needed or necessary. The counselling centre is a non-government organisation (NGO) based in Soweto called COPESSA (Community-based Prevention and Empowerment Strategies in South Africa). It provides therapy or counselling which would be at no cost to them. Participants were also offered a space to reflect on the process that has occurred (Harper & Thompson, 2012). The two participants communicated that they did not need counselling and they were emotionally okay after the interviews.

3.7 LIMITATIONS AND STRENGTHS

There are limitations and strengths needed to be considered when looking at this research's validity regarding the results. When this research was conducted, the researcher was also going through her own *ukuthwasa* process and was doing her Masters in Psychology simultaneously. Therefore, the researcher can also be considered as an insider researcher as stated by Unluer (2012). The researcher is an insider of both perspectives. This worked as both an advantage and a disadvantage when it came to the data collection and also data analysis.

The advantage during data collection and analysis was that the researcher spoke the same insider language. There was also the understanding of local knowledge and the values of the ancestors and the process of *ukuthwasa*. The researcher also knew the formal and informal power structure (Rouney, 2005). On the other hand, there were also disadvantages of being in the insider position. These included dual role, and there could also be overlooking of certain routine behaviours and making assumptions about the meaning of events that occur in the process, leading to not seeking clarity. There could also be assumptions made by the researcher more especially towards the views and issues of the participants. The researcher was also wearing her beadwork that was a clear representation of her having the ancestral calling and also going through the process of *ukuthwasa*. Therefore, this also could have led to the participants assuming that the researcher knows what they know. Being so close to the situation and having her own experience of the process of *ukuthwasa* may have hindered the researcher from seeing all dimensions of the bigger picture while collecting the data and also analysing the data (Smyth & Holian, 2008).

In the process of data collection and also analysis the researcher had to try and overcome the disadvantages by adopting a preventative approach. The researcher also had to explain her role to the participants and try not to overlap between the two roles during the interviews. The researcher was able to acknowledge her own experiences and take precautions in terms of what the research needed. During data collection she had a series of questions that were helpful in obtaining information that was relevant for the research and also in answering the research question without the participants thinking she already knew what the research was about. In order to see all the dimensions of the bigger picture, the researcher confronted her own blind spots. She collected and analysed the research data

without prejudice as much as she could. This was also implemented for data analysis to enable the researcher to avoid her bias as an insider (Smyth & Holian, 2008).

3.8 SUMMARY

The researcher used the qualitative research design. The researcher conducted semi-structured interviews that were predominantly open-ended. Depending on the participants' responses, specific questions were also asked as a way of probing participants to elaborate on certain responses. Data was collected using an audio recording and also by making notes during the interviews. Data was collected from a sample of two participants from the Zion Apostolic churches in Soweto. The two participants were not only Zulu traditional faith healers but they have also been trained as diviners (*sangomas*). To analyse the data Interpretive Phenomenological Analysis was used. The steps used to analyse the data were also mentioned in the chapter. The researcher had to take ethics into consideration to protect her participants from potential harm. The participants signed informed consent forms that contained full details of the research. The researcher also had to maintain confidentiality and privacy in the study and also in writing the report. The researcher also stated the limitations and strength of being in her own process of *ukuthwasa* when she was conducting the research. She stated the advantages and disadvantages of her own experiences and of being a research insider. The following chapter will present the results of this research project.

Chapter 4: Results and Analysis

4.1 INTRODUCTION

In this chapter, all the results of this research study are detailed: the lived experiences of the two traditional faith healers are discussed. A brief summary of the demographic information of the two participants used in the research study is also provided. Pseudo names are used to protect the participants' identity.

Interpretative Phenomenological Analysis (IPA) was utilised to provide an in-depth understanding of *ukuthwasa*, using the two Zulu traditional faith healers' experiences. There is also an exploration of the stages of the initiation process of *ukuthwasa* and the ritual performances involved in each stage. This includes the competences learned from the experiences of the two faith healers..

The following section provides a description of the two participants, and the conducted interviews and analysis following the IPA methodology. The interviews are grouped into main themes and subthemes that give an understanding of each participant's lived experiences of the process of *ukuthwasa*. The participants in this research study both went through the process of becoming a traditional faith healer (*umthandazi*) and diviner (*isangoma*). In the research they requested to be referred to as 'Mkhulu' as a sign of respect to their ancestors.

4.2 DEMOGRAPHIC INFORMATION OF THE TWO PARTICIPANTS

4.2.1 First participant

Mkhulu Cele is a 56 year old male born in 1959. He currently resides in Soweto. He is married and has three children. He has been a traditional healer for 36 years. He went through the process of *ukuthwasa* when he was 19 years old in 1978. He is Zulu speaking and belongs to a Zulu clan. He was born in KwaZulu Natal and later moved to Johannesburg. He went through his *thwasa* process in Emndeni in Soweto and was trained by a female who was a fully-fledged traditional healer. Mkhulu Cele indicated that during his time as a traditional healer he has had several trainees (*amathwasa*). However, he mentioned that when you have ancestors you are being guided by them and they tell you what to reveal and what not to reveal. At this point he is not allowed to reveal how many trainees he has had.

He is from a Zion Church called *Inqaba yokuphila yamaKrestu* (the Fortress of Christians). He is a pastor in the church. He is both a diviner (*sangoma*) and a faith healer (*umthandazi*). He went for the initiation process as a faith healer in a Zion church first. He stated that he was not a church person prior to his *thwasa* process.

4.2.2 Second participant

Mkhulu Khumalo is a 38 years old male born in 1977. He currently resides in Thokoza (east of Johannesburg). He is married traditionally and has three children. He has been a traditional healer for 15 years. He went through the process of *ukuthwasa* at the age of 23 years in 2000. He is Zulu speaking and belongs to the Zulu clan. He was born in Soweto and went through his process of *ukuthwasa* for the Nguni (diviner ancestors) at Spruit east of Johannesburg and for *amandawo* (ancestors that are not from his clan) in Mpumalanga and for *isithunywa* (faith healing ancestors) in the Zion church. He was trained by a fully fledged female traditional healer. He has indicated that he has had several *amathwasana* (*trainees*) as well.

He is from a Zion church called Faith Apostolic Church in Soweto. He indicated that he has left the church now due to the wishes of his ancestors (this was after the selection of the participants). He is both a diviner and a faith healer.

4.3 THEMES

This section describes the main themes that are divided into subthemes for each participant. It starts by describing each participant and also the processes of the interviews. The main themes and subthemes are provided with short statements made by the two participants during the interview to outline and illustrate how these themes apply to each participant. The participants are discussed individually and then the summary discusses both in collaboration.

4.3.1 Mkhulu Cele

When the interview commenced Mkhulu Cele appeared to be anxious. Rapport was established and he was calm as the interview progressed and also during the second interview. There were points in the interview where he appeared in distress, more especially when he was reflecting on or answering questions about the difficult past experiences in his *thwasa* process. There were points where he appeared very guarded with his responses, not wanting to reveal events that occurred in the process of *ukuthwasa* that his ancestors will not

approve of. He mentioned that when you go through the process there are certain events and rituals that only people who have undergone the process are allowed to know and they must not reveal them.

The outline of Mkhulu Cele's themes and subthemes are as follows: The first main theme is loss of self and it consists of vulnerability, isolation and withdrawal of the self and loss of control as subthemes. The second main theme is a defence mechanism which discusses denial as a subtheme. The third theme is anxiety and it discusses the fear of the unknown as a subtheme. The fourth main theme is a sense of belonging and it consists of one subtheme of finding the self.

Loss of self

He mentioned having lost the sense of self before, during and after his process of *ukuthwasa*. There seems to be ambivalent feelings with regards to his identity before, during and after his *ukuthwasa* process. It seemed that there were feelings of sadness and apprehensiveness when it came to the person he was before he underwent the process. There was also a level of appreciation with regards to the changes that he made in his life during and after the process. There were hardships and self-sacrifices during the process that resulted in him feeling like he was losing control. He had to lose parts of himself and adapt to the old ways of living like ancestors. This resulted in him not being able to make his own decisions and just being submissive to the process and his ancestors. There was also a sense of passivity that resulted in him not being able to manoeuvre around. He was allowed to be only in the house where he was being initiated.

Going through the process of ukuthwasa has helped me in a sense that I got out of a lot of things that I was doing before I went for my training. I grew up selling, I used to catch trains, I did not have anything, I used to play soccer and I used to do a whole lot of things. I was lucky because I was never very fond of alcohol. I drank occasionally maybe on a Christmas day. It was not like I drank to get drunk maybe just one glass of beer and wine and then I was okay for the rest of the day. Sometimes it would be one ancestor that would want me to drink because they used to drink. I would drink for them and that one time and that is it. It has been years since I drank. I also use to smoke and I have left all and gave up all of that, because my ancestors want to speak

to me at all times. They want to find my mind clean and clear and at the level that they want so that they can be able to communicate with me, I gave up everything for them and I started with my process.

There was a sense of distress when he described moments of his life that use to make him happy and he had to give up, sacrificing himself for his ancestors. This could have left him questioning his identity and also what was significant to him.

Everything that I used to enjoy before accepting the calling fades with time and with the process. The good times, all the things that I used to do that would make me happy, is no longer important when you have accepted the calling. I focused on just me and my ancestors at all times, so that my ancestors can be able to communicate with me at all time without any distractions.

He reported not being able to make his own decisions about anything during the process. The process involved him but was mainly for his ancestors. He needed to be submissive to his ancestors and also with the process allowing them to take the lead. This involved relying and depending on people who had descended for direction and guidance.

I did not make a decision on my own; I did not have a choice. The decision was taken by the people that have passed and are in charge of me and my life. These are the people that guide me and these are my ancestors. My ancestors came at night and told me where I needed to go and that is where I will get help.

Vulnerability: The loss of self also involved points of vulnerability in which Mkhulu Cele felt weak and uncertain about what was happening in his life; this involved physical and emotional pain. His points of vulnerability left him in pain and suffering for a very long time from illnesses with which even the western doctors could not help him. This also took a toll on his emotional health due to not being able to find solutions and get healed. Not having a solution or explanation for his illness seemed to have resulted in him being in distress and reflecting back on the experience seems to have had an impact on him going for the process. The distress was also observed during the interview. He became despondent when answering the question with regards to his illnesses prior to his *thwasa* process. His body was failing

him; this may have also have left him feeling hopeless and helpless. There was also a sense of confusion and frustration even when he was describing the experience.

I did not know that I had an ancestral calling; it was when I got sick and the way I got sick. I had a stomachache that even doctor struggled to find the cause of/ treatment for. I had a stomachache every day for days. It was painful and I was also vomiting blood. One of the Indian doctors at Chris Hani Baragwanath Hospital actually told me to go see a traditional healer. He indicated that I needed to find out what was really going on with me.

Isolations and withdrawal of the self: During the process Mkhulu Cele was expected to have no social contact with the outside world. This was due to the fact that it may have distracted him from his process. This resulted in him withdrawing into himself while connecting with his ancestors. He reported missing what he was before. The difficulty he struggled with was adapting to the hardship of the process. He was in a different unfamiliar environment and had to get used to a different way of living. This made him feel unsafe and not having enough protection even though he acknowledged that his ancestors were around. This could also be due to the fact that trusting ancestors come with time; it does not just happen instantly. It has its own unfolding process.

The process of ukuthwasa is hard, because being and living in someone's house for the whole year is not easy. You are not under the protection of your mother and father. Everything that is done in that household you also have to do.

There are those moment when I missed home. In actual essence when you are in the thwasa process you concentrate on the process and what is presented in the presence of your ancestors. I had to focus on what I was there to do and what actually brought me there. The reason was due to my illnesses.

Loss of control: Mkhulu Cele seemed to have formed dependency on his ancestors. Everything that he was uncertain about during the interview he reported the event as not

being in his control but being in the control of his ancestors. The dependence in this regard also eased the confusion and frustration for him of the uncertainty. One of his justifications was that all the guidance came from his ancestors that gave healing and complete balance.

It is the ancestors that gave me skills, until I eventually finished...

My ancestors are the ones that were actually doing the thwasa process and training me to be a traditional healer. Yes, my trainer that I was sent to was helpful during my thwasa process to certain extent. The people that played a major role are my ancestors that are in charge of my life and also of the process.

Defence mechanisms (*denial*): During the interview Mkhulu Cele presented denial as a defense mechanism. It served the function of protecting him and also protecting the process. He seemed to minimize the negative emotional impact that the process may have had on him. He acknowledged negative emotions and then buffered these emotions with something positive to avoid the intensity of the events and the impact it had on him while he was in the process.

Even if it was hard in those places, I did not take that into heart, I did what I was sent to do. I also told myself and my heart that I will be persistent until I am done with my process and I can go home. That is all the success I had.

When your trainer is truthful, sometime it is not that he/she is mistreating you. Your trainer might be maltreating the kind of ancestors you have to give them more power and maturity.

Anxiety (*fear of the unknown*): Mkhulu Cele presented with fear of not knowing what could occur if certain needs of the ancestors were not fulfilled. There were fears of the consequences, punishments and also going back to the same unpleasant situations and illness that he had before going for his *thwasa* process. His denial as a defence mechanism could have been from this fear and the uncertainty. Completing the process was to honour his ancestors' wishes and also to escape from the unpleasantness of what the ancestors have caused him and also to prevent any further negative experiences that could be precipitated by them.

When you do not finish the process of ukuthwasa, the ancestors usually make your life a living hell. They will mess a lot of things in your life. The ancestors usually become more powerful on their own, with incompleteness comes anger from ancestors. You might also start presenting with confusion. Some people end up dying and some people end up going crazy or mad (Ukuphambana/ukuhlanya).

A sense of belonging: Mkhulu Cele was trying to find meaning and also connection; this could have been because of his process of transformation towards integrating his own being during the process. This involved him seeking healing and complete balance of the mind, body and soul. In the process he was working towards being one with his ancestors.

When I was in the process my illnesses were slowly fading as the process progressed. My ancestors were becoming happy and when they are happy, and then I get healed.

When I was in the thwasa process I had to open my heart and be open to whatever comes with the process. I gave myself to my ancestors. This is the same as saying 'Wherever I am, I am home.'

His identity was not only his alone; it was now enmeshed with that of his ancestors who become part of his identity.

I am both a faith healer and a diviner. That is the only difference, however whether you pray or throw bones it is still the same person that talks in your head.

The enmeshment of the relationship of Mkhulu Cele and his ancestors was also illustrated during the interview.

When my ancestors were already inside me, I had to be flexible and work in the presence of them. When I was flexible in the present of my ancestors they also get more strength and power to mature and gave me their gifts.

This was done by also fulfilling the ancestors' needs before his own needs. To reach a deeper connection he had to engage in rituals that allowed him to communicate and get closer to his ancestors.

I had to follow whatever that my trainer (ugonondo/ugobela) was saying. Early in the morning I had to wake up at 4am to speak to my ancestor in a bucket full of traditional medicine (imithi). This is called igobongo. This is the bucket that I used to connect with my ancestors and this is where they ate and they were not eating or feeding on my blood anymore. I had to speak to my ancestors, drink the foam and also the herbs in the bucket. Then I would have to purge every morning...

Finding the self: Mkhulu Cele reported in the interview that he was slowly getting his life back. This came with the transition of carrying his elders (ancestors) with him. Though there were lifestyle changes he made, he expressed how he reached a point of rebirth after he had fulfilled the wishes of his ancestors. His life was not the same as when he started the process of *ukuthwasa*.

When you are there in the process and the illnesses fade with time in your body, you can actually feel that you are getting your old self back. That is the thing that motivated me to continue going forward until I finish with what I was doing.

There were also feelings of joy when it came to getting his identity back that has also been altered by the ancestors and the *thwasa* process. A sense of accomplishment resulted in the happiness in Mkhulu Cele's life, a point of healing and reaching a sense of identity that he sought for a long time during his process.

*There has been a lot of success after I became a traditional healer. If I were to start counting it will fill in a lot of buckets. Going through the process of *ukuthwasa* has helped me in a sense that I got out of a lot of things that I was doing before I went for my training. There is a lot of success: I got married, I had children and I have it all. I*

even have a job outside of being a traditional healer. So I work like everyone else and I am also a traditional healer. There is a lot of success.

4.3.2 Mkhulu Khumalo

Mkhulu Khumalo appeared to be more at ease and calm during the two interviews. He communicated being in the space of where he has accepted the significant part of his life of being a traditional healer. There were moments in the interview in which he became distressed when describing the negative events that occurred in his life prior to his *thwasa* process. Mkhulu Khumalo also had two interviews. Rapport was established during the initial meeting when he signed the informed consent form and also during the first interview.

The outline of Mkhulu Khumalo's themes and subthemes are as follows: the first theme is spiritual emergence/maturity and it has a subtheme of learning experience. The second theme is loss of self with subthemes of submissiveness and loss of control and dependency. The third theme is connection which has subthemes of dreams and a sense of belonging. The last theme is finding the self.

Spiritual emergence/maturity

Mkhulu Khumalo described his ancestral calling as being part of him and not something that emerged when he went for the process of *ukuthwasa*. This meant not being in control and not being able to change anything about the experience, something that he will carry with him for the rest of his life. According to him, his ancestral calling matured with time and the ancestors were grooming and preparing him for the journey ahead which is his spiritual journey ever since he was an infant.

*It is a calling that comes from the ancestors. How it comes about is that I was born with it, grew up with it and I was raised by my ancestors. Ancestors were there with me grooming me from a very young age. Then comes a point in which the person is supposed to go through the *thwasa* process for initiation.*

Learning experience: His perception of the whole process was of a form of acquiring new knowledge, a form of education and qualification that he was getting. This for Mkhulu Khumalo was a process of learning. There was also a sense of growth that he experienced that allowed deeper phases of connection and being in touch with the self, his healing and his ancestors.

When you are in the thwasa process, it is almost the same as being at school in which there are different grades, grade one, two, three and so on. Even in the thwasa process there are grades. That you must start here and when you are done with a certain phase or stage you go to another phase. This happens up until your trainer is able to see and tell that you have matured in spiritual healing. Even your ancestors will see that this person has matured in healing.

Loss of the self: Mkhulu Khumalo fell into a space of uncertainty before and during his *thwasa* process. This was due to aspects of his life not falling into place. When describing this experience, there was a sense of distress. This was evident in how traumatic the events may have been for him. There was a point of disintegration in his life that he did not know how to put together. There were feelings of hopelessness during this period; part of his life that he knew was falling apart in front of him.

He tried to seek answers and possible causes for his situation as well as solutions and he looked for any possible reasons that may have resulted in him being in that state.

My life was not okay nothing was falling into place. I was trying to get it together but nothing was coming together. It felt like I was cursed or that someone has used bad muthi on me. It felt like I was bewitched.

From his understanding, his ancestors were bringing all the misfortune to get his attention so that he would go for his process of *ukuthwasa*.

Nothing in my life was coming right there was a lot of misfortune. I tried to pick up the pieces and tried to regain my life, but my ancestors closed everything and nothing was coming together. I could not sustain any relationship and I would plan something and it will not be successful. What I liked about my ancestors it that this misfortune was not for nothing. When these challenges came into my life they were simultaneously showing me where to go and what to do.

Submissive and loss of control: Accepting the calling for him meant forgetting the life he once had and focusing on the process. Being submissive to his ancestors meant withdrawing to the self and the process while forgetting about any external forces that might lead to distraction from the process. This meant isolating himself from the life that he knew before going for his *thwasa* process.

Being submissive and accepting the calling in his understanding seemed to be his means of finding solutions to the misfortune that he was having in his life. This meant letting go of the life he knew and allowing the process to take control, losing his identity that he knew for a long time, and sacrificing himself to honour the wishes of his ancestors.

It was not an easy decision, but at the end I accepted because I want my life to be okay. I had to forget about the outside world, my friends and my social life for a while to focus on what I was being called for.

He described the process as not being in control and also acknowledged that he was not in control. He explained that for him it involved dealing with the process, accepting his calling and having inner peace while dealing with the unpleasantness.

*There is nothing that is more important than telling yourself and focusing on what is important at that particular time. I had to tell myself that this is the situation that I am in at the moment. I had to stay humble and take my heart and my souls and put it at peace with regards to the process. When you are in the *thwasa* process you are not in control. Let me put it like this, immediately when you accept the process and you communicate to your ancestors by saying ‘you know what ancestors (*abogogo*) do whatever that will fulfil your wishes’. You are not in control whatever that is in the*

world and all the external force you do not see them anymore. Your ancestors are now in control and it is them that will tell you that you have to do this at a certain or specific time.

Dependency: Mkhulu Khumalo seemed to have a sense of dependency on his ancestors when he described his moments of helplessness, hopelessness and seeking meaning. Even though the situations prior to and during his process were uncertain, he reported putting his faith in his ancestors, which resulted in him completing the process and having greater strength. Even when the ancestors were unpleasant to him, there was also a sense of trust that he had in them. There were ambivalent feelings during the interview when he described this, especially with the contradiction in his statement. In the process there was also the acknowledgment of the pain and also the overwhelming experiences that took its toll on his emotional health. Describing these experiences left the atmosphere in the room heavy.

When I was still in the process of ukuthwasa (sigh!). It was hard and it was painful but because at that point I took my life and put it in the hands of my ancestors. There is pain but is not that much, because there are elders that are controlling you. This is not the same as when you are alone and still focusing on the external focus and all the troubles of the world. When I eventually there and I was in my thwasa process my mind-set changed and a lot of things change.

Connection: Seeking connection for Mkhulu Khumalo seemed to play a major role in his *thwasa* process. The connection was with the forces that had resulted in him being in the journey on which he was embarking. This involved doing things that his ancestors used to engage in. Doing the rituals allowed him to be closer to the ancestors and resulted in him having a deeper connection.

A process of ukuphahla helped to connect with my ancestors (communicating with ancestors using snuff (tobacco) and imphepho (incense)). At that point I also ate

herbs (which) are specifically for ancestors. These herbs are mixed with water (and) are called ibhudlu/igobongo and they are also used to connect with ancestors.

He described the connection with his ancestors as not being direct like any human contact. His ancestors touched and connected with vulnerable parts of his body like his heart and mind that connects with the soul.

The only thing that connected me to my ancestors is my hearts and mind. These two things needed to be open and willing to receive messages of my ancestors they still keep me connected to them.

Dreams: Dreams seemed to have played a major role as a mode of communication for Mkhulu Khumalo and his process. Dreams worked as guidance and also as a solution to the uncertainty according to his understanding. His ancestors communicated with him through dreams and told him what they needed from him. It was also communicated to him that they wanted him to be a traditional healer and what they wanted him to use to heal people.

The first thing that I had were dreams, I had dreams I was surrounded by traditional healers. I was dancing (ukugida) with traditional healers. I dreamt that I was in church and I was wearing a church attire that was requested by my ancestors. It was a church attire that was specifically for me and it was communicated by my ancestors that this was the attire that I was going to wear to help and heal people. They came back again and I had a dream of digging up muthi (traditional medicine). This was dependent on whether my ancestors are a male (uMkhulu) or female (uGogo), they then showed me in the dream to go dig up a specific herb or muthi in a particular place. They also told me the function of that muthi, how to use it and also on which type of illness and patients.

A sense of belonging: During the process Mkhulu Khumalo sought a sense of belonging with the loss of self. He needed to find the person he was becoming, with the acknowledgement of being unique and different. This sense of belonging involved wearing specific attire that represented his ancestors.

However, what he reported as a sense of belonging was not only sought by Mkhulu Khumalo but also by his ancestors. The main reason they wanted his attention was also to find a place to belong and be able to connect with the living.

There are ancestors that want a person to go through the process of ukuthwasa but not to heal. This is a point in which the ancestors just want to have a place to stay and not wander around.

This madness is a result of your ancestors that you have not given a stable place because you move around and you run away. Your ancestors do not have a right place to sit and finish their process because you plant them in different places. These are the results that you get from not completing the process of ukuthwasa.

Finding the self: After he had completed the process, he started to discover and regain parts of himself that he had lost when his process started. There seems to be happiness when he was describing finding himself again and regaining parts of his life that he thought he had lost. His ancestors were happy and this resulted in him also being happy. This for him was a point of transition and rebirth. Pieces that were disintegrated were connecting and there was a form of rigidity. For Mkhulu Khumalo, finding the self, meant he had to fulfil his ancestors' wishes. He became one with his ancestors during his process with the physical and emotional state of his ancestors influencing his own physical and emotional state. This meant for him to be happy and his ancestors were also supposed to be happy.

My life slowly came back. I was no longer as restricted as I was when I went from my thwasa process or even before. My life was no longer as messy and distracted as it was before; it now had structure and everything fall into place for me. My ancestors are able to fulfil my wishes. My ancestors also become happy and they gain more strength and power, when I help and heal someone, that person was able to go and tell others. The more I used my gift truthfully heal people the more people came to seek help. My ancestors were able to continue blessing me. Even with the blessing and

wishes that they may have blocked prior to my thwasa process were opened and were given and fulfilled.

4.4 SUMMARY

The two participants have differences and similarities when it comes to their lived experiences of the process of *ukuthwasa*. Mkhulu Cele was physically ill and this resulted in him going for his *thwasa* process. On the other hand, Mkhulu Khumalo had a lot of misfortune and this resulted in him going for his process of *ukuthwasa*. The two participants believe that this was the way that their ancestors were trying to get their attention. There seems to be a certain way of destruction that ancestors try to get their attention. Both also had to lose parts of themselves and give up the life they knew to complete the process. This involved withdrawing to the self and isolating themselves and having no social contact as before. They needed to develop a deeper connection with their ancestors. There was also a sense of losing control during the *thwasa* process and allowing their ancestors to take control of their lives. There is a form of trust and dependency from both participants on their ancestors, even when there was a point when their ancestors came with the unpleasant feelings and painful experiences in their lives. They both took a submissive role and honoured the process and their ancestors to find meaning, connection and a sense of belonging.

Mkhulu Cele feared the consequences of not completing the process, while Mkhulu Khumalo viewed the process of *ukuthwasa* as a learning experience. They both admitted that if ancestors become angry it can result in death and madness if their wishes were not fulfilled. Finding their identity in the process involved enmeshment/attaching to their ancestors. Their ancestors' state of being also influenced their state of being. They both found healing and a sense of success and accomplishment after they completed their process.

Chapter 5: Discussion

5.1 INTRODUCTION

This chapter contains a full discussion, interpretation and evaluation of the results with reference to the existing literature. It is organised in terms of the objectives of the study. The Zulu cultural perspective and the western psychological perspective with reference to the literature and the two participants' lived experiences of the process of *ukuthwasa* are discussed. There is also an integration and evaluation of the two perspectives to explore where the findings converge and diverge. The findings are interpreted through a phenomenological lens and are organised into main themes according to the experiences of the two participants.

5.2 ZULU CULTURAL PERSPECTIVE

5.2.1 Loss of self

Both participants reported falling into some kind of “destruction” in their lives prior to their *thwasa* process. The symptoms of *ukuthwasa* manifested themselves in different ways and they varied from one participant to the other. Buhrmann (1986) supports this view by stating that every individual has a different process and this is also dependent on the traditional healer's calling.

Mkhulu Cele reported falling ill; he had a stomach ache that he did not know how to treat. The loss of self for him involved points in which he was feeling weak and uncertain about what was happening in his life and it caused him both physical and emotional pain. He was vulnerable for a very long time from illnesses. This vulnerability was also caused by not getting help or a solution for his stomach ache; western-framed doctors could not help with the experience of extreme physical illness. The symptoms that Mkhulu Cele experienced were almost the same as the ones in the study that Booi (2004) conducted in which her participant became very ill. She became physically very ill at the age of fourteen. She reported having experienced pains all over her body.

On the other hand Edwards et al. (2009) stated that the difficulties that are caused by ancestral spirits come in different forms.. The individual may experience misfortune in all levels of living such as marital disharmony, car accidents, loss of employment, addictions,

miscarriages and financial problems. This supports Mkhulu Khumalo's experience in which he described his life as having a lot of misfortune and aspects of his life not falling into place. His relationships were not sustaining and there were a lot of problems. His finances were not falling into place; more especially if he planned to do something it would never be successful. When describing this experience there was a sense of distress. This was evidence of how traumatic the events may have been for him. There was a point of disintegration in his life that he did not know how to put together. According to Makhanya(2012) this may have been due to ancestral shades that were inhibiting their protection from the person due to their failure to act in a manner harmonious with the community.

The two participants did not only lose themselves in illness and misfortune, but they also lost parts of their identity. Both participants sacrificed the life that they knew before going for their *thwasa* process to satisfy and fulfil the wishes of their ancestors. Edwards et al. (2009) asserted that accepting the ancestral calling (*ukuvuma idlozi*) implies the death of the old way of life as the neophyte undergoes a period of traineeship under a qualified traditional healer and becomes reborn (*ukudla intwaso/ukuphothula*). This for both participants came with ambivalent feelings towards the process of wanting to be healed and at the sometime letting go of the only life they knew. This brought them to the space of uncertainty and not knowing how the process would end. Ensick and Robertson (1996) confirmed this view by stating that the attitude towards *ukuthwasa* is ambivalent as it is regarded as both a gift from the ancestors and a burden which people do not wish on themselves or their children.

5.2.2 Denial as a defence mechanism

Booi (2004) mentioned that there is a positive side to the process in which traditional cultures, sickness and suffering manifest into the body's inherent wisdom, to which traditional healers in training only have to surrender to reach areas of perception capable of revealing the true basis of their earthly existence. Therefore, sickness is regarded as a call for self-realization and self-development. This is evident in how even traumatic events and suffering are not taken into consideration when an individual is in the process of *ukuthwasa*. There was denial and minimisation of painful and unpleasant events. Though they also found growth in the process, the end goal in the process was more important than the emotional trauma that comes with the process thus making it easy to justify as just a learning experience. Mkhulu Cele used denial as a defence a lot during the interview. Though he would describe these unpleasant experiences, there was also a point in which he would

acknowledge negative emotions and then buffered these emotions with some positive emotions to avoid the intensity of the events and the impact they had on him while he was in the process. Mkhulu Khumalo also had a similar experience in which he would acknowledge his traumatic experiences and then buffer them with something positive so that they appeared less intense. In this case finding meaning and wisdom for both the participants was more important than dealing with the emotions and feelings that came with the process, as stated by Booi (2004).

5.2.3 Finding meaning and healing

Schweitzer (1977) reported that the calling is associated with ‘sicknesses’ or ‘disintegration’ which is initiated by the ancestors. The calling indicates not only to the afflicted person but also to the community that the person is required to pursue the course prescribed by the ancestors to become a true traditional healer.

Though illnesses are regarded as a disconnection from ancestors and caused by the imbalance of nature, the sick person also needs to take the responsibility for restoring order and finding balance within the self and the community (Edward, 1985). The statement above supports the experiences and the effort of the two participants in which both Mkhulu Cele and Mkhulu Khumalo sought healing in different ways. In the results it is clear that finding healing for both the participants is also based on the Zulu context to which they are exposed. Mkhulu Cele integrated the two modalities, western and Zulu ways to healing, when he was seeking help. He first went to the hospital and then to the traditional healer. This is supported by the Sorsdahl & Stein (2013) who stated that many black African psychiatric patients often seek help from both the psychiatric clinics/hospitals and also from indigenous healers. Mkhulu Cele's beliefs were centered in his context of connecting with his ancestors.

On the other hand Mkhulu Khumalo went to seek help from a traditional healer. The main reason for going to traditional healers was important to both the participants especially as they come from a Zulu clan. Zulu people's healing is centred on God (*Umvelinqangi/Unkulunkulu*), ancestors (*amadlozi*), nature and the individual's connection to all of these spiritual forces. There is also a belief that ancestors do God's work. God and ancestors in the Zulu culture work together hand in hand (Mabona, 2004). Furthermore, traditional healers also play a crucial role in the Zulu culture as they are recognised as mediums with the ancestral shades (*amadlozi*) and God (*uMvelinqangi/uNkulunkulu*) (Edwards, 2013). In the two participants' process the healer simply connected the universal

force to manifest the full power of God. This process empowered both of the participants (or empowered the powerful collective presence within the person) while concomitantly overpowering the destructive forces outside of them (Washington, 2010).

Loss of control and dependency on ancestors

Both Mkhulu Cele and Mkhulu Khumalo stated that going through the process of *ukuthwasa* was their own choice after getting ill and having misfortune in their lives. However, having an ancestral calling was not their choice. The decision was made by their ancestors and they were chosen to fulfil their ancestors' wishes. Mkhulu Khumalo explained his process as an acknowledgment of him not being in control. He explained that for him it involved dealing with the process, accepting his calling and having inner peace while dealing with the unpleasantness. Mkhulu Cele also reported not being able to make his own decisions about anything during the process. The process involved him, but it was mainly for his ancestors. He needed to be submissive to his ancestors and also the process allowing them to take the lead. According to Edwards (1985), in the Zulu culture a person does not choose to become a traditional healer but they are chosen by their ancestors who give them their intuitive powers. By not having a choice means losing control because both participants had to be submissive and allow their ancestors to take control.

Mkhulu Khumalo believes that ancestral calling is part of him and not something that emerged when he went for his process of *ukuthwasa*. He stated that it is something he was born with. This meant not being in control and not being able to change anything about the experience. It is something that he will carry for the rest of his life. In the Zulu tradition *ukuthwasa* is viewed as an inborn gift that runs in families (Mlisa, 2009). Mlisa in support of Mkhulu Khumalo stated that a person has to have *ubizo* (a calling by ancestors) to go through the process of *ukuthwasa*. It is perceived to be in the blood of a person and cannot be given to a person by any means.

Loss of control in this case also involved participants allowing their ancestors to take control of the process and also of them while in the process. The statements that were made by both Mkhulu Cele and Mkhulu Khumalo were that they were not in control in the process. Their trainers who were taking them through the process were also not in control. The people who were in control were their ancestors. According to Buhrmann (1982) the trainee loses independent control; his/her predetermined journey is designed, manipulated and controlled

by dreams, a means of connection between the trainee and the ancestors. Dreams play a major role as they set the spiritual tempt for the training process. Without the ancestors, there is no training and without the dreams the training may not proceed until the messages are communicated to the trainer or to the trainee (Buhrmann, 1982).

5.2.4 Dreams

Dreams are considered significant as they are the mode of communication from the ancestors with regard to guidance, warnings and/or the appointment of someone for healing as in the process of becoming a healer (*ukuthwasa*). Once the dream message has been made clear, indicating what is required of the individual, family or clan, it is acted upon to prevent illness and promote health (Edwards et al., 2009). The ancestors for both participants revealed themselves and gave directions in dreams as their mode of communication. Mkhulu Cele reported that the ancestors showed him where to go for his *thwasa* process and they also showed him the person by whom he was going to be initiated. Mabona (2004) mentioned in support of this that the person has to be treated by a fully-fledged traditional healer who has been identified and presented to the trainee through dreams by the ancestors.

Mkhulu Khumalo also had a similar experience in which he dreamt of traditional healers who were dancing and he was also shown where to go for his *thwasa* process. Ancestral calling usually takes the form of powerful ancestral dreams (Edwards, 1985). Booi (2004) stated that the ancestral calling depends on clear, directive dreams and visions and it is associated with purity. Due to dreams being so essential to the process traditional healers have even adopted a name and they are known as “the house of dreams” (Booi, p. 4). Without this mode of communication and connection the two participants would not have been able to get through the process.

5.2.5 Connection, sense of belonging and finding the sense of self

Both participants sought a way of connecting and wanting to integrate themselves holistically with their ancestors. This involved participating in rituals and engaging in dances that gave them a deeper connection to their ancestors. Mkhulu Cele reported communicating with his ancestors by making use of a bucket full of traditional medicine (*imithi*) called *amagobongo*. Mkhulu Khumalo also engaged in a similar process, but he also burnt incense (*iphapho*) to connect to his ancestors. Washington (2010) asserted that in order for healing to be successful the Zulu people use rituals to connect and communicate with the ancestors and God. During these rituals God is prayed to and the ancestors are communicated with to make

all healing possible. God is believed to work through ancestors (also called ‘angels’) in helping people on earth and also the ancestors work for their families. This is evident in how important rituals are in the Zulu culture and also for both Mkhulu Cele and Mkhulu Khumalo. The rituals also served as an introduction to the ancestors. According to Sondlana, (2014) the trainee is gradually introduced to the ancestral spirits to enhance communication.

In the research that Booï (2004) conducted, her participant who was also a traditional healer engaged in rituals to form a deeper connection with her ancestors. She did not like to sleep on a 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. Though the *ukuthwasa* is accepted in the Nguni tradition, these types of behaviour can also be believed to be odd. This type of behaviour is also recognised as not being normal to a certain extent (Chiakwa, 1999).

There are also dances that result in a deep connection. Mkhulu Khumalo stated that he was having dreams of traditional healers dancing. This is also a way in which the ancestors were enhancing the calling and initiating the connection with him. Edwards et al. (2009) mentioned various healing and strengthening methods in the process of *ukuthwasa*, including repeated confessional dances (*izingoma zokuvumisa/ukugidela idlozi*). This is in support of Mkhulu Khumalo’s dream about engaging in traditional dancing for his ancestors.

The belief in ancestral spirits gives a sense of belonging as members or as an integral part of a family and ancestral lineage. Ancestors or ancestral spirits are, therefore, rallying points by which family members are connected together (Edwards, 1987). For both participants their sense of belonging was found in the process of *ukuthwasa* after losing their sense of self and control during the process of *ukuthwasa*. Mkhulu Cele and Mkhulu Khumalo reported slowly finding healing and getting their old selves back. There was transition in both their lives.

Mkhulu Cele found his sense of belonging from seeking healing and complete balance of the mind, body and soul. In the process he was working towards being one with his ancestors. This was after he realised that his illnesses were regarded as a disconnection from ancestors and caused by the imbalance of nature (Edward, 1985). This meant he also had to find his position in the hierarchy of vital powers that govern the manifestations of illness and disease that Zulu people believe in as mentioned by Skuse (2007). At the top of this hierarchy is a deity of greatest power, followed by lesser spiritual entities, ancestral spirits,

living people, animals, plants and then objects (Skuse, 2007). This is in support of what Makhanya (2012) reported in his research that Zulu people operate in harmony with nature and the universe, and believe that various aspects of colour contain the power for healing. Therefore, to understand and appreciate Mkhulu Cele's healing process and experience in his process of *ukuthwasa*, one needs to also understand the Zulu context and the diversity in all its relatedness in order to appreciate the balance and harmony of healing.

Mkhulu Khumalo described his sense of belonging as wearing specific attire that represented his ancestors. This was also part of developing his identity and of becoming a traditional healer. This, too, was a presentation of his family members that have descended, that is, his ancestors. The Zulu tradition views *intwaso* as an inborn gift that is generational. It is perceived to be ingrained in the person that has been chosen (Mlisa, 2009). Finding his sense of belonging for Mkhulu Khumalo also involved finding his position in his family. The trainee's life is determined by his/her family according to Buhrmann (1982).

On the other hand, Mkhulu Khumalo asserted that the sense of belonging is not only sought by living human beings but ancestors themselves also seek to belong. Ancestors also require a place of security and recognition. This is the main reason they wanted his attention. They want to find a place to belong and be able to connect with the living. Booi (2004) supported this by stating that ancestors need a sense of acknowledgement of their existence from the trainee. They need to be acknowledged as superior beings that are custodians and provide a sense of security for Africans. Therefore, doing all that is required in order to secure a place in the future destination is what gives the trainees their identity, a sense of purpose and a sense of belonging.

Finding a sense of self for both participants involved accepting the ancestral calling so that they could get healing from their ancestors that provided them with feelings of connection and rootedness.. Ancestors are believed by the Zulu people to anchor us and they confirm our identity. Without the completion of the process and the acceptance of the calling one may not discover one's full potential (Buhrman, 1989). Mkhulu Cele and Mkhulu Khumalo reported getting some of their aspects and improved lifestyles after their process. Mkhulu Cele explained he had been blessed with a family, marriage, a job and children. Mkhulu Khumalo reported that aspects of his life started falling into place and he was also getting things from his ancestors that he was not expecting and did not ask for. Acknowledgement and good treatment of ancestral spirits is believed by the Zulu people to

translate into goodwill and successful lives for living descendants, with benefits such as bigger crops, better business deals, or achievement of other desirable goals, since the ancestors are believed to still have an interest in the well-being of their living family members (Africanshama, 2010).

5.3 WESTERN PSYCHOLOGICAL PERSPECTIVE

5.3.1 Loss of self and spiritual emergence

Loss of self in the psychological perspective can be regarded as not being in touch with reality. Moreover, the reports of getting ill and not knowing the cause of the illness as reported by the participants can lead to uncertainty and being in a space of vulnerability. Loss of self in this context may also represent the points at which both Mkhulu Cele and Mkhulu Khumalo were getting messages and following directions from their ancestors. People who go through the process of *ukuthwasa* may have similar symptoms and signs as a person who is mentally ill or suffering from psychosis. Hence, it is easy to confuse these symptoms and signs as to whether or not one has a calling or suffers from a mental illness (Makhanya, 2012). Psychosis, broadly, indicates impairment in the individual's reality-testing ability (Sadock & Sadock, 2007). Psychosis can also be defined as the distortion of reality that results in the presence of delusions or prominent hallucinations, with the hallucinations occurring in the absence of insight into their pathological nature (Feldman, 2006, cited in Makhanya, 2012). In this regard taking directions and also following guidance from people that only Mkhulu Cele and Mkhulu Khumalo can see can be regarded as a form of psychosis with visual and auditory hallucinations according to the western psychological perspective.

On the other hand, Bragdon (1990) stated that one must not look at spiritual experiences as only psychosis and rush to get the individual treated with large doses of medication as it can rob people of their capacity to complete the 'journey' that has become alive in them. She further explains that visual and auditory hallucinations and delusions that people with spiritual experiences have may be similar to those of psychosis. This is similar to what Mkhulu Cele and Mkhulu Khumalo described in their process in which they experienced intense connection with their ancestors. The experience for both the participants may have resulted in a crisis as described by Bragdon (1990). Mkhulu Cele's crisis was when he was getting physically ill and was not getting solutions for his illness. Mkhulu Khumalo could not get his life together and also did not have any solution. In this process it is usually unpleasant for the person going through it. Spiritual emergence is punctuated by profound emotions,

visions, psychosomatic illness and compelling desires to behave in unusual ways (Bragdon, 1990). During the interview the unpleasant events that come with the experience of becoming a traditional healer are kept at a minimum and denial as a defence was also playing out in which negative emotions are buffered with positive emotions to minimise the intensity of the experiences.

Mkhulu Khumalo and Mkhulu Cele could not make meaning of dreaming and also foreseeing things that were going to occur in their lives. The process that Mkhulu Cele described was about meeting the same female traditional healer who was going to train him. Mkhulu Khumalo also reported that he was led by his ancestors to the person who was supposed to train him. What they could not understand was how the traditional healer who they were sent to already knew who they were. Though the two participants were losing parts of their lives that they knew during the process of *ukuthwasa*, they were also discovering a part that they needed to make meaning of what was emerging in their lives as spiritual beings. Bragdon (1990) explained this type of experience as a dramatic psychic opening, which is an opening of perception to paranormal abilities, which might also make them so much in touch with the inner processes of others that they appear to have telepathic abilities.

The process came with ambivalent feelings for both two participants. Mkhulu Cele had ambivalent feelings with regards to his identity before, during and after his *ukuthwasa* process. It seemed there were feelings of sadness and apprehensiveness when it came to the person he was before he underwent the process. There was also a level of appreciation with regards to the changes that he made in his life during and after the process. There were hardships and self-sacrifices during the process that resulted in him feeling like he was losing control. He had to lose parts of himself and adapt to ways in which his ancestors used to live. This resulted in him not being able to make his own decisions and being submissive to the process and his ancestors. The process of being submissive to his ancestors also comes with the fear of what the consequence of not being submissive to them would be. As stated by both participants, when one does not obey what the ancestors want of one, it might end up in death or mental illness (*ukuhlanya*). Makhanya (2012) confirmed this by stating that the individual's mental illness such as madness (*ukuhlanya*) according to the Zulu culture suggests that ancestral shades have withdrawn their protection from the person due to his/her failure to act in a manner harmonious with the community (Makhanya).

Mkhulu Khumalo reported putting his faith in his ancestors, which resulted in him completing the process and having greater strength. Even when the ancestors were unpleasant to him, there was also a sense of trust that he had in them. There were ambivalent feelings during the interview when he described this, more especially with the contradiction in his statement.

Grof and Grof (1989) supported the experience of the two participants by describing spiritual emergency as a disturbing experience resulting from a spiritual experience, such as past life experiences and possession states. They also categorised the types of spiritual emergencies which are the past life experiences, shamanic crises, near death experiences, communication with spirit guides and possession states. Their pathways might be difficult, whilst at the same time not dangerous at all. The ego may be overwhelmed by these new states of consciousness because they are not signs of pathology but can be part of healthy awakening. The types of spiritual crises dampened the ego's coping mechanisms.

5.3.2 Withdrawal and isolation of the self

During the process the two participants reported having to isolate themselves. Mkhulu Cele was expected to have no social contact with the outside world. This was due to the fact that it might distract him from his process. This resulted in him withdrawing into himself while connecting with his ancestors. Similarly, for Mkhulu Khumalo it meant withdrawing to the self and the process while forgetting about any external forces that might lead to distraction from the process. This meant isolating himself from the life that he knew before going for his *thwasa* process. Some of the aspects are equivalent to the prodromal phase which consists of maladaptive behaviours such as inability to work productively, social withdrawal, eccentricity, poor grooming, inappropriate emotions, peculiar thoughts and speech, unusual beliefs, odd perceptual experiences and decreased energy and initiative (Halgin & Whitbourne, 2007). During this time both participants were unemployed and partaking in the process of *ukuthwasa*. The idea of letting go of social contact to focus on ancestors may be considered as odd according to the prodromal phase and also fitting into the category of the inability to work. In this stage, however, there needs to be consideration of the cultural perspective and also the context, social withdrawal and also odd perceptual experiences of talking to the descendants. Jung (1990) strongly maintained that symptoms of psychopathology and spiritual experiences are signs of mental health that relieve people from neurosis.

5.3.3 A sense of belonging and connection

Both participants had a desire to belong and make meaning of their connection that they believed to have inherited from their ancestors. These connections were not only from the present generation but they were inherited from ancient times that connected with them in the present. Mkhulu Khumalo described the ancestral calling as being born with it and being groomed as he grew and the gift was maturing with time. He reported being raised by his ancestors for him to eventually take their gift. Jung (1990) used the collective unconscious and stated that it does not develop individually, but is inherited. A child is thus born with inherited genetic traits of *ukuthwasa*. In addition, it means that the inheritance of the collective unconscious is not derived from personal experience and is not a personal acquisition (Jung). Collective unconscious reveals a close connection between the person and the cultural and ecological environment. According to Jung, a person's development is determined by his/her inheritance, and the culture and social factors influencing him/her (Jung).

The *thwasa* process for the participants was not only for connection but also to find a sense of belonging in their Zulu clan and in order to gain a position or space as gifted people. This was not only the position for their ancestors but also the position or space within the self and in their transition. This for both participants could have involved emotional and physical investment. In Jung's view human spirituality has both instinctual and transcendent roots and functions (Jung, 1990). Hammond-Tooke (1989) stressed the cognitive meaning making and emotional security providing function of spirituality, religion and ancestral respect. He distinguished between clan founder ancestors and recently deceased ancestors, to whom everyday communication is addressed.

For healing to occur for both participants, in order for one to belong and find connection, they had to engage in rituals to find the connection. This could also be the influence of what Jung (1990) referred to as the archetypes which are the unconscious images of the instincts; in other words, they are patterns of instinctual behaviour based in the id. Instincts, in turn, influence how a person behaves, as they are rational motivations of the conscious mind. Healing for both participants came from the connection with ancestors and nature; hence, Jung suggested that an individual needs to be viewed in totality, that is, as a whole or in all aspects.

5.4 SUMMARY

5.4.1 The Zulu cultural and the western psychological perspective

There are differences and also similarities in both the Zulu cultural perspective and the psychological perspective.

The similarities in these two perspectives are that both of them look at the person in a holistic way. In the Zulu culture balance is viewed as being very important. To heal one needs to seek harmony with nature and the universe. For people to find healing they need to be able to find balance with all spheres of life. In this process the individual connects with old generations and their inheritance. In the western psychological perspective, however, Jung (1990) uses the collective unconscious. He states that a person is viewed in totality. His theory takes into consideration the cultural aspects that connect a person with nature or the ecological environment. He also looks at the rootedness of the individual and his/her sense of belonging.

The western psychological perspective takes into consideration the impact that the process of *ukuthwasa* has on an individual. Emotions of an individual are taken into consideration. The Zulu perspective on the other hand is more focused on what is required in the process and also there is a sense of fear of the consequences when certain duties that are required from the individual are not fulfilled. Due to the focus being more on the process than the emotional being, it results in defences such as denial to manifest; this also includes certain traumatic events being minimised so that they do not appear as intense.

The Zulu perspective believes that a person has ancestral calling or they are mad when they are behaving oddly. This can result in an individual being treated with traditional medication. One of the disadvantages of this perspective is that it looks at one modality and aetiology that is the imbalance within the universal and ancestral shades that have manifested on an individual. The western psychological perspective uses diagnostic criteria to make diagnoses. Other western psychological perspectives such as spiritual emergence acknowledge that individuals do present with spiritual transitioning that may result in them behaving oddly. It argues that when this is present one should not rush into getting medically treated as it might hinder the process and also the discovery of the person's full potential. Furthermore, it does not dispute that what an individual may present with may also be mental illness.

The process of *ukuthwasa*, according to the findings from the two traditional healers, is the process of healing, self-realisation and discovery that is unpleasant and involves self-sacrifices for their ancestors. The final chapter of the study follows in which a conclusion and summary of what has been discussed thus far is presented.

Chapter 6: Conclusion

6.1 INTRODUCTION

This chapter provides a brief summary of all that has been covered in the research study. It includes a discussion of the limitations of the research and ends with my final recommendations.

6.2 CONCLUSION

It is clear that the African orientated people may consult both the traditional healers and also the western medicine for help. This was evident in the findings in which one of the participants in the study went for both. These two modalities have their similarities and differences. In the research study the Zulu cultural perspective and western psychological perspective were explored with regards to the process of *ukuthwasa*.

Two participants who are both traditional faith healers were interviewed using semi structured interviews; the interviews were audio recorded and notes were also made. Purposive sampling was used and during sampling it was discovered that both of the participants were not only traditional faith healers but they also went through the process of becoming a diviner. Both participants belong to the Zulu clan. Data was analysed using Interpretative Phenomenological Analysis which was considered to be suitable for the study due to the fact that it goes beyond the text or what is being said; it interprets the experience to render it more meaningful. IPA was considered suitable in answering the research question of: What would a phenomenological study reveal about the psychological experience of becoming a Zulu traditional healer?

When the research was conducted and data was collected and analysed, the researcher was also going through her process of *ukuthwasa*. The advantage of this was that the researcher spoke the same insider language. There was also the understanding of local knowledge and the values of the ancestors and the process of *ukuthwasa*. The disadvantages of being in the insider position were the dual role of being in her own process of *ukuthwasa* and being a researcher at the same time, and overlooking certain routine behaviours and making assumptions about the meaning of events that occur in the process, and subsequently, leading to not seeking clarity.

The researcher managed to overcome the disadvantages by adopting a more preventative approach. The researcher had to explain her role to the participants and tried not to overlap between the two roles during the interviews. The researcher was able to acknowledge her own experiences and take precautions in terms of what the research needed. She dealt with her own projections during data collection and analysis.

The results were presented through the IPA methodology. The data from each participant was separately analysed and discussed in themes and sub-themes. Mkhulu Cele presented with themes and sub-themes such as: loss of self-vulnerability, isolation and withdrawal of the self and loss of control. The other themes were defence mechanism (denial), anxiety, a sense of belonging and finding the self. Mkhulu Khumalo presented with themes and sub-themes of spiritual emergence-learning experiences, loss of self-submissiveness and loss of control, dependency, connection-dreams, sense of belonging and finding the self. The experiences of the process of *ukuthwasa* for the two participants had differences and similarities. They both found healing in their process and at the same time lost their own identity and sacrificed parts of themselves to fulfil the wishes of their ancestors. These processes involved finding meaning and finding themselves and having a deeper connection with their ancestors.

In the findings there are similarities between the Zulu cultural perspective and the western psychological perspective with the belief that, in order for individuals to find healing, they need to be looked at in totality and holistically with their connection to and their inheritance of their past generation (ancestors). There is also an acknowledgement of the seeking to belong and being rooted in some position, more especially when an individual has undergone the process of *ukuthwasa*. Both the Zulu cultural perspective and the western psychological perspective agree on the odd behaviour that a person who has an ancestral calling presents. However, the aetiology and the diagnosis are different. The western psychological perspective uses diagnostic criteria to reach a final diagnosis whilst the Zulu cultural perspective looks at the connections that the individual has and also where the imbalance has occurred between them, God, the ancestors and nature. The western psychological perspective does not totally disregard the process of *ukuthwasa*. Spiritual emergence takes the process into consideration and states that not everyone who presents with signs and symptoms that are similar to psychosis is actually psychotic. They could be going through moments of discovering their greatest potential as spiritual beings. Therefore,

the prescription and administration of medication hinders the process of this spiritual emergence. The western psychological perspective takes the emotional impact the process has on an individual into consideration, whilst the Zulu cultural perspective is more focused on the outcomes of the process of *ukuthwasa*, denying and defending against intense negative emotions.

6.3 LIMITATIONS

The limitations of the study are that the researcher was going through her process of *ukuthwasa* when the research was conducted. The two perspectives are close to home for her. Moreover, living in the moment of the experiences of the two participants may have led to her being biased. The research was not really grounded in any specific psychological theory. However, it explored the different psychological perspectives in relation to the process of *ukuthwasa*.

The study had only male participants so the lived experience of the process of *ukuthwasa* is described only from a male perspective. The research was conducted in one area in Soweto from where both participants come. This can be a limitation as different people from different areas may have different lived experiences of the process *ukuthwasa*. There are only two participants in the research. The bigger the sample, the more valid the lived experiences of traditional healers.

6.4 RECOMMENDATIONS

- A researcher from a more outside position of the process of *ukuthwasa* may be able to analyse the data without being biased or having internal influences.
- The research can be grounded in one specific psychological theory.
- There can be an exploration of a different female sample or one of both males and females to explore if there is any difference in experience of *ukuthwasa* in different genders.
- There can also be an exploration of the lived experience of traditional healers in their process of *ukuthwasa* in different locations and not in just one area.
- Having more than two participants in the study may improve the validity of the study.

References

- Africanshama. (2010). *Basics of Zulu cosmology and ancestral spirits*. Retrieved from http://www.africanshama.com/id38_m.htm
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Barker, C., Pistrang, N., & Elliot, N. (1996). *Research methods in clinical and counselling psychology*. Chichester: Wiley.
- Berglund, A.L. (1976). *Zulu ideas and symbolism*. London: C. Hurst and Co.
- Booi, B.N. (2004). *Three perspectives on ukuthwasa: The view from traditional beliefs, western psychiatry and transpersonal psychology*. Master's thesis, Rhodes University, Grahamstown.
- Bojuwoye, O. (2013). Integrating principles underlying ancestral spirits belief in counseling and psychotherapy. *Ife Center for Psychological Studies/Services*, 21(1), 74-89.
- Buhrmann, M.V. (1986). *Living in two worlds: Communication between a white healer and her black counterparts*. Wilmette, Ill: Chiron.
- Buhrmann, M.V. (1982). Training, growth and development of Xhosa amagqirha. *Humanitas*, 8(1), 59-67.
- Bragdon, E. (1990). *The call of spiritual emergency: From personal crisis to personal transformation*. San Francisco: Harper and Row.
- Canino, G., & Algeria, M. (2008). Psychiatric diagnosis: Is it universal or relative to culture? *Journal of Child Psychology and Psychiatry*, 49(3), 237-250.

- Chiakwa, V.N. (1999). African traditional healing vis-à-vis western healing: Towards a holistic care of the person: In S.N. Madu, P.K. Baguma & A. Pritz (Eds.), *Crossing cultural dialogue on psychotherapy in Africa* (pp. 193 – 208). Pietersburg: World Council for Psychotherapy African Chapter.
- Edwards, S.D. (1985). *Some indigenous South African views on illness and healing*. Series B, No. 49. KwaDlangezwa: University of Zululand.
- Edwards, S.D. (1987). The isangoma and Zulu customs. *University of Zululand Journal of Psychology*, 3, 43-48.
- Edwards, S.D. (2011). On Southern African indigenous healing. *Journal of Psychology in South Africa*, 21(3), 211-229.
- Edwards, S.D., Makunga, N., Thwala, J., & Mbele, B. (2009). The role of the ancestors in healing. *Indilinga African Journal of Indigenous Knowledge Systems*, 8, 1-11.
- Ensick, K., & Robertson, B. (1996). Indigenous categories of distress and dysfunction in South African Xhosa children and adolescents as described by indigenous healers. *Transcultural Psychiatry Research Review*, 33, 137-172.
- Frankfort-Nachmias, C., & Nachmias, D. (1996). *Research methods in the social sciences*. (5th ed.). New York: St Martin's Press.
- Grof, S., & Grof, C. (1989). *Spiritual emergency: When personal transformation becomes a crisis*. Los Angeles: Tarcher.
- Gumede, M.V. (1990). *Traditional healers: A medical doctor's perspective*. Braamfontein: Skotaville.
- Halgin, R.P., & Whitbourne, S.K. (2007). *Abnormal psychology: Clinical perspective on psychological disorders* (5th ed.). New York: McGraw-Hill
- Hammond-Tooke, D. (1989). *Ritual medicines*. Cape Town: Credo Press.
- Harper, D., & Thompson. A.R. (2012). *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners*. United Kingdom: John Wiley & Sons.

- Jones, R.A. (1996). *Research methods in the social and behavioural sciences* (2nd ed.). Sunderland: Sinaver Associates.
- Jung, C.G. (1990). *The archetypes and the collective unconscious*. New York: Princeton University Press.
- Kafle, N.P. (2011). Hermeneutic phenomenological research method simplified. *An Interdisciplinary Journal*, 5,181-199.
- Kangwa, C. (2010). *Traditional healing and western medicine: Segregation or integration?* Retrieved from www.milligan.edu/academics/writing/pdfs/Kangwa.pdf
- Kvale, S. (1983). The qualitative research interview: A phenomenological and hermeneutical way of understanding. *Journal of Phenomenological Psychology*, 14(2), 171-195.
- Laverty, S.M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International Journal of Qualitative Methods*, 2(3),1-29.
- Lewis, J.L. & Sheppard, S.R.J. (2006). Culture and communication: Can landscape visualization improve forest management consultation with indigenous communities? *Landscape and Urban Planning*, 77, 291-313.
- Mabona M. (2004). *Diviners and prophets among the Xhosa: A study in Xhosa cultural history*. Münster: Lit Verlag.
- Mabetoa, P. (1992). *Psychotherapeutic implications of ancestral veneration and spirit possession in Africa*. Berlin, Germany:Verlag Schreiber.
- Makhanya, S.M. (2012). *The traditional healers' and caregivers' views on the role of traditional Zulu medicine on psychosis*. Master's thesis, University of Zululand.
- Mason, J. (2004). Semistructured interview. In M.S. Lewis-Beck, A. Bryman & T.F. Liao (Eds.). *The SAGE Encyclopaedia of Social Science Research Methods* (pp. 1021-1022). Thousand Oaks: Sage Publications
- Mlisa, N. (2009). *Ukuthwasa initiation of amagqirha: Identity construction and the training of Xhosa women as traditional healers*. Doctorate dissertation, University of the Free State.

- Mpono, L. (2007). *Traditional healing among the Nguni people*. Master's thesis, University of KwaZulu Natal.
- Myers, L. (1993). *Understanding an Afrocentric world view: Introduction to an optimal psychology*. Kendal Hunt: Dubuque.
- Niehaus, D.J.H., Oosthuizen, P., Lochner, C., Emsley, R.A., Jordaan, E., Mbangaa, N.I., Keyter, N., Laurent, C., Deleuzec, J.F., & Steina, D.J. (2004). A culture-bound syndrome 'amafufunyana' and a culture-specific event 'ukuthwasa': Differentiate by a family history of schizophrenia and other psychiatric disorders. *Psychopathology*, 37, 59-63. DOI:10.1159/000077579
- Rouney, P. (2005). *Researching from the inside - does it compromise validity?* Retrieved from <http://level3.dit.ie/html/issue3/rooney/rooney.pdf>
- Sadock, B.J., & Sadock, V.A. (2007). *Synopsis of psychiatry: Behavioural sciences/clinical psychiatry*. Philadelphia: Lippincott William & Wilkins.
- Schweitzer, R.D. (1977). *Categories of experience amongst the Xhosa: A psychological study*. Master's thesis, Rhodes University, Grahamstown, South Africa.
- Sondlana, N.S. (2014). Umoya: Understanding the experiential value of traditional African dance and music for traditional healers. *Mediterranean Journal of Social Sciences*, 5(3), 513-547.
- Smith, J.A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. Los Angeles: SAGE.
- Smyth, A., & Holian, R. (2008). Credibility issues in research from within organisations. In P. Sikes & A. Potts (Eds.). *Researching education from the inside* (pp. 33-47). New York, NY: Taylor & Francis.
- Sorsdahl, K.G., Flisher, A.J., Wilson, Z., & Stein, D.J. (2010). Explanatory models of mental disorders and treatment practices among traditional healers in Mpumalanga, South Africa. *African Journal of Psychiatry*, 13, 284-290.

- Sorsdahl, K., Stein, D.J., & Flisher, A.J. (2013). Predicting referral practices of traditional healers of their patients with a mental illness: An application of the Theory of Planned Behaviour. *African Journal of Psychiatry*, 16, 35-40.
- Taylor, S.J., & Bogdan, R. (1984). *Introduction to qualitative research methods: The search for meanings*. (2nd ed). New York: Wiley.
- Truter, I. (2007). African traditional healers: Cultural and religious beliefs intertwined in a holistic way. *South African Pharmaceutical Journal*, 56-60.
- Unluer, S. (2012). Being an insider researcher while conducting case study research. *The Qualitative Report*, 17(58), 1-14.
- Viljoen, E. (2006). *An exploration study: Mental wellness as a perceived by black traditional healers within the South African context*. Master's thesis, University of Pretoria, Pretoria, South Africa.
- Washington, K. (2010). Zulu traditional healing, African worldview and the practice of ubuntu: Deep thought for Afrikan/black psychology. *The Journal of Pan African Studies*, 3(8), 24-39.
- Yin, R.K. (1984). *Case study research design methods*. Beverly Hills, CA: Sage.
- Zabow, T. (2006). Traditional healers and mental health in South Africa. *International Psychiatry*, 4(4), 81-83.

Appendices

Appendix A: Invitation for participation in the research study



UNIVERSITEIT VAN PRETORIA
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YUNIBESITHI YA PRETORIA

UNIVERSITY OF PRETORIA
DEPARTMENT
OF PSYCHOLOGY

17 September 2014

Informed consent letter

I am currently enrolled as a Masters Clinical Psychology student at the University of Pretoria and I am conducting a research study as part of the requirements to complete my degree.

I hereby invite you to take part in the research study that will be exploring the lived experience of traditional healers. This study is aimed at exploring how two Zulu traditional faith healers who have gone through the process of *ukuthwasa*, experience their condition. As part of the study, you will be required to complete a series of interviews that will last for 30-50 minutes. These will be audio recorded and notes will be taken during the interviews. The interviews will last until enough information is obtained for the research. You will be required to answer questions about the significant experiences you went through during your process of *ukuthwasa* training.

In order to part take in the research study you need to meet the following requirements:

- You need to be over the age of 18.
- You *should* not have a psychiatric history or be taking any medication for a mental disorder.
- You should be Zulu speaking, belonging to the Zulu clan and be practicing as a traditional healer.
- You should be verbally fluent, fully functioning and be able to communicate your feelings, thoughts and perceptions in relation to being a traditional healer.
- You should also be willing to talk about your experience.

Participation in the study is voluntary, and you may choose not to participate and withdraw at any time should you feel uncomfortable with the questions being asked. This will not be held against you under any circumstances. If you do decide to withdraw any information you have provided up to that point will not be used in the study. Different names - not your real names (you will not be identified) - will be used to protect you as participants of the study from potential harm as the information will be made public. The data gathered in the study will be stored in a safe and secure place in the Department of Psychology at the University of Pretoria for 15 years. It may be used at a later stage for further research. If necessary you will be referred for counselling or other appropriate assistance. The participants will be referred to an NGO in

Soweto called COPESSA (Community-based Prevention and Empowerment Strategies in South Africa) for therapy or counselling.

All data gathered will be stored in the Department of Psychology at the UP for a period of 15 years.

For further information please contact:

Nompumelelo Kubeka (Researcher) -0840420237/pruegame@yahoo.com

Dr. Linda Blokland (Supervisor) -082 202 2099/linda.blokland@up.ac.za

Appendix B: Informed consent

Consent form

I _____ (full name/s and surname) have read and understood the information provided about the research study. I am hereby interested and willing to voluntarily participate in the research study.

I agree that my recorded interview may be used for future research (optional)

Participant's Signature

Date

Appendix C: Interview schedule



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DEPARTMENT OF
PSYCHOLOGY

17 September 2014

Interview guide

- What is intwaso (verb of ukuthwasa)?
- How did you know that you have a calling?
- What are the characteristics that confirm that a person has to be initiated?
- What happened or led you to acknowledge it?
- How does the process unfold from identity to healing maturity?
- How were you able to manage your own process?
- How would you explain your feelings, pain/hurt, failures and successes in your journey?
- What makes some complete the process and others fail?
- What is the result of not completing the initiation process?
- What are the competencies of the trainees on completion of the training?

I thank you for your time!

The above questions will be used based on the themes and will be asked in various ways depending on the responses from the participants.

Appendix D: English translated transcripts for Mkhulu Cele

Participant One (Interview)

What is *intwaso* (verb of *ukuthwasa*)?

Intwaso is when you drink the goat's blood and purge it, this is also referred to as *ukudlaintwaso*. You must also eat the goat. *Ukuthwasa* is when you are able to tell a person when they come to you what illnesses or troubles they have in their lives and also knowing your traditional medicine and what to prescribed for them. It is a process of being able to help someone when they are sick and heal them.

How did you know that you have a calling?

I did not know that I had an ancestral calling. It was when I got sick and the way I got sick. I had a stomachache that even doctor struggled to find the cause of/treat. I had a stomachache every day for days. It was painful and I was also vomiting blood. One of the Indian doctors at Chris Hani Baragwanath Hospital actually told me to go see a traditional healer. He indicated that I needed to find out what was really going on with me. That is when I knew that I had to go through the process of *ukuthwasa* after consulting with a traditional healer that confirmed this.

What are the characteristics that confirm that a person has to be initiated?

There are signs that appear when a person has been called by their ancestors to go through the initiation. These signs are in their bodies (physical). The signs feed on the blood of a person. There are also reported symptoms of not sleeping at night. Some people may present with back pains and also abnormal pains, heaviness on their shoulders, not being able to walk. However all these symptoms are not there during the day and they only present themselves at night. Sometimes you have dreams, and the things that a person dreams about actually happen the next day. That is when you know that you have the calling. The person can also feel like something is moving in their body. This may be in both inside of their bones and also in the blood. That is an ancestor running through the blood and making the person sick.

What happened or led to you to acknowledge the calling?

I did not make a decision on my own; I did not have a choice. The decision was taken by the people that have passed and are in charge of me and my life. These are the people that guide me and these are my ancestors. My ancestors came at night and told me where I needed to go and that is where I will get help. They told me that in the place that they described the person

that I was going to find there. They gave me the name of the person and also directions to that place.

They told me I will find a female traditional healer there and they even described her to me. My ancestors gave me directions and when I got there I found the exact person that they showed me in the dream. She was exactly the way they showed me. The house that they showed me was also the same house I saw in the dream. I woke up the next day and went to look for the place that my ancestors showed me. I found the place and the same female traditional healer that my ancestors showed me.

When I got there the female traditional healer was already waiting for me and was expecting me. When I got there she called me by name and I was surprised. I said to myself ‘but this woman does not know me’. The female traditional healer said to me “I have been waiting and expecting you”. That means my ancestors were already there and told her that there is a person that is going to arrive. He will present with these kinds of symptoms (stomachache). They also told the female traditional healer that she must know that this person is not sick but has an ancestral calling.

How does the process unfold to identity healing maturity?

When I was in my *thwasa* process, I had to forget about the outside world and go through my *thwasa* process. I had to concentrate on what I was there for in that house, which is my *thwasa* process. I had to follow whatever that my trainer (*ugonondo/ugobela*) was saying. Early in the morning I had to wake up at 4am to speak to my ancestor in a bucket full of traditional medicine (*imithi*) this is called (*igobongo*). This is the bucket that I used to connect with my ancestors and this is where they ate and they were not eating or feeding on my blood. I had to speak to my ancestors, drink the form and also the herbs in the bucket. Then I would have to purge every morning. After that I would not sleep, I had to keep myself busy. If you sleep during *intwaso* process your ancestors also sleep. When your ancestors are already inside you, you have to be flexible and work in the presence of your ancestors. When you are flexible in the present of your ancestors they also get more strength and power to mature and give you their gifts.

How were you able to manage your own process?

The process of *ukuthwasa* is hard, because being and living in someone's house for the whole year is not easy. You are not under the protection of your mother and father. Everything that is done in that household you also have to do. Having the calling is not easy because there were also point where my ancestors would just be quite and not communicate with me. That is when I saw that I am in trouble. I had to learn that my ancestors are still there. They also take a break sometimes to go *emalwandle* (the seas, where ancestors stay) to rest from the process and also to regain more strength. That is why we say it is hard to have the ancestral calling and it is hard to go through the process of *ukuthwasa*.

How would you explain your feelings, pain/hurt, failures and successes in your journey?

Hai! When you are in the *thwasa* process that is when you begin to get the healed. That is when I felt that now I am getting healthy again. When I was eating and drinking traditional medicine that is when my ancestors were starting to be happy. There are those moment when I missed home. In actual essence when you are in the *thwasa* process you concentrate on the process and what is presented in the presents of your ancestors. I had to focus on what I was there to do and what actually brought me there. The reason was due to my illnesses. When I was in the process my illnesses were slowly fading as the process proceeded. My ancestors were becoming happy and when they are happy, and then I get healed.

Everything that you used to enjoy before accepting the calling fades with time and with the process. The good times, all the things that I used to do that would make me happy is no longer important when you have accepted the calling. I focused on just me and my ancestors at all times, so that my ancestors can be able to communicate with me at all time without any distractions.

When you are in the *thwasa* process you have to open your heart and be open to whatever comes with the process. You give yourself to your ancestors. This is the same as saying 'wherever I am, I am home'. Even if it is hard in those places, I did not take that into your heart, I did what I was sent to do. I also told myself and my heart that I will be persistent until I am done with my process and I can go home. That is all the success I had.

What makes some complete the process and others fail?

That happens a lot for people in the *thwasa* process. This is all due to the maltreatment that people experience while they are in the process of *ukuthwasa*. This results in people giving up and not being able to persist until the end. They would say here I am not being treated well. However when your trainer is truthful, sometime it is not that he/she is mistreating you. Your trainer might be maltreating the kind of ancestors you have to give them more power and maturity. There are people in which the process of their ancestors is too slow. There are also ancestors in which their process is very fast. Ancestors differ from person to person. When a person has ancestors that are too slow they need patience because you can also see that their ancestors are too slow. Ancestors are different and I think that is the reason it becomes a problem. That people end up not completing the process.

What is the result of not completing the initiation process?

When you do not finish the process of *ukuthwasa*, the ancestors usually make your life a living hell. They will mess a lot of things in your life. The ancestors usually become more powerful on their own, with incompleteness comes anger from ancestors. You might also start presenting with confusion. Some people end up dying and some people end up going crazy or mad (*Ukuphambana/ukuhlanya*). However this is not just ordinary symptoms, it is the ancestral calling all this time. The ancestors just wanted to be healed so that they can give the person that has been chosen their gift. But because this was not fulfilled the ancestors did not get a chance to be healed and paid attention to. It actually makes that person confused. Some people would tell themselves that they will not go through the process. They would even complain and say why ancestors would choose them and leave the others in my family. Not knowing that at that point he/ she is hurting themselves and further damaging their own lives by looking at other people and not fulfilling the wishes of the ancestors.

What are the competencies of the trainees on completion of the training?

As I have said that a person will be taken out of whatever lifestyle that they had by his/her ancestors. The ancestors take that person to where ever they need to go for their *thwasa* process. So it is the ancestors that give that person the skills, until they eventually finish. It is your ancestors that will take you. When you go for your *thwasa* process you do not even announce to people that you are going to a certain place. You are sent by the ancestors to go to a certain place because of the illnesses. When you are there in the process and the illnesses fade with time in your body. You can actually feel that you are getting your old self back.

That is the thing that motivated me to continue going forward until I finish with what I was doing. When you are in the *thwasa* process, you are with your ancestors that are guiding you and protecting you at all times.

Your ancestors are the ones that are actually doing the *thwasa* process and training you to be a traditional healer. Yes your trainer that they have sent you to, may be helpful in your during your *thwasa* process to some extent. The people that play a major role are your ancestors that are in charge of your life and also of the process.

In these days, most fully fledged traditional healers (*Ugonondo/ugobela*) want to do the process of *ukuthwasa* their own way. This is because they think they are already professionals in the field. However that is not how things work, what works is actually what the ancestors from that specific trainee want. They communicate to him/her what they do and what they do not want. The trainer actually follows what their trainees tell them. This does not mean that you have to train your trainees the way that you were trained, because you are a professional.

Ancestors talk to the trainee and when the person is here for the *thwasa* process it was not his/her decision. It was his/her ancestors. That is the skill that trainees have in which his or her ancestors show him/her where to walk, what to do and what not to do. Ever when you persist in the process it is actually your ancestors that are persisting.

What is the difference between the process of *ukuthwasa* of becoming a diviner (*isangoma*) and becoming a faith healer (*umthandazi*)?

There are different ancestors and also the processes are different. *Isithunywa* is the ancestor that has a gift of praying and this result to a person becoming a faith healer (*umthandazi*). When you have *isithunywa* and you are becoming a faith healer you do not have to drink goat's blood. However there is also slaughtering of the goat and you also have to put goat's skin on your body and wear it. The goat skin (*isiphandla*) is not worn in the same body parts (*ukunqwemba*) as a sangoma, it is different. When you have *isithunywa*, you have to put the goat's skin on your waist, knees and on your arms wrists.

When you are in training to be a faith healer, you work with water, and *iziwasho*. That is the difference. When you work with *isithunywa* (ancestor that prays), then you do not use bones life *sangoma's* to see what is going on in the person's life. You use your head to see a

person's life, illnesses and future. Your ancestors tell you everything by just using your mind and ears.

Then again being trained as a sangoma is almost the same. It is the same thing; the only difference is the ancestors we use when we help people. *Idlozi* is the ancestor that prays and *idlozi* is the ancestor that used to work as a sangoma and used bones in the past. I also use both I pray and I also throw bones, that is because I have both and have been trained in both these ancestors. Hence I am both a faith healer and a diviner. That is the only difference, however whether you pray or throw bones it is still the same person that talks in your head.

Now that you have completed your process of ukuthwasa, what would you say has been your successes thus far?

There has been a lot of success after I became a traditional healer, if I were to start counting it will fill in a lot of buckets. Going through the process of *ukuthwasa* has helped me in a sense that I got out of a lot of things that I was doing before I went for my training. I grew up selling, I used to catch trains, I did not have anything, I used to play soccer and I used to do a whole lot of things. I was lucky because I was never very fond of alcohol. I drank occasionally maybe on a Christmas day. It was not like I drank to get drunk maybe just one glass of beer and wine and then I was okay for the rest of the day. Sometimes it would be one ancestor that would want me to drink because they used to drink. I would drink for them and that one time and that is it. It has been years since I drank. I also use to smoke and I have left all and gave up all of that, because my ancestors want to speak to me at all times. They want to find my mind clean and clear and at the level that they want so that they can be able to communicate with me, I gave up everything for them and I started with my process.

With that being said, it wasn't like it was my choice or decision. It was not my choice, it was the choice of the people that have passed that are in charge of me and there was nothing I could do.

There is a lot of success I got married, I had children and I have it all. I even have a job outside of being a traditional healer. So I work like everyone else and I am also a traditional healer. There is a lot of success.

Ancestors are there and they have always been there before we were all born ancestors have been working in ancient times. I saw it with my own life and they will exist even when I am not here.

Appendix E: English Translated transcript for Mkhulu Khumalo

Participant Two(Interview)

What is intwaso (verb of ukuthwasa)?

It is a calling that comes from the ancestors. How it comes about is that a person is born with it, they grow up and are being raised by their ancestors. Their ancestors are there with that individual grooming them from a very young age. Then comes a point in which the person is supposed to go through the *thwasa* process the initiation. Before the *thwasa* process your ancestors will show you the person that will initiate you, you do not choose for yourself. They will even tell you that this is the person that will do one, two and three (specific things for you). The person that they will show you is that person that goes hand in hand with your ancestors they will not just show you someone that does not get along with your ancestors. Then you will go through the process of *ukuthwasa* and you will finish. During the process of *ukuthwasa* your ancestors are the ones that will teach you *muthi* (traditional medicine). This is usually communicated and shown through dreams. Your ancestors will show you the specific attire that you must wear that represents them. They will show you goats and cows that need to be slaughtered for them at a specific stage of the *thwasa* process. The ancestors will show you all that they need to fulfil their wishes in the process of *ukuthwasa*. When you are done your ancestors will tell you that now their wishes have been fulfilled and now you can go back home.

How did you know that you have a calling?

This is simple, the first thing that I had were dreams, I had dreams I was surrounded by traditional healers. I was dancing (*ukugida*) with traditional healers. I dreamt that I was in church and I was wearing a church attired that was requested by my ancestors. It was a church attired that was specifically for me and it was communicated by my ancestors that this was the attired that I was going to wear to help and heal people. They came back again and I had a dream of digging up *muthi* (traditional medicine). This was dependent on whether my ancestors are a male (*uMkhulu*) or female (*uGogo*), they then showed me in the dream to go dig up a specific herb or *muthi* in a particular place. They also told me the function of that *muthi*, how to use it and also on which type of illness and patients.

There were so many signs in my life that resulted to me knowing that I was supposed to go through the process of *ukuthwasa*. Nothing in my life was coming right there was a lot of misfortune. I tried to pick up the pieces and tried to regain my life, but my ancestors closed everything and nothing was coming together. What I liked about my ancestors it that this misfortune was not for nothing. When these challenges came into my life they were simultaneously showing me where to go and what to do. There is nothing that was coming together in my life, but there was a point that I was walking and I came across a gifted prophet. He told me that I am supposed to go through the process of *ukuthwasa*. I did not listen because I was stubborn and I still could not see it happening, because of disbelieve.

My ancestors came again in dreams to say, this is where we want you, which was to go for the process of *ukuthwasa*.

What are the characteristics that confirm that a person has to be initiated?

Point one, as I have said before. The person's ancestors will show them where to go. In the same process they go to the trainer to also communicate that there is a particular person that will come for initiation (*ukuthwasa*) process. This means that these ancestors get along and are willing to work together.

In most cases the person will have misfortune and bad luck in which nothing in their lives is coming together. Some people get sick to the point even western doctors cannot help them. This may be due to the fact that the person is actually shown where to go but they are too stubborn to accept the calling. Some people have physical pain in which the whole body became sore, they cannot walk, when they walk even the bones are sore and they are in pain. Some people would get growth (*amathumba*) all over their bodies, these are the signs of a person that has an ancestral calling. They would try to treat the growth but when the other one disappears another one comes. It is the communication of the ancestors that this person is supposed to go through the process of *ukuthwasa*.

Some people become mentally ill and they became mad and it is usually severe. Only to find out that it is the ancestors and the person is refusing to accept their calling. In a severe case when you are a woman or a man the ancestors will take /kill their children to hurt them because they do not want to accept the calling. The ancestors will not stop until you accepted.

There is a time in which a person goes through the process of *ukuthwasa*. There is a time in which a person is supposed to heal and help people. There is also the time in which the ancestors rest. When the ancestors rest they give chance to other ancestors like *isithunywa*. Then you will hear people in the community saying “you know that traditional healer worked with *muthi*, but now he works differently he heals with his head.” The ancestors give turns to one another. Same applies to when you refuse to go through the process of *ukuthwasa* at the end of the day the ancestors will set you free, however through death or madness

What is the difference between idlozi and isithunywa?

The difference is *idlozi* works with *Muthi* and *isithunywa* works with water and candles. These two things are twins and cannot be separated. A person that has *idlozi*, has *isithunywa* and a person that has *isithunywa* has *idlozi*. When a person goes through the process of *ukuthwasa* they must be initiated for both.

What happened or led to you to acknowledge it?

My life was not okay nothing was falling into place. I was trying to get it together but nothing was coming together. It felt like I was cursed or that someone has used bad *muthi* on me. It felt like I was bewitched. I could not sustain any of my relationships and I would plan something and it would not be successful. However this was not the case it was also a result of me not accepting my calling at that time. I dreamt of being in a river and I would dream dancing with other traditional healers that is when I knew I had to go for my *thwasa* process. My ancestors showed me where to go. It was not an easy decision, but at the end I accepted because I want my life to be okay. I had to forget about the outside world, my friends and my social life for a while to focus on what I was being called for.

How does the process unfold to identity healing maturity?

When you are in the *thwasa* process, it is almost the same as being at school in which there are different grades, grade one, two, three and so on. Even in the *thwasa* process there are grades. That you must start here and when you are done with a certain phase or stage you go to another phase. This happens up until your trainer is able to see and tell that you have matured in spiritual healing. Even your ancestors will see that this person has matured in healing. Then this is when you are able to finish the process and you are able to go out and help people. It is not a person’s decision on when they are finished certain stages of the process. It is not even the trainer’s choice to say that a certain stage of the *thwasa* process has

been completed. It is the choice of their ancestors. Your ancestors are the ones that are in control and they are the ones that will tell you that now we have been healed and we want to leave the trainer's place to go work independently and heal people.

How were you able to manage your own process?

It is not simple, one thing that helped me manage was to tell myself. There is nothing that is more important than telling yourself and focusing on what is important at that particular time. I had to tell myself that this is the situation that I am in at the moment. I had to stay humble and take my heart and my souls and put it at peace with regards to the process. When you are in the *thwasa* process you are not in control. Let me put it like this, immediately when you accept the process and you communicate to your ancestors by saying "You know what ancestors(*abogogo*) do whatever that will fulfil your wishes". You are not in control whatever that is in the world and all the external force you do not see them anymore. Yours ancestors are now in control and it is them that will tell you that you have to do this at a certain or specific time.

How would you explain your feelings, pain/hurt, failures and successes in your journey?

When I was still in the process of *ukuthwasa* (sigh!). It was hard and it was painful but because at that point I took my life and put it in the hands of my ancestors. There is pain but is not that much, because there is elders that are controlling you. This is not the same as when you are alone and still focusing on the external focus and all the troubles of the world. When I eventually there and I was in my *thwasa* process my mind set changed and a lot of things change. My ancestors were in control now and due to the fact that they are in control whatever external worldly things, became easier to deal with. To the point that some of the things that were happening there I did not take into consideration of even pay any attention to them because I knew my ancestors were in control and I was in good hands. My ancestors were the ones that would communicate that at this point things are going to be in a certain way. There was absolutely no way of me changing them.

There were a lot of challenges during my process of *ukuthwasa* and but I told myself that I am here for my *thwasa* process and I will listen to what I am here for. This is almost the same as boarding school, where I told myself that I was going to listen to all the things that I will be taught and I will also do them. At the end of the day I wanted to see myself out of that place and finish with the process.

What makes some complete the process and others fail?

Number one is like this: People nowadays take the *thwasa* process as fashion that is the first point. Number two some go through the process of *ukuthwasa* because they saw another person going through the process. There is a point in which a person has the ancestral calling but ancestors are different. There are ancestors that want a person to go through the process of *ukuthwasa* but not to heal. This is a point in which the ancestors just want to have a place to stay and not wander around. There are ancestors that want a person to go through the process of *ukuthwasa* and heal people.

So now people do not look at all these things. Some people go for the *thwasa* process without the approval of their ancestors. They go there with only their flash, with no spiritual guides and sometimes it is due to peer pressure. This is why some people end up running away and failing to complete the process.

What is the result of not completing the initiation process?

Eish! This becomes hard, point one when you go through the process of *ukuthwasa* your trainer will do a process of *ukuphahla* (communicating with ancestors using snuff (tobacco) and *imphepho* (incense)). At that point you will also have to eat the herbs that are for specific ancestors. These herbs that are mixed with water are called *ibhudlu/igobongo* and they are also used to communicate with ancestors. So people run away and leave these herbs without completing the process. They then go to another trainer and they do the same and run away. You end up being a person who becomes mad (*ukusangana kweqondo*). This madness is a result of your ancestors that you have not given a stable place because you move around and you run away. Your ancestors do not have a right place to sit and finish their process because you plant them in different places. These are the results that you get from not completing the process of *ukuthwasa*.

We must also take note that madness is not only caused by ancestors. There is madness that is also caused by bewitchment and these two are healed traditionally. However this is dependent on the family that is willing to go to a traditional healer to check (*ukuhlola*) what is happening with that particular person.

What are the competencies of the trainees on completion of the training?

The person must be determined to accept and deal with what the process may bring. Without determination you will not complete the process of *ukuthwasa*. Another thing is to look and focus on your ancestors and also what you are in the *thwasa* process to fulfil and not focus on other things that are not part of your process of *ukuthwasa*. The most significant tools that a person has when they go through the process of *ukuthwasa* is their intuition. The only thing that connects us to our ancestors is our hearts and mind. These two things need to be open and willing to receive messages of our ancestors they keep us connected to them.

Now that you have completed your process of *ukuthwasa*, what would you say has been your successes thus far?

There has been a lot of success in my life. My life slowly came back. I was no longer as restricted as I was when I went from my *thwasa* process or even before. My life was no longer as messy and distracted as it was before; it now had structure and everything fall into place for me. For instance if I had a wish, I would say “I would wish one day to have a particular thing like for example a cough.” My ancestors are able to fulfil your wishes. My ancestors also become happy and they gain more strength and power, when I help and heal someone, that person was able to go and tell others. The more I used my gift truthfully heal people the more people came to seek help. My ancestors were able to continue blessing me. Even with the blessing and wishes that they may have blocked prior to my *thwasa* process were opened and were given and fulfilled.