

**AN EXPLORATORY STUDY ON THE PSYCHOLOGICAL MEANING OF
ANCESTRAL CALLING BY *NANGA DZA VHAVENDA***

By

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DECLARATION

I declare that this thesis is hereby submitted to the University of Limpopo, for the degree Doctor of Philosophy in Psychology, has not previously been submitted by me for a degree at this or any other university; that it is my work in design and in execution, and that all material contained herein has been dully acknowledged.

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26 April 2022

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Date

DEDICATION

This thesis is dedicated to my children, Mukhethwa, Mpho and Muruŋwa.

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ABSTRACT

The training to become a traditional healer has been under scrutiny because of the symptoms that are experienced during ancestral calling. Ancestral calling usually presents itself in the form of a mysterious physical or psychological illness that will not ordinarily respond to western treatment. The Eurocentric perspective interprets the symptoms of ancestral calling and the resultant process to become a traditional health practitioner as a manifestation of some psychological disturbance. The researcher embarked on a journey with traditional health practitioners to understand their lived experiences and explored the psychological meanings of Vhavenda ancestral calling with a view to identifying and documenting the psychological meanings embedded in this culturally entrenched practice. A qualitative research method located within the interpretative paradigm was used. A descriptive phenomenological research design was adopted to explore the lived experiences of traditional health practitioners who have gone through the process of ancestral calling. Both snowball and purposive sampling methods were used to recruit 17 participants until saturation was researched in the findings. The six major themes that emerged are: a) signs of ancestral calling; b) meaning attached to ancestral calling; c) help-seeking pathway following an ancestral call; d) responding to the ancestral call; e) roles of the master healer; and f) post training realities and experiences. The findings of the study revealed that there are several symptoms that are indicative that one has an ancestral calling. These symptoms are often misunderstood and misdiagnosed when interpreted from the Eurocentric perspective. However, accepting the ancestral calling and going through training is linked with identity formation. The findings also revealed that ancestral calling is a life-transforming and therapeutic experience and a journey of self-realisation

Key Words: Ancestral calling, Vhavenda, traditional health practitioner, Afrocentric.

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ACRONYMS AND ABBREVIATIONS

BP	Blood pressure
CFI	Cultural Formulation Intervention
DSM	Diagnostic and Statistical Manual of Mental Disorders
SA	South Africa
TB	Tuberculosis
THP	Traditional health practitioners
ZCC	Zion Christian Church
WHO	World Health Organisation
STATS SA	Statistics South Africa

CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION

In this chapter, the background to the present study as well as the research problem, purpose, aims and objectives of the study are discussed.

1.2 BACKGROUND TO THE STUDY

Traditional healing plays an important role in primary health care in many developing countries (Truter, 2007). This is supported by the reports suggesting that between 70% and 80% of the population in Sub-Saharan Africa consult traditional health practitioners before they seek care from western-trained practitioners (Audet et al., 2014; Okeke, Okafor, & Uzochukwu, 2006). In South Africa, it is estimated that between 60% and 80% of the population consult with traditional health practitioners at some point in their lives (Puckree, Mkhize, Mgobhozi, & Lin, 2002; Truter, 2007).

A similar observation was made fairly recently by Sorsdahl, Stein and Flisher (2013) who reported that many Black Africans who suffer from mental illness often seek help from both traditional health practitioners and western-trained practitioners. According to Bodoker (2009), traditional health practitioners are usually the first option for many Africans when they seek treatment for illnesses. Some of the reasons for the apparent popularity of traditional health practitioners include cultural congruity with their clients, accessibility and affordability (Mbanga et al., 2002; Nattrass, 2005; Qi & Kelley, 2014; Viljoen, 2007). Traditional health practitioners practise within their communities where they have widespread respect and recognition as mediums for communication between the living and the spiritual world occupied by ancestors and God (Edwards, 2011). They speak the same local language with the patients, spend more time with the patient explaining the source of illness and the necessary treatment, and they offer perceived compassion than western-trained practitioners (Audet et al., 2014). In the South African context, a traditional health practitioner could be defined as “someone who possess the gifts of receiving spiritual guidance from the ancestral world.” (Moagi,

2009, p. 116). A person does not self-elect to become a traditional healer (Sodi et al., 2011).

In many cases, it is found that the individual who possesses ancestral powers is someone selected by the ancestors from family that has a powerful ancestral lineage (Kubeka, 2016; Moagi, 2009; Sodi et al., 2011). Traditional health practitioners are believed to heal holistically because they address both physical and spiritual symptoms (Robertson, 2006). Western-trained practitioners categorise behaviour whereas traditional health practitioners categorise according to the meaning of the behaviour (Moagi, 2009).

According to Robertson (2006), traditional healing uses an intuitive approach within an existential paradigm, whereas western medicine uses an evidence-based approach within a dualistic (mind/body) paradigm. According to Fernando (2010), from a western perspective body differentiation has been dominant, which allows the possibility of mental illness to occur in those people with intact physical health. In contrast, from a Zulu perspective, for instance, health is viewed holistically, and is a product of a complex interaction between the individual, the supernatural world and the social contract (Laher, 2014; Sodi & Bojuwoye, 2011).

There is an increasing interest in culture and psychopathology where discrepancies between western medicine and traditional understanding of illness continue to be a challenge (Bakow & Low, 2018). Bakow and Low (2018) posited that ancestral calling has been compared to western mental health constructs, such as a psychosis due to the accompanying symptoms. However, in order to become a traditional health practitioner, an individual is chosen from within the family (Booi & Edwards, 2014). This is understood to depend on the powers that the previous ancestors had (Kale, 1995; Mufamadi & Sodi, 1999). The person has to accept the calling to become a traditional health practitioner and has to go through the process by means of rigorous training (Kubeka, 2016). According to Matsika (2015), the training of traditional health practitioners involves, amongst other things, assessment of illness, ability to locate lost objects, and treatment of diseases. However, the training and experience of the initiates depends heavily on their connection with their ancestors (Wreford, 2007). The individual that is chosen to become a traditional healer may display signs like

aggression, social withdrawal, or bizarre behaviours before accepting the calling to undergo training (Mufamadi & Sodi, 1999). Makhanya (2012) asserted that these signs and symptoms may lead to some misunderstanding as to whether or not one has a calling or suffers from a mental illness.

Booi (2004) did a case study with traditional health practitioners who had undergone the process of ancestral calling. In this study, a case narrative was interpreted using the traditional Xhosa beliefs, the western psychiatric and the transpersonal psychology perspective. The study revealed that the Xhosa perspective has an advantage of helping people with the ancestral call to find meaning as everything is explained by ancestors. On the other hand, the western psychiatric perspective has disadvantages in that it does not address the underlying problems but only relieves the symptoms with drug therapy. In another study by Kubeka (2016), it was found that the Zulu perspective is that a person who has an ancestral calling must be treated by a traditional health practitioner using traditional medicine. The Zulu perspective is more focused on what is required in the process. Furthermore, there is a sense of fear of the consequences when certain rituals or duties that are required from the individuals are not fulfilled (Kubeka, 2016). Zuma et al. (2016) suggested that it is only when the illness becomes disabling and potentially fatal that the person has no choice but to undergo training. The implication here is that when the ancestors have run out of patience, there would no longer be room for the living to negotiate with the ancestors. Therefore, the person with the calling would either have to choose between dying and having to go through the training.

All cultures have different symbolic and traditional ways of expressing their perceptions of reality and existence, as well as their construction of multifaceted identities (Mlisa, 2009). Ancestral calling is defined in different ways, since it is a unique process for each individual (Edwards, Makunga, Ngcobo, & Dhlomo, 2004). This phenomenon is associated with crises or afflictions such as accidents, physical and psychological ailments (Laher, 2014; Lesolang-Pitje, 2000; Mlisa, 2009; Wreford, 2007). Because of this, other cultures in South Africa like the Xhosa sometimes refer to ancestral calling as *inkathazo* which means trouble (Mlisa, 2009). Another problem that is associated with the ancestral calling and the initiation to become a traditional

health practitioner is the cost of the whole process. Hirst (1993) reported that the process of training in response to ancestral calling is expensive. Thornton (2017) has estimated the cost of full training up to the point of initiation to be about R5 323. This figure, together with the cost of other materials such as the clothes that are needed during the traditional ceremony and the rituals to be performed could bring the total cost of training to about R9 000. Mlisa (2009), however, pointed out that the cost of training varies depending on the time spent with the trainer or the speed with which the ancestors respond. The length of the training period may also vary depending how much money the initiate or the family have managed to save before the initiation begins. For instance, where insufficient money is available, the initiate may need to save enough money before undergoing the training (Hirst, 1993).

1.3 THE RESEARCH PROBLEM

The training of traditional health practitioners has been under a lot of scrutiny (Bakow & Low, 2018). The training involves clearly-delineated processes (Ogana & Ojong, 2015) that start with a calling from the ancestors (Xaso, 2015). Amongst the traditional health practitioners from Southern Africa, this call is understood to come from ancestors who may have been traditional health practitioners themselves (Booi, 2004). The calling usually presents itself in a form of a mysterious physical or psychological illness that will not ordinarily respond to western treatment (Booi & Edwards, 2014). During training, the initiate is gradually introduced to the ancestral spirits (Sandlana, 2014). Ancestral calling is intended only for those who are gifted with the gift of healing (Sodi et al., 2011; Truter, 2007). There is a relative lack of knowledge among the general population about the training to become a traditional health practitioner. This is due to, among other things, the secrecy and lack of written documentation of the processes.

Though there is some literature on ancestral calling and the training to become a traditional health practitioner, this phenomenon has largely been studied from a Eurocentric perspective (Bührmann, 1982; Bührmann & Gqomfa, 1981; Hirst, 2005; Mlisa, 2009). From the Eurocentric perspective, ancestral calling and the resultant process of training to become a traditional health practitioner is viewed as a manifestation of some psychological disturbance (Booi, 2004; Bührmann, 1986;

Edwards, 2014). For example, western-trained practitioners diagnose an individual experiencing ancestral calling with psychosis (Booi, 2004; Edwards, 2014; Sodi & Bujowoye, 2011). This is because, when an individual has an ancestral calling to become a traditional health practitioner, the calling is characterised by psychological symptoms (Laher, 2014). The Eurocentric perspective has also resulted in the experience of ancestral calling being perceived homogeneously for all cultural groups, thus ignoring the variations that exist in diverse communities such as those found in South Africa. Sorsdahl et al. (2009) attested that the experience of black people is viewed homogeneously throughout the continent irrespective of differences in class, geography, religion or language.

There is a need to understand and appreciate the variations in the manifestation of ancestral calling. Booi (2004) and Zabow (2007) asserted that the symptoms of ancestral calling amongst the Zulu and Xhosa people may manifest in different ways. In another study, Mlisa (2009) found that ancestral calling among the Xhosa-speaking people may mean that a person has *inkenge* (cultural madness) that needs cultural healing, while ancestral calling among the Zulu-speaking people is more focused on the outcome of the process of ancestral calling (Kubeka, 2016). Each cultural group has a common traditional knowledge system entrenched in its belief system and cosmology. There are common attributes as well as various ways of expression, symbolism, meaning and interpretation of such meanings that, nevertheless, embrace the traditional ways of knowledge (Edwards et al., 2004).

In light of these variations based on cultural background, it is possible that ancestral calling and how individuals respond to this experience may be perceived and understood differently among cultural communities in South Africa. The present study thus explores the psychological meanings of ancestral calling by Vhavenda traditional health practitioners who have gone through the experience with a view to identifying and documenting the psychological meanings embedded in this culturally entrenched practice.

1.4 OPERATIONAL DEFINITION OF CONCEPTS

- **Ancestral calling:** is the calling from ancestors to undergo training and become a traditional healer (Mlisa, 2009; Booii, 2004). The same definition is applied in this study.
- **Traditional health practitioner:** Traditional health practitioner is defined by the World Health Organisation as “a person who is recognised by the community where he or she lives as someone competent to provide health care by using plant, animal and mineral substances and other methods based on social, cultural and religious practices.” (WHO, 1978).
- **Traditional healer:** This refers to individuals who have undergone training and have “graduated.” as a traditional healer (Bühmann, 1979). In the context of the present study, the concept traditional healer is used interchangeably with the concept traditional health practitioner.

1.5 PURPOSE OF THE STUDY

1.5.1 Aim of the Study

The aim of the study was to explore the psychological meaning of ancestral calling by Vhavenda traditional health practitioners.

1.5.2 Objectives of the Study

Specifically, the objectives of the study were:

- To determine the understanding of ancestral calling by traditional health practitioners;
- To identify and explain the signs traditional health practitioners perceive to be indicative of ancestral calling;
- To describe the subjective experiences of the traditional health practitioners at the time when they responded to the ancestral call;

- To determine the meanings that traditional health practitioners attach to their status after responding to the ancestral call; and
- To develop a model for psychological meaning of ancestral calling of *nianga dza Vhavenda*.

1.5.3 Research Questions

The study sought to address the following research questions:

- How do traditional health practitioners understand ancestral calling?
- What are the signs traditional health practitioners perceive to be indicative of ancestral calling?
- What were the subjective experiences of traditional health practitioners at the time when they responded to the ancestral call?
- What is the meaning attached by traditional health practitioners to their status after responding to the ancestral call?

1.6 OUTLINE OF THE THESIS

This thesis comprises of seven chapters. The present chapter outlined the background, the research problem, the aim, objectives and research questions of the study. In Chapter 2, the relevant literature pertaining the research topic is outlined. Chapter 3 pays attention to the theoretical models informing the ancestral calling, followed by a discussion of the theoretical framework of the study. The fourth chapter presents the study methodology and ethical considerations that was followed. The study findings are presented in Chapter 5. The first part of Chapter 5 provides the demographic information of the participants, while the second part gives narrative summaries for each participant. In the last part of this chapter, the major and unique themes that emerged during data explication are presented. The findings of the study are discussed in relation to the reviewed literature and other sources of information in Chapter 6. The proposed conceptual model of psychological meaning of ancestral calling that is informed by the study findings is also presented in this chapter. The last chapter (Chapter 7) concludes the study by presenting the study summary, the

implications of the study (for policy, practice and future research), the study limitations, and recommendations.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

In this chapter, literature that is relevant to the research study is discussed. This chapter consists of a literature review of the following topics: the phenomenon of ancestral calling, the signs and symptoms indicative of ancestral calling, the initiation process as it relates to ancestral calling, ancestral calling as identity and rite of passage and psychological meanings of ancestral calling.

2.2 THE PHENOMENON OF ANCESTRAL CALLING

Ancestral calling is defined in different ways by different cultural groups. Moagi (2009) defined ancestral calling as a process by which an identified person is called through a dream by his or her ancestors to be trained to become a traditional health practitioner. In the Xhosa tradition, ancestral calling is viewed as an inherited experience that runs in families (Mlisa, 2009). Watts (2010) described ancestral calling as a secret and well-hidden process undergone by those who are going to become traditional health practitioners. Mlisa (2009) attested that ancestral calling is an active process of learning and practising traditional healing skills in order to qualify as a trained traditional health practitioner. Xaso (2015) held that those who experience ancestral calling see it as a series of rituals performed to facilitate and guide a person's transformation through information acquisition and successful learning. Furthermore, not every individual goes through the process of ancestral calling. This process is controlled by the ancestors who choose individuals that they perceive as best suited to inherit the gift from the ancestors (Booi, 2004; Cumes, 2013; Watts, 2010).

Traditional health practitioners are called through a dream by their ancestors, and they are shown a place where they must go in order to be trained (Moagi, 2009). Hopa, Simbayi, and Du Toit (1998) affirmed that traditional health practitioners' training begins with a 'calling' or a state of anxiety that takes the form of a vision. While ancestral calling may still be regarded as a psychopathological condition from a Eurocentric perspective, there is a growing body of literature that interprets ancestral

calling as a meaningful growth process (Kubeka, 2016; Mlisa, 2009; Sodi, 1998). Sodi (1996) described an ancestral calling as an integrative and positive experience which must be understood from the cultural context of the person who is experiencing it.

According to Edwards (2011), from a local African viewpoint, ancestors are considered guardians of the lives of future generations. Between their descendants, they hold a place of honour and wonder. From time to time, they are revered and asked for guidance through ritualistic procedures. Among the living dead, the ancestors are assumed to know more than anyone else, to have supernatural abilities, and to be omnipresent. It is believed that they can bring good and bad luck equally depending on whether they are pleased or angered (Edwards, 2011). Africashama (2010) stated that the acknowledgement and good treatment of the ancestral spirits is believed to translate into goodwill and a successful life.

Cumes (2004) interpreted ancestral calling as a journey of healing. One must surrender to the ancestors and adhere to the divine will in order to be a traditional health practitioner (Cumes, 2004). Mufamadi and Sodi (1999) corroborated this by stating that during the process of ancestral calling, the ancestors will communicate with the targeted individual through dreams. At the same time, the targeted individual will receive some form of medical and spiritual treatment from an experienced traditional health practitioner. They went further and mentioned that the traditional health practitioner redefines the illness or the unpleasant dreams as meaningful experiences that are associated with spirituality (Mufamadi & Sodi, 1999). Thus, the experienced traditional health practitioner will largely assist the initiate in diagnosing the illness and also in the interpretation of dreams and visions communicated by the ancestors (Mbatha, Ngcobo, Gqaleni, & Gomo, 2018; Mufamadi & Sodi, 1999). According to Makhanya (2012), only trained traditional health practitioners can recognise signs and symptoms within a person to determine whether that particular individual indeed has an ancestral calling or not.

When the chosen individual accepts the call, it implies that he/she dies to the old way of life and becomes a new person (Kubeka, 2016). This newborn person undergoes various healing and strengthening methods including repeated confessional dances and sexual abstinence (Berglund, 1976). According to Bakow and Low (2018), the

training to become a traditional health practitioner focuses on restoring the health of the chosen person, learning to prescribe herbs and how to communicate with the ancestors. During the training to become a traditional health practitioner, the trainee undergoes rigorous training to become a fully-fledged traditional health practitioner; the training can range from six months to two years or more depending on the ancestors (Troskie, 1997). Since the ancestors require the person to undergo the process of ancestral calling, they determine the nature of the calling, dictate where the individual must go to train, and choose the rituals that will be performed; thus, the whole process is determined by the ancestors (Makhanya, 2012).

According to Matsika (2015), the training is designed to assist the trainee to acquire and interpret the knowledge, skills and dispositions required to become a traditional health practitioner. A good relationship with one's ancestors and consultation with the traditional health practitioner for treatment results in the initiate becoming a healer (Bühmann, 1982). In a study conducted by Bakow and Low (2018), the participants reported that immediately after accepting the call there was relief of emotional and physical symptoms. However, some participants reported relief after consumption of herbs that were given before or during training, meaning that the restoration of health occurs after the acceptance of the call. Thus, once the calling has been bestowed upon a person, the role of becoming a traditional health practitioner has to be fulfilled (Zuma et al., 2016). Van Binsbergen (1991) noted that if a person resists the call to become a traditional health practitioner, that person may experience some grave misfortune.

2.3 THE SIGNS AND SYMPTOMS INDICATIVE OF ANCESTRAL CALLING

The symptoms of ancestral calling manifest in different ways which can be psychological, physical and social (Laher, 2014; Podolecka, 2016). Thorpe (1993) explained that the call may come in the form of illness, characterised by body pains, loss of appetite and subsequent loss of weight. The symptoms include among others anxiety, auditory and visual hallucinations, delusions, mental confusion, mood swings and social isolation (Booi, 2004; Kubeka, 2016; Xaso, 2015). There may also be presence of aggression, restlessness, violence, the neglect of personal hygiene, becoming physically ill and disappearing for days (Bühmann, 1986).

The symptoms are highlighted in the study conducted by Mlisa (2009). The study focused on the initiation process to become a traditional health practitioner. Mlisa (2009) mentioned that before she accepted the call to become a traditional health practitioner, she did not have an appetite and she never felt hungry even though she did not eat for a few days. Booi (2004) confirmed these symptoms in a case study that focused on traditional health practitioners who had undergone the process of ancestral calling. One of the participants in the study reported becoming very ill at the age of 14. She further reported having experienced pains all over her body; she had loss of appetite and lost weight; she cried for no apparent reason; and she was incontinent. She also reported having episodes of anger, aggression and being violent when she was still a child and was also irritable. According to Bührmann (1986), these symptoms are believed to indicate ancestral calling.

Booi (2004) noted that ancestors communicate with people that have the ancestral call; hence, they hear voices of ancestors talking to them that ordinary people cannot hear. Voices are believed to be guiding, warning and directing people on what to do, and the ability to hear these voices is perceived as a sign of ancestral calling (Kubeka, 2016). It is believed that through voices, the ancestors warn about evils things that are planned; e.g., the voices will make a person aware of people who are bad witches (Booi, 2004). This is supported by a study where Zulu traditional health practitioners were interviewed. They reported hearing voices instructing them to accept the calling to become a healer (Sorsdahl et al., 2010). Similarly, Booi (2004) asserted that one of the participants reported hearing voices both at night when she was dreaming and during the day when she was awake.

The person called by ancestors often does not want to be with other people and may appear nervous (Sibeko, 2016). According to Bührmann (1986), people with ancestral calling have a tendency to wander aimlessly. This is believed to be the ancestors alerting the community that something spiritual is emerging from that person (Kubeka, 2016). Podolecka (2016) posited that people with ancestral calling are reported to have strange behaviours. Some do not like sleeping in a bed; instead, they prefer sleeping on a sack; furthermore, they do not like to eat normal food, but prefer unusual

food like roots and wild plants and water drunk by cows; some play, eat and share a sleeping place with dogs (Booi, 2004).

The individuals that are called may also have constant dreams (Bakow & Low, 2018; Kubeka, 2016). Booi (2004) stated that it is through dreams that one first receives the knowledge that they have ancestral calling, but because the individuals having these dreams may not be aware from the onset that dreams carry symbolism and instruction, the individual tends to ignore the dreams. Individuals with ancestral call are believed to communicate with their ancestors through dreams (Bakow & Low, 2018). They dream about ancestors communicating with them and warning them about certain people who can pose a danger in their lives. It is believed that if one is warned by ancestors about a person or forbidden place and those instructions are ignored, there will be a punishment (Booi, 2004).

Those with ancestral calling dream of water and rivers or being flooded (Booi, 2004; Kubeka, 2016). These dreams are regarded as evidence of people who have been called by ancestors to become traditional health practitioners (Sibeko, 2016). The individual who has these kinds of dreams is believed to have been called by ancestors to train in the river. The dreams differ according to individuals and their ancestors. Some may dream about wild animals in the forest, and it is believed that it is an indication that the person is being called by ancestors to train in the forest (Booi, 2004; Booi & Edwards, 2014; Kubeka, 2016). The notion that individuals who dream of water are called to train under water is also evident in a study by Lesolang-Pitje (2000). In the study, one participant reported that she almost drowned three times and while she was driving, she collided with floods and her car was submerged under a bridge full of water. She was then informed by a traditional health practitioner she consulted that she would be a traditional health practitioner that would work with water and bones. In a study conducted by Berglund (1976), a traditional health practitioner also mentioned that he was called to train under water. He described his encounter with a giant snake that instructed him to smear clay all over his body. This was corroborated by Masoga (2001) who mentioned that he also encountered a snake when he was under water for four hours and then returned as a gifted healer. Bernard (2013) explained the importance of water; he mentioned that water divinities are believed to both generate

and use the medium of water to keep the world in balance. As a constantly moving, transforming and shared substance, water is an ideal vehicle and medium of the spirit, containing its own agency and has the potential to hold the creative divinities responsible for life (Bernard, 2013).

In a case study conducted by Booï (2004), she interviewed Xhosa traditional health practitioners who had undergone the process of ancestral calling. One participant reported having a series of dreams. She dreamed of a striped cat gnawing and scratching her gently. In the Xhosa culture, this is an indication of ancestors' visitation. She also dreamed of rituals that were supposed to be performed by her. She had a vision of a plant in her dream: she was instructed by her ancestors in her dream to go and get it in the field, prepare a potion and drink it. In another dream, she saw herself inside a river. According to the Xhosa culture, this dream is an indication that she was called by her ancestors to train to become a traditional health practitioner in the river. She also dreamed of her ancestors telling her to go and sit in a kraal. She dreamed of an animal skin that she had to wear.

Similarly, Kubeka (2016) sampled Zulu traditional health practitioners who went through the process of ancestral calling. For one of the participants, dreams played a major role in his process of ancestral calling and training to become a traditional health practitioner. The ancestors communicated with him through dreams and told him what they needed from him. In his dream, he was dancing and was surrounded by traditional health practitioners. He also dreamed of himself at church wearing church attire that his ancestors requested him to wear. The ancestors also informed him in a dream that the attire was specifically for him to wear when he was helping and healing people. He also dreamed of digging for traditional plants to make medicine; he was informed of the function of that traditional medicine, how to use it for which type of illness and which patients he would use it on. Mlisa (2009) asserted that some individuals that went through the process of ancestral calling had dreams of wearing beads around their joints and dancing with other traditional health practitioners.

There may be problems that cause distress that are created by ancestral spirits which manifest in various ways if the chosen individual does not accept the call to become a traditional health practitioner (Laher, 2014). The ancestral spirits may cause obstacles

in the individual's life and their family members may also experience various problems despite efforts to overcome them (Kubeka, 2016). These difficulties that are caused by ancestral spirits present themselves in different forms. The individual may experience misfortune in all aspects of life including marital conflict, car accidents, loss of employment, miscarriages, infertility and financial problems (Booi, 2004; Edwards et al., 2009; Kubeka, 2016; Lesolang-Pitje, 2000). The misfortunes can continue until the individual accepts the calling by ancestors (Kubeka, 2016; Laher, 2014). This is evident in a study by Lesolang-Pitje (2000) when she was narrating her journey to become a traditional health practitioner. She mentioned that before accepting the call, her life was full of misfortunes. She divorced twice, she was bored by books when she was in Standard 5 and had blackouts while writing exams; she nearly drowned on three occasions; she was locked up in prison for no reason and no docket was opened against her; and she was also suspended from work without pay. These misfortunes are believed to be caused by ancestors for not accepting the call to become a traditional health practitioner (Wreford, 2007) and will stop only after accepting the call (Laher, 2014). According to Booi (2004), certain rituals must be performed and the person must accept the call to become a traditional health practitioner and undergo training as a treatment of these symptoms. Rituals reinforce the relationship between the ancestors and the living world (Berg, 2003; Laher, 2014; Zuma et al., 2016).

Though ancestral calling may present with unpleasant symptoms, Booi (2004) and Kubeka (2016) stated that there is a positive side to the process in which traditional culture, sickness and suffering manifest in the person's inherent wisdom, to which traditional health practitioners in training only have to surrender in order to draw from areas of perception that can reveal the truth about a specific problem. Therefore, these sicknesses are regarded as a call for self-realisation and self-development (Kubeka, 2016). Thus, ancestral calling is referred to as a life-transforming and therapeutic experience and a journey of self-realisation (Makhanya, 2012; Xaso, 2015).

Mlisa (2009) stated that ancestral calling follows seven stages. The first stage is described as the prediction stage when a person is chosen to become a traditional health practitioner. It is said that sometimes a person is chosen from conception as it is often the first or the last born that is chosen. However, some of the traditional health

practitioners are neither first nor second born. Mlisa (2009) further described the second stage of ancestral calling as the manifestation of signs indicative of the calling. Here is where the signs that indicate that a person has an ancestral calling start although the individual may not be aware that they are the symptoms of ancestral calling. This is a stage where an individual will have dreams and will consult a traditional health practitioner for guidance (Mlisa, 2009).

The third stage, according to Mlisa (2009), is a stage of affliction and crises. Usually, this occurs when the individual or the family seeks help from western-trained practitioners, and nothing seems to work. Participants often start reflecting during this stage, since the intensity of the calling increases only at this stage; hence other researchers count this stage as a sign of ancestral calling (Broster, 1981; Hammond-Tooke, 1989; Hirst, 2005; Mqotsi, 1957). Mlisa (2009) contested that at this stage, a person already knows that they have a gift and has done nothing about it. She further argued that the manifestation of the symptoms forces the individual to take actions and go to traditional health practitioners to seek counsel. Verification and confirmation that a person has an ancestral calling are carried out at this stage.

The fourth stage is about confusion, resistance or acceptance. Mlisa (2009) mentioned that this stage is accompanied by denial and shock. She further mentioned that on confirmation that the individual has an ancestral calling, both the individual and the family deny the truth revealed by the traditional health practitioner. Mlisa (2009) asserted that sometimes the family can admit that the individual indeed has a calling and needs to be trained although the individual may refuse the truth. Those who undergo the initiation process reach the acceptance stage after a long struggle. The acceptance stage is the stage of accepting the truth and the ultimately giving-in by the aspiring trainee. The preparation for the initiation then begins.

The fifth stage is the stage that Mlisa (2009) called *ukuvuwa ukufa* (to accept death/illness) or *ukuthwasa*. At this stage, a lot of rituals are performed by the family and the traditional health practitioner. Mlisa (2009) holds that during the rituals, the initiate is beaded with white beads around all the joints. In addition to the beads, the initiate is not allowed to wear her own clothes, but wears the clothes given to her by the trainer, and receives a new name. This means that the initiate loses her identity

and takes a new identity (Mlisa, 2009). This stage also involves a series of activities that include cleansing, *ukuvuma ukufa* and induction. The initiate also wears a goat skin. According to Mlisa (2009), the goat skin serves as a strong link between the initiate and the ancestors. In the Xhosa culture, goat skins are symbolism of acceptance of the new spiritual life by the initiate. The goat skin must be worn in its own unique way; it is tied across the breast to keep warm and also to keep close ties with the ancestors. The smell of the skin is also believed to provide a soothing aroma to ancestors when they visit the initiate. Above the head of the initiate is a bloated bladder from the goat. During the cleansing, the initiate's body is cleansed with herbs and her hair is cut and she undergoes a process called *ukuhlolwa* (looking for evil marks in her body). According to Mlisa (2009), the purpose of this ritual is to ward off evil forces and to make sure that the initiate starts the spiritual journey.

The sixth stage is the last stage of the intensive training that prepares the initiate to be a fully-fledged traditional health practitioner. This stage proceeds to graduation and there are rituals that are also performed during this stage. The seventh stage is called *ukuphinda indlela* (to return) or the internship stage. This stage consists of a three-month internship; the initiate stays with the trainer. After the internship, a graduation ceremony is performed. The new graduate is now ready to practise independently and can consult with senior traditional health practitioners if necessary (Mlisa, 2009). Mlisa (2009) further noted that new graduates generally do not like to proceed to the seventh stage.

2.4 THE INITIATION PROCESS AS IT RELATES TO ANCESTRAL CALLING

Once the call has been accepted, the initiate undergoes a sustained period of training, where they are trained to divine problems and heal people (Kubeka, 2016; Thornton, 2017). During the training period, the initiate must live with a trained traditional health practitioner (Matsika, 2015). The training is designed to assist the trainee to acquire and interpret the knowledge, skills and dispositions required to become a traditional health practitioner (Matsika, 2015). Because traditional health practitioners are responsible for the wellbeing of their community, they learn how to protect them and to ensure the common good (Podolecka, 2016).

The process of becoming a traditional health practitioner varies including the length of the initiation (Bakow & Low, 2018). During the training, the trainee undergoes a period of celibacy, eats a strict diet, commits to total obedience to their teachers and learns humility and patience (Lesolang-Pitje, 2000; Mlisa, 2009). The trainee learns how to communicate with ancestors, heal, divine and travel to the spiritual realm (Podolecka, 2016). The training also involves learning how to throw *thangu* (divining bones) and how to diagnose patients, prescribe medicine or carry out rituals after making complex judgements and diagnoses (Bakow & Low, 2018; Matsika, 2015). This happens through observation and imitating the master healers (Matsika, 2015; Mlisa, 2009). The training concludes by having the trainee undergo a cultural form of ancestral spirit possession when called by ancestors to become a traditional health practitioner (Truter, 2007).

The trainee is gradually introduced to the ancestral spirits so as to enhance communication (Kubeka, 2016). Traditional African dance and music are performed daily and early in the morning for trainees to relay their dreams to the trainer for analysis and interpretation (Sandlana, 2014). Sometimes, traditional African dance and music are conducted every evening to prepare for ceremonies and rituals (Sandlana, 2014). Drumming and dancing is believed to be a way of summoning ancestors and celebrating the ancestors (Cumes, 2004; Thornton, 2017). This will be followed by singing the ancestral songs (Cumes, 2004). Dancing is a spiritual exercise that shapes and changes the mind, making it more receptive to the intuitive knowledge that the traditional health practitioner seeks and relies on (Thornton, 2017). Furthermore, the trainee must learn how to dance, to sing the songs of the school where they are being initiated and to beat the drum. The disciplinary regimes of dance, singing and drumming lead to a trance state (Thornton, 2017). Furthermore, the trainee must learn how to dance, to sing the songs of the school where he/she is being initiated and to beat the drum. The disciplinary regimes of dance, singing and drumming lead to a trance state (Thornton, 2017). According to Mokgethi (2018), the trance is an element of the unconscious and informs the initiate on the nature of the gift that they possess.

The training of a traditional health practitioner also involves the use of *thangu*. *Thangu* are used for the diagnoses of illness and treatment (Hewson, 1998; Sigida, 2016). When the traditional health practitioner casts the *thangu*, all aspects of the arrangement are considered carefully. The falling of the *thangu* has a certain meaning and each *thangu* represents something (Cumes, 2004). This include the way the image is facing, the distance between *thangu*, and the unusual configurations in the pattern. *Thangu* is believed to detect the presence of spirits around a sick person, resentful ancestral spirits, offended native spirits or malevolent spirits which have been sent by a sorcerer against the person. *Thangu* will detect how the affliction came about. *Thangu* may include dominoes, coins, sea shells, small smooth stones and any other thing that the traditional health practitioner's ancestors may have instructed them to add (Cumes, 2004). Some of the bones used to make *thangu* are often of the goat used and eaten during the traditional health practitioner's graduation or initiation ceremony. Cumes (2004) further indicated that the *thangu* are thrown on a mat made of animal skin; often, the skin used is from the goat that was used during the graduation or initiation ceremony. In addition, when throwing the *thangu*, the ancestors instructs the healers what to say. The serious divinations, those affecting life and death, may be done in several different places: indoors, outdoors, at a sacred site or cave, or on a mountain top. If the indications are the same in three of these locations, then one can be extremely confident of the answer. For healing, they use herbs, roots, and seeds and do animal sacrifices for the ancestors or other rituals. The task of healing is viewed as a form of mediation between the spiritual and physical world. After the training, the community is informed about the new traditional health practitioner and there will be a graduation ceremony that involves ritual killing of animals, usually goats or chickens, and sometimes calves (Podolecka, 2016). The bones from the initiation animal become the first bones used by the traditional health practitioner for divination and healing purposes (Zuma et al., 2016).

The family of the chosen or targeted individual is the key component in the process of ancestral calling and they are responsible for guidance and assistance in the process of conducting family rituals (Mlisa, 2009). Furthermore, Mlisa (2009) elucidated that when the trainee is going through the initiation process, the family gives permission to the traditional health practitioner to lead some of the rituals that must be performed.

The family is involved from the preparatory phases of the initiation to the graduation stage and beyond. The family provides all necessary resources and facilities needed during the process. The family is expected to give moral and emotional support to the initiate and the traditional health practitioner throughout the process. The family is responsible for inviting the community at large and local traditional health practitioners to all ritual performances and ceremonies performed during the process. It liaises with traditional health practitioner and at times with the initiate on all necessary arrangements involved in the process. If the family fails or hesitates to perform such roles, then the process is hindered in various ways and the initiate's progress may deteriorate or may even stop before completion of the full process. This is also indicated by Lesolang-Pitje (2000) who stated that when she was performing rituals instructed by ancestors, her family was around to participate in the rituals. With time, a family would seek counsel from a qualified diviner only to learn of the ancestral calling, and that the afflicted person must train to become a traditional healer (Ogana & Ojong, 2015). In some cases, a family would plead with the ancestors through ritual performances in order for the concerned party to grow or fulfil personal goals before they could go for training to become a traditional healer.

2.5 ANCESTRAL CALLING AS IDENTITY AND RITE OF PASSAGE

Accepting the ancestral calling and undergoing the training to become a traditional healer is seen as a process of identity formation which is constructed by the knowledge acquired throughout the process. The training is seen as liminal state, as a process of psychosocial development and identity achievement that reintegrates an individual who has gone through struggles and misfortunes into an in-group (Turner, 1970). Thus, the process of ancestral calling is seen as an identity formation process which Erikson (1956) defined as a constant process that allows an individual to transition and gravitate towards the ideal self and ego through transformation gained through rites of passage. Carl Jung's theory of collective unconsciousness reveals a close connection between the individual, culture and the ecological environment. According to Jung (1990), the creation of an individual is determined by his or her ethnicity, culture and social factors. Mlisa (2009) viewed the ancestral calling as a process that involves rituals to invite ancestors into the life of an individual going through the

process to transform the individual from a life of misfortunes with a new identity as a healer that assists people. Turner (1970) stated that the formation of a new identity constantly changes through new information and guidance that the individual is exposed to.

2.6 PSYCHOLOGICAL MEANINGS OF ANCESTRAL CALLING

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) includes the Cultural Formulation Intervention (CFI) in understanding illnesses from a cultural perspective. The CFI provides a framework for gathering culturally sensitive information, and for enabling clinicians to identify cultural and contextual factors of relevance to diagnosis and treatment. It may also be helpful in judging the severity of illness and in understanding disagreements between patient and clinician (APA, 2013).

A number of studies have sought to understand ancestral calling from a psychodynamic perspective. For instance, Edwards et al. (2009) and Mlisa (2009) both explained the process of ancestral calling from a psychodynamic perspective by suggesting that ancestral calling or spirits may be rooted in childhood experiences that play a role in and influence an individual's behaviour and manifestation of certain defence mechanisms (Mlisa, 2009). For Edwards et al. (2009), if a child was abused, such experiences will remain rooted in the consciousness and may manifest later in life.

Grof and Grof (1989) discussed spiritual emergence and its impact on the ego's coping mechanism. Carl Jung's (1990) theory of collective unconsciousness that reveals a close connection between the person, culture and the ecological environment. According to Jung (1990), a person's development is determined by their inheritance, culture and social factors. Bührmann (1982) also interpreted ancestral calling from a Jungian perspective. The ancestors that are believed to have communication with a person undergoing ancestral calling are interpreted as personifications of unconscious psychic complexes which are manifestations of communal unconscious thought which characterises most indigenous communities (Bührmann, 1990). He further asserted that through a process of training, the individual with ancestral calling would be

sensitised to accept and relate to ancestral images and fantasies that come from the unconscious part of the mind. Bührmann (1990) further argued that in doing so the trainee will learn to accept, trust, respect, and understand the mental exploration that is necessary to reduce the negative power of unconscious factors. This means that through the ancestral calling experience, the attitudes of fear and distrust of the unconscious part is replaced by one of acceptance, trust and respect of the contents of the collective unconsciousness (Mufamadi & Sodi, 1999).

The theory of unfinished business advanced by Walsh (2010) explains attachment to ancestral spirits of dead family members. According to Walsh (2010), some family members feel compelled after death to complete their unfinished business with the living and, therefore, are believed to hang around the family. According to Edwards (2011), spiritual healing through ancestors provides a sense of security, anchoring and confirming the descendant's identity, sense of belonging and purpose in life. When the person joins the family, they must be reported to the departed elders of the family or ancestors. For example, when a child is born, they need to be introduced to the ancestors (Edwards, 2011). In this case, Bynum's concept of family unconscious and Jung's collective unconsciousness explain different levels of this ancestral connectedness (Taub-Bynum, 1984; Ivey et al., 2011). Sodi (1996) interpreted ancestral calling as a meaningful experience that leads to integration of personality while simultaneously affording the individual an opportunity to attain new and higher levels of spiritual functioning.

Dreams play a major role in the training process to become a traditional health practitioner. They are a connection between the trainee and the ancestors (Kubeka, 2016). According to Bührmann (1981), without the ancestors, there is no training and without the dreams, the training may not proceed until a message is communicated to the trainer or the trainee through a dream. The explanation of Jung (1990) about dreams supports the significance and function of dreams as a mode of communication and connection. Jung (1990) postulated that dreams exist both in the human conscious and unconscious mind and should be taken as a warning and advice.

2.7 HELP-SEEKING PATHWAYS

Studies have shown that the help-seeking pathways practised by people with ill health are not random, but are influenced by a number of psychological and cultural factors (Al-Busaidi, 2010; Shai, 2012; Zondo, 2008). Societies have been using their traditional knowledge for a long time to formulate meaning around illness and find ways to manage disease (Zondo, 2008). Perceptions of illness, diagnosis, cause and treatment are social constructs representing cultural expectations and norms (Castillo, 1997; Kleinman, 2004). Therefore, these norms and values differ in different contexts because of cultural differences about illness. In essence, the classification, treatment and diagnosis of the diseases will be affected by these conceptual variations in expectations and norms (Zondo, 2008).

Help-seeking pathways include the curative steps a person takes to restore health. The approaches of help-seekers are based on the subjective perception of the symptom's purpose (Castillo, 1997; MacKian, 2003). Castillo (1997) posited that help-seeking pathways will differ across cultures. For example, help-seeking paths are easy, restricted and predictable in western societies because of their cultural understanding of illness. People also take responsibility for their own wellbeing and consult western health practitioners individually (Zondo, 2008). In African societies, illness and health are viewed in terms of how people are perceived within their cultural context and belief systems. Therefore, the help-seeker's cultural values and convictions are significant determinants of their experience of illness and wellbeing (Mabunda, 2001). These will then influence the help-seeking pathways that will be followed.

Chrisman (1977) described ill conduct as how people act when they get ill. This includes, in a broad sense, a collection of sequential behaviours: how they understand, perceive and interpret the pain or distress and respond to it and how they will pursue help-seeking pathways. It is important to know that from a cultural point of view, cultural factors contribute to the conduct of patients and to how they pursue help-seeking pathways, including how they use available healing systems. Therefore, it is suggested that diseases are primarily culturally influenced and that behaviours differ considerably across culturally diverse societies (Chrisman, 1977).

2.8 SPIRITUALITY AND ANCESTRAL CALLING

The principles underlying belief in ancestral spirits are similar to those that give rise to mindfulness, which includes mental representation or ancestral thoughts that affect the behaviour and actions of living traditional descendants (Bojuwoye, 2013). The belief of ancestors is a concept that is familiar and important in the African culture (Bakow & Low 2018). The ancestors are notable in the protection they provide to their living families (Berg, 2003) and they are believed to be aware of the lives and events of the living (Wreford, 2007). According to Moshabela et al. (2016), the healing paradigm sees illness as a spiritual condition and communication from the spiritual realm. This is in line with Ngubane (1977) who suggested that the body is fundamental to African healing, the ancestral contact and the guidance canvas.

This then explains the reason behind the illnesses suffered by those who have ancestral calling. This illness can only be cured after spiritual divination and interpretation (Mokgethi, 2018). Edwards (2015) stated that traditional knowledge is deeply rooted in human spirituality. Thus, in order to communicate with the ancestors, an individual going through the process of ancestral calling must have a clean spirit. Hence, during the training to become a traditional health practitioner, there are many restraints. Individuals undergoing this process are taught to refrain from eating certain foods, sexual activities and always undergoing cleansing rituals with traditional medicine to protect them from anything that can hinder communication with the ancestors (Mlisa, 2009; Mokgethi, 2018).

In Jung's view (1961), human spirituality has both instinctual and transcendent roots and functions. The cognitive sense-making and emotional protection complement the role of spirituality, faith and ancestral value (Hammond-Tooke, 1989). Nguni people believe that extended family kinship ancestors have a role to play in preserving the home, maintaining peace or sometimes causing misfortune and even disease to remind children of misconduct (Bührmann, 1986). Therefore, they need to be heeded and given appropriate respect and care (Africanshama, 2010). Ancestral ceremonies are conducted to restore normative and psychodynamic equilibrium between human and spiritual powers, balancing people's person, family and ancestral heritage within the forces of nature (Edwards, Makunga, Thwala, & Mbele, 2009). Ancestral spirits

are believed to be a guide to traditional health practitioners (Bakow & Low, 2018), as they give direct instruction through dreams. Failure to follow the instructions that are given may result in misfortunes in their lives, and if they carry out the instructions, their lives will be well again (Laheer, 2014). According to Mlisa (2009) and Cumes (2013), the journey of ancestral calling is best aided by having a sense of knowledge and understanding of the particular ancestral spirit that one has. Mkhize (2004) asserted that these spirits play a huge role in determining where an individual goes for training as well as who can help the individual with the process.

2.9 ANCESTRAL CALLING AND CHRISTIANITY

In history, ancestral calling has always been viewed as a heathen practice, in such a way that the missionaries and the apartheid system have tried to destroy African divination systems like ancestral calling (Mlisa, 2009). For example, the Natal Code of Native Law of 1891 section 268 and 269 (Moagi, 2009) was introduced by the apartheid government to prevent traditional health practitioners from practising. Ancestral calling was often and is still associated with witchcraft by those who call themselves Christians (Bakow & Low, 2018).

The traditional African faith had existed on the African continent for hundreds of years before the arrival of the western Christian missionaries and western political voyages (Mokgobi, 2014). Some Africans became Christians with the westernisation of the African continent not by choice but because they were threatened, while some became Christians by choice (Nigosian, 2015). In most cases, those that are called by ancestors will deny the call and identify the influence of Christianity as one of the reasons behind their denying the call. This is because they are devoted Christians and view the calling as evil and pagan (Lesolang-Pitje, 2000; Mlisa, 2009; Wreford, 2007). This belief stems from the missionaries who came to South Africa and attempted to stamp out African religion because they did not accept it (Xaso, 2015). Colonisation introduced Christianity and biomedicine which both were used to suppress the practice of traditional healing (Thornton, 2017). However, some Christians continue to consult with traditional health practitioners in spite of the critics (Kleinhempel, 2017). This ability to move between Christianity and traditional beliefs is not always accommodated by Christian churches especially the Universal Church of the Kingdom

of God, a widespread Pentecostal movement that conducts public exorcisms of witchdoctors (Morgan & Reid, 2003).

Ancestral calling pre-exists colonialism and survives even though it shows some signs of evolution. According to Xaso (2015), the political changes that have occurred in South Africa have had an impact on ancestral calling which had the implications of some members of its community viewing these as a threat to its survival. What the research shows is the fact that despite the political changes, the practice is surviving and thriving and is showing signs of evolution. Christianity has strongly influenced Africans to the extent that they have had to integrate Christian values into their cultural value systems (Comaroff & Comaroff, 1999). For instance, the Zionist Christian Church incorporate aspects of Christianity and African tradition within their belief systems and rituals (Morgan & Reid, 2003). Mokgethi (2018) noted that the individuals that are called by the ancestors seek help from the Zionist Christian Church because it acknowledges the role and presence of ancestors.

2.10 CULTURE AND MENTAL ILLNESS

Mental illness and culture are intertwined and culture is a major determinant of mental wellbeing and psychopathology (Aina, 2018). Current understanding of mental illness is rooted in the Eurocentric perspective and fails to incorporate indigenous understanding (Laher & Khan, 2011). Despite increasing interest in culture and psychopathology, the discrepancies between the Eurocentric and African understanding of illness continue to be a challenge (Bakow & Low, 2018).

From an African perspective, psychopathology is understood to be present when the individual show signs and symptoms that are perceived to deviate from the social norms (Mzimkulu & Simbayi 2006). This was also evident in a study by Sigida (2016) where participants indicated that a person is considered to have mental illness when the individual's behaviours is not considered to be normal within their social context. This is in line with a definition by Rohner (1984) who defined mental health in relation to culture as meanings, values and behavioural norms that are learned and transmitted in a dominant society and within its social group. Furthermore, poor health may be associated with bewitchment, ancestors or natural causes (Mzimkulu & Simbayi, 2006;

Sigida, 2016). Similarly, in a study conducted by Mufamadi (2001), participants associated mental illness with bewitchment.

Culture plays a role in perceived etiologies and effective treatment of psychopathology in various communities (Aina, 2018). For example, the Dagon people of Malawi recognise someone to have mental illness when they talk loudly even when speaking to elders, are always alone, and refuse to be with others of their own age group (Benduce, 1996). According to Chavunduka (1978), in Zimbabwe a person is considered to have mental illness if they perform foolish acts without realising what they are doing. Again in Zimbabwe, mental illness is believed to be caused by supernatural powers (Musara, Muramba & Fuyane, 1995; Mutebirwa, 1989). Similarly, a study conducted in Malaysia by Razali, Khan and Hasanah (1996) found that 70% of Malaysian traditional health practitioners attributed mental illness to supernatural causes such as witchcraft and angered ancestors. Sigida (2016) conducted a study with Vhavenda traditional health practitioners who attributed mental illness and abnormal behaviours to supernatural powers. Therefore, mental illness is understood differently in different cultures and these differences need to be taken into consideration.

2.11 TRADITIONAL HEALING IN THE SOUTH AFRICAN CONTEXT AND THE ROLE OF TRADITIONAL HEALTH PRACTITIONERS IN MENTAL HEALTH

An African traditional health practitioner is defined by the World Health Organisation as:

a person who is recognised by the community in which he or she lives as competent to provide health care by using vegetable, animal and mineral substances and other methods based on the social, cultural and religious background, as well as on the knowledge, attitude and beliefs that are prevalent in the community regarding physical, mental and social wellbeing and the causation of disease and disability. (WHO, 2002, p. 9)

The traditional health practitioners that are registered under the Traditional Health Practitioners Act 22 of 2007 include diviners, herbalists, faith healers and traditional birth attendants (Peltzer, Mngqundaniso & Petros, 2006; Republic of South Africa,

2008; Zuma et al., 2016). The aim of the Act is transform and regulate African traditional healing practices in South Africa (Moagi, 2009; Republic of South Africa, 2008). In contrast, the findings of Louw and Duvenhage (2016) indicated that the Traditional Health Practitioners Act 22 of 2007 was promulgated without the applicable and appropriate needs analysis of traditional healers as healthcare practitioners by the society.

Various laws were passed by the previous South African government to prevent traditional health practitioners from practicing and to prevent people from consulting them (Moagi, 2009). For instance, the Natal Code of Native Law of 1891, section 268 and 269, prevented traditional health practitioners from practising (Moagi, 2009). Traditional health practitioners were also banned in 1974 by the Heath Act of 1974 (Kale, 1995). The Traditional Health Practitioners Act 22 of 2007 has given traditional healers a new status known as traditional health practitioner: this recognition is given after completion of a formal education and training programme (Louw & Duvenhage, 2016).

Louw and Duvenhage (2016) argued that the promulgation of the Act was based on the allegation that there are more than 2000 traditional healers practicing in South Africa. The training of traditional health practitioners has been under scrutiny, Louw and Duvenhage (2016) argued that the lawmakers that were involved in the promulgation of Traditional Health Practitioners Act 22 of 2007 failed to confirm the existence of cultural education and training of traditional health practitioners. They further argued that there is little knowledge in the literature on the training and quality of the training that the traditional health practitioners receive and their abilities to diagnose and treat conditions without risk to the lives of patients (Louw & Duvenhage, 2016). Mokgethi (2018) also argued that the Traditional Health Practitioners Act 22 of 2007 neither outlines nor acknowledges the process of becoming a traditional health practitioner as education which has a specific personalised curriculum based on information that needs to be learned by person undergoing training. As in the biomedical profession, the Act does not indicate that the preparation to become a traditional health practitioner has its own entry criteria. This perpetuates the notion of inequality between the two health practices (Mokgethi, 2018).

According to Louw and Duvenhage (2016), the lack of formal training and education for the traditional health practitioners is a direct result of their exclusion. However, Habongwana-Duley (2015) argued that training to become a traditional health practitioner does not adhere to the western definition of education or to what has been described as formal education. Nonetheless, as knowledge is gained anywhere and socially constructed, the training to become a traditional health practitioner is also considered to be an educational structure.

Traditional healing has been an integral but unrecognised component of health care in South Africa for many years (Puckree et al., 2002). Traditional health practitioners are frequently the first source of health care for most people in South Africa when illness or misfortune befalls them (Mlisa, 2009). They are consulted for a variety of conditions including mental illness (Sorsdahl & Stein, 2010). Studies have shown that traditional health practitioners play an important role in addressing mental health care needs by providing cultural appropriate treatment (Mbanga et al., 2002; Mufamadi & Sodi, 2010; Nattrass, 2005). The African traditional health practitioners generally locate the cause and treatment of mental illness within the community (Crawford & Lipsedge, 2004). In many African belief systems, mental illness is perceived as a result of ancestors or bewitchment and traditional health practitioners are viewed as experts in these areas (Sorsdahl et al., 2009).

Traditional health practitioners use traditional knowledge, theories, beliefs, practices of health and healing in the diagnosis, treatment and prevention of physical and mental illnesses (Truter, 2007). According to Moagi (2009), traditional health practitioners play a role in preventative, curative, rehabilitative and psychosocial care in patients. Traditional healing practices vary widely from different countries with certain practices regarded differently depending on culture and understanding of traditional medicine (Qi & Kelley, 2014). In many parts of Africa, traditional health practitioners outnumber western practitioners (WHO, 2003). However, they are not officially recognised and operate outside formal health structures (Dickinson, 2008).

Traditional health practitioners receive their calling through dreams and they diagnose illness through throwing of bones for divine revelation (Moagi, 2009; Mufamadi & Sodi, 2010). Because of the supernatural nature of these claims, tricky political issues arise

concerning the manner in which the government will regulate a system that demands special powers of its practitioners in order to practise successfully as a traditional healer (Moagi, 2009). Traditional medicine has been used for centuries in African communities and, in the pre-colonial era, was the only system available for healthcare for the prevention, diagnosis and treatment of social, mental and physical illnesses (WHO, 2003). Despite the official stigmatisation of the system during the colonial era, it continued to thrive, even if largely underground (WHO, 2003).

Traditional health practitioners are reported to experience challenges. According to Peltzer (2009), there is a decline in their use and it is difficult to distinguish between genuine and illegitimate traditional health practitioners (Nxumalo et al., 2011). The practice of traditional healing is characterised by a lack of record-keeping of patients' history, unhygienic conditions, duration, level of their training and risky practices such as re-use of the same instruments and the lack of scope of practice (Louw & Duvenhage, 2016; Peltzer et al., 2006; Zimba & Tanga, 2014). The intent of health and government authorities to bring traditional health practitioners into the established health sector without any formal education and training, training facilities or any established patient responsibility and ethical code, is a serious matter (Louw & Duvenhage, 2016). To address these challenges, WHO (2013) published the 2014-2023 strategy on traditional medicine recommending ways in which countries can improve their regulation of traditional medicine to help meet healthcare challenges. Through the legislation and establishment of a Traditional Health Practitioners Council, the South Africa government has paved the way for legal recognition of traditional health practitioners (Moagi, 2009).

2.12 THE COLONIAL TRADITION OF PSYCHOLOGY IN AFRICA

The colonial authorities imposed a western worldview on the people of South Africa without an attempt to determine the validity of the African worldview (Mokgobi, 2014). During the encounters with slavery and colonisers from the Christian West and Muslim East, African societies experienced the imposition of foreign ideological systems and political practice (Nsamenang & Dawes, 1998). This led to Africa being a recipient of foreign influences that were largely imposed rather than solicited (Nsamenang &

Dawes, 1998), and there was considerable pressure to understand and adapt to the world as defined by western civilisation.

During the apartheid era, the psychological profession was rightly castigated for its political silence, and for not bringing its intellectual resources to bear on the psychology of oppression in South Africa (Nicholas, 1993). The oppression of Africans was further noted when analysing the transcripts that were submitted by white psychologists to the Truth and Reconciliation Committee. The transcripts revealed a racist ontology that informed their diagnosis such as the belief that Africans do not get depressed. The view of symptoms of stress among Africans was attributed to a racial condition that was termed Bantu hysteria (Baldwin-Ragaven, London, & De Grunchy, 2000).

The discipline of psychology joined forces with colonisers to establish colonial power relations that resulted in the socio-political and economic domination of Africa (Bulhan, 1981). The domination of Africa included not only the suppression of tradition knowledge systems but also the suppression of indigenous knowledge systems (Manganyi, 2013). Such a system of oppression also oppressed the right to practise traditional customs and rituals that existed prior to colonisation in South Africa (Hobongwana-Duley, 2015). Traditional healing was one of the rituals that was considered immoral, with serious consequences for those who practised it. According to Moshabela et al. (2016), any sort of traditional healing was labelled witchcraft and listed under the Witchcraft Suppression Act 3 of 1957. It then brought conventional healing under the degrading definition of witchcraft and made it exceedingly difficult to differentiate between healers and witches.

Drastic political changes were observed by healers after 1994 (Mlisa, 2009). The Witchcraft Suppression Act was abolished in an effort to allow South Africans to perform their indigenous practices. This then led to the gradual introduction of traditional healing into the public discourse (Thornton, 2017). Many platforms were created including the Bill of Traditional Healers that was introduced in 2004, followed by the promulgation of the Traditional Health Practitioners Act in 2007. This made it easier for those who those with the calling to accept the calling with no fear of persecution (Mlisa, 2009)

Currently, the traditional health practitioners get some form of recognition in the public health system (Mlisa, 2009). Organisations such as the American Psychological Association have in the last few years taken a more positive and receptive stance on spirituality (Webber & Pargament, 2014). This was made more realistic and practical by the amendments seen in the DSM over the years. However, there are still some gaps, more especially regarding African psychiatry or psychotherapy.

Madu (2015) argued that for quite a long time, many psychotherapists worldwide, including those in Africa, have been trained to explain psychological distress/illness mainly from a western perspective. Unfortunately, western definitions and approaches to mental illness have been criticised for their failure to incorporate cultural and spiritual elements (Bulbia & Laher, 2013). Madu (2015) stated that these may be looked at, for example from the point of view of their artefacts/production, idioms, proverbs, vocabulary and language specificity, habits, rituals, manner and characteristics. Although all these may need to be pursued in psychotherapy, conflict may arise based on the diverse cultural views and assertions that the patient and the psychotherapist uphold.

2.13 CHAPTER SUMMARY

The purpose of this chapter was to present a review of relevant literature on the subject of ancestral calling. The phenomenon of ancestral calling was presented. This was followed by the literature on the signs and symptoms that are indicative of ancestral calling, the initiation process as it relates to ancestral calling, ancestral calling as identity and rite of passage, the psychological meanings of ancestral calling and help-seeking pathways. This chapter further presented a review of relevant literature on spirituality and ancestral calling, and ancestral calling and Christianity. Culture and mental illness, traditional healing in South Africa, the colonial tradition of South Africa were also presented. The next chapter presents the conceptual framework.

CHAPTER 3

CONCEPTUAL FRAMEWORK

3.1 INTRODUCTION

This chapter focuses on the theoretical framework that relates to ancestral calling, namely, the psychoanalytic approach. Special attention is given to the work of Carl Jung, Erick Erickson and Sigmund Freud. At the end the framework guiding the study, the Afrocentric framework is highlighted.

3.2 THE PSYCHOANALYTIC APPROACH

3.2.1 Carl Jung

Carl Jung was a Swiss psychoanalyst who studied with Freud (1907-1912) for some time before parting and pursuing his own theory and work. Carl Jung used the concept collective unconsciousness to describe the individual's development and maturity process. According to Jung (1990), a person's development is determined by his/her inheritance, culture and social factors influencing him/her. Jung (1990) defined collective unconsciousness as the inherited part of the human psyche which is not developed from personal experience. Jung argued that a child is born with unconscious images of the instincts which he calls archetypes. Thus, a child is born with genetic traits. In addition, it means that the inheritance of the collective unconsciousness is not derived from personal experience and is not a personal acquisition. It is a process whereby certain family talents, values, skills and abilities of the ancestors stay in future generations through inheritance by certain children.

Jung explained that these archetypes are givens in our psychological makeup; they are the patterns that shape our perceptions of the world and the furnishing that is present in our psychological home from the moment of birth (Jung, 1990). The archetypes are the unconscious images of the instincts; they are patterns of instinctual behaviour based in the Id. Instincts influence how a person behaves as they are the rational motivation of the unconscious mind (Jung, 1990). He further asserted that the archetypes that people usually experience are received indirectly through dreams,

rituals and mystical experiences. The person's imagination, perceptions and thinking are likely to be influenced by universal elements. This reinforces that the notion that when one has a calling, they cannot deny the existence of such a gift as much as they want to reject it.

Jung (1990) further asserted that a collective unconsciousness does not develop individually but is inherited. It can then be argued that the people that undergo the process of ancestral calling have inherited the call, and it is not by personal acquisition. Jung postulated that there is a collective unconsciousness that reveals a close connection between a person's culture and the ecological environment. Therefore, a person must be viewed in totality. Mlisa (2009) conceptualised ancestral calling from a psychodynamic approach. From a psychodynamic perspective, ancestral visitations and their communications will be as threatening or reassuring as these personages had been in their former physical existences and as perceived by the perceiver. For example, 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 in the consciousness of the child, be amplified and corroborated by familial and sociocultural belief systems and after the death of the elder.

From a psychoanalytical perspective, ancestral calling is seen as an institution that heightens one's sense to understand communication from the ancestors who are part of the spiritual realm (Mlisa, 2009). This is done by heightening sensation, intuition, and formation of logical explanations on supernatural occurrences and illnesses as well as feelings which are a function of the objective (Jung, 1974). By ignoring the dreams and not understanding the meaning thereof, the chosen individual will face feelings of anxiety and frustration as there is a disconnect between the unconscious and the higher self. This disharmony occurs when one refuses to accept the calling or is unaware of the calling (Mlisa, 2009).

3.2.2 Erik Erikson

This part of theoretical framework looks at Erikson's identity formation (1956, 1977). Erikson viewed both social and psychosocial aspects of identity formation. According to Erikson (1956), a person's development is determined by their inherited constitutional makeup, including culture and social aspects of the environment. It is important to consider the social and historical context of an individual, and how the individual handles life challenges in order to understand developmental change and personality (Erikson, 1977). Therefore, like Jung, Erikson stressed that an individual should be viewed as a whole.

Erikson (1956, 1977) mapped identity formation in terms of the psychosocial development stages of development. However, Marcia (1993) expanded on Erikson's theory of identity formation by identifying three aspects of identity formation, namely, structural, phenomenological and behavioural. Erikson (1956) and Marcia (1993) both agreed that identity formation occurs in late adolescence, which marks the end of childhood and the beginning of adulthood. Xaso (2015) conceptualised ancestral calling from Erikson's theory of identity formation. According to Xaso (2015), this stage is a very challenging as ancestral calling starts to emerge. It is during this stage that there could be physical manifestations of disease or ailments, emotional disturbances or turmoil, breakdown of personal and social relationships, bad luck or misfortune and psychological disturbances (Xaso, 2015). This is the identity diffusion stage that Erikson referred to and states that if balance is not achieved, then the individual experiences identity crisis that will persist until balance is restored.

This stage is called the trouble-denial stage because of the resistance and reluctance to accept the truth despite numerous diagnoses from healers (Xaso, 2015). The individual's life will be faced with trouble or hardship that will be encountered until the acceptance of the ancestral call. This was termed identity crisis by Erikson (1956, 1977). Erikson (1956, 1977) further defined identity crisis as a deeply troubled and confusing stage. The internal war that occurs during the ancestral calling is when the chosen individual denies the ancestral call or delays acceptance. This deeply troubled and confusing stage can only come to an end when the person accepts the ancestral calling.

Erikson further noted that for a person to grow and mature, they have to manage their developmental struggles, which he referred to as conflicts of each development by means of a process of epigenetic principles. Therefore, according to Erikson, the individual's development is determined by their heritage. This also has implications if the individual cannot move to the next stage of life or if this stage is left unresolved. A positive resolution to this stage is a positive sign of growth and maturing. It has been argued that Erikson's concept is rooted in western individualism and does not provide an accurate representation of identity formation in non-western cultures.

3.2.3 Sigmund Freud

Freud is the pioneer of analytical psychology. According to Hjelle and Ziegler (1992), psychic life can be represented by three levels of consciousness: the conscious (thoughts, feelings, perceptions and memories); the preconscious (all memories not available at the conscious level but summoned spontaneously or with an effort); and the unconscious level (instincts and drives).

Studies have shown that dreams play an important role during ancestral calling and during the training to become a traditional healer (Booi, 2004; Kubeka, 2016; Mlisa, 2009). Dreaming is a universal human experience and has been recognised as being significant by cultures vastly remote from each other in time (Schweitzer, 1983). Dreams are regarded as messages or communication from the ancestors. However, theories concerning the meaning of dreams in western psychology have been influenced by their respective epistemological bases. This is well exemplified in Sigmund Freud's theory which is firmly based within the natural scientific framework strategies. Again, the psychological view of dream interpretation links such interpretations with the cultural environment in terms of how society interprets certain symbols (Mlisa, 2009).

Freud (1976) contended that the meaning of every dream was the fulfilment of a wish and that dream processes, far from being arbitrary or even bizarre, have their psychological origin within the individual's mental processes. The recalled dream might make reference to recent conscious activity but is founded upon the instinctual needs and repressed wishes inherent in the deeper layers of the unconscious. Freud argued

that the decreased ego control of sleep leads to the rise of strong unconscious wishes motivated towards fulfilment. These wishes derive essentially from repressed childhood memories and experiences. Freud suggests that no dreams can be interpreted without the cultural context of the dreamer's background. In that way, the narratives of the dreamer are placed into context with their sociocultural background in order to construct the sociocultural meaning and understanding. Psychoanalytic studies of non-western cultures have been criticised on the basis that the psychodynamic concepts employed have been derived from a different level of analysis and are essentially inapplicable to the examination of social forces.

According to Freud, the deeper meaning of a dream always takes the form of the fulfilment of a wish and the manifest content of the dream is the expression, in symbolic form, of some desire of the dreamer. These desires or motives are so unacceptable to the individual that even in dreams, they are not revealed openly, but are expressed in disguised or symbolic form (Berglund, 1976). However, traditional healers place great emphasis on dreams which are used in both the diagnosis and treatment of sickness in their patients (Berglund, 1976). Dreams also play a role in the call to be a traditional healer (Mlisa, 2009).

3.3 THE AFROCENTRIC APPROACH

3.3.1 The Origin

Afrocentricity emerged as a theory in 1980. The theory was founded as a systematic challenge to western epistemology. Molefi Kete Asante is the founder, principal theorist, and an authority of Afrocentricity. The theory emerged as a collection of principles in the African American cultural landscape that account for the perception of an African sense of wholeness in addressing the lives and experiences of people of African origin in America, on the continent of Africa, and worldwide. The Afrocentric theory emerged from the Afrocentric paradigm which deals with the aspects of African identity from the perspective of African people. This concept was termed "Afrocentricity" by Molefi Asante in an effort to convey the profound need for African people to be re-located historically, economically, socially, politically, and philosophically (Mkabela, 2005).

As an intellectual idea, Afrocentricity was used in the 1960s and 1970s (Asante, 2007). The paradigm was born out of a need to preserve and empower the African ways of knowing or ways of analysing data (Asante, 1999), while on the one hand, rejecting the universalist notion of Eurocentrism, more especially positivism, which is a philosophical paradigm that originated in the 19th century and dominated the early 20th century (Kaboub, 2008). In his explanation of Afrocentricity, Asante (1999) argued that

to say that we are decentred means essentially that we have lost our own cultural footing and become other than our cultural and political origins, dislocated and dis-oriented. We are essentially insane, that is, living an absurdity from which we will never be able to free our minds until we return to the source. Afrocentricity as a theory of change intends to re-locate the African person as subject ... As a Pan-African idea, Afrocentricity becomes the key to the proper education of children and the essence of an African cultural revival and, indeed, survival. (p. 1).

In the 1980s, when a large number of African American and African scholars embraced an Afrocentric data orientation, Afrocentricity became a growing scholarly concept. In general, the paradigm is opposed to ideas that alienate Africans from human thinking and experience to the periphery. It has become a paradigm that promotes the notion that African people should have a sense of agency to achieve sanity. A group of African American academics in the departments of Black Studies that had just been developed at universities began to devise new ways of analysing data in the 1960s. Most often, these new ways were regarded as viewing information from 'a black perspective' not the common 'white perspective' of most information which had dominated American academia (Mkabela, 2005). It is in this context that Asante maintained that there was an urgent need to free African epistemologies from the constraints of Eurocentrism by means of the application of critical theory (Mkabela, 2005).

3.3.2 Tenets of Afrocentricity

Afrocentricity is viewed as an intellectual theory that studies concepts and proceedings from the viewpoint of Africans as the main actors and not as targets (Mazama, 2001). Afrocentricity argues that African indigenous cultural values, customs, traditional stories and histories can be understood as a knowledge-based body dealing with the social world and as a knowledge-based system informed by the African people's past, and as an experience that asserts the primacy of African experience with the sole aim of restoring black consciousness (Mazama, 2001; Owusu-Ansah & Mji, 2013).

Afrocentricity has three objectives: (1) to encourage an alternative social science paradigm more representative of African Americans' cultural and political reality; (2) to refute negative perceptions of people of African descent by legitimising and disseminating an ideology that dates back thousands of years and that remains in the hearts and minds of many people of African descent today (Carruthers, 1981); and (3) seeks to promote a philosophy that will encourage human and social change to theological, moral and humanistic ends and convince people of various cultural and ethnic groups to share a common interest in this regard (Asante, 1998).

The Afrocentric model acknowledges and reaffirms the importance of human spirituality or the non-material aspects of life. From an Afrocentric point of view, spirituality can be described as the intangible universal material linking all people with one another and a creator or a Supreme Being (Schiele, 1998). The African-centred approach is important because it recognises the necessity to explore indigenous people's experiences. Therefore, the Afrocentric approach is suitable for the present study.

Mazama (2001) suggested that the African experience must guide and inform all inquiry. This means that a phenomenon like ancestral calling should be studied through the lens of the African people. He also upholds the importance of spirituality and laments that it should be given its due place. To get the most from research involving African phenomena, Mazama believed that there was a need for the researcher to be immersed in the subject of inquiry. Afrocentricity as a methodology operates within African ways of knowing and existence and results in the

implementation of principles, methods, concepts, and ideas that are derived from African cultural experiences (Asante, 2007; Mazama, 2001). An Afrocentric perspective focuses on oneness with others and relationship with the community. There is belief in human goodness and individuals work together (Hardcastle, 2011). Not only do Afrocentric methodologies produce new data interpretation orientations, but they also employ work that is beneficial and empowering for African people to understand their beliefs, habits, practices, religions and behaviours while avoiding un-African interpretations (Asante, 2007; Pellerin, 2012). Therefore, African phenomena should be examined and interpreted to expose the social and historical genuineness faced by African people from their own viewpoints, and to alter the mechanisms of inequality, marginalisation and exclusion that have helped fuel violence and continue to promote destructive conflict (Pellerin, 2012). Afrocentricity is about the validation of African experiences and histories as well as a critique of the perpetual omission and side-lining of African knowledge systems from scholastic manuscripts, conventional academic information and scholastic grants (Dei, 1994). It is about the exploration and understanding of a phenomenon from a standpoint grounded in African-centred values that generally contrasts with theories that place Africans on the edge of human thought and familiarity (Mkabela, 2005).

3.3.3 The Implications of the Afrocentric Paradigm for the Present Study

Psychology like any other colonial importation into Africa has relied on theories and methods that are of Eurocentric origin, and thus foreign to the African context (Allwood & Berry, 2006). Applying such Eurocentric theories to African behaviours has resulted in the neglect of important local cultural factors that have a profound influence on the development and manifestation of human behaviour in that particular culture (Mkabela, 2005). Keto (1995) argued that the way certain conditions are labelled in different settings and how they are expressed in different cultures need to be taken into consideration. Applying western theories to ancestral calling has resulted in this cultural phenomenon being labelled as a psychosis (Booi, 2004; Edwards, 2014; Sodi & Bujowoye, 2011) because of the symptoms associated with it (Laher, 2014; Mbanga et al., 2002).

One of the aims of Afrocentricity is to correct the misinterpretation of African phenomena by Europeans (Mhlongo, 2013). Thus, studying an African phenomenon like ancestral calling from an Afrocentric perspective will help correct the misinterpretation and labelling done from the Eurocentric perspective on this phenomenon. From an African perspective, ancestral calling is the calling from ancestors to undergo training and become a traditional healer (Booi, 2004; Mlisa, 2009). Thus, the person does not chose to become a traditional healer (Xaso, 2015). Ancestral calling is also perceived as a gift from the ancestors (Mokgethi, 2018). The calling manifests in different ways which includes dreams, visions, illness, auditory and visual hallucinations, delusions and mood swings (Booi, 2004). According to Hirst (1993), the symptoms of ancestral calling intensify when the chosen individual resists the calling or delay to respond to the ancestral call. From an African perspective, when one is called by the ancestors and delay or deny the calling, they will experience obstacles in their lives (Kubeka, 2016). These obstacles will also affect the chosen individual's family, these can be marital problems, financial problems, car accident and loss of employment (Edwards et al., 2009). From an African perspective, the chosen individual must accept the calling and go for training to become a traditional healer. on completion of the training the initiate will be a fully-fledged traditional healer (Mlisa, 2009; Kubeka, 2016).

Therefore, the topics such as ancestral calling should be studies from the Afrocentric perspective. This is because the Afrocentric perspective examines topics with the eye of African people as subjects of historical experiences (Asante, 2003; Pellerin, 2012). Owusu-Ansah and Mji (2013) further emphasises that African experiences should be examined from an African perspective. According to Mkabela (2005), the behaviour and mind of African people must be studied from the perspective of African indigenous people as cantered, located, oriented and grounded within African indigenous psychology which is derived from an Afrocentric paradigm. Thus, the Afrocentric paradigm focuses on Africa as a cultural centre for the study of African experience and interprets research data from an African perspective (Mkabela, 2005). In this study, it is argued that ancestral calling needs to be studied from the interpretive paradigm since it cannot easily be investigated through the positivist lens of psychological science. Afrocentricity is therefore considered to be the most appropriate framework

for this study, since its philosophical and theoretical paradigm is rooted in the African worldview (Owusu-Ansah & Mji, 2013). The cultural orientation of the study validates the adoption of Afrocentricity as the relevant theoretical paradigm/framework.

3.4 CHAPTER SUMMARY

This chapter presented the psychoanalytic approach by Carl Jung and Erick Erickson, and how it relates to ancestral calling. The chapter was concluded by presenting the Afrocentric approach as the theoretical framework that guided the researcher in the present study.

CHAPTER 4

RESEARCH METHODOLOGY

4.1 INTRODUCTION

The purpose of this chapter is to describe the research methodology that was used in the present study. This includes the research design used, sampling procedures that were followed, data collection and data analysis. Ethical considerations for the study are also presented in this chapter.

4.2 THE QUALITATIVE RESEARCH TRADITION

The purpose of this study was to explore the psychological meanings of ancestral calling by *nanga dza* Vhavenda. For this study, the qualitative research approach was chosen as more appropriate. Qualitative methodologies vary significantly from empirical quantitative methodologies, which involve data rigidity (Gunzenhauser & Gerstl-Pepin, 2006). Qualitative research approaches tend to be focused on the understanding, in detail, of the subjective, experiential life world of human beings (Patton, 2002). Quantitative data deals with numbers, while qualitative data deals with meanings (Dey, 1993). While data derivation and quantification-based reduction approaches are often seen as the most viable to achieve information and generalisability of that information, “the transformation of phenomena into quantitative data is not a guarantee of knowledge” (Crawford & Valsiner, 2002, p. 95).

Morse and Richards (2002) identified five situations in which a qualitative research paradigm should be utilised. According to Morse and Richards (2002), a qualitative research paradigm should be used where there is concern to: (1) understand an area in which little is known or previously offered understanding appear inadequate and desire exists to see the subjects as new; (2) make sense of complex situations; (3) learn from individuals regarding the way a phenomenon is experienced, the meaning given to it, and how the experience is interpreted; (4) construct a theoretical framework reflecting reality; and (5) understand phenomena in detail.

The above principles guided the selection of qualitative research paradigm as suitable for the present study. Maree (2010) held that qualitative research is based on a naturalistic approach that seeks to understand a phenomenon in context. Thus, a researcher does not attempt to manipulate the phenomenon of interest. Since the process of meaning construction differs from person to person, and from context to context, it was important for this study to adopt a qualitative paradigm so as to have a deeper understanding of the psychological meaning of ancestral calling by *nanga dza Vhavenda* who had gone through the experience. Traditionally, qualitative research has provided three major methods from which to choose (Marshall & Rossman, 1989). However, there is no method that is intrinsically superior to others as each method serves a different purpose (Morse & Richards, 2002). Marshall and Rossman (1989) provide a summary of three traditions of qualitative research which are listed below:

4.2.1 Ethnography

Ethnography is considered the oldest type of qualitative research, historically employed in answering observational questions. Ethnography is useful to define comprehensive characteristics of a society, way of life or community. Ethnography arose from the comparative cultural anthropology performed by anthropologists of the early 20th century, such as Boas, Malinowski and Mead (Creswell, 2005). Ethnography is both a research method and the outcome of the research (Agar, 1980). It is a way of studying a culture-sharing community as well as written results of the research. Ethnography, as a tool, requires extended group observations, most often by participant observation, in which the researcher is immersed in people's everyday lives and studies them and conducts focus-group discussions with the members of the community. Ethnography is difficult to use since the researcher needs to be grounded in cultural anthropology and the context of a social-cultural structure, as well as the concepts usually explored by ethnographer.

4.2.2 Phenomenology

Phenomenology addresses questions about lived experiences and offers a context for concerns about phenomena's nature or essence. Phenomenology refers to knowledge as it appears in the consciousness of a person, the science of describing what one perceives, senses, and knows from experience (Moustakas, 1994). Phenomenological research is a distinctive method for understanding the world of everyday life or the life world (Robertson-Malt, 1999). Rose (1990) described how phenomenology seeks to develop deeper understandings of the human experience, endeavouring to capture aspects of the world as they are immediately experienced.

Using Moustakas's (1994) approach for analysing the data helps provide a structured approach for novice researchers. However, phenomenology requires at least some understanding of the broader philosophical assumptions. The participants in the study need to be individuals who have all experienced the phenomenon in question, so that the researcher, at the end, can forge a common understanding. Bracketing personal experiences may be difficult for the researcher to implement. An interpretive approach to phenomenology would signal this as an impossibility (van Manen, 1984) for the researcher to become separated from the context. LeVasseur (2003) suggested that perhaps we need a new definition of epoché or bracketing, such as suspending our understanding in a reflective move that cultivates curiosity.

4.2.3 Grounded Theory

This focuses on generating theory and negotiated reality among people, which is constantly changing and evolving. Grounded theory best addresses questions about changing methods over time (Morse & Richards, 2002). Grounded theory is a qualitative research design in which the inquirer generates a general explanation (a theory) of a process, action, or interaction shaped by the views of a large number of participants (Strauss & Corbin, 1998). While phenomenology emphasises the meaning of an experience for a number of individuals, the intent of a grounded theory study is to move beyond description and to generate or discover a theory, an abstract analytical schema of a process (Strauss & Corbin, 1998). This qualitative design was developed in sociology in 1967 by two researchers, Barney Glaser and Anselm

Strauss, who felt that theories used in research were often inappropriate and ill-suited for participants under study. Grounded theory studies challenge researchers because they have to set aside, as much as possible, theoretical ideas or notions so that an analytic, substantive new theory can emerge.

4.3 PHENOMENOLOGY AS A RESEARCH DESIGN FOR THE PRESENT STUDY

For the purpose of this study, the phenomenological approach was used. Phenomenology is a philosophy, a methodology or an approach to study or research. There are several types of phenomenology that overlap philosophy and methodology (Langdrige, 2007). Edmund Husserl, a German philosopher, is regarded as the principal founder of phenomenology. Husserl argued that to achieve objectivity in a phenomenological study, the researcher has to apply the concept of epoché, which is a Greek word meaning to stay away from or abstain his/her presuppositions related to what is being studied (Moustakas, 1994). Therefore, phenomenology refers to knowledge as it appears to the awareness, the knowledge of what a person perceives, feels and knows in their immediate consciousness and experience (Moustakas, 1994).

There are two main approaches to phenomenology: descriptive phenomenology developed by Edmund Husserl and interpretive phenomenology by Martin Heidegger (Connelly, 2010). Husserl's descriptive phenomenology is also known as transcendental phenomenology and preceded Heidegger's interpretive phenomenology (Spinelli, 2005). Interpretive phenomenology is also identified as hermeneutic phenomenology (Langdrige, 2007; Lavery, 2003). Phenomenology becomes hermeneutical when its method is taken to be interpretive, rather than purely descriptive as in descriptive phenomenology (Adams & van Manen, 2008). This study was guided by the Husserlian phenomenological philosophy. Specifically, a descriptive phenomenological research design was adopted to explore the lived experiences of traditional health practitioners who have gone through the process of ancestral calling.

The design further enables an extensive study of a small number of participants through prolonged interviews in order to deduce patterns and the relationship between meanings (Finlay, 2012). Descriptive phenomenology aims to obtain fundamental

knowledge and it has a strong psychological orientation (Elliott & Timulak, 2005; Osborne, 1990). It is used when the researcher wants to describe a phenomenon under study and bracket their biases (Reiners, 2012). Husserl developed descriptive phenomenology, where every day conscious experiences are described while preconceived opinions are set aside or bracketed (Moustakas, 1994). Thus, phenomenology requires a new way of looking at things; it requires researchers to step away from their own background of all their predispositions and biases and study something with fresh, naive eyes to see what is before them. Since the present study seeks to explore the psychological meanings of ancestral calling by Vhavenda traditional health practitioners who have gone through ancestral calling, phenomenology was deemed the appropriate design for this research as the participants were able to narrate their experiences of ancestral calling. Through phenomenological approach, the researcher gained a deeper understanding of the psychological meaning of ancestral calling by *nanga dza Vhavenda* who had gone through the experience.

4.3.1 Phenomenology as a Research Method

The aim of empirical phenomenological research is to determine what the experience means for the people who have had the experience (Moustakas, 1994). The descriptive phenomenological method provides the lived-context of the participant and does so focusing on their perspectives without the use of deception (Giorgi, 2009). Furthermore, the method allows the researcher to keep the “voice” of the participants in the research without abstracting their viewpoint out through analysis. Rather, it is the subjective-psychological perspective of the participant that captures the interest of the researcher (Giorgi, 2009). Epistemologically, phenomenological approaches are based on a paradigm of personal knowledge and subjectivity and emphasise the importance of personal experiences and interpretation (Lester, 1999).

Phenomenological research proceeds through an objective and methodological analysis of how people experience things. In principle, phenomenology focuses on peoples’ perceptions of the world or the perception of the ‘things in their appearing’ (Langdrige, 2007). In research, one is expected to follow a set of tasks that require the researcher to collect data, analyse them and report on findings. The findings – or

outcomes – of this type of study is a collection of descriptions of meanings for individuals of their lived experiences, experiences of concepts or phenomena (Creswell, 2005). The descriptions will usually appear as written phrases or statements that represent the meaning that a person – a study participant, for example – attributes to a related experience (Creswell, 2005). Phenomenology resists methodological codification, while at the same time relying on common approaches to collect and analyse data. Some of these approaches include developing research questions rooted in experience; the use of an interview to mine the experience and provide data; efforts at bracketing; identifying the units of meaning through transcriptions; clustering the units in relation to the research question; and the identification of recurring themes to help make sense of the experience. Thus, phenomenology is an approach to researching and understanding more deeply people’s everyday lived experiences.

4.4 SETTING AND SAMPLING

4.4.1 The Setting



Figure 1: Map Vhembe District, Limpopo Province (Vhembe District 2013/2014).

The study was conducted in Vhembe District, Limpopo Province in South Africa. Vhembe District was chosen because it is the area where the researcher resides and is thus familiar with the culture of the people that stay in that area. Vhembe District is one of the five districts in Limpopo Province. It is located in the northern part of Limpopo Province and shares borders with Capricorn, Mopani District municipalities in the eastern and western directions respectively. It is the northernmost district of the country and shares its northern border with the district of Beitbridge in Matabeleland South, Zimbabwe and the eastern border with the province of Gaza in Mozambique (Vhembe District Municipality, 2013/2014). The District covers 27 969 148 square km of land with total population of 1 393 949 people according to Stats SA (2016).

4.4.2 Sampling

In the present study, the sample was drawn from Vhembe District in Limpopo Province (see figure 1). Both snowball and purposive sampling methods were used to recruit the participants. In purposive sampling, participants were selected based on specific criteria, for example that participants were traditional health practitioners who had gone through the process of ancestral calling (Crossman, 2016). In the present study, the researcher approached the Vhembe Traditional Healers Association. The chairperson of the Association announced in a meeting that participants who were interested should approach the researcher after the meeting.

Snowball sampling involves approaching few known individual(s) from the relevant population who would then identify other members that could contribute to the study (Welman et al., 2005). In the present study few participants who met the sampling criteria (that is, traditional health practitioners) known to the researcher were approached (Crossman, 2016; Welman, Kruger & Mitchell, 2005). They then referred the researcher to other traditional healers. In this way, a further set of appropriate individuals were identified so that the sample, like a rolling snowball, grew in size. Goldberg, Harbin and Campbell (2011) maintained that with phenomenological studies, the researcher could consider a sample size of five to 25 participants, although a strict sample size is not a requirement. The criterion for 'how many' and 'when' to quit in phenomenological sampling, is when redundancy or saturation occurs (Goldberg, Harbin & Campbell, 2011). Though a sample of ten traditional health

practitioners from Vhembe District (Limpopo Province) was initially envisaged, sampling continued until saturation, which was reached when 17 participants were enrolled (Morse, 1995; Welman et al., 2005). Thus, sampling was discontinued when no new theme emerged in the interviews.

4.5 DATA COLLECTION PROCEDURE

The sample was recruited from Vhembe District (Limpopo Province). Before data collection, the researcher sought permission to interview traditional healers from Vhembe Traditional Healers Association. Before the interview began, the researcher verbally explained the research to the participants. The aims and purpose of the study were also explained. After agreeing to participate, a date and time was set up to conduct the interviews. Where participants were immediately available to be interviewed, they were asked to sign an informed consent form (Appendix 3a – English version; or Appendix 3b – Tshivenda version). Before the interviews were conducted, some of the participants in the study performed rituals to ask for permission from the ancestors. The rituals included communicating with the ancestors through the use of *thangu*. After the ritual was performed, the interview commenced. The method of data collection was handled with care by removing any presuppositions that may have unduly affected the statements of participants regarding their experiences as emphasised by Husserl (Moustakas, 1994). This was done by explaining the objectives of the study to the study to the participants.

4.5.1 Entry Negotiation

It is very important to gain permission to enter the field (De Vos et al., 2005). Before the data was collected for this study, the researcher was granted permission to enter the field from the Vhavenda Traditional Healers Association (see Appendix 5, for Gatekeeper's permission letter). During entry negotiations, though the university clearance letter (Appendix 4) was given to the association, the chairperson of the association stated that the participants would not divulge all the information because some of the information was sacred and could only be shared with a person who had been through the training to become a traditional healer. The type of clothes to wear when visiting the traditional healers was also emphasised which was adhered to when

visiting the traditional healers for interviews. The type of clothes to wear was emphasised by the chairperson of Vhavenda Traditional Healers Association. The chairperson mentioned that when visiting the traditional healers, the researcher must wear a long skirt. He said that this would show respect to the traditional healers. He also emphasised that the clothes would signify dignity due to the sacredness of the place based on the culture.

4.5.2 Research Instruments

Data for this study was collected through the use of in-depth, semi-structured, one-on-one interviews, and was recorded with an audio-recorder with the consent of the participant. According to Cousins (2002), in-depth interviews are vital in phenomenological research because they allow the researcher to probe into the individuals' subjective experiences. This assumption supported the use of semi-structured interviews as the primary data collection procedure for the present study. An interview guide was used to guide the interview. The interview guide was constructed in English and translated to Tshivenda, and back-translated into English to verify the accuracy of the translation. The objectives of the study guided the formulation of the questions (Appendix 1a – English version; or Appendix 1b – Tshivenda version). The researcher ensured that the questions in the interview guide would obtain relevant information by probing to get clarity from the participants.

The interviews were conducted in Tshivenda or English depending on the preference of the participants. The interview guide was given to the supervisor and the co-supervisor for approval before data collection commenced. The recorded interviews were transcribed and translated (for the non-English transcripts) into English by an independent English expert before the data could be analysed. Data was captured by written notes and use of audio recordings. In addition, the interviews were conducted in the participants' homes to provide for privacy. To ensure prolonged engagements with participants, validity checks were done with some of participants (Lincoln & Guba, 1985). The researcher contacted participants who were reachable telephonically for validity checks. The outcomes of the brief telephonic interviews were incorporated in the participant's units of relevant meaning. The summaries were endorsed by the participants as a true reflection of their lived experience. The validity checks were also

incorporated in the summaries of the participants (see Chapter 5, summaries of the interviews). Hycner (1985) and Groenewald (2004) emphasised that as part of offering credibility to the study, upon developing individual summaries, the researcher must do validity checks.

4.2.3 Data Collection Procedure

The interviews were conducted in the participants' consulting huts, which is where consultation with their patients took place. In the huts, there were traditional medicines, animal skins, *thangu* and traditional clothes. The traditional healers invited the researcher into the huts because those were their consultation rooms and that is where they felt connected to their ancestors. The huts were also a safe space for the traditional healers; hence, they were interviewed in their consultation room. The researcher was asked to remove her shoes before entering the hut. This was done as a sign of respect for the traditional healer and the ancestors.

4.6 DATA ANALYSIS

Data analysis for the present study was in accordance with the phenomenological explication process (Groenewald, 2004).

4.6.1 Bracketing and Phenomenological Reduction

In order to become familiar with the participants' recordings and develop a holistic sense of them, the audio recordings need to be listened to repeatedly (Hycner, 1999). Similarly, in the present study the researcher repeatedly listened to the recordings of each interview so as to be familiar with the words of the participants. Thus, the researcher in this study became familiar with each interview as it was listened to multiple times. The researcher's presuppositions and personal bias or theoretical views were suspended. This allowed the lived experiences and perceptions of participants to be fully understood. After this, the process of transcription followed. The audio recordings were transcribed verbatim. During transcription the non-verbal and para-linguistical communication were noted (Hycner, 1985). After the recorded interviews had been transcribed, the transcripts were sent to a language specialist for translation from Tshivenda into English.

In addition, to ensure authenticity, the translated versions of the transcripts were back-translated into the original language by two independent language experts. This process ensured that all data were captured accurately and increased the credibility and reliability of the study (Brislin, 1970). As the data was collected in *Tshivenda*, some of the phrases might not be comprehensible, or might be difficult to understand when translated into English, so the researcher provided explanations where necessary. After transcription, the researcher read the entire data set to get the whole picture of the studied phenomenon. After this process, the researcher moved to the next step.

4.6.2 Delineating units of meaning

Delineating is the process in which units of meaning that are identified as having significance in reference to the phenomenon being studied are identified and isolated (Creswell & Poth, 2017; Groenewald, 2004; Hycner, 1999). During this stage in the present study, the researcher scrutinised units of relevant meaning extracted from each interview, while redundant units were discarded. This was achieved by considering the number of times something was mentioned as well as how it was stated. The researcher stressed and extracted important statements from the text that were specifically relevant to the phenomenon under review. Each meaning unit was coded with a number (Elliot & Timulak, 2005).

4.6.3 Clustering of Units of Meaning from Each Theme

Clusters of themes are typically formed by grouping units of meaning together (Creswell, 1998; Moustakas, 1994) and the researcher identifies significant topics, also called units of significance (Sadala & Adorno, 2001). During this step, the researcher formed clusters of themes by grouping units of meaning together. Significant topics were identified. Hycner (1999) emphasised the importance of the researcher going back to the recorded interviews. The researcher listened to the recorded interviews again to enhance clustering of the appropriate units, leading to the identification of central themes units of meaning that had been replicated or were redundant.

4.6.4 Summarising each Interview, Validating and Modifying where Necessary

During this step, a summary of interviews was compiled which incorporated all the themes elicited from the data which provided a holistic context. The researcher wrote a composite summary of interviews with participants (see Chapter 5). The summaries were taken by the researcher and a validity check was conducted; that is, returning to the participants to determine if the essence of the interview had been correctly captured (Hycner, 1999). The researcher returned to some of the participants to conduct validity checks. In some instances, a telephonic interview to discuss the outcomes was conducted with the participants.

4.6.5 Extracting General and Unique Themes from All the Interviews and Making a Composite Summary

To conclude the explication, the researcher wrote a composite summary reflecting the context from which the themes emerged. The researcher approached this task with a view to identifying the general and unique themes that were identified from all the interviews.

4.7 QUALITY CRITERIA

In order to ensure that the results of the contemplated study have scientific merit, the qualitative research principles below were observed.

4.7.1 Credibility

This is a substitute for internal validity (in qualitative studies) that serves to demonstrate that a study has been conducted in a manner that ensures that subjects were accurately identified and described (De Vos, Strydom, Fouche & Delport, 2005). Shenton (2004) suggested that development of an early familiarity with the culture of participants may be used by researchers to promote confidence that they have accurately recorded the phenomena that is being investigated. In the present study, the researcher ensured credibility of the results by spending some time with the participants for this study to acquire relevant data. This meant that a relationship of trust between the researcher and the participant was established. The researcher also

immersed herself in the participant's world by spending more time in the field during data collection and also understanding the culture of the participants.

4.7.2 Transferability

According to De Vos et al. (2005), this is a substitute for external validity or generalisability in quantitative research wherein the researcher demonstrates that findings obtained from one context will apply to similar contexts. Given that this study was conducted in Vhembe District in Limpopo Province and amongst Vhavenda traditional health practitioners, the study cannot be generalised to other ethnic groups. Thus, the process of ancestral calling cannot be viewed homogeneously amongst all the cultural groups in South Africa. According to Shenton (2004), transferability is concerned with the degree to which research findings of one study can be transferred to another context. This calls for researchers to provide detailed descriptions of their methodology; for example, data collection and the phenomenon that they are investigating. If there are enough similarities between the two situations, readers may be able to infer that the results of the research would be the same or similar in their own situation (Shenton, 2004). In this study, a detailed account of the theoretical framework, aims of the study, and research area was provided. Similarly, a detailed description of the data collection and analysis processes was provided in order to ensure transferability.

4.7.3 CONFIRMABILITY

This principle refers to the degree to which the results of the study could be confirmed or corroborated by other researchers. In this regard, De Vos et al. (2005) emphasised the need to establish whether findings of a particular study could be replicated in another separate study at a different time. Similarly, the researcher in the present study ensured the confirmability of the results by giving a guideline on how the study was conducted and the research methodology used.

4.7.4 Dependability

This is an alternative to reliability in quantitative studies, in which the researcher attempts to account for changing conditions in the phenomenon chosen for study as

well as changes in the design created by an increasingly refined understanding of setting. This represents the set of assumptions that differ from those shaping the concept of reliability (De Vos et al., 2005). The researcher ensured that there was dependability through consistency in data collection and data analysis and other processes in the study.

4.8 ETHICAL CONSIDERATIONS

4.8.1 Permission for the Study

Prior to the commencement of the present study the researcher sought and was granted ethical approval from the University of Limpopo Research and Ethics Committee (Annexure 4). Gatekeeper permission was also requested and obtained from the form Vhembe Traditional Healers Association (Annexure 5). For the purpose of this study, participants also conducted rituals in order to get permission from the ancestors to continue with the interviews.

4.8.2 Informed Consent

Before interviews were conducted, the participants were informed about the nature of the study and that their participation was voluntary, and that they could withdraw at any stage from participating in the study should they wish to do so. Participants were given consent forms to sign before engaging in interviews with the researcher (Annexure 3). The written informed consent was obtained after participants had been informed about the purpose of the interviews and the research.

4.8.3 Confidentiality, Privacy and Anonymity:

The researcher maintained confidentiality by ensuring that personal information was not divulged. The principle of anonymity is linked to confidentiality (Bless, Higson-Smith & Kagee, 2006). In this study the researcher ensured the participants' anonymity by assuring them that their real names would not be disclosed and that their identity would not be revealed in the research report. Instead of using participant's names, pseudo names were used (e.g., Participant A-Q). With regard to the recorded interviews, only the researcher and the supervisors had access to the recordings.

Again, all this was emphasised in discussions with the participants. Full confidentiality, privacy and anonymity was assured to the participants and maintained throughout the study. Confidentiality was also maintained by ensuring that the information such as the names of herbs used for certain illnesses were not disclosed as requested by the participants.

4.8.4 Respect of Participants

The participants were respected and their culture was respected. The researcher ensured that the dignity of all research participants was respected by ensuring that they would not be used simply as a means to achieve research objectives, but to benefit from the knowledge derived from the study. The researcher also showed respect to the participants' culture by taking off her shoes before going inside the huts and wearing a long dress during the interviews.

4.8.5 Aftercare for the Participants

Because of the nature of the topic, when some of the participants recalled their process of ancestral calling, some participants had psychological reactions. These participants were referred to the local hospital for psychological support.

4.9 CHAPTER SUMMARY

This chapter highlighted the methodology that was used in the present study. The steps in the research process, including the quality criteria followed in the study, were outlined. The chapter ended with a focus on the ethical issues that guided the researcher in the present study. The next chapter presents the results.

CHAPTER 5

RESULTS

5.1 INTRODUCTION

This chapter presents the findings of the study, with the first part focusing on the demographics of the participants. In the second part, the major themes and subthemes that emerged from the data are presented. The chapter concludes by giving a summary of the findings of the study.

5.2 DEMOGRAPHIC INFORMATION OF PARTICIPANTS

The table below represents the demographics of the participants in the present study.

Table 1: Demographic information of participants

Code	Gender	Age	Residential	Occupation
A	Male	63	Thohoyandou	Former teacher, currently a traditional Healer
B	Female	35	Thohoyandou	Traditional Healer
C	Female	66	Damani	Traditional Healer
D	Male	75	Tshidimbini	Traditional Healer
E	Male	57	Mutamvuni	Traditional Healer
F	Female	37	Mukula	Traditional Healer
G	Male	38	Khubvi	Traditional Healer
H	Male	36	Tshidimbini	Traditional Healer
I	Female	62	Makonde	Traditional Healer
J	Male	48	Ha-Makhuvha	Traditional Healer
K	Female	54	Tshidimbini	Traditional Healer
L	Female	72	Khubvi	Traditional Healer
M	Male	85	Makonde	Traditional Healer
N	Male	70	Tshidimbini	Traditional Healer

Code	Gender	Age	Residential	Occupation
O	Male	57	Tshidimbini	Traditional Healer/ Director at a Government Department
P	Male	50	Mukula	Traditional Healer/ Human Resource employee
Q	Female	33	Vondwe	Traditional Healer / works in a Government Department

The table above shows the demographic information of the participants which included their gender, age, residential area and occupation. All the participants were traditional healers who had gone through the process of ancestral calling.

5.3 SUMMARY OF INTERVIEWS WITH THE PARTICIPANTS

This section presents the summaries of individual interviews. This is in accordance with Groenewald's (2004) data explication process. Each of the integrated summaries incorporates verbatim extracts from the interviews.

5.3.1 Participant A

Participant A was a 63-year-old male, a former teacher and currently a traditional healer. The interview was done at the participant's home, in the hut (consulting room) with medicinal herbs and *thangu*.

a) Theme 1: Signs of ancestral calling

The participant narrated his journey as a difficult one. He mentioned that when he was a teacher, he used to go to church and never wanted to be a traditional healer. He mentioned that when it all started, he did not know what was going on. He would go to class and then he would not be able to speak. He would just lose his voice. The participant was confused about what was happening to him. He would not be able to talk in the classroom but the voice would come back when he was outside. This led to great psychological distress because he loved his job.

b) Theme 2: Meaning attached to ancestral calling

The participant reported that he consulted with a traditional healer and he was informed that he was supposed to continue his father's work. The participant's father was a traditional healer. He further reported that he did not want to be a traditional healer and he was attending church. For Participant A, the ancestral calling was inherited from his father and it was a burden because he did not want to be a traditional healer.

c) Theme 3: Help-seeking pathways following ancestral calling

The participant reported that he went to consult a traditional healer because of the things that were happening to him; he was not able to share some of the things. The traditional healer informed the participant that he must continue his father's work, since the father was a traditional healer. The participant reported that he disregarded the information that he was told and went to consult a second traditional healer. The second traditional healer traditional informed him that he must become a traditional healer and if he did not follow the ancestor's instructions he would lose his job as a teacher. Even though he was told that, he did not believe it and went to consult with another traditional healer who told him the same thing. The traditional healer told him that if he disregarded the message from the ancestors, he would lose his job. He felt that all those traditional healers that he consulted were conspiring against him. He went as far as Malawi just to confirm whether it was indeed the ancestral calling.

Even though the participant was informed by different traditional healers that he had the ancestral calling and he must accept it, the participant had a feeling of mistrust of all the traditional healers. He then decided that he would go and consult in Malawi. Upon arrival at the traditional healer's place in Malawi, the traditional healer called him by name, and told him to go back home to continue his father's work. The participant reported that he felt discouraged. He was informed that if he did not continue the work of his forefathers, he would lose his teaching job. The participant reported a feeling of being discouraged because he was told the same thing that the other traditional healers he consulted had told him. He had hoped for a different response.

d) Theme 4: Responding to the ancestral call

Given that the participant was told to go back and continue his father's work or else he would lose his job, he then made a decision to accept the calling. He finally listened and accepted the call and was initiated. He reported that when he informed his family about his decision to accept the call and get initiated, they were not pleased about his decision. They told him that they did not entertain demons, meaning that what he was doing was demonic or his ancestral calling was demonic. He mentioned that he then quoted a Bible verse, Exodus 20:12, but regardless of his efforts to convince them, they did not want to get involved. Despite the negative comments from his family, the participant went ahead with the initiation.

e) Theme 5: Many roles of the master healer

He reported that he was initiated by an old man who taught him everything he needed to know about traditional healing.

f) Theme 6: Post training realities and experiences

After being initiated, the participant reported that the ancestors showed him herbs in dreams and also some of the people coming for consultations. He reported that he was now a traditional healer and healed a variety of illnesses including illnesses that he did not know about. The ancestors communicated with him through dreams and visions. After the initiation, the participant's life was back to normal. He was a traditional healer and he loved what he was doing. He still communicated with the ancestors through dreams and they alerted him about some of the patients that would be coming to consult with him. The participant reported that post training, he did not continue with teaching. He worked as a traditional healer.

5.3.2 Participant B

Participant B was a 35-year-old female. She was a traditional healer. The interview was done at her home, in the consultation room (hut) where she normally consulted with her patients.

a) Theme 1: Signs of ancestral calling

The participant mentioned that when it all started, she did not know that it was the ancestral calling. She mentioned that she started by being sick; she was constipated for a whole month. She reported that she could not walk or stand.

b) Theme 2: Help-seeking pathways following an ancestral call

She consulted medical doctors but they could not find what was wrong with her. To further understand what was going on, she went to consult with a traditional healer. The traditional healer informed that she had the ancestral calling. She did not believe it; that is, the participant was in denial. To confirm what she was told she consulted other traditional healers. Seemingly, she was told the same thing, *ndi midzimu* (it is the ancestors). She reported that she still did not believe and went to consult a fourth healer who also told her the same thing, that she has the ancestral calling. Given that, she was left with no choice but to accept it.

c) Theme 3: Meaning attached to the ancestral calling

For the participant, ancestral calling was a burden. She did not want to be a traditional healer.

d) Theme 4: Responding to the ancestral call

The participant felt helpless, because she was told that she had the ancestral calling. She reported that she accepted the calling not because she wanted to be a traditional healer but because she did not have any other choice because of her condition.

e) Theme 5: Post training realities and experiences

She reported that after she was initiated she could walk and was relieved from her constipation. Her life went back to normal. The participant explained that after initiation, she got a job. She learned about *thangu* (divining bones) and many other things about traditional healing during the initiation. However, when everything was going well in the participant's life, she stopped following the instructions of the ancestors. According to the participant, she stopped wearing the *mulinga*. Initially, she

started by taking it off while she was at work, then later stopped wearing it altogether. Due to failures to follow the ancestors' instructions and not wearing the *mulinga*, the participant eventually lost her job.

f) Theme 6: Many roles of the master healer

She reported that she learned how to use *thangu* and many other things related to traditional healing.

5.3.3 Participant C

Participant C was a 66-year-old female. She was a traditional healer. The interview was done at her home.

a) Theme 1: Signs of ancestral calling

She mentioned that her grandmother had been a traditional healer and she trained other people to be traditional healers. One of the rituals that initiates undergo is to sing and dance to the beating drums. She reported that her grandmother would call her and other children who lived with them to come and dance. She reported that while dancing to the music, she would just collapse. This happened several times while she was growing up. She also mentioned that when realising that she fell while dancing to the ancestral music, she would refuse when her grandmother asked her to participate in the dance. The participant reported that after marriage, she realised she was unable to conceive. She reported that this was a very difficult time in her life. During that time, she would have constant dreams of a short old man holding a stick.

b) Theme 2: Help-seeking pathways after an ancestral call

As a way of finding help, her family consulted traditional healers on her behalf and they were informed that she had an ancestral calling. Her father went to consult another traditional healer and he was informed again that his daughter had an ancestral calling. The traditional healer informed her father that the short man in his daughter's dreams was from her maternal family. They were also informed that all that

was happening to her was because of the ancestral call. Her grandmother, who was a traditional healer, also confirmed that the participant had an ancestral calling and advised them to stop wasting money by seeking help elsewhere: she must accept the call.

c) Theme 3: Responding to the call

She reported that after consultation with the traditional healers, she made a decision to go and *wisiswa* (to get initiated) to become a traditional healer. She reported that she travelled as far as Zimbabwe in order to appease her ancestors.

d) Theme 4: Many roles of the master traditional healer

Traditional healers are able to assist a person in absentia. The traditional healer was able to diagnose her with the ancestral calling in her absence. The participant learned to use *thangu*. During the initiation, she learned about medicinal herbs and how to extract them and many other things related to traditional healing. She used to go to the veld to extract herbs with other initiates. She reported that she was under an apprenticeship of an elderly woman who was a traditional healer. After the initiation, she was accompanied home by her and she was welcomed by her family.

e) Theme 5: Post training realities and experiences

After finishing her initiation, the participant started using *thangu* and traditional medicine she got from Zimbabwe. She mentioned that she was able to conceive and gave birth to a baby boy. She reported that after initiation, she knew that she was going to practise as a traditional healer. As things stood, she loved what she did and she could not stand to see other people suffering. She also reported that if people did not believe what she was saying or listen to her, she referred them to the hospital.

5.3.4 Participant D

Participant D was a 75-year-old male. He had retired from work and was a full time traditional healer.

a) Theme 1: Signs of ancestral calling

The participant reported that he was sick most of time from childhood until adulthood. Eventually the sickness got worse and he was unable to do anything. He experienced visions and had constant dreams; he reported that, at some point, he would just talk and talk even when he was alone.

b) Theme 2: Help-seeking pathways after an ancestral call

He mentioned that he consulted with western-trained healers and there was no breakthrough. His parents saw that there was no success regardless of his efforts in consulting with western-trained practitioners and they took a decision to see a traditional healer. The traditional healer informed them that the participant had a spiritual sickness. The participant indicated that the traditional healer informed his parents that *ndi mbidzo ya vhadzimu* (it was an ancestral calling)

c) Theme 3: Responding to the ancestral call

The participant reported that after accepting the call and being initiated, he was healed. The bad things that were happening to him came to an end.

5.3.5 Participant E

Participant E was a 57-year-old male. He had been working in construction and at the time of the study was a full time traditional healer.

a) Theme 1: Signs of ancestral calling

The participant mentioned that his grandmother had been a herbalist and used to send him to the forest to dig for medicinal herbs when he was still a young boy. When he grew up, he started dreaming about different herbs, including the ones that his grandmother used to send him to dig. The participant stated that he was not familiar with some of the herbs that appeared in his dream. He added that he started having difficulties at school. He struggled to read. When reading a book, he would just see blurred lines.

b) Theme 2: Help-seeking pathways after an ancestral call

This participant indicated that his mother had gone with him to consult a traditional healer. The traditional healer informed her that her son has the gift of ancestral calling. They were informed that this gift was from his great-grandparents. Participant E mentioned that he was told to perform some rituals. He was given some *mindandane* (a mixture of herbs) to pour in the water when he was bathing. After following instructions, he was then able to read back at school.

c) Theme 3: Meaning attached to the ancestral call

The participant stated that he was informed that he had a gift from his great-grandparents. There were rituals he performed so that he could continue going to school and accept the ancestral call later when he was older. However, he reported that when he was older, he was ashamed to be a traditional healer because it was something that was classified as a low class. There were lots of churches in the area where he lived and Christians associated traditional healing with demons.

d) Theme 4: Responding to the ancestral call

He reported that his life went well after performing rituals that he was told to perform by the traditional healer. However, at a late stage, his life took a sharp turn. He started experiencing panic and anxiety attacks. The participant mentioned that after the family saw the psychological effects of ancestral calling, they made a decision that he should go and *lidzelwa* (be initiated)

e) Theme 5: Many roles of the master healer

Participant E reported that he learned how to use *thangu* during initiation and he was never taught about medicinal herbs because he knew them. He dreamed about them.

f) Theme 6: Post training realities and experiences

The participant mentioned that after initiation he experienced more dreams. The dreams were to guide him as a traditional healer. He reported that he loved what he was doing and honouring his ancestors was not demonic as perceived by Christians.

He reported that after completing his training, he made a vow that he would help people and continue doing his job.

5.3.6 Participant F

This participant was a 37-year-old woman. She was a traditional healer.

a) Theme 1: Signs of ancestral calling

The participant said her experience of the ancestral calling was a very difficult journey. She mentioned that she used to go to church, but in 2013, she started to be sick. Her hands would be ice cold and she had an irregular heartbeat. In her view, this was a near-death experience. The sickness got worse and she lost a lot of weight. She also reported that she experienced dreams and some of those dreams would come true.

b) Theme 2: Help-seeking pathways after an ancestral call

She went to consult western-trained medical practitioners and was informed that she had high blood pressure and depression. Subsequently, her sister took her to consult a traditional healer. The traditional healer told them that she had an ancestral calling; however, the participant wanted a second opinion. The participant went to consult with a spiritual healer at a church. The spiritual healer prayed and told her that she had a calling, however her calling was not for church, and she had to become a traditional healer. The participant did not like what she heard because she believed that she was too young to be a traditional healer. Seeking further confirmation, she went to a village called Vuwani to see a traditional healer. The traditional healer told her that she had been chosen by her forefathers to be a traditional healer. In order to confirm the call even further she went to Zion Christian Church (ZCC) with her sister. They told her the same thing. They told her that she had an ancestral calling.

c) Theme 3: Meaning attached to ancestral calling

The participant reported that she felt that she was still too young to be a traditional healer and her boyfriend had broken up with her.

d) Theme 4: Responding to the ancestral call

Given what she was told by all the people she consulted, the participant mentioned that she decided to accept the calling. She mentioned that she accepted the ancestral call and was initiated in 2015.

e) Theme 5: Many roles of the master healer

She reported that when she arrived at the traditional healer's place with her sister, the traditional healer threw *thangu* down (*u tungula*) and informed them that she had an ancestral calling.

f) Theme 6: Post training realities and experiences

After accepting the ancestral calling, the depression stopped. She reported that the dreams continued after initiation. However, she believed that they were guiding her in her journey as a traditional healer. She dreamed of medicinal herbs and how to mix them. She also dreamed about some of the people who would be coming for consultation. The physical and psychological illnesses that she suffered ended. Unfortunately, she reported that her boyfriend had broken up with her because she was now a traditional healer. However, she loved what she was doing. She was chosen out of her five siblings by her ancestors. She reported that her gift of traditional healing provided food for herself and her family.

5.3.7 Participant G

Participant G was a 38-year-old male. The journey of ancestral was not easy for him.

a) Theme 1: Signs of ancestral calling

Participant reported that he used to work in Pretoria. He started getting sick; his feet were swollen and he was unable to wear shoes. He informed his wife about his sickness and his wife advised him to come back home. He got better when he arrived at home. He stayed at home for three weeks and then returned to work. At work, he started to suffer from constipation. He decided to go back home because Pretoria was not good for him. He went back home and got a job as tractor driver. For a while,

everything seemed to be fine. However, he was involved in an accident, the tractor's brakes failed and it fell into a pit. He was admitted to the hospital.

b) Theme 2: Help-seeking pathways after an ancestral call

Participant G reported that he was advised by his wife to go and seek help from a traditional healer. He went with his wife to consult with a traditional healer. He reported that when they arrived, the traditional healer threw the bones down and informed him that he had an ancestral calling and he had to obey the ancestors. The traditional healer went further to say if he did not obey the ancestors, he would not be able to find employment. He was informed that all that had happened to him were the signs that he must stop what he was doing and do the ancestors' work.

c) Theme 3: Responding to the ancestral call

The participant reported that he had financial difficulties. He took a loan so that he could be initiated.

d) Theme 4: Post training realities and experiences

He reported that he was initiated and his distress came to an end. In three months, he already had three cattle and sold one so that he could pay back the loan he took. He was a fully-fledged traditional healer that helped people, even those that come from as far as Bloemfontein, Rustenburg and Johannesburg. He said he was a respected member around his community; even those older than him addressed him with a lot of respect because of his status.

5.3.8 Participant H

Participant was a 36-year-old male. He was working both as a nurse and a traditional healer. He explained his journey to be a traditional healer as a difficult one.

a) Theme 1: Signs of ancestral calling

Participant H stated that it started as a sickness which tampered with his life. He explained that he was at school studying to be a nurse and he started being so sick that he had to drop out of school. He explained that when he was in class during a

lecture session, he would not see anything that was being projected on the board: he would only see darkness.

The participant further explained that his sleep was also disturbed. He highlighted that he experienced recurrent dreams. His recurrent dream was about an old woman who was wearing *nwenda* (a traditional cloth) which covered her waist and she was topless. Subsequently, when he asked his elders about his dreams, he was informed that the person in his dreams is his late great-grandmother who had died before he was born. He would experience anxiety and panic attacks. Since this was troubling him, he had to stop attending classes and went home to seek help. The participant suffered physical and psychological illnesses as an indication that he had been called by the ancestors. However, he did not immediately know that it was an ancestral calling.

b) Theme 2: Help-seeking pathways following an ancestral call

He went to seek help from faith healers at churches. He consulted a particular pastor who prayed for him. However, his predicaments did not come to an end. He would feel better but on returning to school, he would fall sick again. Eventually he had to drop out of school during his second year. He went to medical doctors who took X-rays; however, they could not see what was wrong with him or determine the cause of his illness. Subsequently, the medical doctors suspected that he had tuberculosis (TB) and ulcers. Failure to get help from the spiritual healer and the medical doctors, he went to consult a traditional healer. The traditional healer told him that he had an ancestral calling.

c) Theme 3: Meaning attached to ancestral calling

The participant did not immediately accept the information from the traditional healer because he did not want to be a traditional healer. He did not like what the traditional healer was telling him. His reasons for not wanting to be a traditional healer were that he was still young and had his whole life ahead of him and being a traditional healer was something he did not want. The participant reported that he was worried about the stigma attached to traditional healers. He was concerned about what people were going to say, more especially his peers.

d) Theme 4: Responding to the ancestral call

Ultimately, the participant made a choice to accept the call but he had conditions to it. He mentioned that he did not want to be initiated in the village so that people would not know.

e) Theme 5: Post training realities and experiences

Even though the participant did not want to be a traditional healer, he mentioned that after he was initiated, his life changed for the better. The pains that he experienced eventually stopped and everything that he had experienced in the classroom also stopped. He did not struggle to get a job. He continued having dreams about medicinal herbs and where to locate those herbs. After the initiation, ancestors continued communicating with him through dreams.

5.3.9 PARTICIPANT I

Participant I was a 62-year-old female. She was a traditional healer.

a) Theme 1: Signs of ancestral calling

The participant reported that she did not experience puberty like other young girls. She reported that her breasts were not developing and she was not getting her periods. In her marriage, there was a problem because she could not conceive. She further highlighted that she experienced dreams. In her dreams, she was instructed to go to a cave and get *thangu*. She would indeed go and find them at a cave she was instructed to go. The participant reported that she suffered mild amnesia, she was unable to remember and recognise the people that she knew. She could not eat. If she attempted to eat, she would vomit and the smell of food was horrible. She survived by drinking water.

b) Theme 2: Help-seeking pathways after an ancestral call

She reported that she consulted with a medical doctor with her family. The doctor informed her that he would not be able to assist her and advised her to consult with a traditional healer. When the family saw what was happening to their child and also

what the medical doctor told them, they consulted a traditional healer. The traditional healer informed them that she had an ancestral calling.

c) Theme 3: Responding to the ancestral call

This participant reported that after consultation with the traditional healer she accepted the call and went for initiation. She reported that during her initiation process, she learned about medicinal herbs and *thangu*. She mentioned that she used to go to the forest to get herbs.

d) Theme 4: Post training realities and experiences

She reported that after her initiation she was taken back home. She practised as a traditional healer. She was eventually able to conceive and had children of her own.

5.3.10 Participant J

Participant was a 48-year-old male. He was a construction worker and a traditional healer, and also reported that his father was a traditional healer.

a) Theme 1: Signs of ancestral callings

The participant mentioned that he had been very sick for a very long time. He also mentioned that he had dreams about herbs and he was informed in his dreams that he should go and dig for those herbs.

b) Theme 2: Help-seeking pathways after an ancestral call

He consulted with medical doctor but the prescribed medication was useless. The participant consulted a traditional healer. He reported that he went as far as Durban to consult a Zulu traditional healer who informed him that the ancestors were communicating with him. The sickness was a means of communication from the ancestors. He went back home and consulted a traditional healer at Tshixwadza and the traditional healer informed him that he was chosen by the ancestors. His father was a traditional healer, and he was informed that he was chosen by the ancestors so that he could continue with the gift. The traditional healer also advised him to accept the calling and get initiated.

c) Theme 3: Responding to the ancestral call

The participant mentioned that he had been initiated and after that he was healed. He reported that he had never been sick again.

d) Theme 4: Post training realities and experiences

The participant reported that he was a fully-fledged traditional healer. With the guidance of his ancestors, he believed he assisted people. He reported that his ancestors guided him through dreams; he dreamed about herbs, where to find them and how to mix them. He further highlighted that he had vast knowledge of traditional medicine.

5.3.11 Participant K

Participant K was a 54-year-old woman. She was a traditional healer and she was from a family of healers.

a) Theme 1: Signs of ancestral calling

She mentioned that her journey started with dreams. She dreamed of someone instructing her to go and fetch *thangu* (divining bones) in a river. She mentioned that she went there and found them. She also dreamed about her grandmother telling her to go to the mountain to pick some medicinal herbs and also showing her herbs that should not be dug by women. The participant further reported that she kept on dreaming; however, this time the dreams were about water. She obliged because she was afraid of the consequences. In some of the dreams she was in water and she dreamed about picking things out of the water. She reported that she was warned that she would end up inside water. The participant reported that she felt as if she was following her mother's footsteps because her mother had spent four months under water.

b) Theme 2: Help-seeking pathways after an ancestral call

She reported that she went to consult with a traditional healer. The traditional healer informed her that she had a gift from the ancestors. The traditional healer informed the

participant that she should accept the gift and be initiated because, if she did not, she would face difficulties.

c) Theme 3: Responding to the ancestral call

The participant reported that after consulting the traditional healer, she obliged and accepted the calling. She mentioned that she did not hesitate to accept her calling because she knew what happened if the person did not accept the ancestral calling. She also reported that she did not hesitate to accept the call because she grew up in a family of healers. His brother was a traditional surgeon (traditional healers that perform circumcision) who was responsible for male circumcision in their village and the nearby villages. Their family was also responsible for *musevetho* (female initiation). She believed that the calling was from her mother.

5.3.12. PARTICIPANT L

Participant L was a 72-year-old female. She was a traditional healer. She narrated her journey of ancestral calling as a difficult one.

a) Theme 1: Signs of ancestral calling

The participant mentioned that her journey started by freezing and falling whenever people were singing at school during morning prayer session. She reported that this happened almost every day at school and she ended up dropping out of school when she was in Standard 4 (Grade 6). The participant further mentioned that as she got older and started experiencing puberty, she stopped menstruating. She reported that this frustrated her and it was difficult for her to tell her parents because they would think she was pregnant. She reported that she kept quiet for months without telling her parents. She also reported that she experienced dreams.

She dreamed of traditional medicine. When she was out playing with others, if one the friends complained about stomach ache, she would go and uproot some herbs and give it to them and they would be fine. One of her friend told this to her mother, who was not very happy about her child being fed traditional medicine. They visited the

participant's home and informed her parents. That is when she told her parents about her dreams and that her menstruation had stopped.

b) Theme 2: Help-seeking pathways following an ancestral call

The participant reported that the elders in her family consulted a traditional healer and they were informed that she had an ancestral calling. They were also informed that she should listen to the ancestors because if she did not, things would be worse and she would also not be able to conceive.

c) Theme 3: Responding to the ancestral call

After the consultation with the traditional healer, the participant reported that she obliged and listened to the instructions of the ancestors. She accepted the calling.

d) Theme 4: Post training realities and experiences

She reported that her grandmother was a traditional healer, and she was taken to her for initiation. She reported that after the initiation, she felt normal and her menstrual periods came back. She thus became a traditional healer.

5.3.13 Participant M

Participant was an 85-year-old male. He was a traditional healer. The participant reported that he did not want to be a traditional healer. However, the circumstances surrounding his ancestral calling forced him to accept the call. The interview took place in the participant's consultation room.

a) Theme 1: Signs of ancestral calling

The participant mentioned that with him, it started with dreams. He reported that he experienced dreams and visions. He dreamed of traditional medicines and how to mix them. He reported that he experienced a sickness. He was working in Johannesburg and he could not work anymore due to the sickness. The sickness got worse and he had to go back home.

b) Theme 2: Help-seeking pathways following an ancestral call

Given what was happening to him, the participant mentioned that he went to consult with a medical doctor but did not get better. The participant reported that he consulted a traditional healer that informed him that he had an ancestral calling. He did not believe what he was told by the traditional healer and wanted a second opinion. He consulted another healer that told him the same thing, that he has *mbidzo ya vhadzimu*.

c) Theme 3: Meaning attached to the ancestral call

The participant reported that he did not want to be a traditional healer. However, he was forced into it by the circumstances.

d) Theme 4: Responding to the call

The participant reported that, given what he was told by the two traditional healers and the failure of western medicine to assist him, he decided to accept the ancestral call and go for initiation.

e) Theme 5: Many roles of the master healer

The participant reported that he accepted the call and went to be initiated. He mentioned that during the initiation, there was drumming and singing.

f) Theme 5: Post training realities and experiences

The participant reported that after accepting the call, he was healed. He was initiated and was a traditional healer that helped people. He reported that he did not support ritual killings because the ancestral spirits were against it.

5.3.14 Participant N

This participant was a 70-year-old male. He was a traditional healer.

a) Theme 1: Signs of ancestral calling

The participant mentioned that he had dreams and whatever he would dream about would come true. When he was younger, if he dreamed about picking up a coin at the playground, indeed it would happen. He mentioned that in the 1970s, when he was still young, he dreamed about two herbs and told his mother about the dream. He further reported that his grandfather who was a traditional healer gave him *thangu*. He gave it to his grandmother who kept it safe for him. Dreams continued playing a role in the participant's journey. He reported that he dreamed about getting involved in an accident, and the accident happened but he was not injured. He also reported that he bought a car and it gave him a lot of problems. He sold the car even though it was still new.

b) Theme 2: Help-seeking pathways after an ancestral call

He decided to go and consult with a traditional healer who informed him that he must follow the ancestors' instructions; if he did not, he would lose things. He further highlighted that he not only consulted a traditional healer. He went to ZCC. When he arrived, the prophetess told him the same thing that the traditional healer told him, namely, that he had an ancestral calling. He reported that the prophetess told him about the dreams he had been having. He mentioned that the prophetess asked him what he was waiting for. He told the prophetess that he did not have money. He was informed that he would lose everything if he did not accept the call. The participant stated that he was overwhelmed by all the information he received.

c) Theme 3: Meaning attached to the ancestral calling

The participant reported that when he was informed that he had an ancestral calling, he was not happy about it. He was working at a clinic at the time that he was informed that he had an ancestral calling and he must accept the calling.

d) Theme 4: Responding the ancestral call

He reported that he did not have a choice but to accept the calling. He went to be initiated.

e) Theme 5: Post training realities and experiences

He mentioned that on the day of his homecoming ceremony, it rained. He further mentioned that the day after he perform *u vhea mudji*, it rained. The participant reported that he was initiated to become a traditional healer because he was called by the ancestors.

5.3.15 Participant O

The participant was a 57-year-old male. He was a traditional healer and a director at a government department. The participant started by throwing *thangu* to inform the ancestors about the interview. We continued with the interview; however, from time to time the participant would throw *thangu* and arrange them before we could proceed with the interview.

a) Theme 1: Signs of ancestral calling

The participant mentioned that from the age of 10, he could see witches in his sleep. From there, he would tell his family and then they would get up and see that person. His family suspected that he had sprits and took him to his grandmother who was a traditional healer. The grandmother told him that he would be a traditional healer. He reported that his grandmother gave him *mulinga* to wear and the dreams stopped. However, when he was 25 years old and a student at the University of Venda, he became very sick. He was taken to the hospital. He reported that almost every week, he would be taken to the hospital. The illness did not get better; he was very sick and unable to do his school work. He mentioned that he failed all his modules due to the sickness.

b) Theme 2: Help-seeking pathways after an ancestral call

Regardless of the efforts that were made when he started dreaming by wearing *mulinga* going to the hospital several times when he was at the university, his illness continued. He then decided to go home. At home, he was advised to go and visit a traditional healer. The traditional healer informed him and his parents that he had a gift from the ancestors. He was going to be a traditional healer. He reported that his parents wanted him to finish his university studies first. He also reported that he did not want to be a traditional healer. He reported that the traditional healer gave him some herbs to use but told them that it did not mean that the call would go away. He used the herbs and the sickness got better. The participant reported that he went back to continue with his degree. He reported that when he returned to school, he got sick again. This time it was worse. He mentioned that he went to the doctor and the doctor informed him that he could not see anything wrong. He went further to seek help from another doctor who informed him that he could see that he was in pain but he did not know the source of the pain. The participant mentioned that he was operated on but the doctor could not find anything. He mentioned that the doctor told him that there was nothing he could do for him. He went home even though he was still in a lot of pain.

c) Theme 3: Meaning attached to the calling

After being discharged from the hospital, the participant mentioned that he had a dream. He dreamed of his grandmother telling him that he was not sick, but only needed to accept the calling to be a traditional healer. However, the participant was hesitant to accept the calling. He mentioned that this was due to the experiences of those who went through initiation. He mentioned that the initiates would always be dirty and smeared with *luvhundi* (paste of red clay). As a clean man, he could not subject himself to such.

d) Theme 4: Responding to the ancestral call

The participant mentioned that he continued being sick and having dreams telling him that he should accept the calling. He continuously had dreams from his ancestors informing him that he must accept the calling and he was just delaying the inevitable.

He reported that he accepted the calling to be a traditional healer in 1988. The participant mentioned that after he was initiated, he was healed and felt strong. However, the participant did not want to become a traditional healer because he had not finished his studies. He reported that his ancestors visited him again and told him that he had to become a traditional healer. He said that he refused because he was healed. Apparently, his ancestors warned him that there would be consequences.

The participant mentioned that he got sick again; he was due for a promotion at work but that promotion never happened. He further reported that the ancestors visited him again in a dream and informed him to accept the calling and finish his training, but the participant said he refused. His refusal was because he was healed and had no pains anymore. He reported that the ancestors continued to visit him and informed him that they would make him walk like a poor man. The participant reported that he was doing well in his life as he had several big cars. However, he lost all his cars, some due to accident and some due to mechanical failure. The participant's life was falling apart; he was sick again, and never got the promotion that he thought was due to him. All these were consequences of refusing the call and angering the ancestors. Despite all the communication from the ancestors, he still refused to accept the calling. Nevertheless, the ancestors communicated to him again. Given all that was happening to the participant, he then decided to complete the training.

e) Theme 5: Post training realities and experience

The participant decided to complete his training even though he did not like the work. Thus, accepting the call and completing the training to be a traditional healer was not a choice: he was forced into it due to circumstances that were happening around his life. After the completion of the training, the participant's life went back to normal. He became a fully-fledged traditional healer.

f) Theme 6: Many roles of the master healer

The participant reported that during initiation, there were some ritual dances and drumming that was done. Then the ancestors would come to him and tell him what they wanted. The master healer taught him how to dance. He was also taught how to

use *thangu* and how to interpret them. He mentioned that he was taught about traditional medicine.

5.3.16 Participant P

The participant was a 50-year-old male. He worked at a government department and as a traditional healer. He reported that he had grown up in a Christian family. He reported that he knew that he would be a traditional healer from the young age of 7.

a) Theme 1: Signs of ancestral calling

This participant relayed that from a very young age, his family knew about his calling. He conveyed that he would dream about people in his family that he had never met and he would dream about things that came true. He mentioned that he would then tell those dreams to his pastor and they would pray about it, and then the pastor would interpret the dreams. The participant reported that sometimes his dreams would actually feel like reality. He mentioned that he remembered flying to a neighbouring village. He told his grandmother in the morning and the grandmother was very angry and called the pastor to come and pray for him. He reported that from time to time he would wake up by the door. The pastor informed his family that he had a gift, and if he did not get help he would walk out the door. He was also informed that he was sleepwalking. His family did not take the signs seriously. They said he was sleepwalking and the door should be locked when he slept.

The participant further mentioned that he started hearing voices of someone talking to him but was unable to see who was talking. He reported that the voice was coming from the spirit. This voice would also tell him about herbs that cured certain illnesses. He reported that the voices did not come like a conversation between two people. He dreamed of certain herbs that cured specific illnesses. He further mentioned that when the voices came to him, it was like a vision and he would see himself in the bush following the instructions of the voices. The participant reported that his family lost everything: the house they were living in burnt to ashes. When this happened, he and his family were coming back from church on a Sunday. He reported that a message came to him that if he did not accept the calling, nothing would go right in his life.

b) Theme 2: Help-seeking pathways following an ancestral call

The participant and his family relied on the pastor who interpreted his dreams. Whenever he had dreams, he informed the pastor who interpreted the dreams for him. The pastor advised the family that their son had a gift from the ancestors.

c) Theme 3: Responding to the call

The participant said for him and his family the calling came as a shock because he grew up in a devoted Christian family. They went to church almost every day. He reported that regardless of his background, he accepted the calling.

d) Theme 4: Meaning attached to the calling

He had to make a decision even though he was not comfortable with it. He was forced to accept the calling due to the circumstances that were unfolding. Thus, he was initiated.

e) Theme 5: Many roles of the master healer

The participant reported that he was initiated by an old lady who guided him through his journey. He was taught everything he needed to know about traditional healing. This included the use of *thangu* and herbs.

f) Theme 6: Post training realities and experiences

The participant reported that after his homecoming, things were difficult for him. He experienced stigma when returning to work and also around his community. He said it was not easy. Moreover, his family continued going to church.

5.3.17 Participant Q

This participant was a 33-year-old female. She worked at a government department and as a traditional healer.

a) Theme 1: Signs of ancestral calling

The participant reported that she grew up in a Christian family and her father was a pastor. She relayed that a lot of things were happening in her life but she did not know that it was the ancestral calling. The participant reported that when she was growing up she was a child that enjoyed to sleep and that was a problem for her father. However, when she was sleeping, that was when the ancestors would visit her. She would have a lot of dreams. She would tell her family about her dreams, but her family did not take her seriously and just called her names. The participant was confused about what was happening to her at such a young age. Her family called her Joseph (from the Bible) because she was having a lot of dreams. The participant further reported that sometimes the dreams would feel real or the feeling of déjà vu; she would feel as if the dream has happened before. However, this frustrated her and what frustrated her even more was when the dream actually come true. The participant mentioned that she would know if someone was going to die; she would have been shown in her dreams.

The participant further stated that not only did she enjoy sleeping, but also being by herself. She would be irritated in room full of people and would get tired and have severe headaches. However, she did not know the cause. She reported getting sick in 2011 when she was at university. The sickness got worse to a point where she could not concentrate at school. She got tired of being at school and she could not function when she was in class. She reported that she did not like to be around people and she would just scream and cry for no reason. She reported that things got worse, she was very sick and could not walk. She mentioned that she was unable to wear shoes and her left hand was not working. She could not do anything for herself and her mother would do everything which included bathing her. She also mentioned that she lost weight. The participant had physical and psychological symptoms or sicknesses. She reported that she felt as if she was mediating between the living and the dead. She would know if death was on its way and whether it was a natural cause or witchcraft. She would also know if the spirit of that particular person has crossed over or not. She reported that sometimes she would have shortness of breath and an excessive heart

rate. When this happened, she reported that she would know that something was wrong.

The participant further stated that she was suicidal on two occasions. When the participant was talking about this part of her life she was tearful. The audio recorder was paused so that she could have a moment to herself. She agreed to continue with the interview. She portrayed a feeling of helplessness. She felt as if she was a burden to her family and felt as if there was no meaning in life; it felt as if she had been thrown into a dark pit. She mentioned that being dead was an easy way out for her. Her family's life was affected, her relationship with her father was tarnished, there were constant fights between her sisters and her parents were also fighting. The participant experienced psychological symptoms. She was suicidal and frustrated. She also experienced physical symptoms; she was unable to do anything for herself and her mother was the one helping her. Her poor performance at school and the consistent fights at home exacerbated her situation.

b) Theme 2: Meaning attached to the ancestral call

She reported that both her parents did not follow their call but in her case, it felt that she did not have a choice because of the things that were happening to her. She further stated that her parents always said that she was a special child but she did not understand what they meant. She mentioned that her mother would often tell her that her father had a dream about her wearing traditional clothes but he did not want to say anything to her. The participant also reported that things were not going well in her life. She felt as if her life had hit rock-bottom. She reported that she was tired and just wanted to end her life. The participant was very frustrated; she started asking herself whether she was a witch or whether she was cursed.

c) Theme 3: Help-seeking pathway

She reported that her family took her to a western-trained medical practitioner, and she was diagnosed with a light stroke. The participant mentioned that she wanted to be helped by the western-trained practitioner because she continued being sick. She reported that she also consulted with a psychologist and was diagnosed with depression. However, these practitioners could not help as she continued being sick.

She reported that she continued dreaming, and her father also had dreams about her which led them to consult a traditional healer. She conveyed that when they arrived at the traditional healer, the traditional healer told her father that she had an ancestral calling and he knew what he must do. She reported that because her father was a pastor at church, he disregarded the information received from the traditional healer. The participant reported that she went to consult with a spiritual healer with her mother. The spiritual healer told them that if she did not comply, she would die.

d) Theme 4: Responding to the call

The participant reported that after consulting with a spiritual healer, her family decided that she must accept her calling and acknowledge the ancestors. She did so by going through initiation.

e) Theme 5: Post training realities and experiences

She reported that after accepting the ancestral call, things started to unfold by themselves. She could walk and a man who had broken up with her now started calling. She also received a bursary that she had been applying for two years. She reported that her father stopped going to church because he was having problems with the church. She reported that the people at her father's church kept asking him how he could be a pastor and also worship dead people.

She reported that when she accepted the ancestral call, she wanted to live and after accepting the call that was when she saw the significance of life. She reported that the ancestors still came to her in a form of dreams and visions to guide her on the path she was currently on. They also guided her on the types of herbs she was supposed to use. She reported that she loved the new person that she was. However, this new person had come with challenges. She mentioned that people look at her differently and her friends were no longer comfortable around her.

f) Theme 6: Many roles of the master healer

The traditional healer diagnosed the patient with an ancestral calling and informed her father that he knew what he must do.

5.4 COMPOSITE SUMMARY OF ALL EMERGING THEMES FROM THE INTERVIEWS

In this section, a table with main themes and subthemes, and a composite summary of all the emerging themes from the interviews with the participants is presented. The themes presented incorporate the units of relevant meanings that were isolated during the explication of each interview.

5.4.1 THEMES AND SUBTHEMES

The table below shows the main themes and the subthemes that emerged during data analysis. Six major themes emerged from the data explication process. They are a) signs of ancestral calling, b) meaning attached to ancestral calling, c) help-seeking pathways following an ancestral call, d) responding to the ancestral call, e) roles of the master healer, and f) post-training realities and experiences.

Table 2: Themes and subthemes

Theme Number	Main Theme	Subtheme
1.	Signs of ancestral calling	Having dreams
		Having visions
		Unusual things happening
		Behaving oddly
		The sickness
		Having misfortunes
2.	Meaning attached to ancestral calling	Being chosen by ancestors
		The calling as a gift
		The calling as inheritance
		The calling as a burden
3.	Help-seeking pathways following an ancestral call	Consulting with western-trained practitioner
		Consulting with a spiritual healer

Theme Number	Main Theme	Subtheme
		Consulting with a traditional healer
4.	Responding to the ancestral call	Accepting the call
		The training
		After training
		Reasons for refusing the call
		Consequences for refusing the call
5.	Roles of the master healer	Diagnosis of the ancestral call
		The master healer as a health practitioner
		The master traditional healer as a teacher
6.	Post training realities and experiences	New status of a traditional healer
		Specialisation of traditional healers
		Stigma associated to traditional healing
		Being a new person

5.5 SIGNS OF ANCESTRAL CALLING

Becoming a traditional healer is a long process that begins with different signs that indicate that one has been called by the ancestors. These signs differ from one individual to the other. All the participants in this study experienced different signs that were indicative that they had an ancestral calling. However, these signs were not immediately known to the participants. The signs included dreams, visions, unusual things happening, behaving oddly, sickness and misfortunes.

5.5.1 Dreams

Dreams played a significant role in identifying that participants had an ancestral calling. Participants reported experiencing different types of dreams. Participants relayed dreams about herbs, *ṭhangu* and even ancestors that they had never met. The called person may have dreams about herbs, divining bones, people that had already died and about things that would happen. The extracts below illustrate how dreams played a role to indicate that one is being called by the ancestors.

“It starts with dreams, you may dream of a late person instructing you to go and extract medication from a certain tree and where to find it, it may be a lemon tree or mugute etc... Well, I found my Ṭhangu by the river. In a dream, I was told to go to the river and I found them (divining bones) hanging by a leaf.

Participant K, 54, Female.

“Vivid dreams and visions that’s what shows that a person has an ancestral calling.” ... “I’d dream about traditional medicine, vhadzimu (ancestors) would show me how to mix all these herbs in order to cure various [illnesses]...”

Participant M, 85, Male.

“They may have dreams; these dreams will always come to pass.” **Participant B, 35, Female.**

“I knew it this way, was I was sleeping, if I dream about picking up money somewhere. When I was still young in 1970, I dreamed about two herbs and I told my mother about it.” **Participant N, 70, Male.**

I dreamed about getting an accident and it happened and I was not injured. I consulted and I was told to follow the instructions of the ancestors so that I must not lose things.” **Participant N, 70, Male**

“All right, ancestral calling is a series of dreams. For instance, I could dream of your arrival, they also show me the medication that I must prescribe for you. That way I get up and look for that that tree were I will extract that medication.”

Participant K, 54, Female.

“Even when I was sleeping they will tell me, someone from the past will visit me.... maybe I get sick and think that I am dying. They come and tell me that don’t be afraid, you will be healed. You will be able to see that there is an old man or an old lady, but I don’t know them. But they come and talk to me”.

Participant N, 70, Male.

“I slept a lot and I would dream about a lot of things. Every time when I wake up my family will be asking me what I dreamed about. They called me Joseph, they will keep saying, Joseph what did you dream about? Joseph, Joseph, you know from the Bible. To a point where I would have an attitude and just say nothing even though I know there is something strange that I dreamed about. At times, the dreams would feel real; at times it will feel like this thing has happened before. I didn’t know what was going on. I just ignored it, but when something that I dreamed about happens, I get frustrated. So, when I was growing up the most things that I was able to see was like if someone was going to die, I would know and it was problematic for me because I would ask myself if I am a witch or cursed. I didn’t know. It was frustrating...”

Participant Q, 33, Female.

*“In my dreams, I’m walking with an elderly woman. She asks me if I know this tree. I replied no. She then tells me its name and what it is used for. She said I shouldn’t forget. We come across a second tree, she asks me the same question. I said no and she told me its function and then tells me what they are used for when they are mixed with other trees. In my dreams, I can only be taught about three herbs at a time so that I must not forget... Sometimes I will see a vision, a hand in the sky writing with some chalk. When I read it, it would be a message from the ancestors. They will be telling me that this is done this way and this is done this way. I had another dream where they were showing me where to find my divining bones: it was at a mountain. I went there and find four *thangu*; they are made of elephant bones. They taught me how to read and interpret them. But I didn’t know what they were called.”*

Participant E, 57, Male.

From the above extracts, it appears that dreams played a role in indicating that the participants had an ancestral calling. The dreams come as an instruction, instructing the targeted individual on what to do. Dreams also alerted the targeted individuals about what is yet to come, participants also dreamed of the ancestors that they had never met. Dreams were a way of ancestors to get the attention of the targeted individual. However, these dreams were frustrating and caused psychological distress. These dreams were unwanted and stressful to the participants. These intrusive dreams created a sense of panic in the chosen individual because they did not know what the cause was and the meaning behind these intrusive dreams. Given that the ancestors were trying to get attention from the chosen individual, the dreams did not stop. They served as a mode of communication between the ancestors and the chosen individual. During the dream, the ancestors provided guidance about certain herbs and who should dig them and how they were supposed to be extracted. This is described by the participants below.

“The dreams are endless. They don’t stop, and I also dreamed about going to the mountains to pick certain herbs. Upon my arrival, my grandmother told me that this medication cannot be dug out by women. I had to go back and come back with a man to help me.” **Participant K, 54, Female.**

“I had a dream that I flying with something and landing on a foreign country... but because I am a geography teacher I knew I was in Malawi. That could’ve been an aeroplane.” **Participant A, 63, Male.**

When a chosen individual dreamed, whatever the dream was about happened. This also evoked panic in the chosen individual as indicated by Participant B below. The participants further indicated that when a person was called by ancestors, they dreamed about a variety of things which included old people, traditional herbs and relatives that has died.

“They may have dreams; these dreams will always come to pass.” **Participant B, 35, Female.**

“I had this constant dream of a very short old man holding a black tree stick. This man was haunting me...” **Participant C, 66, Female.**

“Another sign may be the occurrence of dreams. These dreams will be of traditional herbs and trees that one needs to heal people. Sometimes during these dreams, a person is shown their late relatives that lived before them. When they ask, they are told that these people died before they were even born.” **Participant H, 36, Male.**

“When it started, I don’t know maybe it was on its way.... well, my grandmother was a practising healer, but she did not use divining bones in her practice. She would just send me to the forest to go dig certain medication. Then when I was older, I started dreaming about all sorts of medication, even the ones that my grandmother used and also medicine that I was not familiar with.” **Participant E, 57, Male.**

“Some people experience dreams; sometimes the dreams are about medicine, which may be another sign. You may also dream about people who died a long time ago; these people turn out to be your great-grandparents whom you never knew, instructing you on different things because there are different types of traditional healing.” **Participant H, 36, Male.**

“I’ve dreamed about medication. A lot of medications, right now I have a vast knowledge of traditional medicine.” **Participant J, 48, Male.**

“When you are sleeping at night, there are things that ancestors will show you. You will dream, it’s different with people. I can even dream about you coming to my house and I will tell you what your problem is or what your sickness is. It’s up to those people that choose how they work. There are some medicines.... you can’t just go to the forest and go and get all the medications because all the trees are medicine. The ancestors will explain to you that this medicine is for which disease.” **Participant F, 37, Female**

“Dreams, I used to dream about a lot of things. Whatever I dream about would happen; for example, if I dream about someone’s death. That person will indeed die. I also had dreams about medicine, which herbs to mix for which illness.” **Participant F, 37, Female.**

“I had dreams; I would dream about herbs. In my sleep, I would be told to go and dig for certain herbs... I would get those herbs. I was also very sick. And I was informed that the ancestors are making me to be sick.” **Participant J, 48, Male.**

From the extracts above, it is evident that in the process of becoming a traditional healer, dreams play a role in indicating that one has an ancestral calling. Dreams also play a huge role as a mode of communication between the ancestors and the chosen individual. The dreams also serve as guidance when it comes to healing because the participants dreamed about medicinal herbs and how to mix certain herbs. However, to the called participants, the dreams were disturbing and unwanted. These intrusive, ongoing dreams affected the participants' levels of functioning as some of these dreams would come true. Thus, dreams affected the cognitive functioning of the chosen individual.

5.5.2 Visions

In addition to having dreams, some participants reported having visions as another sign that one had been called by the ancestors. The following extracts illustrate this:

“Then had a vision of me being a traditional healer and being able to do it.” **Participant M, 85, Male.**

“In my dreams, they come as visions. I see myself in the bushes and they tell me that if I take this plant with this plant you get a headache remedy; for example, if you mix these two plants you chase away bad spirits.” **Participant P, 50, Male.**

“Is through you sleeping and dreaming and also having a vision, you foresee things. You find there are others that could see in dreams while they are sleeping, there are others who able to see through the visions, there are those who are able to see through hearing.” **Participant Q, 33, Female.**

“Sometimes I will see a vision, a hand in the sky writing with some chalk. When I read it, it would be a message from the ancestors. They will be telling me that this is done this way and this is done this way.” **Participant E, 57, Male.**

The visions were seen as communication between the chosen individual and the ancestors, guidance from the ancestors, and also served as signs that a person was called to be a traditional healer. In the visions, one might foresee things that were yet to come. However, these visions caused psychological imbalance and disturbed the participants' sleep.

5.5.3 Unusual Things Happening

Some of the signs and symptoms that were indicated in findings of the study were the unusual things that happened to an individual, such as feeling like there were things crawling all over their body, inability to read despite being able to read before, and misbehaving. These quotations below elucidate this notion.

“They talk to you through signs and unusual things happening to you”
Participant A, 63, Male.

“I used to be a teacher, they came to me and showed me these things..., and I used to go to church and everything. I felt I didn't like the idea of being a traditional healer. I would go to class to teach; immediately when I opened my mouth to talk, my voice would be muted (the voice will be gone), [but] when I stepped outside the classroom it would be audible, the voice will come back... I could tell there was a problem.” **Participant A, 63, Male.**

“You wouldn't know what's wrong with you. Wherever you go for consultation, they won't be able to diagnose you. Sometimes you will feel like there are things crawling under your skin.... unusual things, I tell you. You will have unusual sicknesses.” **Participant B, 35, Female**

“From there it started when I was in school. Whenever I would open a book to read, I would only see blurred lines.” **Participant E, 57, Male**

“Sometimes a person can start behaving somehow. Like a child may just start misbehaving, they start behaving in an unruly manner and you don’t understand what is happening. When a parent consults, they are told that the child has spirits. And if those things are done, then everything will be fine.” **Participant E, 57, Male**

“On my side, I experienced many sicknesses that also disturbed my studies to a point where I had to drop out. During the lectures, I would just see the darkness. Even with the projector on, all I could see was just the darkness... I would get anxious and get panic attacks.” **Participant H, 36, Male**

The unusual things or bizarre things that happens to the individual were noted as signs that one is called by the ancestors. However, consultations with western-trained practitioners led to misdiagnosing due to lack of knowledge about the conditions of the chosen individual. The feeling of despair and hopelessness was one of the signs as individuals were not aware that the bizarre things happening were communication from the ancestors.

5.5.4 Behaving Oddly

Participants reported that when one was called by the ancestors, they might behave in an unusual way that was not normal to ordinary people. For instance, participants reported that a child could be ungovernable as a sign that the ancestors were calling that particular child. The extracts below exemplify this.

“Being an ungovernable child, a rebellious child isn’t a sign not being a disciplined child, it is an indication that there is a spirit in you. It is a higher being that is trying to figure out its new body and there is spirit and a child trying to be one...” **Participant P, 50, Male**

“Sometimes a person can start behaving somehow. Like a child may just start misbehaving, they start behaving in an unruly manner and you don’t understand what is happening. When a parent consult they are told that a child has spirits.” **Participant E, 57, Male**

“For example, in my case I grew up as a I loved sleeping a lot. I slept and my father will be very angry especially for a girl, I would sleep. Everyone will be up in the morning and I will be sleeping... Like I told you I slept a lot, I enjoy being by myself, those were strange things that was happening. I get irritated in a room full of people I get tired and have severe headaches. I didn’t know what was happening”. **Participant Q, 33, Female**

The extracts above display some behavioural symptoms that showed that one was called by the ancestors, which included behaving abnormally and/or a behaviour that deviated from the social norms and being ill-disciplined. However, when this happened, individual that were called and their family was not aware that this was a sign of an ancestral calling. These incongruent behavioural patterns may be misdiagnosed when treated from the western perspective. The individual experiencing these incongruent behavioural patterns could only be assisted when such behaviour was treated from an African perspective by consulting a traditional healer.

5.5.5 Sickness

Participants reported that when one was called by ancestors, they sometimes became sick. The sickness could either be physical, psychological or spiritual. This is explained below.

a) Physical Illness

Participants reported being physically ill. This was noted as a sign that one had the ancestral calling. The results of the study illustrate that the sickness that was described by the participants could not be diagnosed and cured from the western modalities of treatment. Some of the participants called this a mysterious sickness.

“I just got really sick, in 2013 I got really sick, I lost a lot of weight (silence) to a point where if you would touch my hands.” (Shook her head). **Participant F, 37, Female**

“Sometimes my heart will beat very fast and I would have shortness of breath) then I would know that something is wrong. It’s difficult to explain...” **Participant Q, 33, Female**

“Another sign is a mysterious sickness, a sickness that even doctors who studied medicine for years may not diagnose.” **Participant H, 36, Male**

“This sickness is supernatural; it’s unlike the others. You wouldn’t know what’s wrong with you; when you go to the hospital, they won’t be able to diagnose you. Sometimes you will feel like there are things crawling under your skin.... unusual things I tell you. You will have unusual sicknesses.” **Participant B, 35, Female**

“I lost a lot of weight.” **Participant Q, 33, Female**

“They may start getting mysterious sicknesses that even doctors cannot diagnose or treat even with all the blood samples and tests.” **Participant H, 36, Male**

“For example, I used to have like.... you have a build-up of air inside, you find that you turn to burp a lot, or some people fart a lot. So, you have a lot of air in your system, I used to burp a lot; it was irritating.” **Participant Q, 33, Female**

“The other thing is common headaches that are uncontrollable. A headache is healable but this one is uncontrollable.” **Participant P, 50, Male**

“I get tired and have severe headaches”. **Participant Q, 33, Female**

“When a person has an ancestral calling, it manifests in different ways. This is what happened to me when I realised I had a calling, I used to work in Pretoria, I used to install swimming pools. While I was there, my legs started swelling up. I stopped wearing shoes.”. **Participant G, 38, Male**

“I went back to work, for three weeks I was seriously constipated. I called my wife again informing her of my constipation; she advised me to come home once more” **Participant G, 38, Male**

The findings of the study also indicated that women might experience late menstruation and inability to conceive as a sign that they are called by the ancestors. When this happened, participants experienced a feeling of sadness and shame because they were different to their peers.

“Time went by and I grew up and became of age. Just when I started experiencing puberty I just somehow stopped going on my periods. I was almost like an elderly person who has been through menopause. When the elders enquired they were told that I had my ancestral spirits.” **Participant L, 72, Female**

“I grew up and became of age, got married but I was failing to conceive. It was difficult. They started consulting with traditional healers on my behalf, and they were told that I have ancestral calling and they are causing this thing to happen to me.” **Participant C, 66, Female**

“To be called by the ancestors, a person gets sick, very sick. If that is not the case, a girl may just grow in age and height without experiencing puberty like her age mates. A girl will not grow breasts or pubic hairs, let alone get her periods...her parents will then decide to take her to traditional doctors.” **Participant I, 62, Female**

The physical symptoms that the participants experienced included headaches, losing weight, a rapid heartbeat, shortness of breath, things crawling under the skin, constipation, swelling of legs, burping and/or farting a lot, being tired, unable to conceive and problems with puberty (for girls) such as late menstruation or paused menstruation and also inability to grow breasts. However, the biomedical treatment was unable to treat the above mentioned symptoms which led to frustration. These physical symptoms brought psychological and emotional distress to the participants.

b) Psychological illness

Participants reported having symptoms such as shivering and shaking. Some participants mentioned experiences of some cognitive symptoms which included recurrent dreams, poor concentration, loss of memory and frustration. Other

participants reported experiencing some emotional symptoms which included frustration and hopelessness. Others relayed having suicidal thoughts, fear and isolating themselves from others.

“It took a sharp turn again when all of a sudden I just had anxiety and panic attacks. I would just shiver and shake.” **Participant E, 57, Male**

“I was depressed in a sense that I was just tired. My energy was just too low. I was so negative about everything; that’s why I wanted to kill myself. There is this empty thing; there is a void within you but you cannot fill it.” **Participant Q, 33, Female**

“I had lost my memory; couldn’t recognise anyone. I would throw up at the smell of food. I was unable to eat; the only thing that kept me alive was drinking lots of water.” **Participant I, 62, Female**

“The most common sign is having suicidal thoughts. I am telling you that all healers have tried to commit suicide at one point of their lives because the spirits will be in a constant battle with the physical being and as a result the mental self of you will be stretched to the limits and your physical being is going that other direction and that creates depression and triggers suicidal thoughts. All healers have been through this.” **Participant P, 50, Male**

“I was not concentrating at school, I got tired of being at school, and if I was in class I could not function. I didn’t feel like talking and being around people.” **Participant Q, 33, Female**

“Being unable to eat, the only thing that keeps you alive is drinking lots of water. That’s how you know you have a calling.” **Participant I, 62, Female**

“I didn’t feel like talking and being around people. I felt like screaming or crying with no reason.” **Participant Q, 33, Female**

“Like I told you I slept a lot. I enjoy being by myself. Those were strange things that were happening. I get irritated in a room full of people, I get tired and have severe headaches.” **Participant Q, 33, Female**

Participant Q was overwhelmed by this situation that she even wanted to take her own life. She reported feeling as if she was thrown into a dark pit due to all the misfortunes that have been happening to her. She also reported feeling frustrated because she could not do the things she could do before, which include bathing and feeding herself. Due to her feeling helpless and defeated, she tried to commit suicide several times. This is illustrated by the extract below.

“I wanted to kill myself because I was tired, I had no reason to live, I did not understand what was going on, I couldn’t make sense of my life. I had always been this clever child; at school I was excelling. I felt like I was a burden given that my parents were fighting a lot because of me. I was not progressing at school. There was no meaning of me living. Because there was this thing that I have to do that I have no knowledge of. My dad didn’t allow me to do it. It was a problem, I felt like I was thrown into a dark pit. And being dead was the easy way out. I would mix pills and drink, I just wanted to sleep and not wake up. Because every time I wake up, there were fights. I just couldn’t take it anymore”.

Participant Q, 33, Female

Everything was just bad to a point where I was suicidal twice. I did not understand, I had a lot of stress. And people will always tell me that I had stress. It was frustrating because I hit rock bottom.” **Participant Q, 33, Female**

From the above extracts, the ancestral calling seems to be a very overwhelming experience. Some of these psychological symptoms were stimulated by the physical symptoms that the participants were feeling. This is an overwhelming experience which leads to some individuals having suicidal ideations.

c) Spiritual illness

The participants explained that in some instances when a person is called by the ancestors, they may have a mysterious sickness or a supernatural sickness. When this supernatural sickness is experienced, that particular individual will not have the knowledge of what is wrong with them. The symptoms of the spiritual sickness were reported as behaving in an unruly manner, seeing things and hearing things. This is reflected below.

“Some may seem as if they are possessed by spirits and when they take them to the hospital, they don’t get healed, but if they take them to someone (traditional healer), they will tell them that its ancestral calling.” **Participant N, 70, Male**

*“You will get sick, you will get *vhulwadze ha muya* (spiritual sickness), then you start seeing things, you will have visions and start talking and talking. Then they will take you to a traditional healer and then it will stop. This it means *ndi mbidzo ya vhadzimu* (ancestral calling) Then if it doesn’t stop, then it means is not ancestral calling.”* **Participant D, 75, Male**

“Sometimes a person can start behaving somehow. Like a child may just start misbehaving, they start behaving in an unruly manner and you don’t understand what is happening. When a parent consults, they are told that the child has spirits...” **Participant E, 57, Male**

Vhulwadze ha muya has been described as one of the indications that one has been called by the ancestors. According to the participants, when one has these spiritual illnesses they see things, and talk and behave in an unruly manner. When this sickness takes place, it causes psychological and spiritual distress. This sickness causes disharmony between the personal unconsciousness which will be the ancestors and the self which will be the chosen individual which leads them to seek different kinds of treatment. This illness is accompanied by physical and psychological symptoms which lead to participants seeking help. However, when these symptoms are interpreted from a Eurocentric perspective, they might be misunderstood as some kind of psychopathology. The participants reported that if indeed the person had an ancestral calling, they would be taken to a traditional healer and be diagnosed that it is indeed an ancestral calling and then the problems would stop. Seemingly, if it does not stop, then the individual does not have an ancestral calling.

5.5.6 Misfortune

Participant M mentioned that when a person is called by the ancestors, they may experience misfortunes in their life. These misfortunes may affect the individual

directly and some of these misfortunes can affect the family of the chosen individual. The extracts below exemplify this understanding.

“Every unpleasant thing will happen to you”. **Participant A, 63, Male**

“This person will start experiencing setbacks in everything that they try to do, if they have a family, they family may just start falling apart.” **Participant H, 36, Male**

“They will give you tsira (a shadow) in which when everyone looks at you, they will just dislike or hate you until you do what you are supposed to do” **Participant N, 70, Male**

“Some people when they have ancestral calling, they just suffer, if that person went to school they will suffer like someone who didn’t go to school until they do what they are supposed to do. That person will never progress in life.” **Participant N, 70, Male**

“You might be working somewhere and then the ancestors don’t want that. You may get laid off from work, get sick, you will go and consult with the doctor because you don’t know what is happening with you, whatever pills the doctors prescribe for you won’t help you because the ancestors want you to do their work. You will get tired and maybe someone will advise you to go and consult with a traditional healer and then you will be guided on what to do, like poring fola fhasi (pouring the snuff on the ground) and wearing mulinga (bracelets) like the one I am wearing now. Then things will go well. After following all those instructions that will be given by the traditional healer, all things will go well. Because they now know what the problem is and the person has accepted the calling and will follow all the instructions.” **Participant G, 38, Male**

“They just lose money mysteriously.” **Participant H, 36, Male**

“The other frustrating thing was to see my mother doing everything for me, to bath me and feed me when I was used to doing things myself. So, I couldn’t manage; it was the most difficult thing that I had to go through. I kept asking

myself that if this is a gift, then why am I suffering? The best thing was just for me to die and there will be harmony.” **Participant Q, 33, Female**

Similarly, the misfortunes not only affect the person that is called by the ancestors, but also the family of the person that is called. The participants reported that sometimes the family would be plagued with deaths and conflicts. This is elaborated in the extracts below.

“Sometimes the family might even be plagued with death, they will lose children, parents and that person will continue being sick.” **Participant N, 70, Male**

“The path itself is never easy. It doesn’t only impact on you as an individual who has to undergo this, but links up with the whole family and everyone around you” **Participant Q, 33, Female**

“I went to church and there was a prophetess there. She came to me and said I must follow my path, otherwise I will die. She said not only me, even people around me. There was a lot that was happening at my home, my sisters were always fighting, and my parents were always fighting.” **Participant Q, 33, Female**

“A lot of things happens to such a person. The people who get affected negatively are parents, this is because they always know that all these things are happening due to the ancestral calling.” **Participant G, 38, Male**

The results of the study showed that ancestral calling is not an easy journey. This is not only felt by the person who is called by the ancestors but also the family. Thus, the family will be distressed by what is happening to the individual and also about what is happening around the family. The family provides a foundation of support to the family member experiencing the ancestral call. Because of the distressful life of the family and the misfortunes experienced, the family would then decide to seek help. However, family members can also disregard the signs due to certain belief systems such as Christianity. An ancestral calling is viewed as worshipping evil spirits when viewed from a Christian perspective. Hence the delay in consultation and delay in answering the ancestral call until the last stage.

5.6 MEANING ATTACHED TO ANCESTRAL CALLING

The participants understood the ancestral calling differently. Some understood the ancestral calling as something that happens only to individuals that are chosen by ancestors. An ancestral calling was also understood by others as a gift from the ancestors and as something that was passed from one generation to the next. They understood ancestral calling as something that was inherited. Different understandings of ancestral calling are indicated in the extracts below.

5.6.1 Being Chosen by Ancestors

Seven of the participants interviewed understood the ancestral calling as something that comes to an individual that is chosen by the ancestors. According to the participants, it was not their choice but lay entirely with the ancestors. However, the participants mentioned that the ancestors did not just choose anyone. They elaborated that the chosen people had to continue the work of their forefathers which meant that they have to continue the work of their ancestors who were traditional healers. This understanding is captured in the extracts below.

“Being called by the ancestors’ means that your forefathers desired you to a point where they chose to entrust you with a special gift.” **Participant A, 63, Male**

“When someone is chosen by the ancestors, the ancestors don’t just choose anyone. They choose.... Even when the ancestors don’t know that there will be a child that will be born, they choose. They have to continue the work of their forefathers. The ancestors don’t just choose anyone” **Participant F, 37, Female**

“No, not everyone gets called by the ancestors. It is dependent on who the ancestors chose. Even with my kids, the ancestors can choose one or two of them to become a traditional healer.” **Participant D, 75, Male.**

“I didn’t have a choice. You are chosen from birth.” **Participant Q, 33, Female**

“Yes, they were healers, even my own late father. This gift has since been passed on to me. The ancestors chose me to continue with what my father was doing”. **Participant J, 48, Male**

“Okay, the ancestors choose a person because they died a long ago and they would like to be reincarnated through whoever they chose”. **Participant J, 48, Male**

“Someone is chosen by the ancestors; the ancestors don’t just choose anyone. They have to continue the work of their forefathers”. **Participant F, 37, Female**

From the above narratives, it can be determined that the ancestors want a person to become a traditional healer. The individual that is chosen must continue with the work of the ancestors. Thus, the chosen individual loses a sense of self. The chosen individual does not have control over their life as it is controlled by the ancestors who want them to continue with their work. The person who is chosen by the ancestors must finish the unfinished business of the ancestors. However, when this happens the chosen individual is not fully aware of what is happening or know that they are chosen by the ancestors. This lead them to be overwhelmed by the situation around them.

5.6.2 The Calling as a Gift

The participants also understood the ancestral calling as a gift or a special gift from the ancestors. After the ancestors had chosen someone, they entrusted that particular person with that special gift. This is exemplified below.

“Being called by the ancestors’ means that your forefathers desired you to a point where they chose to entrust you with a special gift” **Participant A, 63, Male**

“It’s the gift that I was given. It is not something that I chose or wanted”. **Participant N, 70, Male**

“It is when the ancestors, our forefathers are giving us a gift, that you do the work that the ancestors want. We must be initiated and allow the spirit to rise

and manifest within us. I was given (the gift) by my ancestors so that I can help people". **Participant M, 85, Male**

"Yes they were healers, even my own late father. This gift has since been passed on to me. The ancestors chose me to continue with what my father was doing". **Participant J, 48, Male**

"So, in my own world, the issue of ancestral calling is that there is that one particular person from birth who has this special gift that they have to embrace throughout as they grow up". **Participant Q, 33, Female**

"You can be gifted with knowing herbs or being a prophet.". **Participant Q, 33, Female**

In contrast, one participant understood the ancestral calling as a gift, but it did not come from the ancestors: it came from God. He indicated that, according to the Bible, all gifts come from God. According to the participant, ancestors are like angels and are messengers from God.

"You should go to the Bible and it will tell you that all gifts come from God including healing, mid-wifery, being a surgeon, divination. All those are gifts and they come from the almighty. Which is the source the creator. So, all gifts come from God". **Participant P, 50, Male**

Based on the above extracts, the ancestral calling is a gift. This gift is not given to everyone, but only to those that were desired by the ancestors. The gift is not given to individuals who choose that they want the gift. Thus, only special people who have been chosen by the ancestors receive the gift. Thus, having an ancestral call can be seen as a privilege for those that are called. Unlike in western societies where one can choose the career they want to follow; one does not choose to be given a gift by the ancestors.

5.6.3 The Calling as Inheritance

In the findings of the study, the ancestral calling was also understood as something that runs in the family. Participants understood it as something that was passed from

one generation to the next and one could not run away from it. Thus, the ancestral calling was inherited. The chosen individual often felt trapped because they could not run away from the calling because it was in the blood. This is illustrated in the extracts below.

“We all come from a certain generation or a bloodline. Jesus had a bloodline, if you trace it, it goes back to Abraham. Saying that Abraham one of “one of your bloodline will bear a saviour.” because he had showed that he was willing to sacrifice his son. So, all bloodlines connect to the source.” **Participant P, 50, Male**

‘It does not happen overnight that you decide you want to become a healer. It’s a condition that you are born with. It runs in a bloodline’. **Participant P, 50, Male**

“Yes, you are born with this thing. It’s a bloodline thing. It moves from generation to generation and the gifts differ: you can be gifted with knowing herbs or being a prophet. It’s either it’s from your maternal or paternal side or you can get it from both”. **Participant Q, 33, Female**

“This thing is a family thing, because everyone smells their origin and their ancestors. You cannot run away from it. It’s like a perfume. Every perfume has its own scent. It’s inherited and you cannot run away from it. I inherited it from my grandfather and I don’t know why I was chosen” **Participant N, 70, Male**

From the above extracts, the ancestral calling is inherited, thus it passed through genes just like DNA. It is something that one cannot run away from. It can either come from the paternal or maternal family. Consequently, it is difficult to determine the next person to inherit the ancestral call.

5.6.4 The Calling as a Burden

An ancestral calling was perceived as a burden for the individuals that were called and their families. This is because of the disruptions in the lives of those that were called. This is noted in the extracts below.

“I used to be a teacher, they came to me and showed me these things ... they said they wanted me to practise but because I am the prophet Zachariah. I used to go to church and everything. I felt I didn’t like the idea of being a traditional healer”. **Participant A, 63, Male**

“I even made a choice that if it comes down to me accepting this calling, I would never get initiated right here in my village. I did not take it well, somewhere along the way I sought help from prophets. I wanted to follow the church path. My age could not allow me to become a healer”. **Participant H, 36, Male**

It was a huge problem. My boyfriend did not like or support these ancestral things. He is a church person, he left me and now he is just maintaining his children. **Participant F, 37, Female**

“I wanted to kill myself because I was tired. I had no reason to live. I did not understand what was going on, I couldn’t make sense of my life. I had always been this clever child; at school, I was excelling. I felt like I was a burden given that my parents were fighting a lot because of me. I was not progressing at school. There was no meaning of me living. Because there was this thing that I had to do that I have no knowledge of. My dad didn’t allow me to do it. It was a problem. I felt like I was thrown into a dark pit. And being dead was the easy way out. I would mix pills and drink. I just wanted to sleep and not wake up. Because every time, I woke up there were fights. I just couldn’t take anymore. The other frustrating thing was to see my mother doing everything for me, to bath me and feed me when I was used to doing things myself. So, I couldn’t manage. It was the most difficult thing that I had to go through. I kept asking myself that if this is a gift, then why am I suffering”. **Participant Q, 33, Female**

“I did not take it well at first. I was still so young and I had my whole life ahead of me. I liked worldly things, I just couldn’t be a healer. I did not like the idea of being a healer at my age. Imagine how people, my peers, would react to such news of me being a healer”. **Participant H, 36, Male**

From the above narrative, it can be concluded that ancestral calling is a burden or something that is unwanted to the participants. The participant’s life came to a

standstill. They could not pursue what they wanted. Their social life, academic life and careers were affected. They were also affected psychologically and physically by the ancestral call. Their religious life as Christians was affected, what they were experiencing (ancestral calling) was viewed as demonic and was associated with worshipping dead people. Thus, if they accepted the calling, they would be deviating from their religious beliefs. Therefore, this delayed seeking help and also determined who the participants would seek help from.

5.7 HELP-SEEKING PATHWAYS FOLLOWING AN ANCESTRAL CALL

The participants reported that they consulted different practitioners to try and get help, a diagnosis or a confirmation of the diagnosis. The following subthemes below illustrate this.

5.7.1 Consulting with Western-trained Practitioners

Participants reported that they consulted western-trained practitioners. They reported that the practitioners could not find what was wrong with them, they did not get better and the doctors could not find the source of the problem. This is reflected in extracts below.

“When it started, I didn’t know it was a calling. I consulted with medical Doctors and they couldn’t find what was wrong with me.” **Participant B, 35, Female**

“You will go and consult with the doctor because you don’t know what is happening with you; whatever pills the doctors prescribe for you won’t help you because the ancestors want you to do their work.” **Participant G, 38, Male**

“First time, I went to medical doctors, I couldn’t get better so I switched to traditional healers”. **Participant M, 85, Male**

“I consulted with medical doctors; they once said its blood pressure (BP) and depression in 2013”. **Participant F, 37, Female**

“I was doing a four-year nursing course, so I dropped out in my second year and did auxiliary nursing instead. I was not getting healed even after trying to

get help. They even took X-rays, yet they could not see anything wrong with me. Those Boers (Afrikaner doctors) suspected that I had TB and ulcers because my stomach was also a mess.” **Participant H, 36, Male**

“Yes, they are just wasting their time in hospitals. When hospitals fail to diagnose the person in question, they end up saying it’s mental illness. If it gets to that, that person will never get healed”. **Participant E, 57, Male**

“I went to consult with medical doctors without any success / breakthrough. It never stopped. But after u lidzelwa then it stopped.” **Participant D, 75, Male**

“I got really sick, they would take me to the hospital. This happened repeatedly for a whole year. As a result, I got really bad grades. When I went back home, they took me to this white medical doctor. He went as far as operating on me, but when he operated, he could not find anything to remove or fix so he stitched me up and told me I only had one month left to live. I was discharged.”. **Participant O, 57, Male**

“It’s getting sick, very sick. You will go to the hospital and the medical staff will give you pills but those pills won’t help you.” **Participant J, 48, Male**

“They took me to the doctor but the doctor said they can’t see anything; they just said it’s a light stroke but didn’t know what triggered it. So, they couldn’t help”. **Participant Q, 33, Female**

From the findings of the study, participants sought help from western-trained practitioners following the physical and psychological ailments they experienced. Regardless of the consultations, the ailments did not subside even though biomedical medicine was prescribed. Thus, biomedical medicine was ineffective to cure the ailments. This led to the misdiagnosing of the illness due to little or no knowledge about the experience of the participants. The symptoms kept recurring which continued to affect their lives negatively. Thus, the ancestral calling can neither be diagnosed nor treated from a western perspective. These experiences led to further consultations with different healers in an attempt to seek help.

5.7.2 Consulting with a Traditional Healer

Participants reported that they consulted traditional healers. Most of the participants consulted traditional healers after other forms of treatment did not work, which included consulting with a western-trained practitioners and spiritual healers. This is reflected below:

“I went to Tshiawelo to consult with a traditional healer, he told me I had to take over from where my father had left off, because my father was a traditional healer. I disregarded that message and went elsewhere to consult for a different opinion. I went to Folvhodwe to see a healer by the name of Mulugana. He told me that I had a job to do, if I disregard/if you deny it, you will lose your job as a teacher. I felt like this was a big conspiracy and these people were setting me up, maybe they meet at night and talk. I left. I then applied for a passport and went to Malawi. I boarded a bus and just went on with it, I didn't really know where I was going. I arrived at Lake Malawi, I went to a location called Nkotakota where I saw this great healer. He told me I had to take over from where my father had left off, because my father was a traditional healer. I disregarded that message and went elsewhere to consult for a different opinion.” **Participant A, 63, Male**

“I went somewhere to a traditional healer and they told me that I had a calling. I was in didn't believe it I went to four different places. They said the same thing, the said its ndi midzimu (ancestors).... ndi midzimu. I didn't accept it, but because I went to four places and they told me the same thing.... I had no choice but to believe what I was being told”. **Participant B, 35, Female**

“I got sick while I was in Johannesburg and I had to come back home. I had consulted traditional healers there and they told me that I have Mbidzo ya vhadzimu (ancestral calling) and I must go home and follow the ancestor's instructions”. **Participant M, 85, Male**

“When I went back home, they took me to a traditional healer. The traditional healer mentioned that I will be a traditional healer, it’s just that I am still young because I was 25 or 26. She gave some herbs and I left”. **Participant O, 57, Male**

*“I didn’t go alone. It is not allowed for me to go there on my own. I went with Eunice, my sister. I was not staying with my mother at the moment. We arrived there and the traditional healer threw *thangu* down and told us that I had been called by ancestors. We wanted a second opinion”* **Participant F, 37, Female**

“When you were raised in an environment where people get initiated every day, ancestral drums being played for a whole month. That’s how it happened to me, when our guest initiates were dancing to the sounds of spiritual drums, my grandmother would make us join them in their dancing ritual, and I would always refuse. This was because whenever I tried to participate in that dance I would always faint. I grew up and became of age, got married but I was failing to conceive. It was difficult. They started consulting with traditional healers on my behalf, and they were told that I have ancestral calling and they are causing this thing to happen to me”. **Participant C, 66, Female**

“My parents discovered that I had a calling. They saw that I was always sick and decided to seek help from a healer, who then told them I had been called by the ancestors”. **Participant D, 75, Male**

“When it started, I don’t know maybe it was on its way.... well, my grandmother was a practising healer, but she did not use divining bones in her practice. She would just send me to the forest to go dig certain medication. Then when I was older, I started dreaming about all sorts of medication even the ones that my grandmother used and also medicine that I was not familiar with. From there it started when I was in school. Whenever I would open a book to read I would only see blurred lines. My mother went out to consult with a traditional healer, who then told her that I had ancestral calling.” **Participant E, 57, Male**

“My wife decided that we should go and see a traditional healer, we went to Makonde to meet a woman named Mrs W. She welcomed us and threw her

divining bones. She told me to go to Zimbabwe because in her knowledge, no one in my country could help me. She told me that I will not be able to find employment unless I obey the ancestors. She said they are giving me signs that I must stop what I am doing and do their work". **Participant G, 38, Male**

"I was not getting healed even after trying to get help. They even took my X-rays yet they could not see anything wrong with me. Those white doctors suspected that I had TB or an ulcer because my stomach was also a mess, until we consulted someone (traditional healer) who saw that I had an ancestral calling". **Participant H, 36, Male**

From the above narratives, due to the persistent recurrence of the symptoms, and the inability of biomedical medicine to address the symptoms, the participants consulted the traditional healer. The psychological and physical symptoms and the misfortunes experienced were interpreted as *mbidzo ya vhadzimu* (ancestral calling) All the unpleasant experiences were interpreted as communication from the ancestors. Thus, the diagnosis was *mbidzo ya vhadzimu*, and the instructions from the ancestors must be followed. *Thangu* was used as a diagnostic tool. Thus, ancestral calling be diagnosed and treated from an Afrocentric perspective.

5.7.3 Consulting with Spiritual Healers

Participants reported consulting spiritual healers. They reported being told that they had an ancestral calling. This is reflected below.

"I went to church and there was a prophetess there. She came to me and said I must follow my path; otherwise I will die. She said not only me, even people around me." **Participant Q, 33, Female**

*"I used to attend a Zion church. The Bishop prayed for me and even gave me those huge gowns. He said I have a gift of helping people. He said I have a *tshisima* (spring). He said if I could have opened a church, I would have a huge following. While he was praying, he saw two wooden drums. He said my calling is not church based; I had to become a traditional healer. I felt that I was too young to become a traditional healer"* **Participant F, 37, Female**

“I even made a choice that if it comes down to me accepting this calling I would never get initiated right here in my village. I did not take it well. Somewhere along the way I sought help from prophets. I wanted to follow the church path. My age could not allow me to become a healer.” **Participant H, 36, Male**

“I went to Vuwani to see a traditional healer called Mariah. She basically told me the same thing. I didn’t like hearing. I went to a ZCC church in Tshilidzini. Upon my arrival, I found many prophets. We started dancing in a group. You form a group and dance in a group; they just pick you from a group. They told me about my ancestral calling” **Participant F, 37, Female**

Consulting a spiritual healer often confirmed what the traditional healer had said to the participants. They also served as advisors and advised participants to follow their path because failure to do so had some consequences. These spiritual healers were able to diagnose the ancestral calling; therefore, an ancestral calling can also be regarded as a spiritual condition which needs spiritual intervention.

5.8 RESPONDING TO THE ANCESTRAL CALL

After consultations with the traditional healer and the spiritual healer, the participants had to make a decision. The decision was not an easy one because going for consultation was a way of seeking help. However, given that the illnesses and the misfortunes were explained as an ancestral calling, the chosen individual had to make a decision.

5.8.1 Accepting the Call

After the participants were diagnosed with an ancestral calling, they had to make a decision. Accepting the ancestral call was not an easy decision to make. This is reflected in the below extracts.

“Yes, it was a dream, so I bought everything including getting a passport you hear me? I booked a flight to Malawi. I got lost a number of times until I finally found my way around. They told me there was a man called Mr Y so and so. My heart chose Mr Y. I hired a taxi to take me to Me Y. They told me that it was

too far. I insisted that they take me there no matter the cost. When I got there, they called me by my first name while I was still at the gate. Then he said Participant A, what are you doing here in Malawi? Go back to South Africa and do your father's work. I felt very discouraged (laughs). I had never set foot in Malawi yet here was this man calling me by name. When I got in, they said where were you? You should have been here yesterday, where have you been? It means his ancestors also told him that I was on my way to see him. He told me to go home, to continue the work of my forefathers otherwise I would lose my job as a teacher, and I always loved teaching, so I went back home to get initiated. When I informed my wife and siblings about it, they were not pleased and told me that they don't entertain demons. I quoted a Bible verse that says honour your parents, but still they refused and said they don't want to be involved". **Participant A, 63, Male**

"I went to four different places. They said the same thing, the said ndi midzimu (ancestors).... ndi midzimu. I didn't accept it, but because I went to four places and they told me the same thing.... I had no choice but to believe what I was being told. I was so sick to a point where I couldn't walk or stand up. When the time came for me to go and accept". **Participant B, 35, Female**

"When the elders (my father) consulted a traditional healer, they were told that this man in my dream was from my mother's side. My mother is a Tsonga-speaking woman. This short dark man was from my mother's side. It was decided that I must get (wisiswa) initiated and become a healer.". **Participant C, 66, Female**

"She (traditional healer) told me that I would not be able to find employment unless I obeyed the ancestors. She said they are giving me signs that I must stop what I am doing and do their work. I didn't have money so I had no idea how I was going to pay for everything. I took a loan. I went and got initiated. Because I was struggling, I got initiated and my misery was put to an end." **Participant G, 38, Male**

“I didn’t want to be a traditional healer, I got sick. That’s what made me accept the calling. The sickness stopped me from working. I got sick while I was in Johannesburg and I had to come. I consulted with a traditional healer there and they told me that I have mbidzo ya vhadzimu and I must go home and follow the instructions of the ancestors. When I came back, I went to a traditional healer who told me the same thing. I then accepted the calling. The drums were beating and then I was initiated”. **Participant M, 85, Male**

From the above extracts, it can be concluded that accepting the ancestral call was not an easy decision for the participants. Accepting the call was an attempt to end the agony that was being experienced. It can also be concluded that accepting the ancestral call can be viewed as a process of rite of passage. Thus, not accepting the call could lead to difficulties in some areas of life. When accepting the ancestral call, the old self and old identity dies and the new person or the spiritual realm comes into existence. Therefore, it can be said that when one accepts the ancestral calling, they go through the process of identity formation. Therefore, the ancestors will communicate often with the chosen person and give instructions that must be followed.

5.8.2 Denying the Call

Ancestral calling is not an easy path to experience. Some of the individuals who were called wanted nothing to do with traditional healing. They refused the calling. Results of the study showed that there were consequences for refusing the call. Participants outlined some of the consequences of refusing the ancestral calling. Participants reported being unfairly treated by others. They were told that what they are doing was evil and demonic, thus experiencing external stigma. Participants also reported experiencing internal stigma and self-stigmatisation; they were embarrassed to be a traditional healers and expected discrimination from people because of being traditional healers. Participants reported that the anticipation of stigma led to delays in responding to the ancestral calling as they were worried about what people were going to say about them. This is reflected in the subtheme below.

a) Reasons for refusing the call

When a person is called by the ancestors, they have to respond to the call. Some chose to ignore the call and not follow the wishes of the ancestors. Participants mentioned a number of reasons why they were reluctant to answer the call from the ancestors. The reasons are reflected by extracts below.

“Well, I didn’t believe in those things at all. Well I don’t even know how to explain it, err sometimes a person just doesn’t believe.... but after something happens then you start believing in that thing” **Participant A, 63, Male**

“Because somewhere along the way I sought help from prophets. I wanted to follow the church path. My age could not allow me to become a healer.” **Participant H, 36, Male**

“I was ashamed of being a healer.” (laughs). **Participant E, 57, Male**

“When you begin, it is embarrassing. You think it was a low class thing since we now have so many churches around. Christians call this a demonic practice. I gave someone an example from the Bible, when Jesus told David to honour his parents, since David was 900 years old, and how long do you think his parents had been dead for? It means respect must start from there. Which means honouring your parents it’s not demonic. It’s something that you must do.” **Participant E, 57, Male**

“The reason that people that are called by the ancestors to accept the call is because they think this thing is of low class and what will people say when they see me doing this, when I am this clean person. The spirits shut down everything if you don’t listen; you may also end up dead. But if you follow the instructions, everything goes well”. **Participant E, 57, Male**

“People don’t understand these things. They think being a traditional healer means that one is a witch, let me put it like that. That is not how it is. It depends on how you mix your herbs. They take us as witch doctors because you give someone medicine however you see fit, then they go and use it for their own

selfish evil acts. Even my ancestors told me that this medicine is very powerful”

Participant F, 37, Female

“I had to become a traditional healer, [but] I felt that I was too young to become a traditional healer”. **Participant F, 37, Female**

“I did not take it well at first, I was still so young and I had my whole life ahead of me. I liked worldly things, I just couldn’t be a healer. I did not like the idea of being a healer at my age. Imagine how people, my peers, would react to such news of me being a healer.”. **Participant H, 36, Male**

“It was a huge problem; my boyfriend did not like or support these ancestral things. He is a church person. He left me and now he is just maintaining his children. I wasn’t willing to sacrifice everything in order to please him while I suffered the wrath of my ancestors. His choice to leave spared me a lot of trouble. He said he doesn’t want someone who wears beads, then he left.”

Participant F, 37, Female

“When westernisation or colonisation was now introduced a lot of healers had to convert to Christianity in order to protect their families. Healers were branded as witches and they were persecuted so they would heal under the disguise of a prophets remember I said all gifts come from God. Because healing does not only depend on throwing of bones and herbs. The process of throwing the bones is more like a doctor putting you through X-ray. The doctor already knows that you have a broken hand. The bones are something similar. They locate the centre of your problem and then we determine what medicine you have to take. A lot of healers converted to Christianity and they healed in disguise.”

Participant P, 50, Male

“This thing – it’s the same as going to church. It’s just that people take it somehow because if they see me wearing malungu, they see me as evil. But the same people go to church wearing different uniforms of different colours and some of those colours are on my malungu and mulinga. Which somehow means that we are the same. Some people will even tell you that what you are doing is wrong and evil”. **Participant G, 38, Male**

“The problem is people looks at you differently, my friends all changed around me, even those that I started school with. They treated me differently”.

Participant Q, 33, Female

“It takes us back to when I was embarrassed, when people see me clean and neat, as I am ...what will they say? The reason that people don’t want to accept the call is because they think this thing is of low class and what will people say when they see me doing this, when I am this clean person”.

Participant E, 57, Male

“After accepting the call and going for initiation, my dad was in trouble with the church people because he was a pastor. People were saying how can he continue preaching while he is worshipping dead people. So, my dad stopped going to church and I continued with my initiation”.

Participant Q, 33, Female

“I did not take it well at first, I was still so young and I had my whole life ahead of me. I liked worldly things, I just couldn’t be a healer. I did not like the idea of being a healer at my age, imagine how people, my peers, would react to such news of me being a healer”.

Participant H, 36, Male

“When I informed my wife and siblings about it, they were not pleased and told me that they don’t entertain demons. I quoted a Bible verse that says honour your parents, but still they refused and said they don’t want to be involved. I got initiated and learned my medications”

Participant A, 63, Male

Participants relayed some of the reasons why people refused the ancestral calling. Participants mentioned not believing in ancestors and feeling embarrassed about being a traditional healer as reasons for refusing the ancestral calling. Participants further reported that they refused the calling because the ancestral calling and traditional healing were viewed as demonic from the Christian perspective. The results further indicated that ancestral calling was perceived as a low class thing and traditional healers were regarded as witches which led to people with the ancestral calling to refuse the call. The results of the present study also indicated that being young and lack of support from loved ones and family were other reasons for refusing

the ancestral call. Participants also reported stigmatisation as the reason for the delay in responding to the ancestral calling.

b) Consequences of refusing the ancestral call

Some people that are called by the ancestors choose not to accept the call. However, there are consequences of refusing the call. Participant M mentioned that refusing the call from the ancestors is a “tag of war.” between the ancestors and the individual and the latter always loses the battle. The extracts below further explain this.

“You may not deny this gift because there are consequences of denying this gift. If you reject this calling things will not work out for you... everything you touch will be destroyed, you will not marry or get married, you will not have children, get money, and generally you will not have any good fortune. I used to be a teacher. They came to me and showed me these things... they said they wanted me to practise but because I am the prophet Zachariah, I used to go to church and everything. I felt I didn’t like the idea of being a traditional healer. I would go to class to teach. Immediately when I opened my mouth to talk, my voice would be muted (the voice will be gone); when I stepped outside the classroom, it would be audible, the voice will come back... I could tell there was a problem” **Participant A, 63, Male**

“Some people die because of not listening. You will die because there is nothing that you enjoy in life because the body is always sick without any treatment, you will get tired and die”. **Participant N, 70, Male**

“If you don’t comply, your life gets difficult. Because what happened with me is that I told my dad that I will be mad and then people will say it’s because I was too clever. A lot of people go around picking up rubbish; you lose yourself. Some other times you may die. You just end up being a nobody like you don’t exist”. **Participant Q, 33, Female**

“Eventually I stopped following the calling and embracing my gift. Things quickly took a turn for the worse. I got fired from my job, and even now as we speak, things are not working out for me”. **Participant B, 35, Female**

“It’s a tug of war, survival of the fittest, who will lose out? If you are fighting with the spirits, obviously you will lose. You won’t get married, have children and you will always be sick etc. Nothing is above the ancestors, everything reports to them” **Participant A, 63, Male**

“Their struggle doesn’t stop, their misfortune just continues and they can never end. They don’t kill you, they make you suffer with sickness that will not be cured, and it will get worse and worse, because that person is refusing to accept the call from the ancestors”. **Participant D, 75, Male**

“It means whoever rejects the calling is doomed” **Participant A, 63, Male**

“Nothing goes well for them; we see people suffering everyday my child. They are always sick; at the hospital they don’t get any help at all. They will take that person to the hospital but will not find help” **Participant C, 66, Female**

“Yes, a person who denies their calling is setting themselves up for failure and trouble and sorrow. You will fail at everything no matter how good you are, you may have all qualifications, obtain the highest points in an interview but never get called. Because it shuts down everything.” **Participant E, 57, Male**

“The ancestors always find a way to punish you. They could deprive you of your marriage and you will not have children. Some people will just live but they will not be successful in anything. You will go to school but will not get employed” **Participant F, 37, Female**

After accepting the ancestral call, one has to continue obeying the instructions of the ancestors. If not, there are consequences as mentioned below.

“Well, if you get a job, naturally you forget about the hardships, I forgot about my calling and focused on my job. I stopped wearing my mulinga (ancestral bracelet). At first I would just take it off while I was at work...as time passed, I stopped wearing it altogether. Ah, I lost my job. Everything stopped, now they are telling me what I should do, I must comply. My things are not working” **Participant B, 35, Female**

“If you take all the signs for granted and ignore them, the ancestors will see to it that you feel their wrath. You may end up mentally disturbed” **Participant H, 36, Male**

“I will speak on the side of a man since I am a man. Another punishment may come in a form of not being able to have children, and this person will not have one good thing in their life. What may also happen is that this person gets sick, so sick that they end up bedridden but never die although they are gravely ill. This person may even lose their mind” **Participant H, 36, Male**

“A lot of things happen to such a person. If the person does not accept the calling, the people who get affected negatively are parents. This is because they always know that all these things are happening due to the ancestral calling. The parents will try by all means to help but it won’t get them anywhere because the person affected is refusing the call. This thing it’s the same as going to church. It’s just that people take it somehow because if they see me wearing malungu they see me as evil. But the same people go to church wearing different uniforms of different colours and some of those colours are on my malungu and mulinga. Which somehow means that we are the same. Some people will even tell you that what you are doing is wrong and evil. I used to go to church, I was regarded as a prophet at my church. I used to pray for people. But when the time came, I had to accept the call and follow the wishes of the ancestors. When a time has come for you to work with herbs and divining bones, you forget about everything else and focus on the work of your forefathers. If your ancestors say that you must use herbs and water you must accept and do the work”. **Participant G, 38, Male**

“Sometimes the ancestors might make that person refusing to just get paralysed, get hit by a stroke or some mysterious needle like pains. Even if you go to heaven or wherever you go, no one will help you. That’s what happens when a person refuses to accept the call. **Participant G, 38, Male**

Participants reported a number of things that happened when a person refused the calling. This included having setbacks in life, not getting married, not having children, a sickness with no cure, being fired from work and death from a sickness that had no cure.

5.8.3 The Training

The training process is a period of learning. The learning included lessons about traditional medicine, how to harvest the medicine, how to mix herbs and how to use *thangu*. This is noted by extracts below.

“I got initiated and learned my medications. The old man who initiated me unfortunately passed away”. **Participant A, 63, Male**

“I did the ritual and found an elderly woman, who took me in as her apprentice. She taught me about herbs and everything related to traditional medicine and my calling. I learned everything and she accompanied me home once I was done learning”. **Participant C, 66, Female**

“They then decided that I should get u lidzelwa (initiated). I got initiated and learned about divining bones. Nobody taught me about medications; I dreamed about all of them. Yes, I can’t say I had dreams about that, my mother took me to a place where I got initiated, the spirits tell me everything I need to do.” **Participant E, 57, Male**

“Yes, then you start with your ritual dance, what happens afterwards I don’t know, but when I see others dancing, you would swear that they are possessed. What they are murmuring isn’t quite clear. After the ritual spiritual dance, the ancestors will come to you and tell you that ‘we are here, you have done what we wanted; we want you to do 1 2 3’. That certain thing will come from whoever they send. They told me that since I did the dance”. **Participant O, 57, Male**

“Yes, to the late Mr. X. He is called Mr X because he was very genuine. He is a Mushavhi (Venda, sub-group), Mr X, he lived behind the mountains. He was the real deal, he helped me”. **Participant F, 37, Female**

“I got initiated, learned about traditional medicine and divining bones. We went and collected herbs and all natural ingredients to make traditional medicine. They took me home where I started practising”. **Participant I, 62, Female**

“I started practising while I was still an apprentice. I helped a lot of people while I was still with my supervisor. I decided to go and learn about this ancestral stuff, although I didn’t like this work. Well, they taught me a little, just the basic stuff to be honest. They said that is all they can teach; the rest I will learn from my ancestors. Divining bones are the ones that were going to be responsible for teaching me the rest of the stuff.”. **Participant O, 57, Male**

From the above narratives, the period of training is regarded as a period of learning. The training was done at the master healer’s home, which was considered a sacred place. Though the master healer is the teacher, the ancestors continued guiding the initiate through this process. The training also involved rituals and spiritual dances. The training period could also be regarded as a period of separation, where one left their family and went to live with the master healer for training.

5.8.4 After the Training

The findings showed that after going through the process of training, the ill participants were healed and those who were unable to conceive had children. In essence, their lives went back to normal. This is noted in the extracts below.

“I got the medicine, I am now a healer, I heal everything including cancer, diabetes, etc. Sometimes the ancestors will show me in advance when a person is coming. They show also show me all these medicines when I’m sleeping. They don’t show me all the people, but some of them they show me. Even the medication, I dream about the medicine that I must use. Even a sickness that I never healed, when a person come and I pour the snuff down the ancestors will show me what to use, like muvhula (name of a tree) or something else”.

Participant A, 63, Male

“I went back to living my normal life, everything started going well for me”.

Participant B, 35, Female

“Yes, I gave birth to a baby boy”. **Participant C, 66, Female**

“I was so shy, when a person was sick, I would tell them to come and collect their medication in the evening, and they would use the herbs and get healed. I would not accept payment. One day I woke up to a huge crowd of people outside my door, I thought they were customers since we had a small shop. I apologised for the delay and they actually said they were not there to buy but to consult with me... to say I was not shocked would be an understatement. They heard I was healing people and they needed my help... I started helping them from 6 am to 6 am the next day. I didn't sleep for two days. Funny how I was not feeling tired at all. I felt like someone was whispering to my ears to say all the right things. I now have a reputation as a great healer.”. **Participant E, 57, Male**

“The time came for me to go home; I was accompanied home. It took me less than three months to acquire four cattle, I sold them to repay my debt. I help a lot of people from different places such as Bloemfontein, Rustenburg and Johannesburg. This other time a boy came to me and told me that this white man was very sick and needed my help. I went to him and helped him. He was very grateful and he paid me generously. He even included a car as a payment. I realised that going to church was delaying me I should've followed my calling earlier”. **Participant G, 38, Male**

From the above extracts, after the training, participant mentioned that their lives went back to normal. The initiates were accompanied home and became fully-fledged traditional healers. Therefore, it can be considered that going through training is a form of treatment for the ailments they suffered from

5.8.5 Post Training Realities and Experiences

The section below presents the new status that was achieved after the training to become a traditional healer, the specialisation of traditional healers, the stigma associated with traditional healing, and being a new person.

a) New status as a traditional healer

Participant reported that after everything they had been through, they saw themselves as traditional healers and they liked what they were doing. They wanted to heal and help people and continue healing people. One participant mentioned that he was also a western-trained professional, and when he saw some patients with conditions that could not be treated by biomedical medicine, he advised them to go and seek help from a traditional healer but he did not disclose that he was one. However, some of the participants accepted the calling because they were afraid of losing their jobs. This is reflected by extract below.

*“I wanted to practise and also to do everything that I loved doing, because even other things were not going well which I cannot explain. **Participant A, 63, Male***

“I kept working as a nurse. As you’ve just seen right now, I was just helping another. I still practise being a traditional healer even at my job. I am able to identify that this problem doesn’t require western medicine but traditional healing, so if I see such on the patients, I give them my number without telling them it’s mine. I tell them when to call and then help them from home.”

Participant H, 36, Male

“I knew I had to practise afterwards. I couldn’t stand to see other people suffering the same way I did, while I could help them. I tell people what is going in their lives when they come to consult and tell them that if you don’t listen to what I am saying and go to the hospital.... It’s fine but you will come back”.

Participant C, 66, Female

“No, I finished my apprenticeship to become a healer so that I may help other people as I was at home. No one else from the X family has this gift. What else can I do besides accepting my fate? So, I accepted so that I can help people”.

Participant J, 48, Male

*“I became a healer and started helping people” **Participant D, 75, Male***

“I made a vow afterwards that I was going to help people no matter the circumstances. I would drop everything to help a patient. A boy who was mentally disturbed was brought to me, he was stripping naked and doing all the unthinkable things. I helped him and within an hour he was well. He had no idea how he got to me or what was happening to him. He said he was hungry, so I prepared some food for him to eat. He ate and left. He is now healed”.

Participant E, 57, Male

“I was determined to become a working healer. I have saved a lot of people out there, helped people conceive, and even saved some people from car accidents. A lot of people got employed because of me. I mix my herbs and things work. I saved a lot of people’s marriages. This, however, is not all my doing. This truly is the power of God at work. It is also by grace that out of all five siblings, I was the chosen one. I don’t work anywhere but I never sleep hungry. My ancestors provide for me through this gift”.

Participant F, 37, Female

“I have accepted this calling and I am not even ashamed even when I am walking.”

Participant F, 37, Female

“What good does it do to spend the whole three weeks constipated? How does staying in bed for a week due to swollen legs help me? I realised that I stand to lose nothing if I accept the calling. And so, I accepted the calling. I wanted to be healed and also to become a traditional healer.”

Participant G, 38, Male

“I accepted the calling because I want to heal people. I don’t want to hide from people because I fooled them. I wanted to help people”

Participant N, 70, Male

Regardless of what the participants went through in their journey of ancestral calling, they reported they liked being a traditional healer. The participants had accepted their new identity and a new way of life. After accepting the calling, there was transformation in the participant’s life. There was a light at the end of the tunnel. Regardless of all the hardships and being sick, physically, psychologically and spiritually, all that the chosen individual had to do was to accept the call and undergo initiation. Accepting the ancestral call is a way of unlearning the old way of living. Subsequently, the old identity

dies and the new identity is formed. Thus, it can be concluded that the process of becoming a traditional healer is a process of rebirth into a new person. Thus, from being a patient and coming back from initiation as a fully-fledged *nanga ya Vhavenḁa*, accepting the call can be regarded as a treatment. Also accepting the call can be regarded as deliverance. Thus, the new person is now a self-actualised person.

b) Specialisation areas of traditional healers

Participants reported on their specialisation and their ability as traditional healers. They reported that they could heal a number of illnesses including cancer, diabetes, infertility and mental illness. This is reflected in extracts below.

“They will show you which tree makes a certain medication, which root and herb to mix. I am well known for u simetshela (fertility treatment). It is when people who are having problems with conception, when they have tried different things and didn’t succeed they come to me, so I help them have a baby because of my ancestors that chosen me within other children, they have shown me that if I mix this herb with that herb I can help people conceive”. **Participant F, 37, Female**

“I also help men that cannot conceive, I know that if I mix this herb and that one this man will be very active, you will do it (sex) in such a way that.....” (laughter) **Participant F, 37, Female**

“I know what to mix in order to make him active in bed. People often talk about mpesu; you will hear people say that if you drink mpesu with mabundu (mageu), it will make you active. But I know that I am capable of mixing a jomela (concoction) and you drink it that would make any man shake my hand (laughter)” **Participant F, 37, Female**

“A person may have the gift of healing people; another may have a gift of conducting initiation schools for women. Others may have a gift of conducting initiation schools for boys, others may have the gift of making medicine from certain trees. Take the muangalala tree for example. It is not the kind of tree I can find on my own although I am a healer, only chosen people who were given

the ancestral gift may find that tree. This is because this tree grows on top of other trees, you may not see where its roots are. Only the few selected by the ancestors are able to identify this tree's roots." **Participant H, 36, Male**

"I have herbs here at home, many herbs. If a person come with tshipfula, I am able to assist because if they take that person to the hospital, they will cut off the leg. When they come to me within two weeks they will be healed. The leg will not be cut off. If a person comes to me and say that they are infertile and come with his wife or husband and I mix some herbs for them, that same month they will be able to conceive. Whether it's a court case or what I am able to assist. That is why I love my ancestors. I will never forsake them because I am able to assist other people. I have helped many people in this village, it's just that I cannot mention people's names" **Participant N, 70, Male**

"So, at a tender age of 14, I was a good at mixing herbs and as a result u fara mudi (handling the yard to protect from evil spirits) or mixing herbs was my job and I wasn't taught how to do that, I knew how to do it by myself." **Participant P, 50, Male**

Participants reported their ability to treat some communicable and non-communicable diseases and other illnesses which also included mental illness. They also reported that there were traditional healers who specialised in conducting initiation schools, those that had a knowledge of herbs and ability to cultivate some herbs. They also reported that some traditional healers were good at *u fara muḍi*.

5.9 MANY ROLES OF THE MASTER TRADITIONAL HEALER

During the process of ancestral calling and the training to become a traditional healer, the master healer plays a vital role. The different roles of the master healer were identified as a) the master healer as a health practitioner, and b) the master healer as a teacher.

5.9.1 The Master Traditional Healer as a Health Practitioner

The findings of the study also noted the master healer as health practitioner. This is noted in the below extracts.

“My grandmother used to initiate people so she did the ritual for me. I didn’t see most of it because I was sleeping. I woke up with an ancestral bracelet on my wrist. I felt that things were slowly going back to normal, my periods came back and I could walk properly.” **Participant L, 72, Female**

“I just got initiated and got healed, up until now I have never been sick again.” **Participant J, 48, Male**

“I didn’t have money so I had no idea how I was going to pay for everything. I took a loan. I went and got initiated. Because I was struggling, I got initiated and my misery was put to an end.” **Participant G, 38, Male**

From the extracts above, it can be assumed that through consultation and going through the initiation process, the identity of the initiate changes from someone who came for consultation and complaints about physical and psychological ailments to someone who was healed. Thus, the master healer provided physical and psychological relief for the symptoms. Therefore, traditional healers are mental health care providers and can also assist with physical ailments.

5.9.2 The Master Traditional Healer as a Teacher

Not only does the master traditional healer serve as a health practitioner to the initiates but also as a teacher. During this process, teaching and learning plays a central role for one to become a fully-fledged traditional healer. This illustrated by extracts below.

“I did the ritual and found an elderly woman, who took me in as her apprentice, she taught me about herbs and everything related to traditional medicine and my calling. I learned everything and she accompanied me home once I was done learning” **Participant C, 66, Female**

*“I learned how to use *thangu* and how to extract medicinal herbs during initiation. I used to go and extract my medicine from trees, roots etc. in the veld with others.”* **Participant C, 66, Female.**

“I started practising while I was still an apprentice. I helped a lot of people while I was still with my supervisor.” **Participant G, 38, Male.**

“I got initiated, learned about traditional medicine and divining bones. We went and collected herbs and all natural ingredients to make traditional medicine.” **Participant I, 62, Female.**

From the above narratives, it can be concluded that the process of learning continues and is vital in the process of becoming a traditional healer. Thus, the initiate must be obedient and willing to learn and listen to the master healer. Though the ancestors still take a central role in communicating with the initiate, the master healer also provides guidance in the process of becoming a traditional healer. Learning about traditional medicine, how it is supposed to be harvested and mixed formed the basis of learning for initiates. The initiates also learned about *thangu*. Initiation took place at the home of the master healer, a traditional healing school, where the master healer was the teacher. Therefore, the learning process transformed the initiate and changed their identity by giving them all the relevant information that would change their identity. Teaching, however, does not end with teaching the initiates about traditional medicine and *thangu*. When one has accepted the ancestral calling and going through initiation, there are rules and regulations that must be adhered to. The master healer continues to teach initiates about forbidden things that those that are going through the process of becoming a traditional healer are supposed to avoid. The extract below exemplifies some of the restrictions.

"No engaging in sexual activities **Participant A, 63, Male.**

"Well, you are not allowed to be intimate with a man. Like now, if you are on your periods, you are not allowed to touch traditional medicine." **Participant B, 35, Female.**

"During this period, you must stay away from men if you are a woman; if you are a man stay away from women." **Participant C, 66, Female.**

"You don't sleep with a woman three days prior to the ritual." **Participant E, 57, Male.**

"You are not allowed to be with a man during this period. Being impure sexually hinders the spirits from conveying their messages through you" **Participant F, 37, Female.**

"You don't eat puri (vegetables) just like that before dzi tshi lumiwa (ritual that is before that vegetable is eaten) then you can eat them. Even a traditional healers hut there is something that is done that when you enter it after doing your things out there my things will be protected." **Participant F, 37, Female.**

"Some traditional healers you may find that sometimes they are unable to help people. It's because they are not following instructions, there are restrictions. You can't be a traditional healer and be a womaniser. I am married and I don't have a side chick." **Participant N, 70, Male.**

"Yes, what I know is that you can't have sex. It brings bad omen, also I can't sleep with a younger woman. Another thing, I may take you to the veld to dig medicines, I'm not allowed to seduce you. If I dare to do that I take away the healing powers of my medication" **Participant J, 48, Male.**

Ancestral calling is regarded as a journey that one has to respect when undergoing. Participants reported sexual abstinence. Women having their periods are not supposed to touch traditional medicine and certain vegetables are not supposed to be eaten until a certain ritual is done. Failure to adhere to these restrictions results in some punishment from the ancestors. It can also be concluded that the process of

becoming a traditional healer also relies on cleanliness of the initiate who must maintain cleanliness by obeying the restrictions. Not obeying the restrictions will lead the ancestors not visiting the individual. Thus, knowledge from the ancestors will not be received by the initiate.

5.10 COMPREHENSIVE SUMMARY

This chapter presented the major findings of the present study under the following themes: 1) signs of ancestral calling, 2) meaning attached to ancestral calling, 3) help-seeking pathways, 4) responding to the ancestral call, 5) many roles of the master healer, and 6) post training realities and experiences.

5.10.1 Signs of Ancestral Calling

From the findings of the study, there are different signs of ancestral calling that include dreams, visions, unusual things happening, behaving oddly, misfortunes and illnesses (psychological, physical and spiritual). However, these signs differ from one person to the other. When these signs are experienced, the chosen individuals are not aware that it is the ancestral calling. This leads the chosen individual to be emotionally, physically, spiritually and psychologically distressed.

5.10.2 MEANING ATTACHED TO ANCESTRAL CALLING

The findings also revealed that the calling is perceived differently or the meaning attached to ancestral calling differs. Those that have the ancestral calling are considered to be chosen by the ancestors. The chosen individual must finish the unfinished business of the ancestors. The chosen person is entrusted with a special gift from the ancestors. The chosen person must continue with the work of the ancestors. The person chosen by the ancestors loses control over their life as the ancestors take control. This leaves the chosen person with a feeling of helplessness and hopelessness. Ancestral calling was also perceived as inherited from one generation to the other just like DNA. Therefore, one cannot run away from it.

5.10.3 Help-seeking Pathways Following an Ancestral Call

The findings of the study revealed that when someone is experiencing the signs of ancestral calling, they seek help from the different kinds of practitioners. The participants in the study reported that they sought help from western-trained practitioners. The biomedical medicine prescribed for them did not make the pain or the symptoms subside. Instead, they were diagnosed with different illnesses that included depression, hypertension, mild stroke and TB. Furthermore, spiritual healers were also consulted. The spiritual healing diagnosed the symptoms as a calling from the ancestors.

Eventually, traditional healers were consulted and diagnosed the symptoms as an ancestral calling. The diagnosis was done through the use of *thangu*. From the findings of the study, it can be concluded that an ancestral calling cannot be diagnosed from a western perspective nor be treated from the western perspective. Rather, an ancestral calling can be diagnosed from an African perspective.

5.10.4 Responding to the Ancestral Call

Following the diagnosis of an ancestral calling, the chosen individual must make a decision to accept the calling. Accepting the ancestral call is an attempt to end the agony experienced. Due to illnesses and misfortunes that are experienced during the process of ancestral calling, accepting the ancestral calling remain the only choice for healing. From the findings of the study, it can be asserted that accepting the ancestral calling is a rite of passage. This is a period where one let's go of the old identity and the new one comes into existence. Thus, accepting the ancestral calling and going through training can be identified as a process of identity formation. During the training, one unlearns the old way of living and must adapt to the new way of living.

The ancestral calling is a difficult process, physically, emotionally, spiritually and psychologically. However, some people may choose to refuse the call. The findings of the present study revealed that people refused the ancestral calling because they were ashamed or embarrassed to be a tradition healer. When the ancestral calling was viewed from a Christian perspective, it was viewed as demonic and evil which led to people refusing the call. Lack of family support was also noted as one of the reasons

for the refusal of the call. Thus, having a good support system led to one accepting the calling. The findings of the study also revealed that going through training can be regarded as a period of separation. It is a period of separation from the family and separation from the old way of living.

5.10.5 Many Roles of the Master Traditional Healer

The findings of the present study revealed that the master healer played different roles in the lives of the initiate. The master healer diagnosed and identified the unpleasant physical, psychological and spiritual ailments that the participants complained about. The participants and their family now knew what the cause of the ailment was. The master healer also played the role of a health practitioner.

The master healer explained the treatment plan to the participants and the family; advice was also given on the consequences of disobeying the instructions of the ancestors. The master healer also played a role of a teacher. During training to become a traditional healer, the master healer taught the initiates about traditional healing, and the rules and regulations that should be adhered to during training.

5.10.6 Post Training Realities and Experiences

After training the misfortunes, psychological, physical and spiritual distress came to an end. The initiate was accompanied home and was now a fully-fledged traditional healer. Therefore, it can be assumed that going through training is a form of treatment for the physical, psychological and spiritual illnesses. The individual came back with a new identity, from someone who was ill, to a fully-fledged *nanga ya Vhavenda*. Thus, the new person was a self-actualised person.

5.11 CHAPTER SUMMARY

From the findings of the study, the participants' understanding of ancestral calling differed. The ancestral calling was understood as a gift, something that was inherited and something that was given to a chosen person by the ancestors. The findings of the study also revealed that the symptoms of ancestral calling differed from one individual to the next. The symptoms described were dreams, visions, unusual things

happening, misfortunes and sickness. Sickness was described as physical, psychological and spiritual.

The findings also revealed that the subjective experiences of ancestral calling differed from one person to the next. Therefore, the ancestral calling cannot be viewed homogenously in all cultural groups. Due to the ancestral calling being a difficult journey, some people refused it. The findings of the study revealed the consequences for refusing the call and also the reasons. Furthermore, the findings revealed that initiation is a form of healing and transformation. Moreover, the findings also revealed the stigmatisation that traditional healers suffer. The findings also revealed that some traditional healers were specialists. The following chapter presents a discussion of the findings.

CHAPTER 6

DISCUSSION

6.1 INTRODUCTION

The results of the present study were presented in the previous chapter. This chapter discusses the results of the study with respect to the literature review and other information sources. It also aims to provide discussion of the themes that emerged from the study; namely a) signs of ancestral calling; b) meaning attached to ancestral calling; c) help-seeking pathways following an ancestral call; d) responding to the ancestral call; e) roles of the master healer; and f) post-training realities and experiences.

6.2 EMERGING THEMES

6.2.1 Signs of Ancestral Calling

From the results of the present study, it emerged that there are different signs of ancestral calling. These signs differ from one person to the next. The signs identified in the present study as indicative of ancestral calling are a) dreams; b) visions; c) unusual things happening; d) behaving oddly; e) sickness; and f) misfortunes. These signs are discussed below.

a) Dreams

From the present study, dreams were identified as one of the signs indicative that one has an ancestral calling. These findings are supported by Kubeka (2016) and Bakow and Low (2018) who indicated that the individuals that are called by the ancestors have constant dreams. When the chosen individual starts having these dreams, they communicate this to their family who often do not take the individual chosen by the ancestors seriously. This was also evident in a study that was conducted by Xaso (2015) where it was noted that the participants communicated their dreams to their parents but they were either ignored, not taken seriously or discouraged. Xaso (2015) further described this as a breakdown in the parent-child relationship. From an African perspective, these dreams serve as a communication from the ancestors that the

person is being called by the ancestors (Mlisa, 2009). Thus, they play a significant role in connecting the chosen individual and the ancestors (Kubeka, 2016). According to Booi (2004), dreams contain instructions from the ancestors and when these dreams are ignored, the chosen individual will experience misfortune. Dreams also serve as a unique, personal guidance experience which is directly from the ancestors to the initiate (Mokgethi, 2018).

The findings of the study revealed that when a person was called by the ancestors, they dreamed of different things which included traditional herbs, *thangu*, and people who died a long time ago. However, these dreams differed from one person to the other. Jung (1990) stated that dreams disclosed the secrets or knowledge of the collective unconsciousness that were part of the folk wisdom and primitive ancient wisdom. Dreams are important communication skills and basic ingredients for allowing the passing on of information and wisdom from ancestors (Mlisa, 2009). Therefore, it can be concluded that the ancestors communicate with the participants as a sign that they are called and pass knowledge to them through dreams.

b) Visions

The communication from the unconsciousness not only comes through dreams but also through signs and symbols and events that occur with the sole purpose of aligning a person with the information from the unconscious (Jung, 1974). The findings of the present study revealed visions as one of the signs indicative that one had been called by the ancestors. Visions as a sign of ancestral calling were also identified in previous studies (Booi, 2004; Kubeka, 2016; Mlisa, 2009). For example, in a study conducted by Booi (2004), participants reported communicating with the ancestors through visions as a sign that they have ancestral calling. The findings of the current study further indicated that the visions caused psychological distress to the person experiencing them. These findings were corroborated by Laher (2014) who noted that there may be problems that trigger distress produced by ancestral spirits that manifest in different ways when a person does not accept the call to become a traditional healer. In a study conducted by Mogethi (2018), participants reported having visions. The psychoanalytical school of thought argues that visions is the undiscovered self-attempting to permeate the present self and inform the present self of an unconscious

purpose that the person must fulfil in order to become the higher self that they are envisioned to become (Jung, 1974).

c) Unusual things happening

The findings of the study revealed that unusual or abnormal things happened to individuals as a sign that they have ancestral calling. From the present study, things that participants believed to be unusual included being unable to speak in the classroom but able speak outside the classroom; inability to read although they were able to read before; and feeling crawling things inside the body. Booi (2004) corroborated this by stating that the individuals that are called by the ancestors experienced obstacles in their lives. Booi (2004) further noted that these obstacles would intensify until the chosen individual accepted the ancestral calling.

d) Behaving oddly

The findings of the present study revealed that behaving oddly is considered a sign of ancestral calling, i.e., behaving in an unusual manner or a behaviour that deviates from the social norms. These include over-sleeping, enjoying being alone most of the time, and being irritated in a room full of people. The findings of the present study also revealed that some children may behave in unruly manner as a sign that they are called by the ancestors. Bührmann (1986) noted that the individuals that were called by the ancestors often behaved an unusual manner and also wandered everywhere with no point of direction. According to Bührmann (1986), the chosen individual could be identified in the community as being required to pursue a course prescribed by the ancestors to become a traditional healer.

e) Sickness

The findings of the present study revealed that experiencing a sickness was one of the signs indicative that one had an ancestral calling. However, this sign differed from one person to the next. This is line with Laher (2014) and Wreford (2007) who noted that the onset of ancestral calling was characterised by physical, emotional and psychological ailments. From the present study, the physical illness that the participants suffered included headaches, losing weight, inability to walk, loss of

speech, constipation, infertility and headaches. Sodi (1996) held that the pre-training illness was a signal of major disruption shift in the individual's homeostatic functioning. The results of the present study also indicated that when the individuals experiencing physical illness consulted with western-trained professionals, the symptoms were misdiagnosed and did not subside. Western treatment was also reported as unsuccessful in the relief of symptoms experienced by individuals who have ancestral calling (Booi, 2004; Cumes, 2013; Makhanya, 2012; Bakow & Low, 2018). These illnesses intensify over time to indicate the urgency to consult with a traditional healer (Mokgethi, 2018)

In the present study, participants reported experiencing psychological illnesses such as panic attacks, anxiety, suicidal ideations, lack of concentration, feeling like there was an empty void inside, inability to sleep due to intrusive dreams, inability to eat, screaming and crying for no reason, and the need to be alone. One of the participants reported being diagnosed with depression by a western-trained practitioner. Niehaus et al. (2004) posited that ancestral calling was categorised as psychosis or depression in terms of biomedical approaches. Therefore, there is a need to educate western-trained practitioners about ancestral calling and the symptoms related to it to avoid misdiagnoses. The results of the present study also revealed that individuals that were called by the ancestors suffered spiritual illness. Furthermore, this study revealed that when one had a spiritual illness, they behaved in an unruly manner and uttered nonsense statements. Consultations with traditional healers revealed that the illness that was experienced was *vhulwadze ha muya* which can only be cured by accepting the ancestral calling. Several studies also corroborated this by indicating that those who had ancestral spirits around them were plagued by illnesses such as constant headaches, nosebleeds, depression, shoulder pain, wandering aimlessly, hallucinations as well as a plague of illnesses within the family (Booi, 2004; Cumes, 2013; Mlisa, 2009; Watts 2010). From an African perspective, these illnesses not only challenged the growth of the gift but also served as subliminal communication from the ancestors if one ignored a dream. Illnesses are viewed as the unconscious permeating through to the consciousness of the individual. The illnesses faced by the initiate fill the gaps of knowledge needed to advance through the training process (Mlisa, 2009).

f) Misfortunes

The results of the present study revealed that when someone was called by the ancestors, they would experience misfortunes as a message from the ancestors that they were called to become a traditional healer. These misfortunes included setbacks in life, having *tsira* (being disliked by people), getting sick, not progressing in life and being involved in accidents. The results of the present study also revealed that the misfortunes not only affected the person that was called by the ancestors, but also affected the family of the chosen individual. There would always be conflict in the family or the family would be plagued by death. When the family experienced all these misfortunes, they would go and seek help. This is in line with the results of the study conducted by Bakow and Low (2018) who revealed that there was a period of misfortune for those that were called to be traditional healers. Their results further elaborated that these misfortunes could also affect significant others which could be family and friends. The family could decide to support the chosen individual or not to support them. In most cases, the reason why family did not support the person that was called by the ancestors was because of Christianity. From a Christian perspective, the ancestral call is viewed as worshipping gods and demons. This then delayed the person that is called by the ancestors from responding to the call and they consequently experienced misfortune and a series of negative events. These further affected the chosen individual physically, psychologically and spiritually. From an African perspective, misfortune is perceived as punishment from the ancestors, Bantjes, Swartz, and Cembi (2018) explained that individuals who offended the ancestors by violating cultural norms and customs would find themselves without ancestral protection and hence vulnerable to misfortune.

6.2.2 Meaning Attached to Ancestral Calling

The findings of the study indicated that ancestral calling is understood differently by the study participants. These includes the symptoms that the participants experienced. Ancestral calling was understood as being chosen by the ancestors, as a gift from the ancestors, as an inheritance and as a burden. From the findings of the current study, ancestral calling was understood and perceived as something that comes to an individual that is chosen by the ancestors. The choice rests entirely on the ancestors

who were traditional healers. The chosen individual must continue the work of the forefathers who were traditional healers. Thus, the ancestors choose someone from the family to become a traditional healer.

These findings are in line with the findings of previous studies which noted that those who had an ancestral calling were chosen by the ancestors who were traditional healers themselves (Booi, 2004; Makhanya, 2012; Mogethi, 2018). The findings of the present study also revealed that one cannot choose to be a traditional healer. Mlisa (2009) confirmed these findings by indicating that those that are chosen by the ancestors, are chosen against their will. Thus, unlike western careers that one chooses to pursue, with ancestral calling one does not have self-determination, or the liberty to choose to become a traditional healer. From the findings of the study, it can be concluded that the chosen person loses control over their lives which are controlled by the ancestors who want the chosen individual to continue with the work of the forefathers. This was also noted by Walsh (2010) who wrote about the theory of unfinished business. Walsh (2010) postulated that some members of the family felt obligated to complete their unfinished business with their lives after death. In essence, they chose a living member from their family to continue the unfinished business.

From the findings of the present study, not only do ancestors choose an individual to become a traditional healer, but the chosen person is also entrusted with a gift from the ancestors. These findings are in line with the findings of the previous studies that reported that ancestral calling is a special gift from the ancestors (Wreford, 2007). The person called by the ancestors is entrusted with a special gift of becoming a traditional healer. The findings further indicated that this gift from the ancestors runs within the family. Seemingly, these findings support the findings of Mlisa (2009) who reported that in the Xhosa culture, ancestral calling is an inborn gift that runs in the family. These findings are also in line with Kubeka (2016) who noted that ancestral calling in the Zulu tradition is viewed as an inborn gift that runs within the family. This suggests that one cannot deny it since it is transmitted through the genetic inheritance.

Given that one is chosen by the ancestors and entrusted with a special gift to be a traditional healer, the findings of the present study revealed that the chosen individuals perceived this calling as a burden to them. This is because it interferes with the

person's physical and mental health and social life. Participants in the current study reported being physically sick. They reported suffering from headaches, losing weight, rapid heartbeat, inability to speak, shortness of breath, things crawling under their skin, constipation, swelling of legs, burping and/or farting a lot, being tired, unable to conceive and problems with puberty (for girls) such as late menstruation or paused menstruation and the inability to grow breasts. This illness interfered with the participants' lives as some had to stop going to work or school. Thus, the social lives of the participant were impacted because they could not do what they used to do. The participants in the present study also reported that they had to leave their homes and their loved ones to go and stay with the master traditional healer. This was perceived as a burden because the participants had to leave their old lives behind and start learning a new life. This is in line with the findings of Xaso (2015) and Mlisa (2009) who indicated that in the Xhosa culture ancestral calling is perceived as *inkathazo*, which means trouble.

6.2.3 Help-Seeking Pathways following an Ancestral Call

During the process of ancestral calling, after experiencing various symptoms, individuals pursue various help-seeking pathways in search of answers. This includes going to western-trained practitioners, traditional healers and spiritual healers. The findings of the present study revealed that when western-trained practitioners were consulted, the participants did not find any help from them; they did not get better even though western medication was prescribed, the source of the symptoms was unknown; and lack of information or knowledge about the condition of the participants led to misdiagnosing the condition. This corroborates the previous findings which also noted that ancestral calling cannot be treated by biomedical approaches (Booi, 2004; Cumes, 2013; Kubeka, 2016; Mlisa, 2009). There seems to be a clear distinction between how psychological problems are managed from an African traditional perspective and a western perspective. The western perspective relies heavily on "talking therapy" with the aim of empowering the client. However, the African perspective takes the form of resolving the problem by performing rituals and by including extended family members and the ancestors (Naidu & Ramlall, 2016). Patients whose psychological problems are rooted in African beliefs and practices,

such as ancestral calling, often use language that may not be understood from a western perspective and thus create the possibility of miscommunication between themselves and the western-trained practitioner (Naidu & Ramlall, 2016).

The findings of the present study further revealed that after consulting with a western-trained practitioner, the participants went further to seek help from a traditional healer due to the persistent symptoms they experienced. When consulting with a traditional healer, the unpleasant symptoms and misfortunes experienced by the participant were now given a name. This was called *mbidzo ya vhadzimu* (ancestral calling). Mufamadi and Sodi (1999) maintained that the ancestral calling can only be diagnosed by a traditional healer through the use of *thangu*.

Regardless of the information received from the traditional healers, the findings revealed that participants went further to consult with spiritual healers. Seeking help from spiritual healers was an attempt to confirm if indeed they had an ancestral calling or heard something different from what the traditional healers told them. Seeking a second opinion from spiritual healers was mostly due to the stigma attached to traditional healing. According to Mlisa (2009), seeking help from spiritual healers is an attempt to modify the calling and destroy it altogether. However, regardless of consulting with spiritual healers, the misfortunes and the ill health continued. Despite the participants receiving treatment from church, the misfortunes and illness continued (Mogethi, 2018). This is because ancestral calling can only be treated from an African perspective, which involves accepting the ancestral calling and going for training to become a traditional healer (Mkhize, 2004).

6.2.4 Responding to the Ancestral Call

After consultation with traditional and spiritual healers, the participants must now make a decision to accept or reject the calling from the ancestors. The results of the present study revealed that accepting the call is not an easy decision to make because it is a life-changing decision that impacts the of an individual's life. After accepting the ancestral calling, the participants must undergo training to become traditional healers. From the results of the present study, the period of training is regarded as a learning process. The trainee must leave the old life and be willing to learn and adapt to a new

lifestyle. Mokgethi (2018) attested that throughout training to become a traditional healer, the identity of the initiate undergoes a constant change and evolution from being a patient who went there to consult to becoming a traditional healer. Thus, a new traditional identity is formed and this new identity connect them with the ancestors (Bantjes et al., 2018). Xaso (2015) noted that those who undergo the process of training to become a traditional healer view it as a collection of rituals performed to accelerate and direct the transitioning of a person through knowledge acquisition; acquired by productive learning in the pursuit of personhood. From the results of the present study, accepting ancestral calling and going through training is viewed as a form of rite of passage. This is because after accepting the calling, the participant will have a new identity and the old identity perishes. Therefore, it can be suggested that accepting ancestral calling is a form of identity formation. Xaso (2015) held that during training, the psychosocial identity of the initiates develops. She further noted that the period of training helps the initiates attain identity achievement. Therefore, completing the training makes it possible for one to be aware of self and to identify with the new healing roles and responsibilities. Thus, the healing identity is constructed (Mlisa, 2009). Erikson (1970) posited that the achievement of identity meant the convergence of the gifts and abilities of the individual with the potential choices provided by the universe. He stressed the importance of culture which is a feeling or spirit of collaboration and belonging to a group in the achievement of identity.

When an individual undergoes training, they leave their families behind. It can therefore be concluded that the training period is a period of separation from loved ones. Thus, their social life is affected. They leave their homes and go to stay with a master healer. According to Thornton (2017), undergoing the process of ancestral calling means entering a particular school where one is taught about ancestors who are the source of knowledge. The training involves rituals and spiritual dances. The period of accepting the call and going through training is known as the separation stage (Xaso, 2015). The training is done at the home of the master healer. This means that the initiate must leave their home, work and school. Leaving their past life is not an easy thing: separation anxiety sets in because of the attachments that they have with their loved ones.

The results of the current study also illustrated that after the training to become a traditional healer, the participants no longer suffered from the previous misfortunes; the psychological, physical and spiritual distress came to an end. Therefore, it can be concluded that going through training is a form of treatment of the physical, psychological and spiritual illnesses. According to Bakow and Low (2018), the training to become a traditional healer focuses on restoring the ill health of the individuals. The results of the present study also revealed that after training, the initiate was accompanied home as a fully-fledged traditional healer.

Given that the journey to become a traditional healing is not an easy one, the findings of the study revealed that not everyone that is called by the ancestors accepts the calling. Some individuals may make a choice not to accept the ancestral call. From the findings of the present study, those that decide not to accept the ancestral calling do so for a variety of reasons. These include not believing in ancestors; feeling ashamed/embarrassed about being a traditional healer; stereotypes attached to ancestral calling; Christian perspectives towards the call; societal perceptions towards ancestral calling; traditional healers being regarded as witches; being young; and lack of support from loved ones and family. However, rejecting the ancestral calling has consequences. The results of the present study revealed that those that rejected or delayed responding to the ancestral calling experienced consequences. These included having setbacks in life, not getting married, not having children, a sickness with no cure, being fired from work, and death caused by sickness. Previous studies confirmed that if the calling was ignored the ancestors could bring misfortune or illness (Lesolang-Pitje, 2000; Zuma et al., 2016). The results of the present study also revealed that even after accepting the calling and undergo training, one must still follow the instructions of the ancestors. Therefore, it can be concluded that the ancestors' instructions and guidance must be listened to before and after training.

6.2.5 Many Roles of the Master Traditional Healer

The results of the present study revealed that the master healer diagnoses ancestral calling. They give this name to the extreme physical and psychological suffering that the individual is experiencing. The master healer also gives advice on the consequences of not adhering to the instructions of the ancestors. After consultation

with the master healer, the master healer gives advice that the chosen individual should accept the ancestral calling and go for training to become a traditional healer. When the chosen individual accepts the calling undergoes training, they will in some cases also receive treatment from the master healer (Mufamadi & Sodi, 1999). Thus, the master healer provides physical and psychological relief of the symptoms. Therefore, traditional healers are thus mental health care providers and can also assist with physical ailments (Mufamadi & Sodi, 1999).

The results of the present study also revealed that during training the master healer plays the role of a teacher. The initiate must be obedient and learn from the master healer. The learning includes lessons about traditional medicine and how it is supposed to be harvested and mixed. The master healer teaches the initiates about traditional medicine. The learning of traditional medicine includes learning how to extract the different types of traditional medicine and how to mix them. The master healer also supervises the initiates when patients come to consult. The role of the master healer is to also teach the initiates about the use of *thangu*. Though the master healer plays a role in the training of the initiates to become a traditional healer, the ancestors continue to guide this process through communicating with the initiates through dreams. Mogethi (2018) highlighted that the role of the trainer is to facilitate the training process according to the dreams of the initiates, instead of dictating the process according to personal expectations. This is also in line with Mlisa (2009) who noted that *ukuthwasa* is the active process of learning and acquiring traditional healing knowledge. Even though the master healer teaches the initiates about their new lives, the ancestors continue to guide them.

From the results of the present study, training to become a traditional healer takes place at the home of the master healer. In essence, training takes place at a traditional healing school in which the master healer is the teacher. Therefore, the learning process transforms the initiate and changes their identity by giving them all the relevant information that will equip them in taking on the newly formed identity. Xaso (2015) reported that when the initiates move in with the master healer, the master healer not only becomes a teacher but also a surrogate parent. Therefore, the process of becoming a traditional healer is the process of transformation of the new identity

through learning from the master healer. Teaching, however, does not end at teaching the initiates about traditional medicine and *thangu*.

The results of the present study revealed that the training to become a traditional healer is sacred, holy, and must be respected. Therefore, there are many restrictions that initiates are told to adhere to by their master healers. Thus, when one has accepted the ancestral calling and undergoes initiation, there are rules and regulations that must be adhered to. Mogethi (2018) noted that the training process is largely dependent on the creation and maintenance of cleanliness which will allow for the dreams and elements of the unconscious to come through and guide the individual throughout the process. Therefore, this cleanliness then allows for knowledge transference to occur. These include among others abstaining from sexual activities, not eating certain food until some rituals have been completed and, when a woman is having her period, she is not supposed to touch traditional medicine. Mlisa (2009) and Xaso (2015) attested that engaging in sexual activities while undergoing training is considered a taboo.

6.2.6 Post Training Realities and Experiences

The results of the present study revealed that after training to become a traditional healer, the participants had a new status. They were now fully-fledged traditional healers practising traditional healing. The findings of the present study also revealed that the participants were happy with their new identity which was *nanga ya Vhavenda* and also accepted the new life. This is in line with the results of Bakow and Low (2018) who asserted that going through the process of ancestral calling was perceived as affirmation of African identity and increasing self-worth of those who went through the experience. The findings of the present study revealed that when the individual that was called by the ancestors accepted the calling and went through training to become a traditional healer, their life changed for the better. In other words, the misfortunes, sicknesses and all the bad things that had been happening comes to an end. Laher (2014) confirmed that the symptoms that accompanied ancestral calling were resolved through training to become a traditional healer. Thus, after accepting the ancestral calling, their lives started to transform. The old identity was gone, and they were now *nanga dza Vhavenda*. Therefore, it can be concluded that the process of becoming a

traditional healer means the rebirth of a person who is given a new name. The findings revealed that participants quit their jobs to focus on the healing. This is also in line with their assuming a new role as a traditional healer.

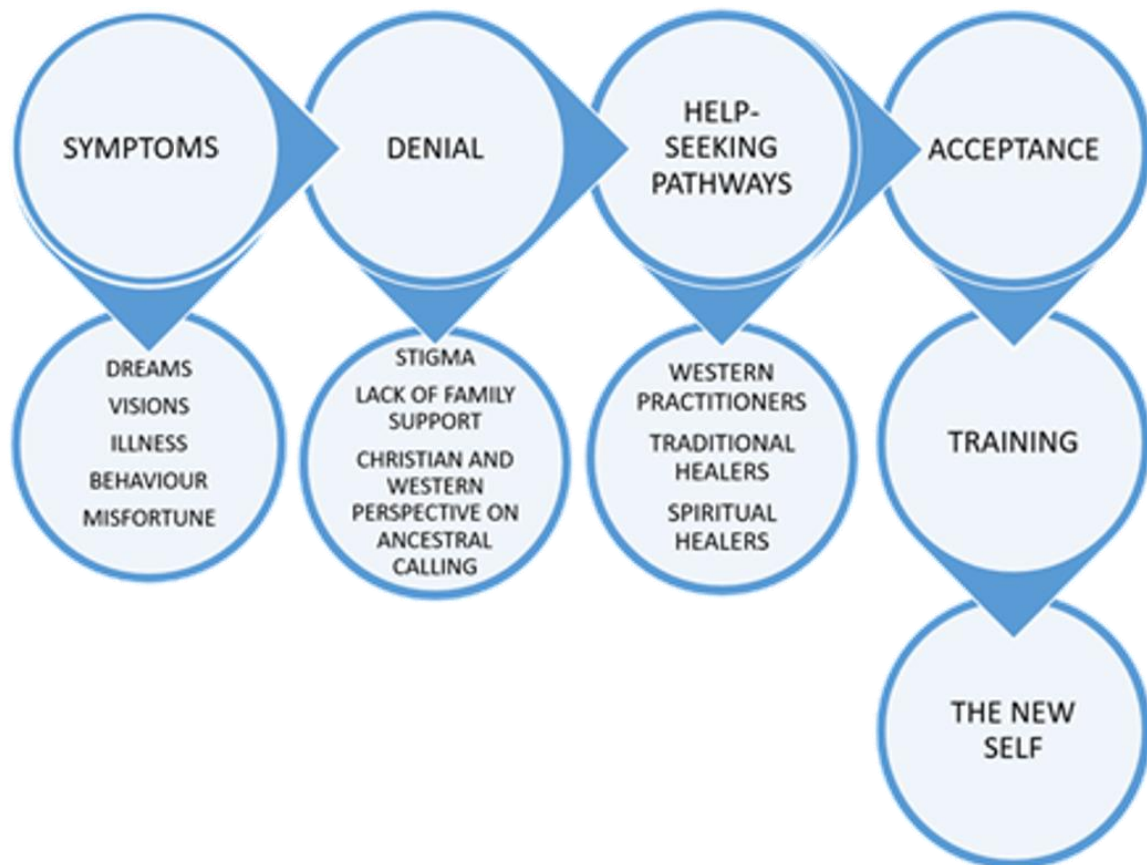
The findings of the present study revealed that traditional healers have different types of specialisation in traditional healing. These includes specialisation in the treatment of mental illness, helping people that struggle with fertility, conducting initiations schools for both males and females, *u fara mudí* and boosting sexual performance. Zuma et al. (2016) affirmed that traditional healers do not only fulfil roles specific to the type of traditional healer they are but their services go beyond the use of herbs for physical illness or divination. Mokgobi (2014) attested that traditional healers perform important roles as teachers of traditional culture, cosmology and spirituality. According to Thornton (2017), the purpose of undergoing training to become a traditional healer is to harness and develop the ancestral gift one is born with and to groom that individual into a specialist traditional healer that follows the practices used by ancestors.

The findings of the present study revealed that traditional healers experience stigmatisation from their communities. This is because ancestral calling is viewed as demonic from the Christian perspective and psychopathological from the Eurocentric perspective. Interestingly, one participant reported that when westernisation was introduced, many traditional healers converted to Christianity in order to protect their families. This is because traditional healers are perceived as witches and they were persecuted for being traditional healers. Laws were introduced to stop traditional healers from practising; these included the Natal Code of Native Law of 1891 section 268 and 269 (Moagi, 2009). This Act was introduced by the apartheid government to stop traditional healers from practising. According to Xaso (2015), the stigmatisation of traditional healing is fuelled by the secrecy that surrounds it. Mlisa (2009) posits that African divination has always been recognised as supernatural. This includes ancestral calling which is viewed negatively. Ancestral calling was often and is still associated with witchcraft by those who follow Christianity as a belief system (Bakow & Low, 2018).

6.3 PROPOSED PSYCHOLOGICAL MEANING MODEL OF ANCESTRAL CALLING

Chinn and Kramer (2008), indicated that the purpose of a model is the key element in describing the scope of the model as well as why the model is developed. In this study, the purpose of the model proposed below is to give a better understanding of the psychological meaning of ancestral calling and the understanding of ancestral calling. The proposed model was guided by the BMSEST (Body, mind, spirit, environment, social, transcendent) model. The BMSEST model emphasises that the choice of the most appropriate intervention for the patient varies depending on the patient's belief system (Anandarajah, 2008).

Figure 2: Proposed psychological meaning model of ancestral calling



6.3.1 The Symptoms of Ancestral Calling

The model shows that when individuals goes through the process of ancestral calling, they first experience various symptoms that show that they have ancestral calling. These includes dreams, visions, unusual things happening, illness (psychological, physical and spiritual), misfortunes and behaving oddly. However, these symptoms of ancestral calling affect people differently. Some people might experience all the symptoms of ancestral calling but some might experience only a few. The severity of the symptoms also differs. However, when these symptoms are interpreted from a western perspective, they can lead to misdiagnosing individuals that are experiencing those symptoms (Makhanya, 2012). Therefore, there is a need for both western-trained practitioners and traditional healers to work together and to enable cross referral. Thus, western-trained practitioners must be aware of the signs and symptoms of ancestral calling and understand that this can only be treated from an African perspective by a trained traditional healer.

These symptoms of ancestral calling had a huge impact on the lives of study participants. The participants were affected physically, psychologically and socially. They were unable to do previous activities such as going to school or work, lost the ability to walk and lost excess body weight. Participants' sleep patterns were disturbed because of recurring dreams and visions. The misfortunes that the study participants experienced affected them psychologically. The participants felt helpless and hopeless as they did not have control over what was happening in their lives. The symptoms can be classified into physical manifestations of disease, emotional disturbance, breakdowns in social and personal relationships, misfortunes and psychological disturbances.

From an African perspective these symptoms were perceived as a sign from the ancestor who had identified a person in the lineage and bestowed them with divination and healing abilities. As early as childhood, the heir would encounter psycho-spiritual experiences such as dreams and visions revealing of the gift from the ancestors (Bakow & Low, 2018; Booi & Edwards, 2014; Zuma, et al., 2016). In a study by Zuma

et al. (2016), participants actually reported having been chosen at a young age and believed that they were called into the profession from birth. Predominately, the gifted individual would have dreams, visions and also suffer from an illness (Kubeka, 2016; Boo, 2004). The dreams and visions become a spiritual mode of communication between the ancestors and the chosen person (Mlisa, 2009). The study findings have also supported the experience of illness which may presents in the form of loss of consciousness, emotional and sleeping difficulties, depression and anxiety, chronic headache, loss of appetite, self-withdrawal, and hallucinatory experiences. In some cases, significant weight gain (Bakow & Low, 2018) or loss including poor skin integrity could be noticeable (Boo & Edwards, 2014). These signs were reported to be subliminal communication from the ancestors if one ignored a dream (Mokgethi, 2018). The dreams play a major source of communication and also play a role as they set the curriculum baseline for the training process (Kubeka, 2016). Bührmann (1982) reported that without the ancestors there is no training and without the dreams the training will not be able to continue; this is because the ancestors guide the trainee through dreams.

Edwards et al. (2009) used the term psychosocial dynamics to explain hidden psychological, familial, social and cultural terms. Psychosocial dynamics was also used to refer to forces, mechanisms and causes of underlying spiritualistic phenomena, in this case dreams and visions.

6.3.2 Denial

The symptoms of ancestral calling are mostly denied as going through the process of ancestral calling is not something that is fashionable and it is undesirable. However, denial or rejection of the calling could mean living a life full of pain and misery. The individual called by the ancestors would persistently experience misfortunes and illness (Ogana & Ojong, 2015). Misfortune may be in the form of poor academic progress, no luck with employment, financial and relational difficulties (Bakow & Low, 2018). In the denial stage, the chosen individual resists the call and is reluctant to accept the truth despite numerous diagnoses from healers. The symptoms will intensify over time to indicate the urgency to consult with a traditional healer (Mokgethi, 2018). The chosen individual will deny or resist the call for a number of reasons. Study

participants said that stigma in the community and self-stigmatisation were some of the reasons. The stigma from the community has to do with the dominant western perspective of ancestral calling. Moreover, community stigma was also linked with how the process of ancestral calling was perceived around their communities. Self-stigmatisation had to do with the psychological readiness as they felt they were too young to experience ancestral calling. Study participants viewed ancestral calling as associated with low class and being unhygienic, which led to denial of the ancestral calling.

The study participants also mentioned the influence of Christianity behind their denial of the ancestral calling. The process of ancestral calling is perceived negatively by those who follow Christianity as a religion. The Christian perspective views ancestral calling as demonic. Going through these symptoms of ancestral calling is associated with being demon-possessed and evil. This notion of ancestral calling compels those that are going through the symptoms to deny the calling. Lack of support from family members is associated with denial of ancestral calling. However, denying and delaying the response to the calling worsens the symptoms. The findings indicated that parents may find it difficult to accept that their child has an ancestral calling. This then lead to a breakdown of the parent-child relationship. It can be argued that the lack of acceptance or acknowledgement from the parents at such a critical stage is a contributing factor to the breakdown of relationships and emotional issues experienced by the chosen individual. The relationship between the chosen individuals and their family is of paramount importance at this stage. The family must support the chosen individual both emotionally and financially. The family must also support the chosen individual in dealing with the symptoms associated with ancestral calling. The severity of the symptoms led the study participants to embark on help-seeking pathways.

6.3.3 Help-seeking Pathways

The model shows that the study participants pursued seeking help in search of healing. Different practitioners were consulted, including western-trained practitioners, spiritual healers and traditional healers. From western practitioners, ancestral calling symptoms were misunderstood and misdiagnosed. While consulting with western practitioners, the study participants were given western medication. The western

medicine did not help the participants with the symptoms they were experiencing as the pain and agony continued. The study participants were diagnosed with high BP, depression, stroke, TB, etc. by western-trained practitioners. Seeing that there was no help from the western practitioners, the study participants sought help from traditional healers. The traditional healers were able to diagnose the symptoms as that of ancestral calling and advised the study participants to accept the calling to become a traditional healer. The traditional healers also elaborated on the consequences of denying the call. Therefore, the symptoms of the ancestral calling can be diagnosed by traditional healers. The study participants continued to also seek help from spiritual healers. These healers advised participants to listen to what traditional healer have said. Consulting with spiritual healers was a way of confirming what the traditional healers have said. Therefore, the spiritual healer was able to diagnose ancestral calling and advise to the study participants to seek help from traditional healers. Therefore, the model shows that the choice of treatment plan that is chosen by the participant is based on the symptoms that they are experiencing and that the participant first sought help from western-trained practitioners. The model further shows that traditional healers will be the next point of help-seeking pathway followed by spiritual healers. However, it should be noted this model acknowledges that every human being, is different and their experience of ancestral calling will be unique.

6.3.4 Acceptance

The model shows that after consulting the various practitioners, the participants accepted the ancestral calling. Accepting the ancestral calling was the only treatment for the symptoms they were experiencing. Accepting the ancestral calling means that they must go to be trained to become a traditional healer. Accepting the ancestral calling was a very difficult decision because the study participants must now separate from their loved ones. Consequently, they had to leave their homes and stay with the traditional healer for the duration of the training. The participants not only have to separate from their family, but also their old lives or behaviours. Accepting the ancestral calling means that the chosen individual is going to isolate themselves from the life that they used to live before they were called by the ancestors. It means that the chosen individual must withdraw from their old lifestyle. Thus, the social life of the

chosen individual is affected by accepting the ancestral calling and can be viewed as a rite of passage. Not accepting the ancestral calling had consequences which not only affected the study participant but the family as well. Thus, accepting the ancestral call is not easy as some are forced into it by the misfortunes that they are experiencing (Mlisa, 2009).

6.3.5 Training

After accepting the ancestral calling, participants must go through training to become traditional healers. The training is a learning period that includes learning about medicinal herbs, *thangu*, how to harvest traditional medicine and how to mix the herbs. The training takes place at the master healer's home. The training period is also regarded as a period of healing because after the training the study participants did not experience the symptoms they had experienced before training. Accepting the ancestral calling and going through training helped to stop the struggles they had experienced. However, the ancestors continue communication through dreams and visions. Dreams and visions serve as a communication between the ancestors and traditional healers. It can further be argued that spiritual communication between the ancestors and the trainee becomes more enhanced as the training proceed (Bantjes et al., 2018) Throughout the training, the identity of the initiate undergoes a constant change and evolution from being the patient who came to consult to becoming a traditional health practitioner (Mokgethi, 2018).

6.3.6 The New Self

After accepting the ancestral calling and following the instructions of the ancestors, the study participants' lives changed for the better. The study participants reported being healed, getting jobs, and also having children after their acceptance of the calling and having gone through the training to become a traditional healer. Accepting the ancestral call and going through training can be regarded as unlearning the old way of living and now living a new life with a new identity. Subsequently, the old identity dies and the new identity is formed. Thus, it can be suggested that the process of becoming a traditional healer is a process of rebirth into a new person. According to Xaso (2015), undergoing training to become a traditional healer is considered a

process of identity formation which is constructed by the knowledge acquired throughout the process. Turner (1970) noted that the training to become a traditional healer leads to a process of psychosocial development and identity achievement that reintegrates an individual who has gone through struggles and misfortunes into an in-group. Thus, from being a patient and coming back from initiation as a fully-fledged *nanga ya Vhavenḁa*, accepting the call can be regarded as a treatment. Mlisa (2009) also stated that the process of training to become a traditional healer instils humility and enforces discipline which becomes part of the key competencies that govern how an individual should behave in society. Xaso (2015) noted that after the training there is a realisation of self-worth.

6.4 CHAPTER SUMMARY

This chapter discussed the findings of the present study in relation to existing literature. In light of the present findings, when a person is called by the ancestors there are several signs that are indicative that one has an ancestral calling. However, these signs can only be understood when viewed from an African perspective. The signs of ancestral calling are misunderstood when viewed from a western perspective. The individuals that are called by the ancestors must be trained to become full-fledged traditional healers. After a person has completed their training to become a traditional healer, the struggles experienced stopped and the trainee has a new identity. Based on the findings of the study about the misunderstanding of ancestral calling, the present study proposed a model that will inform better understanding of ancestral calling. The findings of the study including the conceptual model. The implications of the model are for collaboration of western-trained practitioners and traditional healers for a holistic approach to healing, and the model has implications for policy development with regard to referral. This will also assist in understanding illnesses from the cultural perspective. The next chapter draws the study to a close.

CHAPTER 7

SUMMARY AND CONCLUSION

7.1. INTRODUCTION

This chapter presents the summary of the present study, the conclusions, the limitations, the implications for policy and practice as well as recommendations and ideas for further research. The aim of the study was to explore the psychological meaning of ancestral calling by Vhavenda traditional health practitioners. The major findings of the current study were in line with the themes below.

7.2 THEMES

7.2.1 Signs of Ancestral Calling

The signs of ancestral calling are usually misunderstood by people, including the people that are experiencing them. The findings of the present study revealed that the signs of ancestral calling affect people differently. This period of signs of ancestral calling is filled with anxiety and panic for those that are going through ancestral calling and their families. It was also noted in the present study that these signs affect males and females differently. However, not everyone experiences the signs of ancestral calling as the ancestors choose the person they want and entrust them with a gift. This gift is hereditary, it runs in the family and the hereditary traits can be traced in the family genealogy. The symptoms of ancestral calling include dreams, visions, unusual things happening, behaving oddly, misfortunes and sickness. Some family members did not show support because they were Christians; from a Christian perspective, ancestral calling and traditional healing are viewed as demonic and evil. This makes it difficult for Christians to accept those that are going through the call or to support their family members undergoing ancestral calling.

7.2.2 Meaning Attached to Ancestral Calling

Ancestral calling is perceived differently by those who have the calling. It is perceived as a gift from the ancestors, an inheritance; being chosen by the ancestors was also seen as a burden. Ancestral calling is perceived as something that comes to someone that is chosen by the ancestors who were traditional healers. The individual that is chosen must continue the work of the ancestors. It also emerged that the ancestors do not choose just anyone and bestow them with a gift to become a traditional healer. The chosen person must be from the family of the ancestors. Therefore, one cannot self-elect to become a traditional healer. Thus, ancestral calling was also perceived to be a burden. This means the electing of traditional healers is done despite the will of the person who will be chosen. The chosen individuals feel helpless because they lose control over their lives and must follow the instructions of the ancestors.

7.2.3 Help-seeking Pathways Following an Ancestral Call

It emerged in the present study that when experiencing the symptoms of ancestral calling, people pursued different help-seeking pathways. These included consulting western-trained practitioners, spiritual healers and traditional healers. All these approaches to healing were an attempt to understand the symptoms and also to get healed. However, it emerged that not all of these practitioners can diagnose and treat ancestral calling. Ancestral calling was misdiagnosed as either physical or psychological illnesses when western-trained traditional healers were consulted. The symptoms of ancestral calling continued: this means that ancestral calling cannot be diagnosed or treated from a western perspective.

It also emerged that when the biomedical approach failed, traditional healers were consulted. In consultation with traditional healers, symptoms were given a meaning and ancestral calling was diagnosed as *mbidzo ya vhadzimu*. Spiritual healers consulted also confirmed the calling and referred the individuals to traditional healers for treatment which is the training to become a traditional healer. Therefore, ancestral calling can only be treated from an African approach by traditional healers through training to become a traditional healer.

7.2.4 Many Roles of the Master Healer

It emerged in the present study that the master healer occupies different important roles. These include the diagnosis of ancestral calling, health practitioner and teacher. The master healer diagnosed the symptoms or the physical, spiritual, psychological illnesses or misfortunes as signs of ancestral calling. The master healer also advised that the calling should be accepted and also highlighted the consequences of not accepting the ancestral calling. Going through initiation while staying with the master healer gave relief to the symptoms identified as ancestral calling. The home of the master healer was identified as a place where the initiation and training takes place. It can therefore be suggested that the master healer's home is a school where training to become a traditional healer takes place. During the training, the master healer is a teacher to the initiates. The master healer teaches the initiates to be obedient, about traditional medicine and how it is harvested, how to mix medicinal herbs and also how to use *thangu*. After the training, the master healer takes the initiate back home to their family.

7.2.5 Post Training Realities and Experiences

It emerged from the present study that after training to become a traditional healer, the person has a new identity and has to live a new life as a fully-fledged traditional healer. The results also pointed out that traditional healers not only heal but have different specialisations. They specialise in treating different illnesses such as mental illness, fertility treatment, conducting initiation schools for both male and female initiation, *u fara mudi* and many others. Therefore, traditional healers' services go beyond the use of herbs for physical illness and divination (Zuma et al., 2016). Regardless of the positions they hold in society, it was noted in the present study that traditional healers experience stigmatisation. This is because Christians view traditional healers as witches and western-trained practitioners misunderstand the symptoms of ancestral calling.

7.2.6 Responding to the Ancestral Call

The decision to respond to the ancestral calling is not an easy decision to make. However, the decision is mainly done after consultation with the traditional healer. The traditional healer advises the individuals to accept the calling and go through the training to become a traditional healer. This is because not accepting the ancestral calling comes with consequences. The consequences include setbacks in life, difficulty having children, a sickness with no cure and experiencing hardships in life. These consequences not only affect the individual but also affect their family members. Various reasons were given for not accepting the call, which includes the Christian view on ancestral calling and traditional healing. The Christian perspective views traditional healing and the training to become a traditional healer as demonic and evil, and traditional healers are viewed as witches. There is also a lack of support from the family.

Those that have accepted the ancestral calling must go through training to become a traditional healer. When undergoing the training, the trainees must leave their homes and go to stay with the master healer. They must let go of their old life and be willing to live a new life. This means that the trainee must now live their family, work and school behind and go through a period of separation. It was noted in the present study that accepting the ancestral calling and going through the training is viewed as a rite of passage. It also emerged that after accepting the ancestral calling and going through training, the sickness (psychological, physical and spiritual), misfortunes and struggles that they went through come to an end. Accepting the calling and going through training is a form of treatment. Therefore, it can be concluded that going through the process of training leads to personal growth and transformation.

7.3 IMPLICATIONS OF THE FINDINGS

The findings of the present study revealed that the ancestral calling is an inborn gift; therefore, not everyone can be a traditional healer. It was also noted that the hereditary traits of ancestral calling are evident in the family genealogy. The symptoms of ancestral calling are accompanied by an illness which can be psychological, spiritual or physical. The findings also revealed that not accepting the ancestral calling leads

to complications and life struggles. However, accepting the ancestral calling leads to self-growth and development. Literature has shown that applying Eurocentric frameworks to culturally entrenched processes like ancestral calling and the training to become a traditional healer has led to misinterpretations. Mazama (2001) postulated that as African people, our key problem is our regular unconscious embrace of the western worldview and how we have allowed it to penetrate our lives as normal, inevitable and infinite. Therefore, the present study used an Afrocentric theoretical framework. Asante (1999) and Mazama (2001) held that Afrocentricity is not a universal paradigm but one of several regional-cultural perspectives. In the light of Asante's claim, the question of cultural location is more critical than the subject or data under consideration when using the Afrocentric paradigm. A phenomenological approach was an ideal approach for the present study. The approach also influenced the methodology and techniques applied in collecting, transcribing and analysing the data as well as the presentation of the findings.

7.3.1 Implications for Policy

The policy implications from the present study are the following:

- There are still misunderstandings and misconceptions about ancestral calling and the signs accompanied by the ancestral calling. Therefore, there is a need for the establishment of a joint committee of western-trained practitioners and traditional healers for the purpose of adjudicating about ancestral calling. This will assist the western-trained practitioners to better understand ancestral calling and avoid misdiagnosing. The Traditional Health Practitioners Act 22 of 2007 and the Interim Traditional Health Practitioners Council founded by the Act both seek to promote, supervise and regulate traditional medicines and THPs in South Africa. Unfortunately, the recently proposed regulations by council have been questioned, and fall short of clearly articulating how their objectives will be practically realised. This is particularly true with guiding frameworks relating to Traditional Health Practitioners' training programmes, registration, compliance and minimum entry requirements. Thus, the committee could assist in the full integration of traditional healers in the health system. The committee could also concentrate on strategies

to formalise the training of traditional healers and the registration of traditional healers with the Health Professions Council of South Africa.

- The results of the present study noted that ancestral calling cannot be treated by biomedical medicine; therefore, there should be development of guidelines for referral between traditional healers and western-trained practitioners.
- The training of traditional healers is still under a lot of scrutiny; therefore, there is a need to establish a regulating body that will regulate the training of traditional healers. However, the challenges are still there, such as professionalisation and standardised training to be officially registered with the Health Professions Council like other health practitioners.

7.3.2 Implications for Practice

The Eurocentric perspective has shaped and influenced how traditional healing is viewed in South Africa. This is mainly due to colonialism, apartheid and Christianity. Traditional healing and the training to become a traditional healer is viewed negatively. This has also resulted in ancestral calling being misunderstood and misinterpreted. This is because traditional healing practices are not taught in the formal education system (Mokgethi, 2018). Therefore, there is a need for the inclusion of traditional knowledge in the academic domain. This will support the development of strategies to formalise the training of traditional healers and work out a curriculum according to the requirements of the Higher Education Act. This will assist in enabling the training of traditional healers to be accredited by the regulators and for the qualification to be registered on the National Qualification Framework. In that way, the professional registration of traditional healers will be acceptable to their western-trained counterparts, and they could practise at the same level. This will make it easier for factual knowledge about traditional healing and ancestral calling to be gained. The curriculum could also focus on making African psychology a discipline at a master's level at universities.

7.3.3 Implications for future research

Traditional healers felt that they were not accepted by the community members, more especially Christians. Therefore, future studies may need to focus on the attitudes of Christians towards traditional healing. The symptoms of ancestral calling were misdiagnosed when western-trained practitioners were consulted in the present study. Therefore, further research needs to focus on the attitudes of western-trained practitioners towards traditional healers. Such studies will unpack the barriers towards a collaborative partnership between traditional healers and western-trained practitioners. This will lead to social acceptance and also acknowledgement of traditional healing by dominant segment of community (which is Christians) which is essential and critical to foster social cohesion and build trust. This will lead to open engagement between the two segments in the society. The present study proposed a psychological meaning model of ancestral calling. Therefore, the present study recommends that future research to validate the proposed model when undertaking research in similar topics.

7.4 LIMITATIONS OF THE STUDY

- The study was conducted amongst Vhavenda traditional healers in Vhembe District in Limpopo Province. Therefore, the findings of the present study cannot be generalised to other cultural groups or to the whole of South Africa.
- The interviews were conducted in Tshivenda and were later translated into English by a language expert. This process may have resulted in some of the cultural nuances that are embedded in language being lost in translation.
- Data for the present study was collected from Vhembe District about the lived experienced of traditional healers. Thus, other traditional healers from other areas might have experienced ancestral calling differently.

7.5 RECOMMENDATIONS OF THE STUDY

The following recommendations are made in line with the study findings:

- The Department of Health should have a referral policy between traditional healers and western-trained practitioners.

- The findings of the present study revealed that during the emergence of ancestral calling, initiates sought help from western-trained practitioners which often led to misdiagnosing of the symptoms. Therefore, it is recommended that there should be a collaborative effort between the western-trained practitioners and traditional healers. This will lead to holistic and more accurate diagnosis and also an understanding of these two important healing approaches.
- Further research could also focus on how the two approaches can refer patients to each other for a more holistic approach to healing which will benefit the patient.
- The psychological impact on the family of the person going through the process of training to become a traditional healer should also be explored.
- It is recommended that a phenomenological study be undertaken that looks at the role played by western-trained practitioners that are also practising as traditional health practitioners.

7.6 CONCLUSIONS

Going through the process of ancestral calling and experiencing the symptoms of ancestral calling provokes anxiety and is accompanied by confusion and misunderstanding. However, accepting the ancestral calling and going through the process of initiation is perceived as growth and the beginning of a new 'self'. The misunderstanding of the symptoms of ancestral calling by western-trained practitioners often leads to a delay in accepting the ancestral calling. Western-trained practitioners are still hesitant to give traditional healers the equal status they deserve and continue to look down on the traditional methods of healing and the signs of ancestral calling. This can no longer be attributed to a lack of knowledge. It may be viewed simply as resistance on the part of the government and relevant structures. Therefore, it is important for traditional healing and the process of becoming a traditional healer to be included in the education sector. It is also important for western-trained practitioners and traditional healers to collaborate. This could lead to a referral system between the two healing modalities.

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ANNEXURES

ANNEXURE 1(A): INTERVIEW GUIDE – ENGLISH VERSION

Objectives	Interview questions
<p>1. To determine the understanding of ancestral calling by traditional health practitioners.</p>	<p>a) May you please share with me your understanding of ancestral calling.</p>
	<p>b) As a person who has undergone the process of ancestral calling, how did you know you have the calling?</p>
	<p>c) I would also like you to explain to me what happens after accepting the ancestral calling.</p>
<p>2. To identify and explain the signs traditional healthcare practitioners perceive to be indicative of ancestral calling.</p>	<p>d) I would like you to share with me the signs and symptoms that you perceive as indicative of ancestral calling.</p>
<p>3. To describe the subjective experiences of traditional healthcare practitioners at the time they responded to the ancestral call.</p>	<p>e) May you share with me your experiences at the time you received the ancestral calling.</p>
	<p>f) May you also share with me what happens if a person does not accept the ancestral call.</p>
<p>4. To determine the meanings that traditional health practitioners attach to their status after receiving the ancestral calling.</p>	<p>g) I would like you to share with me what is the meaning that you attached to the status after receiving the ancestral calling.</p>

ANNEXURE 1(B): NDILA YA KUTSHIMBIDZELE KWA MBUDZISAVHATHU

Zwipikwa	Mbudziso dza mbudzisavhathu
1. U pfesesa u vhudza nga vhadzima nga nanga dza Tshivenda.	a) Ndi hambela uri vha nkovhele kupfesesele kwavho kwa u vhidzwa nga vhadzimu.
	b) Sa muthu o no pfukaho itshi tshipida, vho zwi divha hani uri vha na mbidzo.
2. U wanulusa na u tandavhudza zwiga zwino sumbedzisa mbidzo.	d) Ndi hambela uri vha nkovhele tsumbo dzine dza sumbedzisa uri muthu u na mbidzo ya vhadzimu.
3. U dodombedza thero ya tshenzhemo ya dzihanganga ho sedzwa tshifhinga tshe vha di dzhenisa kha mbidzo ya vhadzimu.	e) Ndi hambela uri vha nkovhele tshenzhemo dzavho musi vho no tanganedza u vhidzwa nga vhadzimu.
	f) Ndi hambela uri vha ntalutshedze uri hu bvelelani kha muthu ane a si tanganedze mbidzo ya vhadzimu.
4. U wanulusa uri tshiimo shine nanga dza Tshivenda dza di vhea kha tsho musi vho no tanganedza mbidzo.	g) Ndi tama uri vha nkovhele uri musi vho no tanganedza mbidzo, ndi tshifhiyo tshiimo tshe vha di vhea khatsho.

ANNEXURE 2(A): PARTICIPANT CONSENT LETTER – ENGLISH VERSION

Department of Psychology
University of Limpopo (Turfloop
Campus)
Private Bag X1106
Sovenga
0727
Date _____

Dear Participant

Thank you for showing interest in this study that focuses on exploring the meaning of ancestral calling by Vhavenda traditional health practitioners who have gone through the experience.

Your responses to the interview will remain strictly confidential. The researcher will ensure that there is no link that identifies you with the responses you give during the interview or disclose your name as a participant in the study. Please note that your participation in this study is voluntary and you have the right to withdraw from participating at any time should you wish to do so.

Kindly answer all the questions as honestly as possible. Your participation in this study is very important. Thank you for your time and cooperation.

Kind regards

.....

.....

Sigida S.T.

Date

PhD Student

.....

.....

Prof. T. Sodi

Date

ANNEXURE 2(B): PARTICIPANT CONSENT LETTER – TSHIVENDA VERSION

Department of Psychology
University of Limpopo (Turfloop
Campus)
Private Bag X1106
Sovenga
0727
Duvha: _____

Aa!

Ndi a livhuwa u sumbedzwa u takalela havho kha idzi thodiso dza “Kupfesesele kwa nanga dza Tshivenda nga ha u vhidza nga vhadzimu?”

Phindulo dzavho dza uvhu vhudavhidzani dzi do vha tshipirini. Mutodisise u do lingedza u sa vhakwamanya na dzi phindulo dzavho kana u bvisela khagala dzina javho sa mudzheneleli wa idzi thodiso. Vha divhadzwa u ri u dzhenelela havho kha idzi thodiso ndi u volunthia, vha na thendelo ya u litsha tshifhinga tshiwe na tshiwe

Vha kho fhindula dzi mbudziso hedzi nga u fhulufhedzea, u dzhenelela havho kha idzi thodiso, ndi zwa ndeme kana vuhogwa nga maanda. Ndi livhuwa tshifhinga tshavho na tshumisano ya vho.

Wavho

.....

Sigida S.T.

Mutshudeni wa PhD

.....

Prof. T. Sodi

.....

Duvha

.....

Duvha

**ANNEXURE 3(A): CONSENT FORM TO BE SIGNED BY THE PARTICIPANT –
ENGLISH VERSION**

Consent form

I _____ hereby agree to participate in a PhD research project that focuses on exploring the meaning of ancestral calling by VhaVenda traditional health practitioners who have gone through the experience.

The purpose of this study has been fully explained to me. Furthermore, I understand that I am participating freely and without being forced in any way to do so. I also understand that I can terminate my participation in this study at any point should I wish to do so and that this decision will not affect me negatively in any way.

I understand that this is a research project, whose purpose is not necessarily to benefit me personally. I understand that my details as they appear in this consent form will not be linked to the interview schedule and that my answers will remain confidential.

Signature: _____

Date: _____

**ANNEXURE 3(B): CONSENT FORM TO BE SIGNED BY THE PARTICIPANT –
TSHIVENDA VERSION**

Fomo ya thendelo

Nge _____ ndi a tenda u dzhenelela kha idzi thodisiso dza PhD dza “Kupfesesesele kwa nanga dza Tshivenda nga ha u vhidza nga vhadzimu?”

Ndo talushedzwa nga vhudalo nga ha mushumo kana ndivho ya idzi thodisiso. Ndi a pfesesa u ri ndi nga litsha u dzhenela kha idzi thodisiso tshifhinga tshinwe na tshinwe arali ndi sa tsha zwi takalela na uri tsheo eyo i nga si ntsie ndi na masiandoitwa a si avhudi.

Ndi a pfesesa uri mushumo wa idzi thodisiso a si u thusa nge, na u ri dzina langa na mafhungo e nda amba zwi nga si bviselwe khagala.

Tsaino: _____

Duvha: _____

Annexure 4: Ethical clearance letter



University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3935, Fax: (015) 268 2306, Email: anastasia.ngobe@ul.ac.za

**TURFLOOP RESEARCH ETHICS
COMMITTEE CLEARANCE CERTIFICATE**

MEETING: 27 November 2018

PROJECT NUMBER: TREC/218/2018: PG

PROJECT:

Title: An exploratory study on the psychological meaning of ancestral calling by nanga dza VhaVenda.
Researcher: ST Sigida
Supervisor: Prof T Sodi
Co-Supervisor/s: Dr N Lesolang
School: Social Sciences
Degree: PhD Psychology


PROF T. MASHOGO

CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: REC-0310111-031

Note:

- i) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.
- ii) The budget for the research will be considered separately from the protocol.
PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

Finding solutions for Africa

ANNEXURE 5: GATEKEEPERS PERMISSION LETTER

**VHEMBE TRADITIONAL
HEALERS (NPO)**

"RI TSHIMBILA NA MIDZIMU"



PRIVATE BAG x3495, Sibasa 0950

Cell No: 072 608 4823

09 January 2019

Permission is given to Sigida Thilivhali Salome to interview members of Vhembe Traditional Healers organization.

Yours faithfully



09-01-2019

Ramaliba T. Z (Chairperson)

ANNEXURE 6: LANGUAGE EDITOR LETTERS



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Author: Ms Salome Thilivhali Sigida

**Document Title: AN EXPLORATORY STUDY ON THE PSYCHOLOGICAL
MEANINGS OF ANCETRAL CALLING BY NANGA DZA VHAVENDA**

Date Issued: December 5, 2020

This letter certifies that the above mentioned dissertation was edited by Dr Napjadi Letsoalo (Ph.D, Translation Studies and Linguistics).

The document was edited for grammatical and technical errors. The editor endeavoured to ensure that the author's intended meaning was not altered during the editing. All amendments were tracked with the Microsoft Word "Track Changes" feature. Therefore, the author has the option to reject or accept each change individually. It is hoped that if all the recommendations are to be meticulously attended to, the target readers of the author's work will find the document easy to understand.

kind regards

A handwritten signature in black ink, appearing to read "Napjadi Letsoalo".

Napjadi Letsoalo (Ph.D, UL)



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**AN EXPLORATORY STUDY ON THE PSYCHOLOGICAL MEANING OF ANCESTRAL CALLING BY NANGA DZA
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By

SALOME THILIVHALI SIGIDA

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