THE LEARNING INVOLVED IN THE PATH OF BECOMING A TRADITIONAL HEALER IN AN AFRICAN CONTEXT

BY

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I would like to thank God the Almighty who gave me the courage, wisdom, and mind to carry out such an important task.

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ABSTRACT

Traditional healing practices are generally utilised by black South Africans from different socio-economic backgrounds. These practices are highly valued by most, while disapproved by others. Scholars have drowned in various debates about the effectiveness of traditional healing practices, and some have recommended their inclusion in mainstream health care. It is claimed that merging Western forms of healing with African traditional healing practices could provide the best health care for African people as the African cosmology of health and illness strongly influences help-seeking patterns among South Africans.

This study sought to understand the learning involved in the path of becoming a traditional healer in an African context. Furthermore, it sought to understand the role of the mentor and finally explore the extent to which learning variations exist in each of the three forms of practices investigated in this study: the Diviner's practice, the Herbalist's practice, and the Faith Healer's practice.

The study is located within a constructivist paradigm and uses key constructs from social learning theories as a conceptual framework. This exploratory research employed semi-structured interviews to gather the data from four participants: i.e., the mentor and mentee of the diviner, and the mentor of both the herbalist and faith healer who were purposefully sampled because of the knowledge they have. Collected data were translated into English and then thematically analysed. The key finding of this study indicated that the ancestral calling of the initiate precedes any form of training in certain forms of traditional healing practices. Also, it was found that some of the participants became traditional healers after either experiencing an illness or having certain dreams which upon in-depth analyses and interpretation by others, were understood to be the calling from the ancestors for one to become a healer. The study further revealed that one is called to become a traditional healer because someone in the ancestral lineage was a traditional healer when they were alive. *Gobela* at some stage happened to liaise with the ancestors through dreams during training sessions and the completion of the course is predominantly determined by the ancestors. In this study, I argue that learning to become a traditional healer is informal, not time-bound, and not structured.

Keywords: traditional healing practices, learning, learning process, communities of practice, diviner, herbalist, faith healer.

DECLARATION BY THE STUDENT

I, **Mdletshe Muziwendoda Patrick (student number: 218082815)**, declare that the study presented in this document titled: THE LEARNING INVOLVED IN THE PATH OF BECOMING A TRADITIONAL HEALER IN AN AFRICAN CONTEXT is my original work. The borrowed ideas from other scholars and sources that I used or quoted have been indicated and acknowledged using references and citations. All work that is presented in this study has not been submitted to any other institutions.

Signature:  (Muziwendoda Patrick Mdletshe)

Date: 22 May 2023

DECLARATION BY THE SUPERVISOR

Supervisor Name: Jeffrey Siphiwe Mkhize (PhD)

Supervisor Signature: 

Date: 22 May 2023

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CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 Background of the study

Traditional healing practices are an essential part of many South Africans' conception of general health care practice. According to the World Health Organisation (WHO, 2003), some 80% of the country's citizens consult a traditional healer as their first contact in an attempt to find health care. There is evidence from literature as well as common knowledge which indicates that traditional healing practices are widely used by indigenous African communities. Also, my personal experiences confirm the notion that traditional healing practices are largely used by Africans in South African communities. Traditional healers are widely perceived to play an important part in understanding and attempting to cure certain illnesses through the application of indigenous knowledge (Edward, 2014; Gumede, 1990). Traditional healers are trained to reduce certain categories of pain and ailment. It is believed that the treatment by traditional healers is endemic in as much the same way as Western medical practice, and they thus attract strong public support (Zabow, 2006).

However, not all literature suggests strong beliefs in African traditional healing practices. Ntombana (2015) claims that "black members of mainline Churches are still caught in between two identities; one being the Western package of Christianity and the African ritual practices (p.104). By contrast, Western medical practitioners and commentators have raised eyebrows about the use of traditional healing practices, especially as the first form of treatment as it is argued that it is sometimes a misdirected form of help-seeking that delays proper medical attention (Straker, 1994). Notwithstanding such negative attitudes, traditional healing practices continue to grow stronger.

In this study, I explore the learning involved in the path of becoming a traditional healer in an African context. The study is premised on the understanding that learning is a process of meaning-making. Thus, this study's focal point is to deeply understand the learning involved in becoming an African traditional healer using experiences of the practicing traditional

healers' own learning experiences as well as the experiences of initiates currently undergoing learning to become traditional healers.

In this study, I do not seek to challenge the Western or Eurocentric research theories, but rather I attempt to provide an African lens through which African learning in the African context could be understood using learning to become an African traditional healer as a point of entry into the discourse of learning in an African context. It is partly against this background as well as opposing views and beliefs in literature on the significance and value attached to the African traditional healing process that the interest to research African Traditional healing was conceptualised, focusing specifically on learning involved in the process of becoming an African traditional healer.

1.2 Problem statement

As a researcher, I embarked on a study of this nature because I wanted to understand the learning involved in becoming an African traditional healer. I wanted to answer several questions. What do they learn? How is their learning assessed? How do they know that they are ready to practice? What are the teaching tools that are used to make the teaching possible? What are the relevant curricula informing the teaching approach? How is the learning taking place? What is the duration of the training? These are the unanswered questions in literature which resulted in the identification of the knowledge gap in the phenomenon under investigation in this study, that is, the learning involved in the process of becoming an African traditional healer.

1.3 Purpose of the study

The study sought to explore the learning involved in becoming an African traditional healer. African traditional healers have specialised healing powers or strategies. Key to the study was to understand the learning involved in becoming a traditional healer. As previously stated, this study did not seek to challenge the Western or Eurocentric research theories, but rather to provide an African lens through which African learning in the African context is understood. Thus the study uses learning to become an African traditional healer as the focal point.

The study contributes in a significant way to bridging the gap in literature regarding the learning involved in the process of becoming an African traditional healer provided by three various *Izigodlo* (sacred places). Furthermore, it is noticeable that since these sacred places were recognised in terms of law of traditional healers (Act, 22 of 2007), very little is known

about how they learn to become traditional healers. The study strived to fill this knowledge gap.

1.4 Objectives of the study

The key objectives of the study were to:

i. Explore the learning involved in the process of becoming an African traditional healer.
ii. Investigate whether learning variations exist in the learning paths of the different forms of traditional healing specialisations.
iii. Understand the role of a mentor in the process of learning of the initiate to become an African traditional healer.

1.5 Research questions

The following research questions were prepared to guide the study:

i. What learning is involved in the processes of becoming an African traditional healer?
ii. To what extent does learning vary in the learning paths of the different African traditional healing specialisations?
iii. How does a mentor contribute to the initiate's learning process?

1.6 Rationale for the study

According to the World Health Organisation (2003), 80% of South Africans opt for consulting a traditional healer as their first point of call when seeking health care. It is widely believed that the services of traditional healers are mainly used in rural areas owing to a lack of exposure to alternative healing practices. Another reason could be the difficulty to access alternative forms of other modern health care at a low cost. Hence African traditional healing receives preference due to its accessibility and locality. Noting that at some stage, the WHO (2003) once projected such high statistics of South Africans that believe in traditional healing processes, I became interested in investigating how traditional healers learn to become recognised traditional healers. The study sought to explore the learning involved in the process of becoming an African traditional healer in KwaZulu-Natal.

It is envisaged that this study will present useful information about learning in the process of becoming an African traditional healer. The outcomes of this study could promote awareness of African indigenous forms of healing and contribute to debates and policy development on integrating traditional healing practices into the mainline primary health care in South Africa.

The results from this study may further contribute to an alternative understanding of learning in the context of adult education.

1.7 Location of the study

The study was conducted in Pietermaritzburg, KwaZulu-Natal. Three training institutes for African traditional healers were visited. In this study, *isigodlo* will be used to refer to the institute for training traditional healers. *Isigodlo* is an acceptable name used to denote a sacred place used by a traditional healer for training, practice, and healing. These three different *isigodlo* were chosen to represent three areas of traditional healing practices under study, the diviner, the herbalist, and the faith healer. Further details will be presented later in the thesis under the methodology chapter.

1.8 Research design and methodology

The study followed a qualitative research approach because it assists a researcher to approach reality from a constructivist position, which allows for multiple meanings of individual experiences (Denzin & Lincoln, 2005). The researcher also used open-ended questions which allowed the participants to respond in their own words and their mother tongue.

This study employed the interpretivist paradigm. Du Plooy et al. (2014) argue that interpretivists believe that ontology is socially constructed and depends on the meanings that people assign to their experiences. It is through such interpretation of an interpretivist paradigm that a decision to seek deeper insights of learning in the process of learning to become an African traditional healer was taken. This study sought to investigate the learning process that each of the traditional African healers i.e., *iSangoma*, *iNyanga* and *uMthandazi* go through; it explores the real and lived experiences of those in practice.

1.9 Data collection method

In this study, I used the following data collection methods:

- Semi-structured individual interviews: These included three traditional healers, *isangoma* (diviner), *inyanga* (herbalist) and *umthandazi* (faith healer).
- Observations: These took place in each *isigodlo*. The focus was on environmental contextual and observable learning behaviours and activities within the *isigodlo*.

1.10 Data analysis

In my study, data were analysed using the deductive approach. This approach entails that the researcher sets out with a clear set of concepts beforehand and uses this framework to analyse data. Deductive data analysis helped me to identify the multiple realities potentially present in the data. As an interpretive researcher, I had an assumption that there is not one reality but many, therefore I should continue with the studies in natural contexts to reach the best possible understanding (Lincoln & Guba, 1985).

1.11 Definition of terms and key concepts in the study

The terminology used in this research study is presented below. I present English terms as well as corresponding isiZulu terms.

(a) ***Traditional healer****:* A person that is recognised by the community and regarded as competent in the restoration of health using African traditional medicine. The corresponding isiZulu term for a traditional healer is ***umelaphi wendabuko***.

(b) ***Traditional healing practices****:* healing practices based on African beliefs and African indigenous knowledge.

(c) ***Diviner*****:** "healer who diagnoses, prescribes, and often performs the rituals to heal a person physically, mentally, emotionally, or spiritually…. may address all these realms in the healing process, which usually involves divination, herbal medicine, and specific customised rituals to cure illness and restore well-being." The corresponding isiZulu term for a diviner is ***isangoma*** or ***isanusi.***

(d) ***Faith healer*****:** refers to a person who becomes a traditional healer because he or she has been called by ancestors *(amadlozi)* or God-sent messenger *(isithunywa)*. The corresponding isiZulu term of Faith Healer is ***umthandazi.***

(e) ***The herbalist*****:** is a person who has undergone a very difficult process of learning about traditional healing practices using plants, herbs in traditional medicinal remedies and connecting with ancestors. The corresponding isiZulu term is ***inyanga***.

(f) ***uNontongwana***: a game the trainee plays during the training process which uses the skills needed in finding lost people or things.

(g) ***uGobela*****:** the person chosen by the ancestors to guide someone on his way to becoming an *iSangoma / iSanusi* (a diviner).

1.12 Summary of the chapters

Chapter 1: This chapter presented a brief background of the study presenting views on traditional healers and how they are perceived in their respective communities. I also presented why this study was important noting the silence of the literature consulted. There is silence in the literature about how initiates learn to become practitioners in their areas of specialisation. Numerous questions are raised in the problem statement. The purpose of this study which is to seek a deeper understanding of the learning involved in the process or in the path of becoming a traditional healer in the African context is presented. This purpose is further supported by clear and concise research objectives as well as the research questions that this study attempts to answer. Given the number of users of traditional health practitioners, a rationale for the study is clearly articulated. The chapter clarified how data were collected and analysed, explained the choice of paradigm, and who the participants were. I end up by presenting key terms that were used in this study. I provided the English terms and the corresponding isiZulu terms.

Chapter 2 (Part 1 of literature review): This chapter will present a review of the first phase of literature relevant to major discourses around traditional healing practices in the African context, with a specific focus on South Africa. Also, this chapter discusses the dominant forms of traditional healing. I discuss what is known about becoming an African traditional healer. There is also a slight focus on the arguments and claims on how traditional healing is perceived by various sectors of society and international organisations like the World Health Organisation. The South African Act on Traditional Healing Practices is also presented.

Chapter 3 (Part 2 of the literature review) will outline the educational concepts related to learning, as well as the conceptual framework which underpins this study.

Chapter 4 presents the methodology used to conduct the study. It highlights the sampling methods adopted to choose the participants as well as data collection instruments and the procedures adopted to analyse the data. The ethical considerations considered in conducting the study, as well as validity and reliability are also discussed.

Chapter 5 presents the study's outcomes.

Chapter 6 discusses and interprets the findings. It highlights their implications and offers recommendations for policy and practice based on the findings.

1.13 Conclusion

In this chapter, I have outlined the locations where the study took place. Key to this study was the need to understand the learning involved in the process of becoming an African traditional healer. Based on the literature that I have reviewed, very little information has been provided by other authors regarding the learning involved in the process of becoming a traditional healer. The next chapter of the literature review provides in-depth discussions of the literature that I have presented in this study.

CHAPTER TWO

Part 1: Literature Review: African Traditional Healing Practices

2.1 Introduction and background to chapter on African traditional healing practices

This chapter is one of the two sections of this study's literature review. It presents literature on what is known about traditional healing practices in the African context. It focuses on three dominant forms of traditional practices by the following African traditional healing practitioners: Diviner *(iSangoma),* the Faith Healer *(uMthandazi)* as well as a Herbalist *(iNyanga)*. In this chapter, I present how the three forms of traditional healing practices are understood, and how the three different traditional healing practitioners practice their work in various communities that believe in them. Various scholars, health organisations as well as South African laws provide a fair framework to strengthen the understanding of the three dominant forms of African traditional healing. The chapter concludes by presenting perceptions about traditional healing practices and some critiques about these practices. There are also claims on ceremonies that are related to some of the practices (induction and completion) as well as ways that are known to be taken when an initiate assumes the journey of becoming.

2.2 Introduction to types of African traditional practices

Most African populations consult traditional healers for help with their physical as well as psycho-spiritual problems. They believe in the reality of spirits that can and do influence the lives of the living (Mbiti, 1985). In recent literature, Hopa, Simbayi and Du Toit (1998) claim that African traditional healers are recognised by their specialisation or function of practice. An African traditional healer can be a Faith Healer *(uMthandazi)*, Diviner *(iSangoma* or *iSanusi),* or an Herbalist *(Inyanga)*.

2.2.1 *Isangoma* (Diviner): How much do we know?

It is widely claimed that an *iSangoma* becomes a healer after experiencing illness, which is interpreted as the calling of the ancestors (Crawford & Lipsedge, 2013). Diviners interpret and analyse the causes of specific events through the messages of the ancestral spirits. Training as a diviner takes place secretly and is a long and complex operation which begins and ends with impressive ritual ceremonies. *Izangoma* can communicate directly with the ancestors or indirectly through the throwing of bones. Their special power of prophecy enables them to differentiate between ancestral illness and non-ancestral illnesses and their relative treatments

(Ngoma, Prince & Mann, 2003). During the last years of training, the initiates work independently and refers only the problematic cases to the trainer / mentor *(uGobela)*. After initiates have been admitted to the status of diviner, they must continually see to it that their prophesying power does not diminish (Ashton, 1943).

Ashton (1943) further highlights that a diviner *(isangoma)* concentrates mainly on the identification of mysteries. Diviners interpret and analyse the causes of specific events through the messages of the ancestral spirits. Further, they use divination objects or explain the unknown by their special powers of prophecy. Training as a diviner takes place secretly and is a long and complex operation which begins and ends with ritual ceremonies. Prospective traditional healers must also remunerate their mentors. During the first more or less two years of training the initiate is only a spectator during negotiations. After this, preliminary consultations may be done and during the last years the initiate works independently and refers only problematic cases. After initiates have been admitted to the status of diviner, they must continually see to it that their prophesying power does not diminish.

2.2.2 *Inyanga* (the herbalist): a uniquely different traditional practice

An *Inyanga* is not necessarily chosen by the ancestors but becomes one because of their knowledge of traditional herbs and medicines. Herbalists are "ordinary people who have acquired an extensive knowledge of magical technique and who do not, typically, possess occult power" (Hammond-Tooke, 1974, p.342). They are believed to identify and authorise medication for ordinary illnesses and diseases, stop and reduce misfortune and disaster, safeguard against sorcery misfortune and promote good fortune and contentment. They often accept referrals from *izangoma*, and they complete the healing process using their medicinal expertise (Ngoma, Prince & Mann, 2003). They have indigenous knowledge concerning health and illness, and ways of maintaining health as well as healing. They also manage birth and death in their communities. They assist others in the community by providing insights about their medicines and therapeutic actions such as rituals. They also know the traditional ways in which the community organises and manages itself. They often render advice to the chiefs because of their knowledge of traditional matters and their perception (Krige, 1936).

Herbalists are "ordinary people who have acquired an extensive knowledge of magical technique and who do not, typically, possess occult power" (Hammond-Tooke, 1974, p.342). They are supposed to identify and authorise medication for ordinary illnesses and diseases, stop and reduce misfortune and disaster, safeguard against sorcery misfortune, and promote good

fortune contentment. Several herbalists acquired the skills of their profession by serving under an eminent herbal practitioner. In the beginning, the apprentice herbal healer (or the initiate) will only collect their mentor's fees and carry their bags. Later they learn where they may dig for roots and how to prepare the art of diagnosing and treating diseases. When they feel that they have learned enough, they leave mentors and establish their own practices. Sometimes students are taken in as partners and then learn about their mentors' most secret medicaments.

2.2.3 *uMthandazi* (the Faith Healer): indigenous African healing and religion

A Faith Healer *(uMthandazi)* undergoes rigorous training prior to practicing. They are affiliated with the Christian religion (Zabow, 2006). They are often affiliated with either Missionary or African churches (Truter, 2007). They converse with and consult with God for answers to their patron's requests and problems. Their healing power is believed to come from God through trance-contact with a spirit, which is sometimes a combination of the Holy Spirit and ancestral spirits (Truter, 2007). A faith healer *(umthandazi)* may use holy water, herbs, and remedies to heal but usually uses religious symbols and quotes from Bible scriptures to offer motivation and spiritual encouragement, and provides hope to the diseased or troubled (Ngoma et al., 2003). Faith healers interpret sickness in terms of the patient's worldview and perceptions (Truter, 2007).

Faith healers or prophets indicate a syncretism, a reinterpretation of orthodox Christianity in such a way as to be reconcilable with traditional culture (Bereda, 2002). Green and Makhubu (1984) argue that "a prophet is therefore not a traditional healer, yet he or she has the following in common with the typical traditional healer: a split hypothesis of sickness and well-being as well as the treatment of various sicknesses, including culture-related syndromes". (p.1072)

There is little that is recorded in scholarly works about the training of faith healers, except that faith healers are the comforters who are especially associated with powerthat can accomplish miracles. Van Voorhis (2013) provides some insights into how learning skills are produced in social relations and productive within West African domestic groups, and provides a springboard for recent sociocultural theories of learning, as proposed by Lave and Wenger (1991), and Rogoff (1990). Although Van Voorhis (2013) departs from a focus on family relations and domestic practice and shows how learning is a byproduct of the social activities of a group, both Lave (1991) and Rogoff (1990) commence from a critique of schooling and academic theories of cognition and show the importance of "social practice" in all kinds of

learning situations. To study learning processes outside of school, they focus on craft apprenticeship through which professional qualifications are conveyed to individual apprentices. Mentee traditional healers learn through the craft of apprenticeship.

2.2 Traditional healing practices in the African context

Traditional healers exist throughout the African continent and can be found in all language groups (Hewson, 2012). In South Africa, they are referred to as *izangoma* (diviners), Faith Healers, and *izinyanga* (herbalists). They have indigenous knowledge concerning health and illness and ways of sustaining health as well as healing. In their communities, they also manage birth and death. Most of the African populations seek advice from traditional healers for help with their physical as well as psycho-spiritual problems(Atindanbila & Thompson, 2011). Mbiti (1985) states that traditional healers believe in the reality of spirits that can influence the lives of the living. They assist others in the community by providing knowledge about their challenges. Traditional healers offer healing and their worthwhile experience of herbal and animal-based medicines and therapeutic actions such as rituals. They also have knowledge of the traditional ways in which the community organises and manages itself. The World Health Organisation (2000) defines traditional healing as:

> '*The sum total of the knowledge, skills, and practices based on theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.'*

Mkhize (2001) asserts that the term 'traditional healing' is broadly used as a differential of ordinary mainstream healing practice. However, these healing practices vary from culture to culture. African traditional healing has its origins in African religion that emanates from the ancestors (Mbiti, 1985). Africans believe in an ultimate supreme being that gives wisdom and knowledge to the 'living dead' who in turn bestow powers on to traditional healing (Ashfort, 2005).

Mkhize (2011) suggests that help-seeking patterns are determined by cultural beliefs and values as up to 80% of Black South Africans consult traditional healers *(isangoma)* as their first contact for treatment (Berg, 2003). This postulates that the remaining 20% do not seek help from such healers owing to dissatisfaction and look for better treatment elsewhere (Ngoma, Prince & Mann, 2003). According to (Sorsdahl, Stein & Myer, 2009), the South African government has prescribed rules and regulations with the intention of monitoring African

traditional medicine. The Traditional Health Practitioners Act No 22 of 2007 introduced the Interim Traditional Health Practitioners' Council of South Africa, to cater for the training, and admission and to oversee the practices of traditional health practitioners, aimed to protect the needs of the community members who utilised provision of traditional practitioners. The underpinning aims of the Traditional Health Practitioners' Council of South Africa included raising awareness of public health issues. It further aimed at consolidating the quality of traditional health services. The Traditional Health Practitioners' Council of South Africa seeks to ensure that traditional health practices observed globally endorsed health care norms and values (Traditional Health Practitioners' Act 22, 2007).

Zabow (2006) states that traditional healers are trained to reduce pain and illness in their patients, and they believe that their treatment is stronger than Western medical care and that their contribution to the healthcare profession should be acknowledged. Also, Murray (1991) argues that the traditional healer's learning process is not strictly regulated, the ancestral spirits guide all decisions, such as when a person decides to enter training and with whom to be apprenticed. The indigenous curriculum depends on several factors concerning the trainee, trainer, and environment. To complete the training process some stages must be accomplished, such as the initiation process, demonstration of healing skills, ritual, final tests, and graduation. The duration of the indigenous training process varies. Candidates undertake rigorous, prolonged, and relatively expensive training. The trainee must pay for boarding at the trainer's compound, a down payment to the trainer, and a final payment at graduation.

There is sufficient evidence in literature which suggests that the traditional healers are facing immense challenges regarding education and training in Southern Africa. It is for this reason that I took a conscious decision to investigate how learning occurs in the path of becoming an African traditional healer. This I did to better understand the phenomenon of learning in the traditional healing practice. Gumede (1990) claims that in the apprenticeship training, learning levels are very elementary, the student must do physical and mental exercises. He argues that every morning the aspirant stirs and churns his clay pot of *ubulawu* (silene capensis), drinks it, and then washes his face and this enables him to see clearly when the aspirant divines. Few studies in ethnobotanical research like Sobiecki (2012) state that the "*ubulawu* foam is also eaten by initiates on an empty stomach to enhance dreaming" (p. 219). This suggests that *ubulawu* is a very useful resource in assisting African traditional healers to communicate with their ancestors to induce or recall dreams.

In African traditional healing, some aspirants (depending on their type of calling) could spend a lot of time in the veld studying nature and herbs while he or she is being led by the spirits. He studies herbs under the guidance of his mentor. These are just but a few dynamics that inform African traditional healing practices.

Gumede (1990) further describes the education and training of the initiate by stating that his mentor gives his divining exercises where the novice must find hidden objects. The initiate is given many mental exercises, learns meditation, goes into séances, travels to far-away lands in dreams, and conducts tasks with his or her ancestral spirits. When the mentor is satisfied with the changes, the novice goes through the various stages from *ukunqwambisa* (entry) up to *ukuphothula* (graduation). *Ukunqwambisa* is the process where the initiate or the aspirant goes to his home to officially accept the calling. This acceptance of the calling includes in the main the slaughtering of a goat by the family members of the initiate to bring the initiate or the aspirant closer to the ancestral world.

Different writers highlight that learning to be a traditional healer is to be trained formally under another diviner *(isangoma)* for anywhere from several months to many years and that the training content involves learning the virtue of humility before the ancestors, purification through steaming, washing in the blood of sacrificed animals and the use of medicines *(umuthi)* with spiritual importance (Mdanda, 2011; Mensele, 2011; Kubeka, 2016). During the training session, the initiate is not allowed to visit his or her family, must abstain from sexual contact and often lives under harsh and strict conditions. This severe experience of training is part of the cleansing process to prepare the healers for a life of dedication to healing. Their formal education and learning also includes the analysis of dreams (Encyclopedia, 2014).

Mbiti (1985) contends that the initiates' learning process encompasses learning the names and nature of herbs, trees, roots, seeds, bones, birds and animal droppings and many other things that are used for making medicines. It also involves learning how to diagnose diseases and troubles of every sort, how to handle the patients, how and what to prescribe as the cure, and how to perform duty as a medicine man. Truter (2007) provides some insights on the training, duration, and completion of at least two forms of traditional healing: the diviner and the herbalist. Truter (2007) claims that the training of a diviner *(Sangoma)* requires training under a qualified *Sangoma* for several months. During this learning period, the initiate learns, amongst other things, the art of throwing bones and interpreting the groupings and positionings of these bones; in the process the initiate experiences trance-like state where communication

with the spirits takes place. On completion of training, he or she undertakes the process of ancestral spirit possession when he or she is called by ancestors to become a healer. There is no fixed period of training, it may take anything from six months to ten years. Qualifying depends on two factors: first, the teaching *Sangoma* only allows an initiate to qualify once a final fee has been paid, second, the *Sangoma* retains territorial exclusivity, where the initiate pays loyalty to the mentor. On the other hand, training as an *iNyanga*, the initiate intern spends a few years as an apprentice under an experienced and practicing *iNyanga*. One example from Truter (2007) is that the birth attendant apprenticeship *(uMbelethisi)* an African midwifery can take anything from 15 to 20 years of training. Truter (2007) states that the initiate *uMthandazi'*s period of training is not described.

The World Health Organisation (2003) argues that traditional healing is the overall total of the knowledge and practices handed down from generation to generation. These include, among other things, the collected experience, and observations by the elders and those prominent in traditional healing.

Ngubane (1977) states that in the Western practice, the client is expected to narrate or give background of sickness and describe the symptoms before being examined by the doctor. After the examination, the doctor issues a prescription of treatment with very little description of what the diagnosis is or of the possible source of the sickness. This study is not a comparative analysis of Western and African practices. However, Ngubane (1977) explains how South African traditional healers give the history of the illness. For example, the *Inyanga* (herbalist) usually makes a remark and examines patients directly and takes care of the whole patient. Similarly, a diviner *(isangoma)* normally engages with a patient's family and relies on spiritual knowledge to explain the source and results of the illness. Krige (1936) states that "the herbalist can treat the disease owing to his knowledge of roots and herbs, claims no special relation to the spirits…" (p.298). Further Krige claims that: "The profession of a diviner is not hereditary; the spirits simply possess anyone whom they wish to be a doctor, and he becomes ill until he has undergone lengthy initiation under the guidance of some other doctor, usually pointed out by the spirits possessing him" (p.299).

Zuma (2016) provides a perspective on the meaning of relevant terms used in the traditional healing practices. The generic term of traditional healer *(umelaphi wendabuko)* can be defined as a person who deals with traditional herbs in the society. A diviner *(isangoma)* and faith healer *(uMthandazi)* refer to a person who becomes a traditional healer because, he or she has

been called by ancestors *(amadlozi)* or God-sent messenger *(isithunywa)*. *Inyanga* (herbalist) is a person who has undergone a very difficult process of learning about traditional practice. There is quite a profound claim in Fabian (1983) where he argues that *izangoma* usually have different beliefs. The understanding they put into practice is constantly flowing, producing a variety of geographical and even personal adaptation. An energetic engagement in the operation of knowledge is interpreted by the process of its conveyance as knowledge. South African law considers traditional healing as one practice and normally involving prophecy to discover a problem or sickness. Traditional healers normally assign more than a specific herb to specific sickness. Both a complex multi-layered system of classification and environmental knowledge are also essential. Given such variations this study seeks to understand the learning involved. Traditional healers in their capacity as mentors to the initiates charge a separate amount for teaching depending on the form of training that the initiate is being initiated into. The example could be the mixing of herbal treatment, field identification, conservation and construction method and the way to advise mentees.

Turner (1968) provides a perspective on the calling and learning by stating that initiates in the training institutions would usually arrive unexpectedly. The cause of their arrival varies from illness to a calling as Krige (1936) states. The student could be troubled by fits of mania or depression, others dreamed about *Gobela* (the dream about the calling) and would have to go for training in a designated institute or a popular and practicing traditional healer of similar specialisation to fulfil this dream. The duration of training normally would range from two months to a year or may be more. The training is said to be rigorous and exhausting (Krige, 1936; p 305-307). Van Rensburg, Fourie and Pretorious (1992) claim that the work of traditional healers enjoys considerable status, and their work is highly respected in their communities and environments.

I therefore opted to conduct this study in this fashion because I wanted to understand the learning processes involved in the path of becoming an African traditional healer. What do we know about African traditional healing practices? There are various claims and arguments from key scholars who have written widely on learning, training, and the path towards being a particular African traditional healer. Turner (1968) observes that the duration of training normally would range from two months to a year or may be more to complete initiation stage of a trainee *isangoma*. This claim suggests that there is time set for training. Murray (1991) argues that to complete training process there are stages that must be fulfilled, such as the initiation process, demonstration of healing skills, ritual, final tests, and graduation. The

duration of the training process varies, candidates undertake a rigorous, prolonged, and relatively expensive training. For herbalists, Hammond-Tooke (1974) finds that, several herbalists acquired the skills of their profession by serving an eminent herbal practitioner. This finding suggests that skills are acquired through observation.

Gumede (1990) claims that the mentor gives a learner a divining exercise where he must find hidden objects, assuming that at this stage of finding hidden objects some knowledge of how this act is performed should have been acquired. Further, Gumede (1990) confirms that the initiate must do physical and mental exercises in the training sessions. A different view from Mbiti (1985) in his study discovers that learning consists of acquiring knowledge of the names and nature of herbs, trees, roots seeds, bones, and many other things that are used for medicines. It also involves learning how to diagnose diseases, how to treat the patients and how to prescribe the cure. Contrary to most claims, Murray (1991) further argues that there is an indigenous curriculum which depends on the number of factors concerning the trainee, trainer, and the environment. According to Van Rensburg, Fourie and Pretorious (1992), during the first more or less two years of training the student is only a spectator. While Truter (2007) finds that during learning period, the pupil learns to throw the bones, and is where communication with the spirits occurs. Upon completion of training, he or she undergoes the process of ancestor's spirit possession when he or she is called by ancestors to become a healer.

While there is evidence of scholarly work presented in the preceding paragraph, there are no clear-cut statements about the learning in the process to become an *isangoma* / diviner. This is the gap that I have identified, and I will investigate to come up with different results, and the results will be discussed in Chapter 5 where I will set out the different views held by the mentors and mentees of different healers and some of their common perceptions towards learning processes of traditional healing.

2.3 Perceptions about African traditional healing

It has been mentioned in the early sections of this chapter that Black South Africans seek help from traditional healers. Ndlovu (2016) states that some of those that sought help from traditional healers, later attend medical facilities where they also seek Western forms medical assistance. Ndlovu (2016) sees advantages and disadvantages of such practices and argues that it is the subject of much debate. Zabow (2006) refers to seeking medicinal help and cultural assistance by the same individual for the same illness as dualism. In some parts of Southern Africa, dualism is frowned upon, as patients that buy into Western ways of healing are seen as

betraying their true African heritage (Zabow, 2006). Black Africans are often caught between cultures and there are widespread perceptions that only Black people encounter cultural hybridity, while others live in the same cultural worlds (Zabow, 2006).

However, Africans who use African and Western healing services are often blamed for buying into the Western psychiatric model (Zabow, 2006). Cross-cultural is scowled upon and interpreted as a betrayal of one's cultural heritage, while carefully following indigenous healing practices is portrayed as respectful and wise (Ndlovu, 2016).

Ndlovu (2016) found that Black South African's often preferred to consult their own traditional healer that they trust, although about half the study participants confirmed that they would see a traditional healer in the hospital. Ndlovu (2016) further found that more than half of the people had consulted with a traditional healer in the past year or had at least used indigenous medicines. Crawford and Lipsedge (2013) state that many Black South Africans consult with traditional healers before exploring other routes of treatment because they believe that only traditional healers can offer explanations for the causes of illness and point out why the illness occurred at that point in time and affected that person. Therefore, complete healing cannot be achieved without such explanations (Zondo, 2008; Gumede, 2009).

Literature does not seem to point out differences between the main symptoms of psychosis and symptoms of *ukuthwasa* (Bomoyi, 2011). This is one critical perception. According to African beliefs, some psychotic symptoms are as good as they are signs of a divine calling, while others are seen as sickness that require medical care (Sorsdahl et al., 2009). These understandings reflect specific cultural beliefs and traditions as well as historical local perceptions that are socially constructed during daily engagements (Durie, 2004).

The theoretical idea of 'locus of control' refers to the extent to which an individual perceives themselves as able to control events that affect them direct or whether their destiny is controlled by factors foreign to them (Rotter, 1954). Yen and Wilbraham (2003) argue that Africans are generally and negatively labelled as unable to accept responsibility for misfortune. It is further claimed that Africans are said to lack inner directedness as they ascribe their illness to external agents or causes that are beyond their control (Lopez, 2000). Various healing systems around the world declare knowledge systems that are seen to contradict the rational ideologies of Western medicine (Bojuwoye, 2005).

African culture is something that Africans must abide by with no possibility of opting out. According to Yen and Wilbraham (2003), participation in cultural practices is deemed

compulsory. Actions that are against common beliefs are prohibited and are regarded as rebellion that could cause sickness and misfortune (Edwards, 2004). African communities' cultural conceptions of health and illness are studied from indigenous knowledge that assists people to comprehend their social and health experiences (Marsella & White, 1982). Cultural and psychiatric research confirm that the experience of sickness is coloured by social factors and is interpreted in line with 'cultural constructions' of what is considered normal and abnormal (Yen & Wilbraham, 2003). Thus, African constructions of mental sickness or sickness in general have been treated as insignificant; while clinical knowledge is accepted as the primary explanation for illness, thus overlooking African traditional experiential knowledge (Durie, 2004).

Marsella and White (1982) argue that expression of health and illness are given life through forms of language and culture and that illness is defined in different ways in line with 'cultural reasoning'. These constructions need to be understood and conceptually translated as they are meaningful social interpretations (Young, 1976). The Western medical discussion on African traditional healing paints a picture of a primitive form of healing characterised by folk knowledge that is interpreted dangerous and deteriorative (Mpofu, Peltzer & Bojuwoye, 2011).

Conceptions and ideologies within the African culture shape and influence the way people solve their 'African' problems, thus there are differences in the way people deal with illness (Zondo, 2008). In addition to cultural understanding, Nattrass (2006) argues that personal experiences with traditional healers give rise to dissatisfaction with this type of healing. He adds that the overlooking of traditional healing practices by mainstream health practices also plays a role in constructions of the former as a less desirable method of healing (Mkhize, 2001; Nattrass, 2006).

Turner (1968) provides a perspective on the calling and learning by stating that the initiates in the traditional healing training institutions would usually arrive unexpectedly. The cause of their arrival varies from illness to calling. These initiates, in this instance, could be troubled by fits of mania or depression, others could have dreamt about *uGobela* (the dream about the calling) and would have to go for training, in a designated institute or a popular and practicing traditional healer of similar specialisation to fulfil this dream or calling. It should be noted that in some instances the institute may not be known to the initiate but will be directed by the ancestral powers.

2.4 The use of traditional healing practices in South Africa

As mentioned earlier, the World Health Organisation estimates that 80% of the South African population utilises traditional healers for various troubles and ailments (WHO, 2003). The South African government has recognised traditional healers formally and has established organisations to govern and regulate them (Hewson, 1998). However, according to Mbiti (1985), ancestral spirits are seen as intermediaries between humans and God. They are a source of power and knowledge. Africans consult with their ancestral spirits regularly and make sure that they are calmed down through offerings and prayers.

Traditional healers assist others in the community through providing insights about problems. They offer healing through their substantial knowledge of herbal and animal-based medicines and therapeutic actions such as rituals. They also have knowledge of the traditional ways of assisting the community to organise and manage itself (Mbiti, 1985). Hewson (1998) states that the traditional healers in Africa have a powerful role in society through their easy access to the ancestral spirits. Hewson (2011) also states that the traditional healers often serve as advisors for leaders such as chiefs because of their extensive knowledge of traditional matters and their perceptiveness.

Hewson (2014) states that sometimes a healer may only be a diviner who cannot use plants for treatment. The diviner then must refer the clients after divining to an herbalist. Diviners need to find out if a problem might be *imvumisa* (dreams and medicine). This is where something happened and even though you were not there you have to know what happened. For example, if something unusual happens (e.g., a dog comes into someone's house and urinates), a person will wonder why and ask what it means and will go and seek help. As a traditional healer, you must be able to explain the event. This is very difficult because you must point out the event (without being told) and explain what the event signifies. Another example: an accident happened, and the person may have either passed away, or be in hospital. The family will ask you 'where is that person now?' You must be able to pick up that either he is in the hospital and still alive, or that he passed away. So *imvumisa* (dreams and medicines) are very difficult, you need to pray to be assisted by your ancestors. You cannot just guess. Then there is another type of divination called *ingxilongo* (assessment). This is for identifying human problems like headache, stomachache, sore leg and so on. If you are a diviner, you can say these are minor problems, but they may not be minor problems as such. *If I tell you that you are suffering from*

stomachache, but you have a headache, then I am a bad diviner (uMphuphe). So *ingxilongo* (assessment) should not be taken for granted. There is also *Unontongwana* (assessment). People will come when they are missing things, maybe the car has been stolen, or money is missing, or someone is missing. So, you must be able to tell them 'OK, you are here because your car is missing. Your car has been stolen by so-and-so.' They will ask you 'where is it now? Can you get it back? You should be able to know those things." (Hewson 2014).

It has been argued in some studies that people would rather consult a traditional healer than any other care or treatment option (Bodibe & Sodi, 1997). However, a study in Zimbabwe found that Black Africans' first choice is a spiritual leader or advisor like a pastor (Sorsdahl et al., 2009). Furthermore, Crawford and Lipsedge (2013) observe that the perception that African people would naturally consult traditional healers first because of shared understandings of illness is inaccurate as many have few choices due to the inaccessibility of Western health care facilities and professionals. According to Sorsdahl et al. (2009), predictors of the use of African traditional healing practices are old people, the unemployed and those with no or little education.

According to Eagle (2005), traditional healing practices are more common in underprivileged communities of South Africa. People living in urban areas prefer Western culture and make use of both Western and African perspectives to understand health and illness (Ashforth, 2005). They search for intervention based on what they believed the cause of the illness to be. Thus, these two belief systems can work hand in hand to reduce illness (Crawford & Lipsedge, 2013).

2.5 Critiques about African traditional healing practices

Traditional healers are not always effective in dealing with psychopathology as they only identify extreme abnormal behaviour and acts of violence as pathology. When serious behavioural disturbances are matched with psychological disorder, this increases the stigma around mental illness, discouraging people from seeking psychological help (Sorsdahl et al., 2009). The methods utilised by some traditional healers have been identified to cause more suffering than relief from pain and symptoms. In Cape Town, a patient's father reported that his daughter was badly bruised by a *Sangoma* and wanted to lay charges (Ndlovu, 2016). However, psychiatric facilities were also criticised for poor conditions and the shortage of professional staff that could result in patients harming one another (Sorsdahl & Stein, 2010).

A study conducted in Tanzania revealed that when one is seeking help, traditional healers were often their last option. Patients only consulted traditional healers when they were unhappy with the outcome of consultation with Western medical facilities (Ngoma, Prince & Mann, 2003). The same study discovered that many traditional healers did not subscribe to ethical standards. They violated confidentiality as they told their patients how they successfully treated other well-known people in the community with similar conditions. It was also found that some traditional healers sexually abused their patients, assuring them that it was part of the treatment. However, there is a gap in literature as very little research has been done at the sacred place in terms of the learning processes involved in becoming an African traditional healer in the context of KwaZulu-Natal.

Literature as reviewed above, indicates that studies on African traditional health practices have shown that African people still regard traditional healers as their main source of health care (Mkhize, 2001). In his research study, Bomoyi (2011) discovered that South Africans who consulted *isangoma* for mental illness or emotional distress found it useful in the diagnosis and explaining of the nature and causality of the illness. Although literature informs of the formal acceptance of traditional healing practices in South Africa, there are still reservations in terms of people openly accepting that they consult traditional healers.

2.6 The decision to become a traditional healer

Hewson (2011) and Buhrmann (1984) state that in traditional African healing systems a person is 'called' to become a healer by the ancestral spirits. The call is recognised through two mechanisms. First, the person experiences a mysterious illness that is unresponsive to normal treatments. Second, the person experiences unusual dreams that seem surprisingly important. This will force the person to search for advice from a traditional healer to explain the meaning of the dreams. The healer may interpret that the person is suffering from a spiritual illness and experiencing a call to become a traditional healer. The called person will discuss this interpretation with his or her elders to decide whether to begin with training or not. Some people who resist the calling to become a traditional healer may sometimes experience misfortune, which is considered dangerous because the ancestral spirits can punish the person by increasing the spiritual illness with the possibility of death.

2.7 Initiation Ceremony

Burhmann (1983) argues that after the initial dreams and judgment process involving the initiate candidate's family and elders, the master healer plans the first river ceremony, and this involves brewing a large quantity of special beer *(umqombothi)*. While the family and friends engage in beating drums, clapping, singing, and dancing, usually inside a hut, the initiate candidate remains in isolation. Then in the early light of morning, a small group peers with painted faces or wearing masks walk in silence to naturally flowing water or the sea. They make offerings to the 'River People' who occupy the waters. These offerings are gifts in the form of food products, beads, or other valued objects. The group watches the water for confirmation that the River People have accepted the gifts. The small group returns in silence to the household and reports on the response of the River People to the acceptability of the candidate for training. If the report is positive, all the gathered people relax and rejoice, and drink the beer *(umqombothi)*, and the early morning jubilation starts the serious training process.

2.8 Accreditation

Accreditationof a traditional healer is approved by the master healer. This is done concurrently with the dreams of the both the trainee (initiate) and trainer (mentor), in which the ancestral spirits specify whether the trainee initiate is ready for independent practice (Hewson, 1998). Approval is also received from the patients treated by the initiate student, together with community support. This approval is often made obvious with gifts of items needed by the trainee initiate. The more patience community members show their satisfaction for a trainee initiate, the sooner he/she graduates.

Apprentices (in the instance of herbalist training) are also assessed. These assessments might include the capability to acknowledge and utilise herbal and animal medicines, knowledge of size dosages, or skills such as finding a hidden object. The apprentice herbalist must indicate spiritual connectedness, the ability to 'see' the cause of problems and find solutions to problems through the mediation of ancestral spirits.

Trainees receive a dream about a particular animal, such as a perfectly white goat, when they are ready to graduate. This dream shows that the apprentice requires to identify a specific animal that will be ceremonially slaughtered at the graduation ceremony. The apprentice will take certain parts to be utilised in the next healing ceremonies. For example, the skin will be

processed to become the mat upon which the healer sits when doing healing, and the tail will become the whisk, the symbol for African traditional healers. At the end of the apprenticeship, the healers are accepted as people with intensive knowledge and skills that set them apart from ordinary people. The meticulous and hard nature of the training process appear to be integral components of the resulting status and power of healers.

2.9 Conclusion

African traditional healers are recognised by their areas of specialisation. This chapter mentions three popular types of traditional healers: diviner, herbalist and faith healer. Each of the practices performed by these three has been discussed in detail. Literature attests that traditional healing practices are African phenomena that are used by many Africans as their first point consultation when experiencing and illness. Literature attributes some form of training in each of these forms of traditional healing practices. There is no duration time frame that is attributed to training to become a faith healer, while the other two forms (herbalist and the diviner) literature points out to some form of process that is followed from start to the completion of the training process. Some scholars even refer to an indigenous curriculum and particular time frames that may regulate the duration of the training. We have also observed how certain scholars understand assessment and make judgements about the readiness of the initiate to become an independent practitioner.

Literature also points out to dualism as form of crossroads between the traditional healing as well as Western medicinal practices. There has been in-depth analysis of literature on the societal perceptions about traditional healing practices citing social factors as major drivers of the population to opt for traditional healing practices, like access, cost, level of education, rurality, etc. There were some critiques about traditional healing practices. Some traditional healers have been found to be unethical in their practices. In the South African context, an initiate undergoes a period of initiation under an experienced traditional healer and who has himself or herself undergone rigorous and complex training and has completed the training process. Although there seems to be no formal programmes and learning instructions for the traditional healer, a well-functioning informal traditional healing educational and training system is in place.

In this chapter, I have outlined the arguments and contributions made by different authors regarding the focus of this study. Authors have contributed numerous experiences and challenges facing *amathwasa* (initiates) during training session.

The literature review for this study has been divided into two parts. Part 1 has discussed the concept of traditional healing and how it is understood. The next chapter (Part 2) will outline the educational concepts related to learning, as well as the conceptual framework which underpins this study.

CHAPTER 3

Part 2: Literature review of related concepts and conceptual framework

3.1 Introduction

This chapter is a review of literature that focuses on concepts that relate to educational terminology that explains learning and the learning process, training and training methods, as well as assessment. Also, in this chapter, I outline the terminology that relates to adult education which seeks to shape the discourse of exploring learning in the path of becoming a traditional healer. This terminology includes andragogy, learning in adulthood, formal and informal learning. The chapter concludes by providing a conceptual framework that builds from various adult learning theories that are from the broader movement of Social Learning.

3.2 RELATED CONCEPTS

3.2.1 Learning and the learning process

It is not an easy academic exercise to define educational terms in a manner that does not raise debates. In social science research, leaning is one term that remains in a contested terrain. . Learning as a concept is broad and very abstract, hence its understanding, application, and use may vary according to the contexts in which it is used as well as according to the objective the authors hope to achieve. Lachman (1997) refers to learning as a change in behaviour that is due to an experience. This simplistic definition has received criticism from De Houwer and Moors (2013), who argue that a behaviour change is neither necessary nor sufficient for learning to occur. Munangatire and McInerney (2021) explored learning for nursing students and later argued that "*learning is characterised by familiarisation through passive observation, listening and reading"* (p. 1121). Raij (2000) cited in Munangatire and McInerney (2021) provides a view that *learning in the clinical area falls into six categories from simple to complex; collecting knowledge for knowing; participating in nursing (doing); reflecting, interpreting (understanding); problem-solving, investigation, and self-directed learning.* Learning, therefore, cannot be pinned down to a simplistic explanation that only focuses on behavioural change. Driscoll (2000) offers a constructivist view of the learning theory; the view claims that the theory of learning is a philosophy that enhances students' logical and conceptual growth, suggesting that learning is about meaning-making: 'learning as making sense'. Munangatire and McInerney (2021) provide the synthesis of what then happens during the learning process: "*During the learning process, students select what is important for clinical practice and focus*

on that. Practical learning through practice in the clinical area and understanding what is required to practice in the clinical area is given priority" (p.1123).

3.2.2 Training and training methods

Training is generally understood as the acquisition of knowledge and skills. In the context of this study, it is about knowledge, skills, and attributes needed by the initiates to facilitate timely their appropriate occupational choices. Training is further understood as a systematic process of intervention aimed at improving the existing levels of skills, abilities, and knowledge that an individual may have. Training has a direct effect on the performance of an individual. On the other hand, methods, in the context of this study refer to the techniques used by the experienced mentor to teach an initiate a new skill and broadenhis or her ability to independently and confidently perform a task or tasks related to his or her occupational choices.

3.2.3 Assessment

In this study, I use assessment as a term that explains the process that is followed by an experienced traditional healer to make judgements on the extent to which the novice *(Ithwasa)* has demonstrated the ability to perform a task. Through this process, a determination is made to indicate the novice's ability, the extent to which learning has occurred, and how far has the novice developed in the field.

3.2.4 Andragogy: the art of assisting adults to learn

In 1968, Malcolm Knowles presented a new label and a new terminology of adult learning to distinguish adult learning from preadult schooling. Knowles (1980) defined andragogy as the art and science of assisting adults to learn.

There are multiple assumptions that inform andragogy. In the andragogy concept, an adult learner is described as someone who:

- has an independent self-concept,
- can direct his or her own learning,
- has accumulated a reservoir of life experiences that is a rich resource for learning,
- has learning needs closely related to changing social roles,
- is problem-centred,
- is interested in the immediate application of knowledge, and
- is motivated to learn by internal rather than external factors.

From these assumptions, Knowles (1980) proposes a program planning model for designing, implementing, and evaluating educational experiences with adults. For example, concerning the first assumption that as adults mature, they became more independent and self-directing, Knowles suggested that the classroom climate should be one of adultness, both physically and psychologically. In an adult classroom, adults feel accepted, respected, and supported, and a spirit of mutuality exists between teachers and students as joint inquirers.

3.2.5 Adult learning methods

In the process of planning, conducting, and evaluating education activities, adult educators have both the opportunity and the responsibility to make several decisions. Adult education is, to a great extent, minimally regulated in terms of what will be taught and what teaching methods will be used. Individual teachers often determine the content and scope of what they will teach, then choose methods or strategies and instructional materials they believe will best help the learner gain new knowledge, acquire a new skill, or change an attitude or behaviour. Thus, adult educators often have the freedom, as well as the responsibility, to help set learner expectations, determine the purpose and outcomes of the learning activity, and conduct and evaluate the teaching/learning experience as they deem appropriate.

3.2.6 Learning in adulthood

Adult learners are mature, socially responsible individuals who participate in sustained informal or formal activities that lead them to acquire new knowledge, skills, or values; elaborate on existing knowledge, skills, or values; revise their basic beliefs and assumptions; or change the way they see some aspect of themselves or the world around them. … Learning in some form is an aspect of virtually every person's life. (Cranton, 2006, p. 2).

Despite Canton's overview of learning in adulthood, she questions the universality of describing the general characteristics of adult learning. She is concerned about the diversity of human experience, context, and the content and process of adult learning. Cranton further argues that there is not always a clear distinction between how children and adults learn. However, there is a large field of theoretical knowledge about adult learning and in this chapter. I provide a framework of theories pertinent to this research.

Tusting and Barton (2003) state that learning in adulthood is complex, unique, and situated. They list seven features of adult learning: it has a purpose that is related to real lives and the

practices as well as roles required by this real life; it is directed towards adults becoming autonomous learners; it holds that adults are capable of learning about how to learn; it is a characteristic of all real-life activities; it is a consequence of reflections on resolving problems and issues that arise in life experiences; each event is unique, incidental and accidental; and finally it has the potential to be personally socially transformative.

Tusting and Barton (2003) further proffer the opinion that learning in adulthood is different from learning in childhood in that certain characteristics are more pronounced in adult learners. Such characteristics include:

> The ability to think dialectically and contextually, moving back and forth between general and particular, objective and subjective, the ability to employ practical logic, reasoning within a particular situation in a way that springs from a deep understanding of the context of the situation and pays attention to its internal features, and an ability to become aware of how we know what we know and 'learn to learn' (p.22).

Tusting and Barton (2003) provide a useful framework in their review of adult learning literature. Their framework provides key influences on how we understand how adults learn. The first paradigm of learning comes from a psychological perspective. Later developments in understanding how people learn focused on the social context and the interaction of the individual with others. Theories in this social participation paradigm include social constructivism, sociocultural psychology, activity theory, and situated cognition. These theories provided theoretical concepts used as lenses to explore learning in the traditional healing context.

The second key influence arises out of adult education theories. The multitude of learning theories reviewed by Tusting and Barton (2003) include self-directed learning, informal learning, learning how to learn, critical reflection and experiential learning, and transformative learning. To this could be added other theories such as Freire's (1972) emancipatory learning and holistic learning (Dirkx, 2001).

Tusting and Barton (2003) cite a third influence on adult learning from other fields of management: distance and online learning. These fields of learning are seen as a response to the context of rapid and extensive change in which we live.

In the next section, I explore the concepts of informal and non-formal learning, especially regarding traditional healers, but it should nevertheless be noted that participation by adults in traditional healing practice is part of their lifelong and life-wide learning journey.

3.2.7 Non-formal and informal learning

Mocker and Spear (1982) identify four situations of learning, using a two-by-two matrix that is based on the locus of control over the means and objectives of the learning act. In this framework, formal learning happens where the institution controls both purpose and the process; informal learning where the institution controls the purpose, the learner, and the process; self-directed learning where the learner controls both the means and objectives of learning; and finally, non-formal learning where the learner controls the purpose but not the process.

The Memorandum on Lifelong Learning (cited by Alheit & Dausien, 2002, p. 1) states explicitly that all meaningful learning activities fall within the definition of lifelong learning. The learning activities are taken to include formal learning, understood to lead to formal and recognised qualifications; non-formal learning processes that supplement the mainstream education and training systems; and informal learning processes, "which are a natural accompaniment to everyday life ... The 'life wide' dimension brings the complementarity of formal, non-formal and informal learning into sharper focus" (Commission of the European Communities, as cited in Alheit & Dausien, 2002, p. 1).

Merriam et al. (2007) concur with the definitions in the Memorandum of three types of adult education: formal, the learning that leads to qualification and takes place in educational institutions; non-formal, the learning which takes place in community organisations, amongst others; and informal learning, or everyday learning. Non-formal offerings are characterised by having few prerequisites, being short term, voluntary, having a facilitated framework of curriculum, local and community-based, time-compressed, hands-on, interactive, and marked by informality and where the needs and interests of learners take centre stage. Features of such learning also include flexibility, less structure, and more concern with social inequalities.

3.2.8 Social constructivist perspective

Merriam et al. (2007) list five orientations of learning, each of which includes several learning theories. Of interest in my research is the distinction between how people learn in a social environment as understood by social cognitivists and by social constructivists. Social cognitive learning draws on both behaviourist and cognitive orientations, and holds that people learn from observing others. The focus is on the social setting in which learning takes place. More

specifically learning is seen as a function of the interaction of the person with the environment and the behaviour. By contrast, constructivism theorises that people construct knowledge through their own experiences. "Meaning making is emphasised as both an individual mental activity and a socially interactive interchange" (Merriam, et al., 2007, p. 297). Further, Merriam, et al. (2007) succinctly define knowledge building as understood by social constructivists as that which is *"constructed when individuals engage socially in talk and activity about shared problems or tasks. Meaning making is thus a dialogic process involving persons-in-conversation, and learning is the process by which individuals are introduced to a culture by more skilled members"* (p.291). Indeed, this definition highlights both the process and outcome of knowledge construction through traditional healers and underscores the fact that learning happens through dialogue cooperatively and collaboratively. Further to this point, Merriam et al. (2007) views learning as engaging, incorporating, and critically examining others' viewpoints, thereby opening new possibilities of interpretation.

Lyster and John (2008) note that key theorists on cognition, Piaget and Vygotsky, have influenced those in the field of education, especially concerning experiential education and critical thinking. The theory holds that learners are essentially dependent on others for the construction of knowledge, that learning holds some degree of discomfort and there is a move towards independent problem-solving of more advanced problems. Also, according to Rogoff (cited in Kim, 2001), individuals share understanding through their interactions based on mutual assumptions and interests which form the basis of their communication. This intersubjectivity amongst individuals permits the construction of social meanings and knowledge as they are *"shaped and evolve through negotiation within the communicating groups" and, further, "any personal meanings shaped through these experiences are affected by the intersubjectivity of the community to which the people belong"* (Kim, 2001, p. 3).

Learning is socially mediated through the symbols and language of specific cultures, and is the cultural sharing of ways of understanding and knowing the world and its reality (Vygotsky, 1978). Theories and models associated with social constructivism include activity theory, or situated cognition, experiential learning, critical reflection, situated learning, cognitive apprenticeship, and communities of practice. In the following section of this literature review, I outline the key constructs that form the conceptual framework of this study.

3.3 CONCEPTUAL FRAMEWORK

3.3.1 Introduction to the conceptual framework of the study

In this section of the literature review of the conceptual framework and related concepts, I present that a conceptual framework is not just merely a collection of concepts but, rather, a construct in which each concept chosen plays an integral role in the study. According to Miles and Huberman (1994), a conceptual framework "lays out the key factors, constructs, or variables, and presumes relationships among them" (p. 440). To discourage loose usage of the term conceptual framework, the conceptual framework in this chapter outlines the approach that this study will follow. I account for a conceptual framework not as variables or factors but as concepts that are developed and constructed through a process of qualitative analysis to explain phenomena to be studied.

3.3.2 Framing the study under social learning theories

This study is underpinned by multiple constructs from various adult learning theories and related concepts that are used in social science research. These include the communities of practice theory, experiential learning theory, social learning theory, situated learning as well as situated cognition. Some concepts of holistic learning theory are also utilised in this study. All these theories are based on the psychological explanations of learning through the process of social constructivism.

In terms of learning theory, adult education has three key streams. The roots of adult education theories lie in the soil of psychology, where learning as an individual was first explored. Theories that emerged from this field included behaviourism, cognitivism, cognitive constructivism, and developmental psychology. Later, theories on learning as a social endeavor and in interaction with others were established which include social cognition theories. The community of practice theory has emerged from this stream.

Several adult learning theories emerged from the psychological perspective.. Because adult learning is unique, complex, and situated, there are often several means of understanding how a particular adult learns in a particular context. However, theories may be merged around the following themes: emancipatory learning (Freire, 1972); experiential learning (Kolb, 1984), and more recently holistic learning (Cranton, 2006; Dirkx, 1997, 2000).

More recently, with the ability to examine how the brain works through the emerging field of neurology, more attention is being focused on the role of emotions and soul in learning. This

is the work of Dirkx and others, who examine the affective and holistic dimensions of learning (Cranton, 2006; Kasl & Elias, 1997; Merriam, et al., 2007). Griffin also positions holistic learning alongside the role of interrelationships with others, that is, the social dimension of learning (Cranton, 2006). This study presents the opportunity to explore the learning involved in the path of becoming an African traditional healer. The focus of learning is on meaning-making through the effective rather than cognitive dimension.

3.3.3 Community of Practice: A collective responsibility to learning

There is evidence in literature that suggests that theories in social science research evolve or develop with time (Fransworth, Kleanthous & Wenger-Trayner, 2016). Earlier work of Lave and Wenger (1991) challenges some assumptions about learning. One of those assumptions is clearly argued for in Fransworth, Kleanthous and Wenger-Trayner (2016) that "learning occurs in various contexts other than formal education educational contexts" (p.140); and that "learning does not rest with the individual but is a social process that is situated in a cultural and historical context" (p.140). The concept of community of practice has been further clarified to emphasise that community of practice is not about 'groups' or 'teams' but about "a social process of negotiating competence in a domain over time" (p.143). Emerging and critical understanding of the community of practice is, 'learning together', 'learning partnership'. This study focuses on learning in the process of becoming a traditional healer where the competence of the novice traditional healer is negotiated in a particular domain over time, guided by a structured social relationship.

Wenger (2006) argues that the community of practice is a group of people who share a concern or a passion for something they interact with regularly. To become a community of practice, members of the group must share at least these three characteristics: a) there must be a shared domain of interest, to which participating members are committed; b) the members must behave as a community in that they participate together in activities and discussions, and c) members of the practice are sharing a practice of some kind such as making, doing, creating that entails sharing resources, strategies or experiences for addressing common challenges. Common to the community of practice is that members support each other by sharing knowledge and building up each other's understanding. These relationships are not necessarily functioning all the time but do happen over time, for as long as is necessary for the shared domain of interest.

Communities of practice meet regularly, but not necessarily face-to-face; they may function like learning networks and members will be networked to other groups or communities that may or may not relate to the community of practice. They could function as distributed communities with multiple boundaries of time, geography, cultures, and language, for instance (Wenger et al.,2002). The learning involved in the path of becoming a traditional healer in an African context as the subject of this thesis indeed reflects some of these characteristics. However, the extent to which the participants share a passion, practice, or domain of interest is open to interpretation. Whilst all participants are sharing the experience of doing divination (*ukuhlola)* as one of the main diagnostic methods that are taught during the initiation process, even where the subject matter may be similar, the nature of the project is an individual one and this can impact on how collectively learners (in this study, the initiates) share knowledge or build up each other's understanding.

The purpose of a community of practice is that it is a means of encouraging practitioners to take collective responsibility for their learning. This collective nature of the learning and its activities as well as relationships enhance the individual growth of each participant through a process of becoming members of a collective identity. While communities of practice may be self-selecting and emerge independently; Wenger et al. (2002) argue that it is possible to cultivate a strategy for nurturing learning in organisations. In the education sector, the challenge is to nurture a sense of lifelong learning beyond the walls of the institution by encouraging learners to create learning communities around topics of interest (Wenger, 2006). Wenger et al. (2002) suggest that it is possible to facilitate this by providing community spaces for learning, such as physical spaces, but also opportunities for dialogue and access to different contributors to knowledge building. In this respect, the cohort system, designed by Ogobela, is one example of cultivating such a practice.

Wenger et al. (2002) further claim that members of such communities do not necessarily participate at the same level or intensity. Members of the community are informally bound by what they do together Wenger (1998). There is a core, accompanied by those who actively participate but at a lower level of leadership, and those who are peripheral and may feel less engaged but nevertheless gain insights from a distance. Communities of practice are similar in structure and behaviour to social networks and the concept of social capital. Frick and Hoffman (2012) describe, for instance, how social networks are characterised by ties that are belonging, bonding, or binding for distributing and sharing knowledge and resources. These concepts are connected to social capital concerns with relations of trust and reciprocity. While social capital

is discussed in a variety of social contexts, its features also reflect those of learning communities. Wenger et al. (2002) also recognise that communities of practice go through similar evolutionary and maturation stages to those of any group development such as the forming, storming and norming routine outlined by Rogers (2010), among others. Wenger et al. (2002) acknowledge there is a downside for communities of practice in that some members may be unwilling to share knowledge and will introduce a competitive element or be unwilling to receive certain personalities. There may be jealousy or disconnectedness.

3.3.4 Experiential learning: The real-world learning experience

Literature labels learning from experience as (Rogers 1969, p.5) that which *"has quality of personal involvement of the whole-person in both his feelings and cognitive aspects being in the learning event"*. There are claims and scholarly debates that seek to explain how experiential learning is conceptualised. Key to those debates is that experiential learning involves the whole person. This claim resonates with this study as we seek to understand the learning involved in becoming a traditional healer. Gentry (1990) argues along the labeling as argued in Rogers (1969) that learning takes place in three dimensions, affective, behavioural, and cognitive dimensions. Further claims by Gentry (1990) are that in experiential learning, learning is best facilitated when phases like the design of the experience, conduct of the learner, evaluation of the learning experience, and feedback about the learning experience are repeated over time. The key to experiential learning is that experience implies real-world contact. Upon concluding the learning experience, the student takes away from an experience that is often in line with the perceptions of the experience, and this perception is somewhat outside the control of the instructor. It is worth noting that the experience needs to be structured with specified learning objectives and that the conduct of the experience needs to be monitored.

3.3.5 Social Learning: Learning in context

Fransworth, Kleanthous and Wenger-Trayner (2016) delineate learning as "a socially constituted experience of meaning making" (p.142). This claim locates experience in the relationship between the person and the social world. There are key academic (scholarly) terms that regulate this relation, these are: meaning making, negotiation, practice community, identity, and competence (Fransworth, et.al., 2016). This study made consideration for the Social Learning Theory as one of theories that provide a theoretical lens to for understanding and the analyses of learning in the context of becoming a traditional healer. Cubas, Costa, Malucelli, Nichiata, and Enembreck (2015) state that the social learning theory views "adults

as subjects of learning, which is carried out in a comprehensive manner because it is not only directed at the development of the individual's skills and abilities, but also encourages a participatory process" (p.624). The social learning theory lists four key components to learning: 1) *the meaning*, which expresses the need to give meaning to what is learned; 2) *the practice*, which underlines the experience of "learning by doing"; the community, which strengthens the learning by fostering a sense of belonging; and 3) *identity*, which presents aspects related to the learning process for the transformation of personal identity (Cubas et al., 2015).

3.3.6 Situated learning: Accounting for a social process

Situated learning characterises learning as a dynamic, social process that occurs in a cultural and historical context rather than a process that rests solely on an individual (Lave and Wenger, 1991). Lave (1988) introduces the construct of participation in social practice (Cobb & Bowers, 1999). This contention proffers a dimension of practice and apprenticeship learning. This study looks at how the sacred spaces *(izigodlo)* provide context to learning and how the Mentors *(oGobela)* mentor the novice initiates. In this study, we concede that throughout the history of the Zulu nation orality has been used to pass on information from generation to generation. What is known is that the Zulu nation has managed to solve a host of distinctive social problems related to their physical, health and economic needs (Matsumoto, 2007).

3.3.7 Situated cognition: organism and environment relation

The central aspect of situated cognition is that behaviour arises from the dynamic coupling between an intelligent subject and its environment. "A situated cognition perspective is that information exists not prior to, but emerges from, and is a function of, the organism–environment relation (coupling)" Roth and Jornet (2013, p. 464).

Palincsar (1998) states that the sociocultural revolution holds that the locus of knowledge construction has moved from the perspective of the individual to that of the interdependence of individuals who acquire intellectual skills through social interaction. From a psychological viewpoint, the cognitive perspective focuses on 'meaning making', and cognitive structures, such as schemata and heuristics, underlie the ability to both solve problems and transfer between phenomena*."Virtually all cognitive science theories entail some form of constructivism to the extent that cognitive structures are typically viewed as individually constructed in the process of interpreting experiences in particular contexts"* (Palincsar, 1998, p. 347). Palincsar also notes that there is a continuum of social constructivism from trivial to radical constructivism.

Reed et al. (2010) argue that there are three key misconceptions in existing research that focus on how adults learn in social settings. They hold that social learning in itself and the conditions or means by which social learning is facilitated are often conflated. There is also conflation in the literature between how (the process) and what (the potential outcomes) people learn from each other. Lastly, they argue that the focus of social learning has been at the level of the individual: there is no acknowledgement of deeper change at group, community, or societal scales. In seeking greater conceptual clarity and definition, Reed et al. (2010) hold that "social learning may be defined as a change in understanding that goes beyond the individual to become situated within wider social units or communities of practice through social interactions between actors within social networks" (Reed, et al., 2010, p. 5). This view is echoed by Kasl and Elias (2000, p. 229) when they cite Imel's caveat that "adult educators should become aware that the idea of group learning can also refer to the possibility that the group as an entity learns."

3.3.8 Holistic learning: the learning of the mind body and soul

This perspective of learning recognises that learning can be of the mind, body, and soul. Descartes' emphasis on being through thinking, supported later in the eighteenth century by Enlightenment philosophers, is being questioned in the light of other forms of knowledge, "such as faith, tradition and authority" (Merriam, et al., 2007, p.189). Most theories that deal with how adults learn have focused on the rational and cognitive models. A developing conception of adult learning recognises the value of the affective domain. Extra rational models are now gaining currency. The role of feelings, intuition, spirituality, other ways of knowing, relationships, emotions, the non-conscious, implicit memory, and imagination are being examined to provide new notions of adult learning.

In a dialogue between Mezirow and Dirkx (Dirkx, et al., 2006), Dirkx presents an alternate view to Mezirow's strong rational view of learning. Dirkx refers to this as soul, or inner work. He holds that there are various ways of thinking about and understanding one's sense of self, sense of identity, and subjectivity. His view proffers a more integrated and holistic understanding of the subject where he acknowledges that there are intellectual, emotional, moral, and spiritual ways of being in the world.

Dirkx (2006) examines our inner worlds which he describes as our private lives, the personal dimensions of our being. Further, he raises the issue of our varying levels of awareness of these inner worlds. This inner community of the self has multiple voices, and multiple identities, that

can even present conflicting messages into the more conscious way of being. This veiled and foggy inner community of the self can present as very personal and private thoughts, beliefs and values that none or few can access. Whilst we know them, or may be conscious of them, they shape and influence our being in the world.

Mackeracher (2004) raises the issue of soul and spirit in learning. Davis and Tisdell (1999) define spirit and spirituality as the feelings which extend beyond the normal limits of body and mind, transcendent, "of feeling connected to aspects of the external world that are of value to me – to others, to the earth, and to a greater cosmic being" (2004, p. 172), whereas the soul is grounded in everyday messiness. Furthermore, "spirit arises from a need to transcend the messy conditions of life to find 'an expression of meaning that will take one up and out of the quagmire of actual experience" (Moore, cited in Mackeracher, 2004, p. 172). In relating soul and spirit, Mackeracher sees the soul as inward-looking, on individuality, integrity, completeness, and personal substance, whereas the spirit is outward looking, connected to relationships and realities beyond the body and mind. It is spirituality that gives meaning and purpose to life, and this spirituality comes from the soul.

3.3.9 Spirituality: The creativity and imaginative technique

The understanding of what spirituality is, is wide-ranging and several scholars have tried to pin its meaning down. Harris (cited in English & Gillen, 2000, p. 1) differentiates two, almost opposite, meanings of spirituality: one distinct in its removal from the world, and the other noted for its engagement in the world. For adult education purposes, it is the latter meaning that is of interest.

Key to this study is the learning process involved in the path of becoming an African traditional healer. Spirituality is relevant to the study because the spirit of God and that of ancestors play an important role to the learning process of the different forms of traditional healers practice, not so much as religious practice per se but in relation to meaning-making. Both *Ithwasa* (diviner) and *Inyanga* (herbalist) are required to learn how to communicate with ancestors, receive information, signals, and visions during the initiation process, and *umthandazi* (faith healer) is also required to learn how to communicate with God. This is possible through spirituality. This simply means that without God and ancestral spirit, the healing practice is impossible.

Spirituality and the creative and imaginative techniques for eliciting its presence have a role to play in a more complete understanding of adult learning. While we have the definition of

spirituality and conditions that might elicit it in an instructional setting, what we do not yet have is an understanding of or theoretical model of spiritual learning. Merriam et al. (2007) observes that whilst adult educators to date have focused on the aesthetic, social, emotional, physical, and intellectual dimensions of learning, the spiritual aspect has been largely ignored. English and Gillen (2000) argue that *"to omit the spiritual dimension is to ignore the importance of a holistic approach to adult learning as well as the complexity of the adult learner"* (English & Gillen, 2000, p. 2). Citing Vogel, English, and Gillen (2000, p. 3) further develop this theme: *[through] exploring our inner lives for insights that inform our questions and answers; tapping our spiritual lives in ways that are life-giving, open to difference, and accepting of others; and recognising that our spiritual lives are nurtured through story, tradition, ritual, hope, creativity, and imagination.*

Merriam et al. (2007) conclude that there is a need for theory building in this dimension of adult learning. This study has the potential to generate such a theory. There is little in the literature on the learning process in traditional healers where the purpose is spiritual development. This research seeks to uncover if, what, and how participants learn in this context.

3.3 Conclusion

The literature reviewed and presented in this chapter informs the conceptual framework for a study that explores the learning of traditional healers. This qualitative research draws on the theoretical base and educational philosophies of adult learning in the 21st century. First, I reviewed literature pertinent to the development of adult education theories. I then expanded more on the characteristics and adult education theories that are significant in this study of the non-formal learning activities of traditional healers. The conceptual framework for this study required that I situate non-formal learning activity traditional healers at the intersection of holistic learning within a community of practice. Holistic learning theories are in the nascent phase of their development, and this research can add to the knowledge base within adult education. In the next chapter, I discuss the rationale for qualitative research through a semi-structured interview methodology.

CHAPTER FOUR

METHODOLOGY

4.1 Introduction to the methodology chapter

The previous chapter has presented literature on key concepts that are significant for this study. It outlined terms and key constructs that provide the lens that guides this study. These key constructs and terms were presented to show how learning, learning process, andragogy, and a few other theoretical terms are understood using key theorists to provide academic integrity to the conceptualisation, understanding, and why they were deemed as significant knowledge to bring an academic lens to understand learning in traditional healing contexts. This was done to strengthen the conceptualisation of the study. Also, a theoretical underpinning of this study was outlined by presenting a conceptual framework which is the lens that guides the methodology of this study. In this chapter, I focus the attention on the methodology. The choice of methodology should be guided by the principle of fit for purpose, and my research purpose looked to generate an in-depth, holistic, and situated understanding of adult learning in the learning process of becoming a traditional healer. "A study reflects a considered choice to study the singular with the intention of gaining understanding of the study" (Stake, cited in Rule & John, 2011, p. 105). I present in detail all the research design choices and further justify my research design choices. I give details of the research approach, sampling strategy, data collection methods, data analysis processes, ethical issues, and data integrity.

Rule and John (2011) take a broad view of the entire research process that ensures research quality. They suggest that the researcher should "consider and plan for quality throughout the research process" (Rule & John, 2011, p. 104). These considerations include both procedural processes, such as data collection and analysis, and the development and maintenance of relationships with people that make the research possible. They list seven dimensions during the research process to note about the quality of the interview. These begin with the conceptualisation of the semi-structured interview, particularly the clarity, inventiveness, and imagination of the participants interviewed. Secondly, attention must be given to the development of the research purpose and questions, focusing on clarity, coherence, and significance. The third dimension highlights relationships, more especially ethics, respect, trust, and reciprocity. In the fourth instance, attention falls on data collection, where cognisance must be taken of sources, methods, instruments, thoroughness, depth, and comprehensiveness.

During the analysis of the data phase, quality is assured through trustworthiness and triangulation. In the penultimate phase of qualitative research, during the engagement with theory, coherence, consistency, and appropriateness are the hallmarks. Finally, in presenting the data, accuracy, creativity, and relevance provide measures of quality.

4.2. Research paradigm

The interpretivist paradigm was chosen for this study. Du Plooy et al. (2014) argue that interpretivists believe that reality is subjective, knowledge is socially constructed as these depend on the meanings that people assign to their experiences of the world. It is through such an understanding of an interpretivist paradigm that a decision to be paradigmatically interpretivistic was taken. This study sought to explore the learning of the three popular forms of African healing in their natural setting, through observation and interviews without any interference of their environment. The questioning and observation have enabled me to better discover and generate a rich and deep understanding of the ***learning to become an African traditional healer phenomenon*** that is being investigated. The interpretive paradigm is closely associated with qualitative methods of data collection which this study has chosen.

4.3 Research approach

The study followed a qualitative research approach. The intention of this was to find more about the learning that is involved in the path of becoming an African traditional healer, focusing special attention on dominant and popular practitioners of African traditional healing, namely: *Inyanga* (herbalist), *isangoma* (diviner) and *umthandazi* (faith healer). The qualitative research approach to the study was used because I wanted to get a deeper understanding of the learning processes involved in the path of becoming an African traditional healer; using the experiences of those in practice, as well as those who are still in the path of becoming traditional healers.

In qualitative research, the researcher needs to be conscious of their own subjectivity and how the latter can affect the generation or collection of data. The questions were designed in a way that would allow the participants to give their own opinions, views, perceptions, and experiences about the learning process involved in becoming a traditional healer. Qualitative research sought to comprehend continuously, a stage where research reaches a complicated level. This includes the information derived from the interviewees in word of mouth. Qualitative research also looks at the time and place where the material is derived from.

Moreover, qualitative research looks at how the subjects of the interview are affected in the process of collecting the information and how their beliefs and views inform the required information (Terre Blanche, Durrheim & Painter, 2006). The qualitative approach is further intended to discover various attitudes of African traditional healers (Coolican, 2006).

The advantage of utilising a qualitative research design is that the researcher can use open-ended questions which allow the participants to respond in their own words and mother tongue rather than forcing them to choose from a fixed number of responses. Qualitative research looks at the processes involved in learning to become a traditional healer. I used the subjective and lived experiences of the participants (Bernard, 2000) to understand the learning phenomenon under investigation in this study. A qualitative approach was suitable for this study as it sought to explore the learning involved in the process of becoming an African traditional healer.

The disadvantage of qualitative research is that it can make inferences from a small group of research participants or information and in its conclusions it may ignore the contexts of different populations, whereas the study intended to explore the context of different participants. The participant's subjective experiences were revealed (Bernard, 2000). A qualitative approach was deemed appropriate for this study as it attempted to explore the learning processes involved in the path of becoming an African traditional healer (Babbie & Mouton, 2005).

Further, a qualitative research approach is appropriate in informing the choice of data collection instruments. In this study, I used open-ended questions to allow the participants to share their views and experiences about their learning. This study is limited to three traditional healers in Pietermaritzburg Most of the data were generated using the naturalistic method and participant observation as I intended to observe participants in their natural settings, that is, their everyday social setting and their everyday behaviour including visual observation, interviewing, direct observation, and introspection (Flick, 2009).

4.4 Research setting

The study was conducted in Pietermaritzburg, KwaZulu-Natal. Three training institutes for African traditional healers *(izigodlo)* were visited and coopted as research sites. These three different types of *izigodlo* were chosen as they represented the three focus areas of traditional healing practices under study: a) the diviner, b) the herbalist, and c) the faith healer. There were

notable variations in the three chosen settings. As part of the ethical considerations for this study, no photos of practicing traditional healers were taken.

4.4.1 The diviner's setting as a research site

This diviner's setting is in KwaZulu Natal in the Cato Ridge area. The name of this *isigodlo* is eMdletsheni (not its real name). The name of *isigodlo* emanates from the ancestral or clan names of the *ugobela*. This *isigodlo* specialises in African healing, counseling in the understanding and the function of ancestors, giving advice on African traditional wisdom and practices. The site is designated as an institute as there were many novices (traditional healers) that undergo training and initiation in this place. All initiates reside on the premises and there are numerous huts in which they live. The sacred place in which *ugobela* practices is a traditional Zulu hut. This hut is always kept as holy as not everyone enters it unless it is for observation and private discussion with either patients or the initiates. The main specialisation at eMdletsheni is dreams and visions. Understanding and communication with ancestors *(amathongo)* are key to unlocking patients' link with their ancestors' wishes.

4.4.2 The herbalist's setting as a research site

The herbalist site that was visited was in Pietermaritzburg. KwaMdletshe (not the real name), the environment is like the diviner's setting explained above. The major difference is that there were few initiates, but several young men who work for the herbalist and the "would be herbalist". There is no clear intention of becoming a herbalist but they learn all the skills of the practice as they later become the assistants of the herbalist, they know the herbs, where they are found, the uses of the herbs, and how they are mixed.

4.4.3 The faith healer's setting as a research site

The setting on this site was different from the other two. This was more of a practice site with a few residents who are patients who have come to consult because of their various illnesses. There are novices who are in the main work for the faith healer. "A faith healer *(umthandazi)* ….is typically an affirmed Christian who belongs to a crucial African autonomous temple" (Masola & Sigida, 2021, p.196). There is a place of practice and no demarcated training suite. This is so because *"it is important to observe that the period of training of healers isn't prescribed, since the "understudy" is petitioned God for experiences sanitisation customs, and is in close contact with the healer. Faith healing is in some cases favoured because the*

principles utilised appear to coordinate both Christian and African customary convictions" Masola and Sigida (2021, p.196). These will further be elaborated on under the section that details observation as the structure of these three settings are widely different and each yielded different results.

4.5 The study population and sampling criteria

The participants in this study had to meet a particular criterion that was pre-selected. 1) They had to be a practitioner in one of the following areas of traditional healing specialisation: a herbalist, a diviner, and a faith healer. 2) Also, they had to be registered with the Traditional Practitioners' Council. 3) Participants had to be practicing. 4) Participants had to be involved in the training of novices/initiates *(amathwasa)*. 5) Each of the three practitioners had to have a mentee (that is undergoing training to become a practitioner in that field of specialisation that is mentioned above) in his/her institute/practice or *isigodlo*.

All participants were traditional healers in uMgungundlovu District in Pietermaritzburg and Cato Ridge in KwaZulu-Natal. The gender and educational background of the participants were not part of the selection criteria, neither was the socioeconomic status. However, the participants had to speak isiZulu as a home language.

The initial sample was planned to consist of six (6) participants, the mentor (trainer) and mentee (trainee) from three different types of traditional healers. However, due to the emergence of the COVID-19 pandemic, and the government's lockdown rules, it became difficult to fulfill the plan of the intended sample. Also, the University regulations for face-to-face contact could not allow researchers to meet participants as that would be tantamount to acting in contravention of the law. Therefore, I had to reduce the interviews to four participants. This did not compromise the quality and the depth of data; the herbalist and the faith healer provided their own account of how they were trained to become who the practitioners that they are.

4.5.1 The sampling criteria

Purposeful sampling was used to select participants for this study. It was deemed relevant for the study as it attempted to explore the learning processes involved in becoming an African traditional healer, targeting four participants, as mentioned earlier. These participants were chosen because of the knowledge they have about the learning processes involved in becoming an African traditional healer and that they would be able to answer questions on the learning processes of becoming a traditional healer.

In purposive sampling, participants are chosen based on the characteristics that the sample wants for the research study (Terre Blanche, Durrheim & Painter, 2006). The participants were chosen based on their relevance to the research question (Silverman, 2000). Key to the study is the learning process involved in an African traditional healer in the training to become a traditional healer in Pietermaritzburg *isigodlo* (sacred place). The participants were African people whose mother tongue was isiZulu. The sample needed to represent rural and urban black African traditional healers from different backgrounds.

4.6 Data collection

The data collection process began in March 2019 and continued until June 2020. The earlier part of March was mainly obtaining the gatekeeper letters and familiarising myself with the research sites. Two instruments were used to collect data, namely: the semi-structured interviews and observations. I conducted the interviews in isiZulu. When doing the interviews, I used mainly open-ended questions. I used a cellular phone to record the interviews and made notes as a backup. I chose to utilise semi-structured interviews to allow for probing and getting more expected answers. Making use of recording gave me sufficient time to interact with the participants. Interviews were one-on-one. I interviewed each tutor and each student separately and individually.

4.6.1 Data collection instruments

4.6.1.1 Observation

Morrison (1993) provided some guidelines about observations and observations can assist the researcher to collect the following data:

- The **physical setting** (e.g., the physical environment and its organisation).
- The **human setting** (e.g., the organisation of people, the characteristics and make-up of the groups or individuals being observed, e.g., gender, class).
- The **interactional setting** (e.g., the interactions that are taking place, formal, informal, planned, unplanned, verbal, non-verbal).
- The **programme setting** (e.g., the resources and their organisation, styles, curricula, and their organisation).

The guidance provided by Morrison (1993) assisted me in designing an observation schedule. I was guided by the observation schedule that I had prepared to collect data. I observed both

female and male individuals at the sacred place *(isigodlo)*. The interaction was very much unplanned and non-verbal. I noted as I drove on the road towards these places, that there were many signboards on the road. But, around *izigodlo* there were no road signs, there was an uneven gravel road that was full of potholes and signage that showed the directions to schools and clinics. Local shops in the area have advertisement signs for Coca-Cola on the walls, with several boys on the veranda. Around the area, there are several RDP houses.

4.6.2 Data collection procedure

Each participant was interviewed individually in the sacred place. I started with the tutor (mentor) first and then followed with the novice (mentee). The observation took the form of a visit to the sacred place. I observed the learning process involved and other related activities. There were three visits per research site. All three visits to the site were regarded as observation visits. I usually spent hours at eZigodlweni waiting for the availability of the participants to be interviewed. I could not stop them from their daily activities, but could only interview them when they were free, even though prior appointments had been made. So, the waiting, in most instances provided me extra time to observe all that takes place at eZigodlweni.

The purpose of the study was explained to each participant before the interview commenced. The participants gave consent for their participation and for the interview to be audio recorded. I have attached *Appendix C* which was used as an interview guide. The interviews were semi-structured with ten (10) guiding questions. The follow-up questions were asked, and these questions were guided by the focus of the study. The participants were interrogated in-depth, probing the participants to provide learning details (as they know them and as they experienced them).

4.7 Data integrity

Silverman (2011) argues that in qualitative studies, the notion is to understand the meanings that people construct or associate with a certain event and not to generalise the findings. Also, Golafshani (2003) argues that it is hard to demonstrate that the results and conclusions can be applied to other populations since qualitative studies employ relatively small samples. This research study used a sample of three different types of African traditional healers in Pietermaritzburg in the province of KwaZulu-Natal.

4.7.1 Trustworthiness of the research

As an alternative to reliability and validity, Guba has offered the concept of trustworthiness of the study (Rule & John, 2011). This approach honors scholarly rigour, transparency, and professional ethics as a means of gaining levels of trust and fidelity within the research community. Trustworthiness may therefore be measured by alternative measures of quality such as transferability, credibility, dependability, and confirmability.

Rule and John (2011) further elucidate the concept of trustworthiness of the study by first examining the key values in this approach. Transferability has emerged as an alternative to generalisability. "By providing thick descriptions of the study and its context, the researcher allows her findings and conclusions to gain a level of transferability which the reader may determine" (Rule & John, 2011, p. 105). The concept of credibility can be compared with what is known as internal validity in quantitative research, the measure of what the research set out to study. An alternative to reliability is dependability. Dependability is understood as a concept that is dispensing with the positivist notions of replication, and focusing instead on methodological rigour, coherence about generating findings and accounts of the case that can be confidently accepted by the research community. Whilst objectivity is honoured in the positivist tradition, the concept of confirmability deals with researcher bias and subjectivity. Methodological rigour was ensured through my being "in site long enough to see things happening repeatedly rather than just once" (Spindler & Spindler, cited in Cohen, et al., 2007, p. 181), and through using interviews and listening to the stories and lived experiences of the participants.

Rule and John (2011) provide some practical steps that can be followed to ensure trustworthiness in an interview. They outline what it means to craft a thick description, verify accounts with respondents, create an audit trail, and use critical peer checks. In my case, the thick description is the result of using the words of the participants as they were spoken during the observed sessions, and as recorded during the semi-structured interviews. The recordings were transcribed and, in the case of one-on-one interviews, were checked for completeness and veracity by the interviewees. I conducted checks on the transcriptions of the observed sessions by listening to the recordings made and checking the transcription. The recordings of the interviews and the transcriptions have been stored at the University of KwaZulu-Natal. Peer checks were conducted during supervision sessions.

The process of triangulation is another means of ensuring high-quality, respectable and rigorous research. triangulation refers to the process of using multiple sources and methods to support findings generated in the semi-structured interview. Using a diversity of methods or sources strengthens internal validity by eliminating bias introduced by reliance on a single source, method, theory, or researcher (Rule & John, 2011). Van der Mescht, as cited by Rule and John (2011), sees triangulation not so much as a verification process but rather as the means to create a fuller picture. If the researcher's interest is to get to the lived reality and meaning-making for additional actors, or drawing on data from different sources, or using different methods allows the researcher to broaden his or her perspective. Triangulation through drawing on data from multiple sources (observation, semi-structured interviews, journal entries) ensured the quality of the study.

Once multiple sources and methods have been employed, Rule and John (2011) suggest that an end to data collection is signaled by data saturation, the realisation that no new insights are emerging in the additional data. To deal with the multiplicity of views and data generated through using multiple sources and methods, Rule and John cite Henning, Van Rensburg and Smit's (2004) approach of crystallisation that recognises that additional facets are thus revealed.

I observed three sacred *(izigodlo)* places, without recording, but by making field notes, using my observation schedule as a guide. Therefore, I observed three further sessions taking field notes and making audio recordings until I felt that no new insights were emerging. I then interviewed each of the four participants individually to probe more deeply into what I had observed. This was done so that I could probe into an outsider's view of how the learning process to become a traditional healer impacted their worldview and behaviours.

4.7.2 Confirmability

Data was collected using semi-structured interviews. To ensure consistency, the participants were asked similar questions. The researcher is a research instrument in qualitative research. This could constitute a threat to validity and reliability (Long & Johnson, 2000). The researcher's biases and own perspectives on traditional healing practices were not revealed in the research process. Data collection, transcription, and analysis were done by the researcher, ensuring that it was consistent and that the views of the participants were not misquoted or wrongly understood. Participants used their home language isiZulu to answer questions, thus, the researcher had to translate during transcription. The participants also used words and

phrases that could not be directly translated into English, the researcher had to translate these phases to make sense in English without losing their meaning and context. During data analysis, extracts were selected that represented the views of more than one participant and served to answer the research questions.

4.8 Ethical considerations

In a qualitative study, the researcher needs to be aware of their personal biases and how these biases can affect data collection (Terre Blanche et al., 2006). The researcher ensured that participants were not asked leading questions in the interviews. Ensuing the identification process of the participants, I made appointments with the identified participants through the traditional healer (mentor). The purpose of these appointments was to present myself and the aim of the study as well as the interviews. This was a way of preparing for the interviews and the observation. I then outlined our working relationship, established rapport and sought permission to visit their sacred places *(izigodlo)*. I then sought permission to use devices like the audio recorder and we negotiated and agreed on dates, days and times that were suitable for the interviews as well as the visits to the sacred places.

The participants were briefed on the aim of the study and what was expected of them. It was noted that the study sought to understand the learning process involved in becoming an African traditional healer. The interview process was also defined (Silverman, 2011). It was emphasised that participation was voluntary and that they were free to withdraw at any time without any consequences. Prior to involvement in the study, participants signed a consent form (Appendix D) agreeing to be part of the study and for the researcher to record the interview (Kimmel, 2007).

Anonymity and confidentiality were ensured throughout the study (Silverman, 2011). Participants were asked to provide their names and signature on the consent form but were assured that these would not be used in the study and that the information collected would be kept by the researcher in a safe place and would be destroyed after five years. No names or any identifying information were required during the interviews. No one except for the researcher and his supervisor will have access to the information obtained in the interviews, the researcher conducted and transcribed them himself using code names for the participants e.g., TH1 for participant number 1.

Participants must not be harmed during the research process. At no point during data collection did participants reveal information on plans to harm themselves or others. All participants were treated fairly with dignity and respect. They were all asked the same questions and their responses were not contested or disrespected (Appendix D). The researcher obtained ethical approval from UKZN's Ethics Committee (Protocol Reference Number: HSSREC/00001157/2020) to conduct the study at sacred places and permission from the traditional healers as participants (Appendix A). The consent forms were signed by all concerned: the traditional healers (mentors) as well as the mentees.

4.9 Data analysis

After completion of the data-gathering process, the next step was to transcribe the recorded data and translate it into English because all the interviews were conducted in isiZulu. The first step was to transcribe all the recordings. The following step was to translate all the transcribed data into English. After having completed the process, the next steps were followed:

The transcripts were analysed.

It must be mentioned that there was data for each mentor and each mentee. I did this because each participant was interviewed individually. This process included the interview questions as well the individual respondent's responses. The responses from the mentor and mentee were placed in separate tables. Observation notes were also kept separately. There were three sets of data: the table of mentor's responses, the table of mentee's responses and the observation notes.

The transcripts were arranged into themes.

The responses from each classification mentioned above were arranged into themes, using the research questions as the guide. At this stage, it is important to mention that I looked for emerging themes, including those that occurred in more than one data source.

The findings

Once all the themes were analysed, I then put the analysis into the presentation of data in Chapter 5 of this dissertation.

4.10 Conclusion and recommendations

The last chapter (Chapter 6) covers discussion, recommendations, and conclusions. It is this chapter where conclusions are made based on the findings. The data were analysed and presented through a written report, and this is discussed in-depth in the next chapter.

4.11 Limitations of the study

I had anticipated experiencing the challenge of not finding the sacred places that provided training for *amathwasa*. I had the challenge of meeting *amathwasa* at some stage as they sometimes spend most of the time in the veld studying nature, studying herbs. Also, under the guidance of the mentor, *amathwasa* were sometimes stirring and churning clay pot of *ubulawu* every morning. In the light of fearing to cause disturbances, I approached the tutor who is the owner of the sacred place for me to gain access to the participants. This special arrangement did not constitute any ruse, awful and threat to the study. I am quite aware that it may have unsettled the normal sacred routine because without performing the above-mentioned activities, the novice would be unable to see clearly when he or she divines. As a result, I could not make repeated visits to the sacred places especially in the morning when the student must do physical and mental exercises. I was compelled to visit during the day or afternoon to meet the participant and it was clear that I would only meet the student if she or he is free from doing divine exercises. I admit that there ought to have been lengthy engagements at the site so that distortions produced by the presence of the researcher could be avoided (Franklin, Cody, & Ballan 2010, p. 365).

4.12 Conclusion

The research methodology has been discussed in this chapter. The chapter has discussed the reason why the interpretive research design was chosen. The interpretive research paradigm has a perception that cultures can be understood by studying what people think about, their views, and the meanings that are important to them. This was done utilising a qualitative research approach which attempts to provide in-depth knowledge. Data were collected utilising both interviews and observations of participants who were purposely selected. The data that were collected were classified into themes. The next chapter presents in-depth data that were collected and analysed.

CHAPTER FIVE

Presentation and analysis of research data

5.1 Introduction

This section of the study presents the findings gained from the data generated by the research participants. To initiate the process of reporting the results of the study, the key research questions must be repeated to examine this thesis within the broader framework of the objectives, purpose, and motivation for this research.

Research objectives and research questions

RESEARCH OBJECTIVES	RESEARCH QUESTIONS
1. To explore the learning involved in the process of becoming and African traditional healer	i. What learning is involved in the processes of becoming an African traditional healer?
2. To investigate whether learning variations exist in the learning paths of different forms of traditional healing specialisations	ii. To what extent does learning vary in the learning paths of the different African traditional healing specialisations?
3. To understand the role of the mentor in the process of learning of the initiates to become traditional healers	i. How does a mentor contribute to the process of learning of the initiate?

The underlying principle of reporting is that the report should communicate useful information to an identifiable audience for a specific purpose (Wisdom, Cavaleri, Onwuegbuzie & Green, 2012). This section will present the useful data that were collected and captured and analysed during the entire research process. Merrian (1998) refers to data analysis as a sense-making process.

Miles and Huberman (1993) refer to data analysis as a process that has to do with classification, coding, clustering, and consolidating data. This is the process that was followed when dealing with raw data which led to the generation of themes presented hereunder. Raw data were first transcribed and then translated into English. There were technical challenges in the translation part as the traditional healing practice has a vocabulary that is not easy to translate into English as most terms refer to the practice which does not use everyday language. Efforts to mitigate this challenge were made to avoid losing meaning in translation.

Data that were obtained from interviews and observations is now presented in this section. I used the following guiding questions and statements to guide the data generation process.

1. Events preceding the commencement of the training to become an African traditional healer.
2. How are traditional healers trained (looking at the different methods used on how are they trained)?
3. What is the content of the training looking at what is being taught?
4. How are the initiates assessed (if they are)?
5. How do the mentors know that the trainees have learnt what they are supposed to learn?
6. Other exploratory questions:
   (a) Is there a curriculum guiding the training?
   (b) What is the cost of the training?
   (c) Is there any form of quality control and accreditation processes?

The data that is presented in this chapter comes primarily from the interviews that were conducted with four participants, namely: 1) One mentor and one mentee from the diviner *(isangoma)* category, 2) Herbalist *(inyanga)* (mentor only), 3) Faith healer *(umthandazi)* (mentor only). The data also emanates from the observations that took place in all three sites of practice *(izigodlo)*. The next section is the presentation of findings using the emerging themes.

5.2 The calling stage and the nature of learning

The calling stage of African traditional healers varies from one area of specialisation to the other, while some specialisation does not have a prescribed initial phase that precedes training. Data presented in this section bears elements of African cultural significance in the sense that this study sought to explore learning in the path of becoming an African traditional healer. One

of the reasons why it was important to show cause, is because in most instances Africans must explain themselves to fit in and find space in global narratives that relate to health and the role of African traditional healing in the global health discourses, suggesting that African traditional healing lacks identity on the global platform.

Turner (1968) provides a perspective on the calling and learning by saying that the initiates in the training institutions would usually arrive unexpectedly. In some instances, the institute could not be known to the initiate, but will be directed by the ancestral powers. The causes and reasons for the initiates' response to the calling vary from one initiate to the other. These may be due to a certain form of illness or just a normal calling. The initiate, in this instance, could be troubled by fits of mania or depression, others could have dreamt about *ugobela* (the dream about the calling) and would have to go for training in a designated institute or a popular and practicing traditional healer of similar specialisation to fulfil this dream or calling.

One of the participants in this study indicated that there are signs that are used by ancestors to call one to become a traditional healer. The most common one is a dream. Dreams are about *sangoma* dancing, experiencing sleepless nights and feeling frightened as if someone is watching you. Also, the same participant (DM2) mentioned above explained the results of not accepting calls from ancestors. It was revealed that the ancestors are the ones who give instructions through visions using the initiate to convey to the mentor about their expectations in the learning processes to become a traditional healer. He further mentioned that the ancestors play a vital role in determining the time of using herbs called *amagobongo* and the promotion to the next level of the training program.

The relationship that one has with his/her ancestors is very important. Divine healing *(ubungoma)*, faith healing *(ubuthandazi)* and herbalism *(ubunyanga)* each have a unique way of practice identity and calling. **Participant DM1** states that: ***"****One learns about their choice of specialisation through their ancestors. The gobela (mentor) cannot decide about your specialisation, and the student cannot just choose what he or she wants to focus on as a specialist".* This response removes the choice of practice from an individual, the responsibility rests with the power of divinity which appoints and nominates the *ithwasa*. Also, from the faith healing perspective, the ancestors and God nominate an initiate. **Participant FM1** stated that: *"Uhm, in fact, it is the duty of the Holy Spirit and ancestral spirit (messenger of God) to decide on the choice of specialisation which the candidate must focus on as a specialist".*

In essence, it calls for a divine understanding of what happens in the life of *ithwasa* which is then honed by an experienced *ugobela* to appropriate meaning to the ancestral call by sharpening what has already been shown in dreams, visions and sometimes illness that befall the initiate (*ithwasa*). This understanding suggests that the calling is not usually an easy and normal transition from ordinary life to the life decided by the ancestors and the wish of God (in the case of a faith healer). It is also in the same vein that the herbalist as **Participant HM1** stated that: "*I have learned it through ancestors". Ukuboniswa izikhwama* (to be shown the secret of treating and providing therapy to illnesses or a situation that generally befalls the society).

There is evidence from the data that was collected which suggests that "the calling" is a form of beginning that is not regulated and cannot always be tested as the truth. As a result, there is a window open for others that use the opportunity for forging their way into the practice and thus bringing the credibility of the practice into disrepute. **Participant DM1** says: "*Most people join the profession to earn an income…not practicing traditional healing as a calling. The lack of formalities and regulations of the profession creates the opportunity for crooks to pose as traditional healers. Failure to identify people with a calling by (ugobela) mentor misleads people who have other problems and they are made to believe that they have a calling and anyone with a good marketing strategy can pose as a traditional healer, e.g. adverts in newspapers as well as flyers give information to people and promise them a lot of things e.g. umuthi for winning the lotto, dating ladies, solving relationship and employment problems.* This makes it difficult to identify fraudulent and genuine traditional healers. However, people who have been called by ancestors and received formal training and education learn mostly through the supernatural. One gets training in traditional healing if you have been 'called' by the ancestors and spirits".

The calling is the first sign or the first stage in the path of becoming a traditional healer. In the main, it is incidents that occur to the individual which are incremental in nature and occur repeatedly over time and affect the well-being of the individual that are major pointers of the calling. These incidents are not only limited to illness. Once these have occurred and pointers show and prove to be, then the journey begins.

5.3 The initiation and training stage and the nature of learning

This section presents methods, strategies, or ways that simulate how traditional healers are trained and explains what is regarded as learning in the process. When asked about how a *sangoma* is trained: **Participant DM2** pointed out that: *As the novice (ithwasa) must do physical and mental exercises. The tutor gives divining exercises where I must find hidden objects, learn meditation, go into séances, mix herbs, and diagnose diseases*. **Participant DM1** revealed that: *well, initiation began with a process of using herbs (umuthi) called umndiki nomndawu (these are herbs that are used by initiates in order to reach their full power potential in their calling). Every morning I had to wake up early and use these herbs. I bathed outside with cold water, and I would also smear my body with ibomvu (red ochre), depending on the response of my ancestors. I moved to the next stage quicker but it usually takes a long time. A ritual was done, and goats were slaughtered according to the vision from the ancestors, who guided me even with the colour of the goat, I then changed from ibomvu to umcako (lime). Umuthi (herbs) that I use will also depend on what the ancestors prescribe. Dancing the diviner's dance was one of the most important exercises. They will then talk to me and my ugobela (mentor) on the way forward until I reached the final stage.* In the case of a faith healer, **Participant FM1** revealed that: *When one goes for initiation, he or she is led by one member of the family (umphathi wakhe) who died a long time ago (ancestral lineage) who was possessed by that kind of spirit or power and he or she wanted to transfer that power to the next generation. When a place of your empowerment has been shown to you, they lead you there and guide you. They talk to your gobela, the one who operates in the place, and advise him or her about what to do, how to do it, and when other activities specified had to be done. A chance is given to ithwasa (mentee) to treat a client to find out the problem of the client through ukuthandaza (prayer), ukubhula (divine), and after that, the mentee presents the outcome to the client. The client may agree or disagree. When the mentee is checking the problem(s) of the client, the mentor is not there, however at a later stage the mentor does the second assessment to check similarities and differences to confirm or disprove what the mentee had found.* It is different for the herbalist as **Participant HM1** disclosed that**:** *Well, I had persistent dreams in which I was shown three herbs (umuthi) to heal blind people, body cleansing, and body pains. While accompanying a hunter who was my neighbour, I saw these three plants, medicines (umuthi) as they appeared in my dreams. I then uprooted them and planted them at home. My great-grandfather was also a herbalist.* Further suggesting that

herbalism can be passed from generation to generation. There are significant variations in the way in which these three areas of specialisation learn about their practice.

5.4 The role of *ugobela*

When exploring the role of the mentor, it is common amongst the areas of specialisation that the key role of the mentor is to provide guidance. **Divine Participant DM2** mentioned that: *In fact, the role of the mentor is to guide the students through the learning process of initiation, monitor the progress and give advice where necessary*. The faith healer also shares the same thought as **Participant FM1**, adding that: *The role of the mentor is to provide guidance to the initiate during the learning process and monitor progress*. The participants stated that the key responsibilities of the mentors were as follows:

- **Participant DM1:** The mentor should provide guidance throughout the process of initiation. The mentor oversees the progress of the initiate and gives advice where it is needed.
- **Participant FM1:** It is the responsibility of the mentor to give guidance throughout the process of initiation, mentor the progress of the initiate and provide advice where it is needed.

There was one exception from the herbalist; **Participant HM1** divulged that: *It is the ancestors who are acting as mentors. The ancestor gives guidance and advice through dreams.*

In unpacking the role of the mentor, one of the participants further added an important view on what could be explained as unintended learning or a hidden curriculum that explicitly shapes the professional part of the practice. These included learning to be humble; **Participant DM2** confirmed this assertion and stated that: *The training content in fact requires the learning of humility before the ancestors, the use of medicines (umuthi) with spiritual significance, washing in the blood of sacrificed animals, purification through steaming and abstaining from sexual contact. All these activities should be done under the supervision of the mentor since this forms the basic training content of the learning process to become a traditional healer. The importance of these activities prepares the student (ithwasa) to undergo the process of ancestral spirit possession when he or she is called by ancestors to become a traditional healer*.

There was also an important view that shows that mentors delegate some of their duties to the mentees and these were the reasons given about the significance of delegated duties. **Participant DM1** expressed the view that: *I think, it is because the mentor himself lacks formal*

training and education, as well as laziness of the supervisor (ugobela). This meant that they missed out on support during their early training and development which is why traditional healers were not recognised and excluded for many years. The faith healing fraternity stated that: **Participant FM1:** *Gobela is in fact allowed to delegate duties to the mentee, but not all because some of the duties can never be delegated to the mentee because of the limited experience the mentee has. However, on the other hand, it is imperative that some of the duties can be delegated with the aim to empower the mentee to gain experience and this helps the mentor to find out how far the mentee has acquired the knowledge of healing.* There is also another significant variation from the herbalist fraternity. **Participant HM1** stated that: *We don't delegate our duties to someone since we don't have a mentor and mentee. Delegation is from the ancestors only.*

The participants from different traditional healers expressed concern about the lack of formal training and development and laziness of mentors themselves. The initiates, consequently, do not receive adequate early training and development. Participants DM1 and FM1 responded to the interview's question the same way as Participant HM1. Participant DM1 further argued that it is the responsibility of the mentor to provide proper guidance throughout the learning process. The initiate who lacks proper supervision may fail to interpret the dreams or visions of the clients. Some of the participants in this study pointed out that the mentor and the learning content are important components of the learning process to become an African traditional healer. Participants use the word (should) which means that the activities cannot happen in the absence of the supervisor (mentor). The *inyanga* disclosed that they do not have a mentor. The mentor could be the ancestors who are communicating with him through dreams.

5.5 Duration of training and factors affecting the duration

The duration of training:

- **Participant DM 1:** The training period depends on the date given by ancestors, as well as the availability of all requirements (final fee) and the schedule a mentor has.
- **Participant DM2:** The period of training, the learning process is usually 5-6 years, depending on the readiness of an initiate and their families.
- **Participant FM1:** The period of training varies from 6 months to 2 years, even more, it is prolonged by the availability of power to pay uGobela (final fee), however, on the other hand, it depends on the readiness of an initiate and their family.
- **Participant HM1:** The duration is determined by the ancestors.

The impression I got from the above participants (DM1, DM2, HM1, and FM1) is that the duration of the training process is not the same, however, the readiness is the same since it is determined by ancestors and the availability of financial means to pay *ugobela*. I noted that HM1 does not have an *ugobela*.

5.6 What is taught (context) and how it is taught?

During the interviews, I tried to establish what is the content of the training. I wanted to find out what is it that the initiates are taught during their training. Participant DM1 shared with us about the activities that took place early in the morning daily. These activities were done until he reached the final stage. On completion of training, he undergoes the process of ancestral spirit possession when he is called by his ancestors to become a healer. Completion of the training will be discussed in-depth under the next theme. Participant FM1 shared his experience of what made him become a faith healer and what happened before he decided to follow the career of being an African traditional healer.

The implication here is that the initiation, completion of the learning process, site of practice, choice of specialisation, and graduation ceremony of the diviner and herbalist are predominantly determined by ancestors. However, in the case of the faith healer, it is sometimes a combination of the holy spirit and ancestral spirit (the messenger of God). The mentor and the mentee do not have power in this regard, which means that a traditional healer is unable to effectively intervene. This implies that the ancestral spirit and holy spirit (the messenger of God) control the whole learning process of the student since the word of ancestors and *isithunywa* (messenger) is final.

Gumede (1990) states that every morning the student must do physical and mental exercises, stir, and shake his clay pot of *ubulawu*, drink it, and then wash her face. The foam enables her to see clearly when she divines. She studied herbs under the supervision of her mentor. One of the most important exercises is dancing the diviner's dance. Participants DM1 and DM2 both claim that the learning process of African traditional healers is also professionally the same as Western medicine, in the sense that they also assess the student on what they have been taught. However, they differ when it comes to the training period. Participant DM1 also mentioned all learning processes involved which were mentioned by Participant DM2. Participant DM2 further explained that through all that they have learnt at a sacred place, the initiate will be enabled to access supernatural powers and communicate with the ancestors to provide spiritual healing and guidance for their client. Participant FM1 said their career is

guaranteed by *umthandazo* and *ukuhlola*. Table 1 in this chapter will present data obtained during the interview of the three traditional healers. It will also briefly outline the key issues.

One of the participants (the novice diviner), explained that there were so many things involved in the learning processes, i.e., learning to listen to and communicate with ancestors in different forms. Also, being able to do readings for people who come for consultation *(ukuhlola)*, using *amathambo* (bones) *nesithunywa* (prophetic spirit). It also included the learning of different herbs for different treatments involving traditional medicine. Finally, the diviner is also taught during initiation, learning divination using the bones, learning the songs, dancing, beating drums and *ukubethela* (encryption). About the content, the interviewees had this to say:

- **Participant DM2:** *In fact, our career is indeed professional like Western medicine, since there are so many things involved in the learning process, because at the end of the day we are assessed on what we have learnt, but there is no fixed period of training as in Western medicine.*
    - *The training content involves the learning of humility (ukuzithoba) before the ancestors, purification through steaming, washing in the blood of sacrificed animals and the use of medicine (muthi) with spiritual significance.*
    - *We also learn to listen and communicate with ancestors in different forms, learning to do readings for people who come for consultations (ukuhlola).*
    - *We learn to throw the bones and experience trance-like states where communication with the spirits takes place (isithunywa), different herbs for different treatments involving traditional medicine are also taught during the initiation, learning how to do ukubethela (encryption).*
    - *Learning also includes the analysis of dreams and we are taught respect, and teamwork. During the training session, the student is not allowed to visit his or her family, must abstain from sexual contact, and often lives under rough and strict conditions. On completion of training, we undergo the process of ancestral spirit possession when we are called by ancestors to become a healer.*

Participant FM1 stated that: as Africans our initiation teaching is done orally, and practically. Professionalism in this case is recognised after the release of the result of assessment when it has been done perfectly and satisfactorily and the healing power is believed to come from God through contact with a spirit, which is sometimes a combination of the holy spirit and ancestral spirit. Professionalism is guaranteed by prayer *(umthandazo)* and *ukuhlola* (checking/divine).

Participant HM1 provided the view that: *In our case, we don't have a sacred place where teaching and learning normally take place. We learn many things through dreams. There was an incident that opened my eyes, I was involved in three separate car accidents i.e., in Long Market Street, Retief Street, and West Street. Fortunately, I escaped unscathed. I then decided to consult a diviner. I was told that my great-grandfather wanted me to take his bags and become a herbalist. Even at work at the Natal Witness Newspaper, I was trapped in machines and received stitches at St. Anne's Hospital. I was fortunate that my fingers were not amputated which happened to my fellow colleagues. I also had dreams of fighting a diviner, at one stage, I left one diviner for dead. This diviner had white cream on his body, someone helped to bring out the diviner in me and this was done through prayer. I left this person because he wanted me to join his church whereas I belong to a certain church. I followed my dreams and became a herbalist.*

5.7 Assessment and the nature of learning

I also asked the participants if they are assessed and how and when do they (the mentors) know that the trainees have learnt and what they are supposed to learn?

Participant DM1 agreed and said: *Yes, we do have practical assessments in our career. The practical assessment includes divining exercises where you must find hidden objects, many mental exercises, learning meditation, learning how to throw the bones, the mixing of herbs, diagnosing illnesses using bones and conducting installation of the pegs or beacons (izikhokwane) meant for providing safety in the home; safety from lightening for an example or bad spirits that would befall a home.*

Participant FM1 agreed and said: *We do have assessment in our professional training. Sometimes the mentor refers a client to the mentee to find out the problem(s) of the client using prayer and presents the outcome, assessed on the preparation of a candlelit ceremony to bring about light to the living and ask for light from the ancestors. We also learn how to prepare holy water (isiwasho) (the cleansing) as well as learn to throw shells and dices that carry digital numbers to do divining exercises.*

Participant HM1 revealed that: *I am now at a higher level; a person can tell me his or her problem and I am able to mix herbs and cure that person. As I explained, when a patient comes to seek help, I know what herbs to mix. I am now an expert in certain herbs. The Government encouraged us as traditional healers to meet and share good practices. There are problematic diseases, and in our meetings, as traditional healers, we team up to learn from one another*

and to seek help from others with more knowledge. I also help diviners with herbs. We don't have formal assessment since we don't have izigodlo, and mentors, other traditional healers come to seek help from me and vice-versa.

Amathwasa are assessed to prove that they are competent in a particular area of their practice. These types of practical assessments also include analysing of dreams, encryption (ukubethela), healing illnesses, and cleansing. These include divining, finding hidden objects, mixing herbs, and diagnosing illnesses using bones. This is done to ensure that by the time the ithwasa leaves the sacred place he or she is ready to service the community with confidence, and in a professional manner. They further say that amathwasa should leave the sacred ready to provide good services to the community.

5.8 Graduation *(uMgidi)* as the final stage of learning

The previous sections outlined participants' views on assessment. This section provides views on other technical aspects of learning which are forms of quality control, accreditation processes, and graduation. There is an expectation that the practice needs to be regulated as literature prescribes that:

> "In an effort to overcome their exclusion from the formal system and to guarantee the standard of their education and training, the various traditional healer's organisations also started early on to issue their own certificates of registration and of competence to their students after graduation. With these warrantees, they assure every patient that a trained practitioner has completed training of a good standard has passed assessment successfully and is capable of giving services to the patient in an ethical, efficient, safe, and hygienic way." (Traditional Healers Organisation (2014) Cited in Louw and Duvenhage, 2016, p.452).

The World Health Organisation (2001) stipulates that to qualify to register with them as a traditional healer, the candidate must serve an apprenticeship of between one and five years and the person must be well known within the community served and among the other traditional healers.

There was no part in the responses that responded to the accreditation process. Key to the part of completion is the payment of the mentors' fees. Participant DM1 showed concern by not mentioning the important part of payment before graduation takes place. Participant FM1 did not mention payment either. Truter (2007) argues that there are two factors that lead to qualifying to become a *sangoma*. Firstly, the mentor only permits an initiate to qualify once a final fee has been paid and secondly, the mentor retains territorial exclusivity. Participants also

had a view about paying the training fees at the start of, during and after the learning process: one participant said: *"I can't disclose it, however, it is affordable and reasonable".* Truter (2007) in his report on the formal education and training of the different classifications of healers, states that the training of the diviner *(isangoma)*, on completion of training, the student *(ithwasa)* is expected to pay a final fee. Truter (2007) did not disclose the amount either. This implies that it is unethical to disclose the down payment of the *sangoma*. Participants DM2 and FM1 did not disclose it either.

The satisfaction of the mentor on processes and procedures concludes the training of the initiate. Truter (2007) points out that there is no fixed period of training, duration may take anything from six months to ten years. In the case of a *sangoma*, the student qualifies once a final fee has been paid, or when the student pays a royalty fee to the mentor. Participants DM1 and FM1 also stated that the initiate would qualify once the final fee and royalty has been paid.

The participants were asked whether they do understand what initiates learn at the sacred place. They were again asked to share their understanding of what happens during the graduation ceremony. Participant DM2 stated that she knows what the initiate learns at the sacred place, and what happened during the graduation ceremony. She explained where she gets knowledge from. From a young age, participant DM2 has been exposed to traditional practices since her neighbour is a *sangoma* and she had witnessed the practice of traditional healing for most of her life. Participant DM1 also shared his experience in terms of what he understands about the learning process as well as what takes place during the graduation ceremony.

Participant DM1 stated that: *Once I am satisfied with the changes after all exercises mentioned above and the novice diviner went through ukunqwambisa ceremony he or she can begin to work independently.*

Participant DM2 concludes that: T*he mentor has done everything required by my ancestors. I am grateful for her being a part of my journey.*

Participant FM1 is of the view that: *The mentor has done everything needed by ancestors and once ugobela is satisfied with the changes and the mentee has acquired the power to divine spiritually, the mentee can begin to work independently.*

Participant DM2 maintains that: *Well, the ancestors and gobela will give you an indication that you are ready, through the tests they could put you through.*

Participant DM1 observed that: *The mentor gives the student many mental exercises, e.g., attending meetings, learning meditation, being able to talk with ancestral spirits.*

Participant FM1 provides a view that: *It is the ancestors who advise ugobela and the mentee, that she or he is ready to practise, can work independently and refer only problematic matters to the mentor.*

Participant HM1 concludes by saying that: *I knew it because I had dreams like the three medicines, I was shown to help people with different problems.*

5.9 Summary of the findings

In the data that is presented, I found that learning takes place during the training stages of the three areas of traditional healing specialiations. See Figure 1:

Figure 1: The stages of becoming a traditional healer

Data presented has shown that there are learning variations that define the training, learning and completion stages of each of the areas of practice. Mentorship also plays an integral part in successful training. Also, the study found that there are generally three phases of the learning path: the calling stage, the initiation as well as the completion phase. However, the initiation phase has substages which are accepting the calling, identification of the mentors, training, and assessment. Herbalism presented a unique position that differs from all the other two, while also the faith healing has its own guiding principles, making each practice unique and being guided by its own professional practices. In presenting the data, I have come up with key themes which emanated from the thematic analysis that was conducted as shown in Figure 2 below:

Figure 2: The process of learning in the path of becoming a traditional healer:

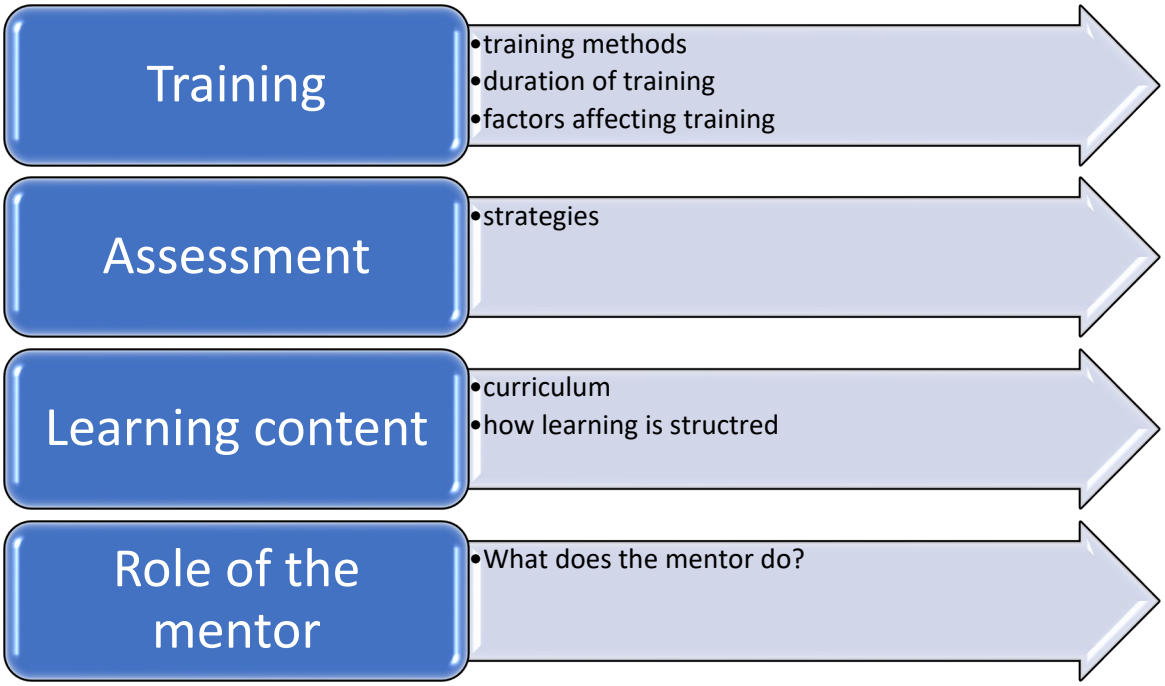

Table 1: Summary of traditional healers' responses

Similarities and differences in the stages of becoming a traditional healer.

	Diviner	**Faith healer**	**Herbalist**
How to become a traditional healer. (Pre-training stage). The calling.	• The student first experiences visions and dreams from ancestors. • Most often illnesses are key signs which guide the journey.	• Practice is handed down by previous family members that may have practiced. • The student first experiences visions and dreams from ancestors. • The second guiding factor is the spiritual guidance of a God-sent messenger *(isithunywa)*.	• Collaborative work with a practicing herbalist. • This can be a family member. • Acceptance of and handing over of *izikhwama* is the start of the journey. • This is also regarded as a gift from the ancestors. • Ancestral lineage also forms part of the earlier stages.
Training content	• Learning of humility before the ancestors. • Purification through steaming, washing in the blood of sacrificed animals, and the use of medicine. • Learn to listen and communicate with ancestors. • Learn to do readings for people who come for consultations. • Learn respect and teamwork. • Learn to throw the bones and experience trance-like states. Learn to do encryption and analysis of visions and dreams.	• The training involves prayer and divining. • The practical exercise is to find out the problem of the client through prayer and divining. • Heal through prayer. • Laying hands on patients. • Providing holy water. • Providing medicinal herbs.	• Learning occurs through observation. • The initiate observes how the experienced herbalist conducts his practice. • Identifying plants/herbs • Hunting animals. • Mixing herbs. • Administering medicines to sick patients. • Knowing the power of herbs.
Training method	• The student had to *memorise* all what is taught during period.	• Initiation is done orally and practically.	• *Observing the Mentor* • *Through instructions*

	• The student uses herbs every morning, bathing outside with cold water, smear body with *ibomvu* (red), stirs and shakes clay pot of *ubulawu* (medicine), abstains from sex, divining exercises where she must find hidden objects. • Routine and observation • Instructions from the mentor.	• Every morning the student stirs and shakes clay pot of *ubulawu* (medicine), drinks it and then washes her face. • The novice had to do physical and mental exercises and had to drink *ubulawu* which will enable her to see clearly when she divines.	• *Through collaboration / engaging other novices*
Curriculum and specialization	• It is prescribed by the ancestors through dreams. • The mentor dictates the training content	• It is prescribed by ancestors and God-sent messenger through dreams. • This specialisation is a gift.	• It is prescribed by the ancestors through dreams. • In the main, knowledge rests with the mentor.
Mentors' responsibility	• The mentor guides the learning process.	• The mentor guides the learning process.	• The mentor guides the learning process.
Assessment	The practical assessment includes: • divining exercise where the student had to find hidden objects.	Assessed on the preparation of: • a candlelight ceremony ILADI). • Blessed water/cleanser *(isiwasho)* • Throw shells and dices that carry digital numbers to do divining exercises.	Assessed on the ability to: • to mix herbs and cure. • Find herbs and animals
Healing power	Comes from an ancestral spirit.	Comes from God through contact with a spirit and an ancestral spirit.	Comes from an ancestral spirit.

5.9 Conclusion

This chapter presented the study's results that were obtained through interviews and by observation. The chapter has provided data that was analysed and thematically arranged to outline the key aspects that pertain to what defines learning and the process of learning on the path to becoming an African traditional healer, with a special focus on the learning of the diviner, the faith healer as well as the herbalist. Data presented reveals that three key stages inform the learning process: the calling stage, the learning stage as well as the completion or graduation phase. I have also presented that there is clear content of what is learnt, how it is learnt and how it is assessed. There was data from the participants that referred to accreditation. The findings showed several activities and procedures that are involved during the learning process to become an African traditional healer. These include practical exercises, the role of the mentor during the learning process, and the completion of the course. These results are discussed and explained in-depth in the next chapter which contains further discussion of the findings of this study, answers to the research questions which guided this study, and finally some recommendations.

CHAPTER SIX

Discussion and recommendations

6.1 Introduction

The previous chapter presented data that emerged from the study. The analysis found that there is evidence of learning in the process of becoming a traditional healer. The implications of the finding are discussed in this section. The results of this study will shed light on the understanding of learning of traditional healers. This research study explored the learning involved in the path of becoming a traditional healer in an African context. The discussions in this chapter are guided by these three research questions that this study aimed to answer.

iv. What learning is involved in the process of becoming an African traditional healer?
v. To what extent does learning vary in the learning paths of the different African Traditional healing specialisations?
vi. How does a mentor contribute to the process of learning of the initiate?

6.2 The calling stage: The divine influence

The results demonstrate that becoming a traditional healer has stages that one who is called is required to follow. I believe that this is an important finding as it suggests that traditional healing, follows a unique path that is not open to all but is for the chosen few. Research Question 1 sought answers on the type of learning involved, but the results show that there is a calling stage that precedes the start of the journey towards becoming a traditional healer. When analysing the data, I found that to correctly interpret that one is called, there is a certain amount of knowledge that is required in understanding what could be labelled as divine influence. Yen and Wilbraham (2003) state that what Africans experience from the call made by ancestors is cultural illness or ordinary illness which is constructed as a form of distress and is related to psychopathology such as anxiety, substance abuse, stress, and other social problems. The calling stage provides a reasonable and clear avenue to explore a learning activity. The results highlight that little is known about the calling stage because it needs: interpretation by an experienced practitioner and is not a practical activity that is exposed to ordinary interpretation. The finding on the stages of becoming a traditional healer at least hints that it all begins with the calling. A further argument is that accepting the calling on its own is

the beginning of the mastery of the practice that an initiate carries as a personal experience that would be used when he or she starts practicing. However, Edwards (2004) warns that actions (by the called initiates) that are contrary to the calling are regarded (in the world of ancestors) as a rebellion that could cause ailment and misfortune.

The calling is a sign that is hidden and instinctual as it has the inclusion of an element that involves ancestral possession, instruction, and guidance. It may involve visions of a spiritual journey, or it could be the dreams, and sometimes intuition where the initiate experiences the connection with the soul. This stage requires an understanding and the possession of indigenous and superior knowledge of ancestral and spiritual mysticism to be able to interpret and identify that one is indeed called to become a traditional healer.

This is the first stage in the journey that the initiate learns to appropriate meaning to situations that occur before one begins the training stage to become a traditional healer. Reading from the data that has been presented, one can safely say that the first stage in learning involves appropriating meaning to a particular situation that befalls an individual, having personal experience of the feeling, beginning consultations with traditional healers to seek a solution, and being guided in the process to accept the calling. I argue that becoming a traditional healer does not arise from the interest in the practice but is due to heeding to ancestral or spiritual call to begin the sacred journey to ascension into a new life. This experience leads to a change in behaviour (Pintrinch & Schunk, 2002). This suggests that one does not plan for traditional healing practice, but it is the contextual factors and a new worldview that provides reasons to decide and accept the calling. In contributing to the learning discourses in the training of traditional healing, it can be argued that the choice to become is not voluntary and that is in heeding a call (as the first stage of learning) to become a traditional healer. Accepting the ancestral call or the spiritual call indicates learning that is not based on any theory but on learning based on cultural, personal, and practical experiences.

6.3 Training stage: and the nature of learning

The results lead to a reasonable conclusion that training of a traditional healer, begins at the time when the initiate accepts the calling; the diviner and the faith healer are the best examples that fit this conclusion. The same could not be said in the case of the herbalist. In herbalism, training occurs continuously as the novice herbalist shadows the experienced practicing herbalist. This conclusion suggests that there are variations in content, procedure, and the process of training amongst the three practices. From this finding, there are notable variations

in the training of traditional healers, which is an answer to Research Question 2 which sought to explore learning variations. Key to the data is that learning occurs when initiates maintain and keep to the routines that are prescribed by the requirements of their practice. In analysing the data, I found that there are procedures as well as core functions associated with the learning and training of initiates. The initiates declared that when all these routines are mastered, they contribute immensely to their knowledge base and ascension to higher levels of knowledge acquisition. In the case of the novice diviner, it can be said that learning occurs when the mentor provides guidance on the procedure and the potential outcome of a learning activity that they are involved in.

6.4 The methods used for training

It can be argued that training involves demonstration as well as the giving of instructions by the mentor. From the results, one can reasonably conclude that the training stage begins from the moment the initiate enters the calling stage and continue to graduation and may extend to a period beyond graduation as the novice practitioner continues to consult with the mentor to improve his/her performance in his/her respective practice. The study further revealed that the initiation starts with a process of using herbs every morning, bathing outside with cold water, smearing the body with *ibomvu*, abstaining from sex, dancing the diviner's dance, and subsequently slaughtering of the goats. This training method assists the novice to do physical and mental exercises, where novice initiates must find hidden objects, learn meditation and learning the phase of going into séances. The novice has to memorise all that is required during the divining period, and this demands the intervention of the ancestor's spirits (Schunk, 2004). During the learning process, the mentor is constantly observing the behaviour of the novice which is expected to change over time (Pintrinch & Schunk, 2002). When the mentor is satisfied with the changes, the novice goes through the *ukunqwambisa* ceremony for graduation (Gumede, 1990).

Literature distinguishes six critical areas that resonate with what defines an African traditional healing practice for diviners: 1) Divination *(ukubhula)* using the 'bones' *(ukuhlola)*, a collection of natural articles that are thrown onto a mat and jointly 'read' by healer and the client (Hammond-Took, 1989; Cumes, 2004). 2) Knowledge of medical herbs and animal's products, together with an environmental ideology of the source of their power (Hirst 1997). 3) Knowledge of ancestors *(amadlozi)* and the methods used to communicate with them *(ukuphahla)*. 4) Knowledge of ancestral spirit, together with the ritual used to heal through

their agency *(ukufemba)*. 5) Experience and knowledge of *(ingoma)* expressed through singing, dancing, drumming, and 'trance' of the dancers (Janzen, 1992). 6) The relationship of *ugobela* (mentor) and *ithwasa* (initiate) in the school *(esigodlweni)* (van Binsbergen, 1991). The study also showed that the system of divination is acquired through experience. The initiates discover learning on their own through active involvement with concepts and principles (Bruner et al., 1956). A mentee may practice with several clients and the outcomes will be corrected or criticised by the mentor. In such cases, the client may decide the mentee's session was not up to the required standard and the mentor will take over.

The results from the faith healing practitioners suggest that their initiation teaching is done orally and practically. Learning of this kind requires active mental processing on the part of the learner. This means that different types of tasks require different cognitive processes (Reid, 2005). The initiate is given knowledge and asked to reproduce what they have learnt (Meesing, 2004). The healing power is believed to come from God through content with a spirit that is a combination of the holy spirit and an ancestral spirit. The strength of faith healing practice is through prayer *(ukuthandaza)* and partly *ukubhula* (divining). There was no evidence from the data which suggests the specific activities that are involved during the learning process, however, the messenger of God under normal circumstances communicates with *ugobela* about the activities that should be done during the learning process. The practical exercise is to find out the problems of the client through prayer *(ukuthandaza)* and *ukubhula* (divining) and thereafter present the outcome immediately to the client. When the mentor is satisfied with the extent of accuracy which is normally confirmed by clients, the initiate can graduate (Gumede, 1990). This validates that their training can be measured by observing behaviour. Marton and Booth (1997) regard this type of learning as a direct result of experience or practice that leads to a change in behaviour. They also believe that behaviour can be altered by results such as positive or negative feedback and rewards or punishments (Pintrinch & Schunk, 2002).

It is worth discussing this interesting fact revealed by results that the herbalist acquires learning through experience. This means that each novice herbalist gives rise to his own rules and mental models through experiencing things and reflecting on those experiences (Bruning et al., 1999). Learning is the process of adjusting a learner's mental models to accommodate new experiences (On Purpose Associates, 2001). This type of learning allows the novice herbalist to start with a complex problem and work out to discover the basic skills required to solve the problem (Bruner et al., 1956). The results confirm that the herbalist has never attended the formal training to become a traditional healer (*inyanga*), however, he had a persistent dream in

which he was shown three herbs *(umuthi)* for blind people, body cleansing, and body pains. He further claimed that his great-grandfather was the most famous traditional healer in the village. Truter (2007) explains that an *inyanga* spends a few years as an apprentice, however, the birth attendant apprenticeship could take up to 15 to 20 years of training. Hammond-Tooke (1974) argues that some herbalists obtain the skills of their profession by serving an eminent herbal practitioner.

It can be concluded that there is no evidence of formal training to become a traditional healer. It must be noted that this conclusion could be challenged as it is based on the researcher's knowledge of what training is or should be, based on Western knowledge. There seems to be some common knowledge amongst the participants that suggests some form of "undocumented" standardisation of the training. Participants in the study concede that their career is as professional as Western medicine is. The reason brought forward is that at the end of the training, they are assessed on what they have learnt, however, there is no fixed period of training as in the training for Western medical practice which has prescribed times. Evidence in data suggested that all content involved the training of initiates and ways to communicate with ancestors in different forms during the training session. Results suggest that in their training, there is no formal curriculum design like that of a formal institution. The curriculum is only prescribed by the ancestors. The implication is that the ancestors give instructions to the mentee through dreams, and they will be conveyed to the mentor.

6.5 The role of the mentor in the learning process

A similar pattern in Turner (1968) states that *ugobela* serves as a guide through the process since the instructions are predominately executed by the ancestral powers. Research Question 3 sought to explore the role of mentors in the learning of initiates. The *ugobela* (mentor) is a guide through the process. The participants justified their initiation to become a traditional healer by declaring that to be a traditional healer is not the choice of an individual, but the ancestors decide to choose who (amongst the family members) becomes a traditional healer. The ancestors are a determining factor, and the instructor is the driver of the processes that are conveyed through vision to the initiate. The mentor is there only to provide guidance.

6.5.1 Faith healer *(umthandazi)*

The study showed that initiation teaching is done orally and practically. The initiates are given knowledge and asked to reproduce what they have learnt to the mentor. Pintrinch and Schunk (2002) argue that learning and knowledge can be measured by observing the number of correct

answers. The healing power is believed to come from God through contact with a spirit and ancestral spirit. Healing power which is derived from God and the ancestral spirit could not find expression in analysis using constructs of key theories. This points to some of the weaknesses of Western knowledge and its inadequacy in explaining African spirituality. A possible area of further research is the role of African spirituality in the training of traditional healers.

Findings suggest that the mentor moves from a complex problem to discovering the basic skills of divining. For example, every morning the initiate must do physical and mental exercises, stir, and shake his clay pot of *ubulawu*, drink it, and then wash his face. The foam enables him to see clearly when she divines (Gumede, 1999). The mentor must observe the behaviour of the initiate and accept those processes to eventually understand how the initiate engages in the learning process such that this learning process may be enhanced (Gage & Berliner, 1988).

The study found that respect is fundamental to the teaching and learning of the initiates. Veneration and listening to the message sent to the mentee are of paramount importance. Respect is of prime importance in the learning process to become a faith healer. The teaching tools used during the learning process include the use of incense *(impepho)*, blessed water *(isiwasho)*, red and white candles, shells, and dices that carry digital numbers. It emerged from the study that the initiate acquires knowledge through experience.

6.5.2 Herbalist *(Inyanga)*

Results show that in herbalism, there is no sacred place where tuition normally takes place. The curriculum is primarily prescribed by the ancestors through dreams and other means of communication. Herbalists claim that since they did not have formal learning, they tried to overcome their exclusion from the formal systems to ensure the standard of their education remained high. The Traditional Healers' Organisation has made an effort to issue certificates of registration and competence. The Traditional Healers' Organisation argues that *inyanga* must be ethical and they must be encouraged to treat ill people with dignity.

The content of the training is not formally recorded as in the school curriculum, but it is a gift from ancestors which is generally communicated to the initiate through dreams. This is another example where African spirituality is seen in the training of traditional healers and this cannot be adequately explained using Western knowledge. There is a need for traditional healing practices to be taught either at school or at the tertiary level to promote and preserve African indigenous knowledge (IK). This suggestion has some implications; experienced traditional

healers can be employed to teach in schools or universities as in the case of Brazil (De Carvalho & Flórez-Flórez, 2014). The medium of instruction must be isiZulu or any African language. The lessons could be oral and practical.

6.6 Assessment of traditional healers during training

6.6.1 *Isangoma* (diviner)

Results suggest that diviners undergo practical assessment in their career. The practical assessment includes analysing dreams, encryption *(ukubhula)*, mixing herbs, and diagnosing illnesses using bones. This assessment is conducted to determine the extent to which learning has occurred using the six critical areas of learning that have been presented in literature. I reiterate that, in this field, learning is acquired through experience and conclude that assessing the initiates could assist the initiates to improve the basic skills of divining, so that the traditional healers would enjoy a considerable amount of status and that their work is highly respected in their communities (Van Rensburg, Fourie & Pretorious, 1992).

6.6.2 Faith healer *(umthandazi)*

The practical assessment of a faith healer is more or less the same as that of a diviner. The difference comes when they do divining exercises. The faith healer believes more in prayer and divining than mixing herbs. That is why their assessment is mainly based on prophesying. However, it is not clear that the mentor sometimes gives the initiate divining exercises where she must find hidden objects as one of the assessments, which could be used to measure the behaviour of the initiates during the learning process. A possible area of further research is the role of African spirituality in the learning process of traditional healers.

Learning is acquired through experience. The assessment of the initiate is to prove competence so that by the time the initiate leaves the sacred place, she or he is ready to provide good services to the community with confidence and in a professional manner. Foxcroft, Paterson, Le Roux, and Herbt (2004) argue that the reasons offered were that tests lay out the structure in sessions with clients and are useful in providing baseline information, which can be used to evaluate the impact of training, rehabilitation, or psychotherapeutic interventions.

6.7 Completion of training

The results suggest that the training period is not prescribed but depends on the guidance of the ancestral powers. As mentioned earlier, the first stage is the calling which is generally initiated

by the ancestors, and so is the completion stage. Also, once all the requirements are met and the final fee has been paid, the initiate is released from training and the ceremony is arranged because learning to beat drums and sing is part of training in preparation for *uMgidi* (dance). Once the mentor is happy with the changes in behaviour after all the practices, the initiate goes through *ukunqwambisa* ceremony he or she can become a qualified traditional healer, but all these depend on the date specified by ancestors. However, one participant gave a different view regarding the completion of training. He argued that the training is 5-6 years, depending on the readiness of the initiate and their families. He also said the ancestors and *gobela* give an indication through tests and after the final fees have been paid.

6.8 Summary of the study

This study explored the learning processes involved in becoming an African traditional healer. The study looked at the literature regarding the contribution to learning processes provided and acquired at the sacred places of the three types of traditional healing practices and found that there is very little is known about how they learn to become a traditional healer. The study was conducted with practicing African traditional healers in KwaZulu-Natal. The study was limited to Black African people who had direct or indirect encounters with traditional healing practices. The participants were selected and recruited for their prospective contributions to traditional healing practices using semi-structured individual interviews. The participants were from three different types of traditional healers: *isangoma*, *inyanga*, and *umthandazi*. The participants were three mentors and one mentee. The study followed a qualitative research approach. The study's results show that constructions of traditional healers portray them as having difficulties in training. The participants used their personal experiences of traditional healing to form knowledge constructions during the learning process. They explained how they were called, the role played by the ancestors, the mentor, and the importance of compliance to become a traditional healer.

6.9 Implications of the study and recommendations

As a black African in KwaZulu-Natal, I find it important to investigate how one becomes a traditional healer and the learning processes involved to be a qualified traditional healer. Literature provides some in-depth explanations regarding the education and training of the traditional healer. These studies show that a traditional healer in South Africa is someone who has gone through a period of initiation under a traditional healer, who has undergone rigorous and complex training and has completed external courses. Although there seem to be no formal

programmes relating to learning and instructions on becoming a traditional healer, there is still a well-functioning non-formal traditional healing educational and training structure in place.

6.10 Recommendations for further research

Based on the findings of this study, it is evident that the learning processes involved to become an African traditional healer are influenced by numerous factors, including illnesses, dreams, and religious beliefs. An *isangoma* becomes a healer after experiencing illness, dreams which are interpreted as the calling of the ancestors. *Izangoma* can communicate directly with the ancestors or indirectly through the throwing of bones. Their special power of prophecy enables them to differentiate between ancestral illnesses and non-ancestral illnesses and their relative treatment.

Herbalists *(inyanga)* are not chosen by the ancestors like the *sangoma*, and they do not have mentors and a sacred place, but become *inyanga* because of the knowledge of traditional herbs and medicines. They often accept referrals from diviners (Ngoma, Prince & Mann, 2003). *Izinyanga* acquire extensive knowledge of magical techniques but do not possess supernatural power. They do have the power to authorise medication for ordinary ailments and diseases, lessen misfortune and disaster, safeguard against witchcraft misfortune, and promote good fortune fulfilment. On the other hand, results show that faith healers *(abathandazi)* undertake training before practice. They join the Christian religion. Zabow (2006) and Truter (2007) claim that they belong to either mission or African churches. Their healing power is believed to come from God trance-contact with the holy spirit and ancestral spirits (Truter, 2007).

6.10.1 What are recommendations for future research?

While this study has assisted in providing an understanding of the learning involved in the path of becoming a traditional healer in an African context, it has also called attention to other areas of potential research.

A. An investigation of the relationship between the traditional healers' learning process, their curriculum, and the teaching methodology. In the interviews conducted with the initiates, the initiates often talked about the way they were called by their ancestors to become traditional healers. The interviews with the mentor and mentee showed that they often narrated how their life journey influenced their career choice and how they interacted with their ancestors. Curriculum and methodology were not a focal points

within this study, but they emerged from the findings, and they would be interesting areas for further research.

B. An expansion of this research to focus on how perceptions of the learning process to become a traditional healer impact the learning context. Ancestral spirit has come up as a key issue in this study and it would be interesting to explore this further.

C. A perception of On Purpose Associates' behaviorism learning theory within the learning process context. All the initiates expressed how being part of the learning process to become a traditional healer impacted hugely on their worldviews. It would be interesting to focus specifically on this journey within the framework of behaviourism learning theory.

6.11 CONCLUSION

The findings of this study suggest that most of the participants had become traditional healers after experiencing illness, dreams which were later interpreted as the calling of the ancestors for one to become a traditional healer. It was found that once you feel you have a calling; you are taken through a process to determine if this path is for you or if there is other work that must be done. Most of the participants indicated that some specific signs and symbols are disclosed to the person being called. These signs and symbols are consistent and may also present or reveal themselves through divination or directly through dreaming state or daily life activities. They also revealed that someone is called to *ukuthwasa* because you have someone in your ancestral lineage that was a *sangoma* or *inyanga* when they were alive. They have chosen you to carry on or pick up the bags and keep the culture alive for the benefit of their communities, the preservation of our traditional culture, and the healing of our community.

The study also revealed that most people want to know how soon they can graduate and start their practice as soon as they are initiated. The study also showed that in all three learning processes, the training takes as long as the ancestors and spirits decide it will take. In the *sangoma* traditional training, the time is unknown and is determined by ancestors, while the herbalist maintains that to them it is a gift from and a practice that is learnt through observation and shadowing a seasoned herbalist. The faith healing practice combines God-sent messages and the will of the ancestors. It is the goal and responsibility of uGobela to follow the protocols of the process so that the initiates are in alignment with the process.

The study also showed that indeed there is learning involved. While learning is not standardised, but there are stages that are well known across all practices, and there are referrals

of patients across the fields of practices, suggesting that traditional healers are not practitioners that specialise in healing all illnesses. The understanding of an African cultural practice in the face of Western knowledge is fundamental and requires further exploration. We have evidence that learning happens across all practices. Also, the methods of training vary from observation to instruction. There are ways in which learning is assessed. Initiates are given tasks to perform in the presence of the mentor. The patients also give feedback to the mentor on the accuracy of divination (as one example). This study finds that it is necessary to develop and empower traditional healers in South Africa. There is no evidence in the results that indicates how consumers are protected when they use medicines dispatched by traditional healers. The popularity of a traditional healer is one major identity that indicates his worth in society.

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APPENDICES

APPENDIX - A INTERVIEW QUESTIONS

The key research questions that this study seeks to answer:

SECTION A

THE LEARNING PROCESS TO BECOME A TRADITIONAL HEALER.

1. How did you become a traditional healer?
2. What are the learning processes involved in the path of becoming an African Traditional healer?
3. What are teaching methods involved in the learning process?
4. What are the relevant curricula prescripts that inform the teaching approach?
5. Is the learning process informal or formal?

SECTION B

THE CHOICE OF SPECIALISATION

1. What informs Traditional healer's choice of specialization?
2. How do Traditional healers know that they are ready to practise?
3. How did you know that you have a calling?
4. What did you do after you had realised that indeed you have a calling?
5. What are the signs of becoming a Traditional Healer?
6. How do you choose Isigodlo (sacred place/ Training Institute (Isigodlo)

SECTIONC

THE LEARNING PROCESS.

1. What do you learn at sacred (isiGodlo)?
2. How do you learn?

3. What are teaching tools that are used to make the teaching possible?
4. How is your learning assessed?
5. How do you choose the outfit suitable for your calling during training session?
6. How long is the learning process?
7. When do students become observers during consultation?
8. How long is the observation session?

SECTION D

THE ROLE OF THE MENTOR.

1. Who is your mentor?
2. How did he/she become your mentor?
3. What is the role of the mentor?
4. What do you think your mentor did not do in contribution to the learning process?
5. Do you think your mentor's role was of an acceptable standard?
6. Does the prospective Traditional Healer's remunerate their mentors?
7. How is the mentor remunerated?

SECTION E

COMPLETION OF THE LEARNING PROCESS

1. How long is the Training Process?
2. How do you know that you are ready to practice?
3. When do the students begin to work independently and refer only problematic cases to the mentor?
4. When do you feel that you have learned enough, and you are ready to leave your mentor and establish your own practice?
5. After you have completed and left Isigodlo, how do you choose your site of practice?

APPENDIX B – GATEKEEPER'S INFORMED CONSENT FORM

GATE KEEPER'S INFORMED CONSENT FORM

THE TRADITIONAL HEALER: ESIGODLWENI.

School of Education, College of

Humanities, University of KwaZulu-

Natal, Pietermaritzburg Campus

25 March 2019

13 Somerset Road

Bisley

3201

Dear Sir/Madam

Re: Request for permission to conduct an educational study at the institution (lsigodlo)

The aim of this communication is to request the institution (lsigodlo) to grant permission to conduct an Educational study in the institution (Isigodlo). My name is Muziwendoda Patrick Mdletshe; master of education student at the University of KwaZulu-Natal, school of Education, Pietermaritzburg campus. I have submitted the proposal to the University of KwaZulu-Natal and it has been accepted, provided remedial revisions are made. That has been done and resubmitted to the panel to do recommendations and review my proposal oral presentation.

The location of study is in Pietermaritzburg, KwaZulu-Natal. Three training institutions for training of African Traditional Healers will be visited.

The title of my research project is: *Learning processes involved in becoming an African Traditional Healer*. The main focus of the research project is to explore learning processes involved in becoming an African Traditional Healer: the case study of three practicing Traditional Healers in Pietermaritzburg, KwaZulu-Natal.

Isigodlo has been identified as a suitable site of research for this project in order to yield data that will assist us to understand learning processes involved in becoming Traditional Healer.

The data will be presented in a user-friendly way that makes sense to the reader. Interviews will be recorded and later transcribed. In my study, data will be analysed using the deductive approach and explain the learning processes involved in becoming a traditional healer. This approach entails that the research sets out with a clear set of concepts beforehand and use this framework to analyse data. Inductive data analysis will assist me to identify the multiple realities potentially present in the data.

The interviews would last approximately thirty minutes. Permission is sought to see the learning processes involved in the path of becoming an African Traditional Healer in the institution/Isigodlo. The interviews will be arranged and conducted with the students and the traditional healer. The next steps will be the document analysis. The completion of mentor interview, document analysis process will determine which participant to ask for an appointment to conduct interviews.

This process of data collection would not interfere with the day-to-day activities of the institution (Isigodlo). Appointments for interview will be scheduled to take at the time when the participants are not engaged in the daily activities of the institution. Prior to involvement in the study, participants signed a consent form agreeing to be part of the study and for the researcher to record the interview.

Please note that:

- The interviews will be recorded.
- The information collected would be kept in a safe place and would be destroyed 5 years later.
- I will be ensuring Healers' and Patients' confidentiality and that none of the privacy of the practice will be used or divulged.
- The participant will be asked to provide their names and signature on the consent form.
- I will have emphasized that participation is voluntary and that they are free to withdraw at any time without any consequences.
- Participant's involvement is only for academic purposes only, and there are no financial benefits involved.

I can be contacted at: Mdletshe47@gmai.com, cellular number: 0824797459, or 0722705999. You may also contact my Research Supervisor, Doctor Jeffrey Siphiwe Mkhize: at E-Mail address: Mkhizes@ukzn.ac.za and cell: + 27 826749829. OR +27

31 2608065.

Thank you for your participation in this research.

Kind Regards

_____

Mr. M.P. Mdletshe

APPENDIX C - OBSERVATION SCHEDULE

Structure of an observation schedule

1.I will observe location of the Institute (Isigodlo)

2.Environment around the institute

3.Sacred place of practice

4.Amathwasa's daily routine

5.Type of outfit during training session

6.How do they learn

7.Amathwasa's practical sessions

8.The role of the mentor

9.The manner in which they are taught

10.The manner in which they assist patient**.**

APPENDIX – D – DECLARATION BY PARTICIPANTS

DECLARATION by the participants

The main objective of the study is to explore the learning processes involved in becoming an African Traditional Healer in KwaZulu-Natal.

It was interpreted to me ----------

(Full name of participant) that I could withdraw from the study or participating answering any question that I feel uneasy responding to. I understand that my name will not utilised in the research and that I will remain anonymous.

I agree to participate in the interview for this research study.

I have been given the researcher's details.

Participant's signature

Date.

APPENDIX – E – GATEKEEPERS INFORMED CONSENT FORM

GATE KEEPER'S INFORMED CONSENT FORM

THE TRADITIONAL HEALER: ESIGODLWENI.

School of Education,
College of
Humanities,

University of
KwaZulu-Natal,

Pietermaritzburg
Campus

25 March2019

Dear Sir/Madam

Re: Request for permission to conduct an educational study in the institution:(Isigodlo)

The aim of this communication is to request the institution (Isigodlo) to grant permission to conduct an Educational study in the institution (lsigodlo).

My name is Muziwendoda Patrick Mdletshe, Master of Education student at the University of KwaZulu-Natal, school of Education, Pietermaritzburg campus. I have submitted the proposal to the University of KwaZulu-Natal and have been taken into consideration provided remedial
Revisions are done. That has been done and resubmitted to the panel to do recommendations and approval.

The location of study is in Pietermaritzburg, KwaZulu-Natal. Three training institutions for the

training of African Traditional Healers will be visited.

The title of my research project is: Learning processes involved in becoming an African traditional

Healer. The main focus of the research project is to explore learning processes involved in

becoming an African Traditional Healer: the case study of three practicing Traditional Healers in Pietermaritzburg, KwaZulu-Natal.

lsigodlo has been identified as a suitable site of research for this project in order to yield data that will assist us to understand learning processes involved in becoming Traditional Healer.

The data will be presented in a user-friendly way that makes sense to the reader. Interviews will

be recorded and later transcribed. In my study, data will be analysed using the deductive approach and explain the learning processes involved in becoming a traditional healer. This approach entails that the research sets out with a clear set of concepts beforehand and. use this framework to analyse data. Inductive data analysis will assist me to identify the multiple realities potentially present in the data.

The interviews would last approximately thirty minutes. Permission is sought to see the learning

processes involved in the path of becoming an African traditional healer inthe institution/lsigodlo. The interviews will be arranged and conducted with the students and the

traditional healer. The next steps will be analysis. The completion of mentor interview, document analysis process will determine which participant to ask for an appointment to conduct interviews.

This process of data collection would not interfere with the day to day activities of the institution (lsigodlo). Appointments for interview will be scheduled to take at the time when the participants are not engaged in the

daily activities of the institution. Prior to involvement in the study, participants signed a consent form agreeing to be part of the study and for the researcher to record the interview.

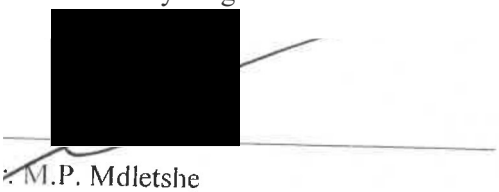
Please note that:

- The interviews will be recorded.
- The information collected would be kept in a safe and would be destroyed 5 years later. I will be ensuring Healers' and Patients' confidentiality and that none of the privacy of the practice will be used or divulged.
- The participant will be asked to provide their names and signature on the consent form.
- I will have emphasized that participation is voluntary and that they are free to withdraw at any time without any consequences.
- Participant's involvement is only for academic purposes only, and there are no financial benefits involved.

I can be contacted at: mdletshe47@gmail.com, cellular number: 0824797459 or 0722705999. You may also contact my Research Supervisor, Doctor Jeffrey SiphiweMkhize: at E-Mail address: mkhizes@ukzn.ac.za cell: 27 .826749829 or 031 2608065.

Thank you for your participation to this research.

Kindly Regards



M.P. Mdletshe

STRUCTURE OF THE OBSERVATION SCHEDULE

I. I will observe location of the institute/lsigodlo.
2. Environment around the institute
3. Sacred place of practice
4. Amathwasa's daily routine
5. Type of outfit during training session
6. How do they learn
7. Amathwasa's practical sessions
8. The role of the mentor
9. The manner in which they are taught
10. The manner in which they assist patient.

DECLARATION by the participants

The main objective of the study is to explore the learning processes involved in becoming an African Traditional Healer in KwaZulu-Natal.

t was interpreted to me ---Joice Shelembe---

(Full name of participant) that I could withdraw from the study or participating answering any question that I feel uneasy responding to. I understand that my name will not be utilised in the research and that I will remain anonymous.

I agree to participate in the interview for this research.

I have been given the researcher's details.

06 July 2019

Date.