SIYATHWASA THINA: TOWARDS THE FORMALISATION OF XHOSA TRADITIONAL HEALING THROUGH ART PRACTICE

By

PUMLANI LENNOX MBANYA

Submitted in accordance with the requirements
For the degree of

Master of Visual Art

in the subject of
ART

At the

University of South Africa (UNISA)

SUPERVISOR: PROFESSOR NOMBEKO MPAKO

DATE: February 2025

DECLARATION

Name: **Pumlani Lennox Mbanya**

Student number: 47619406

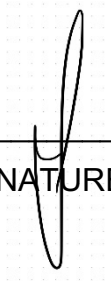
Degree: **Master's of Visual Arts**

SIYATHWASA THINA: TOWARDS THE FORMALISATION OF XHOSA TRADITIONAL HEALING THROUGH ART PRACTICE

I declare that the above dissertation is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

I further declare that I submitted the dissertation to originality checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.



SIGNATURE

FEBRUARY 2025

DATE

DEDICATION

I dedicate this document to my late grandfather, Mr Velile Mbanya, whose life as a practising traditional healer deeply influenced this journey. His legacy continues to inspire me

ACKNOWLEDGEMENTS

I would like to express my heartfelt gratitude to my family for their unwavering support and understanding throughout my journey to acquire this qualification. A special mention goes to my grandfather, Mr Velile Mbanya, whose life as a practising traditional healer deeply influenced this journey. His legacy continues to inspire me.

I am immensely grateful to my colleagues for their insistence that it was imperative I complete this work, and for their willingness to lighten my workload. Your support has been invaluable.

To the traditional healers who became my friends and informants, thank you for opening your doors and sharing your knowledge with me. Your contributions, even when some questions remained unanswered, were crucial to my research.

I owe a debt of gratitude to my supervisor, Professor Mpako (Izotshokazi). Your encouragement and guidance were instrumental, especially after the loss of my late wife. Your long calls and firm guidance motivated me to persevere.

Thank you to my institution, WSU, for funding my studies. Without this support, pursuing my degree would have been impossible in this economic climate.

Lastly, I thank my catalogue designer, Mr Sello Mahlangu and editor, Mr Samuel Nayimuli, for their professional contributions to this research project. Your expertise and final touch helped bring my work to life.

ABSTRACT

This research investigated the possibility of harmonising Western medicine with traditional African healing practices. It sheds light on their similarities and calls for a complementary role rather than an oppositional role between the two. It asserts that the indigenous Xhosa healers who attained their healing skills through the process of *ukuthwasa* undergo transformative training for a period of time, under the supervision of a qualified traditional healer, called *Igqirha* in isiXhosa and *Isangoma* in isiZulu. *Ukuthwasa* is both an isiXhosa and isiZulu term, and it refers to the transformation process traditional healers undertake and means “spiritual emergence” or “to emerge as a healer”. *Siyathwasa Thina* means “we are called to practice as healers through spiritual emergence”. The study examined the historical and cultural dynamics that have shaped the perceptions of healing in Africa, arguing that traditional healing, which is often overlooked by proponents of Western medicine, has deep roots in African culture and has for centuries historically served as the primary healthcare source for many African communities. The study employed autoethnography as both a theoretical framework and methodology, while phenomenology served as an analysis tool, enabling the researcher to weave personal narratives into the academic discourse. It culminated in an exhibition that showcased the works of practising artists, whose works extol the indigenous knowledge system. An exhibition entitled "Vumani…Siyavuma", was a visual manifestation of *ukuthwasa* practice, illustrating the spiritual emergence process and the cultural significance of traditional healing. The research advocated for a more inclusive approach to healthcare that honours the rich traditions of healing of indigenous communities and the global peripheral cultures, while embracing Western medicinal advancements.

KEY TERMS:

Xhosa Traditional Healing; *Ukuthwasa; Intwaso; Nandipha Mntambo*; Jane Alexander; Phenomenology; Autoethnography

ISISHWANKATHELO

Olu phandolwazi luphande ukuba nokwenzeka kokudityaniswa kwamayeza aseNtshona kunye neendlela zokunyanga zesintu zaseAfrika. Lucacisa ukufana kwezi ndlela zimbini zokunyanga kwaye lubonisa ukusebenza kwazo ngokuhambelanayo kunokuchasana kwazo. Luchaza abanyangi besintu abangamaXhosa abathe bazuza isakhono sabo sokunyanga ngokwenkqubo yokuthwasa abafumana uqeqesho lwenguqu kangangexesha elithile phantsi kweliso lomnyangi wesintu oqeqeshiweyo obizwa ngokuba liGqirha ngesiXhosa aze abe siSangoma ngesiZulu. Ukuthwasa ligama lesiXhosa nelesiZulu, kwaye libhekisa kwinkqubo yenguqu eyenziwa ngabanyangi besintu kwaye lithetha “ukuzalwa ngokutsha ngokwasemoyeni” okanye “ukuba ngumnyangi”. USiyathwasa Thina uthetha ukuthi “sinobizo lokubangabanyangi ngokuzalwa ngokutsha ube ngumnyangi ngokwasemoyeni”. Olu phandolwazi luphicothe iinguqu zembali nezenkcubeko eziye zakhokela iingcamango zokuphilisa eAfrika, ezixoxa ukuba ukunyanga kwesintu, okuhlala kungahoywa ngabaxhasi bokunyanga kwaseNtshona, okunemvelaphi enzulu kwinkcubeko yaseAfrika kwaye kudala kwiinkulungwane zembali kusebenza nanjengomthombo ophambili wokunakekelwa kwezempilo kwiindawo ezininzi zaseAfrika. Olu phandolwazi lusebenzise indlela yophandontyilazwi apho abaphandilwazi basebenzisa amava abo obuqu ukuqonda imicimbi yezentlalo (i-*autoethnography*) nanjengesikhokelo sengcingane kunye nesikhokelo sophando, ngelixa uphandolwazi ngokwamava oluntu kwezentlalo lusebenze nanjengesixhobo sokuhlalutya, esivumela umphandilwazi ukuba adibanise amabali akhe kwintetho neengxoxo kwezemfundo. Lufikelele kwinqanaba lomboniso obubonisa imisebenzi yamagcisa asebenza ngezandla, anemisebenzi yawo ephakamisa inkqubo yolwazi lwemveli. Umboniso onesihloko esithi "Vumani…Siyavuma", ibingumboniso obonakalayo womsebenzi wokuthwasa, obonisa inkqubo yokuzalwa ngokutsha ngokwasemoyeni kunye nokubaluleka kwenkcubeko yokunyanga ngokwesintu. Olu phandolwazi belukhuthaza indlela ebandakanya ngakumbi ukhathalelo lwempilo oluhlonipha izithethe eziphucukileyo zokuphilisa

uluntu lwemveli kunye neenkcubeko zamazwe asakhulayo ehlabathi, ngelixa lusamkela inkqubela phambili yamayeza aseNtshona.

AMAGAMA ANGUNDOQO:

Unyango lwesiNtu lwamaXhosa; Ukuthwasa; Intwaso; Nandipha Mntambo; Jane Alexander; Uphandolwazi ngokwamava oluntu kwezentlalo; Indlela yophandontyilazwi apho abaphandilwazi basebenzisa amava abo obuqu ukuqonda imicimbi yezentlalo

KAKARETŠO

Nyakišišo ye e nyakišišitše kgonagalo ya go kopantšha bongaka bja Bodikela le mekgwa ya setšo ya phodišo ya Afrika. E fa tshedimošo ka ga ditshwano tša tšona gomme e šišinya karolo ya tlaleletšo go e na le karolo ya kganetšo gare ga bobedi bjo. E tiišetša gore dingaka tša setlogo tša Mathosa tšeo di fihleletšego bokgoni bja tšona bja go fodiša ka tshepedišo ya *ukuthwasa* di tsenela tlhahlo ya phetogo ka nako e itšego, ka fase ga tlhokomelo ya ngaka ya setšo yeo e nago le maswanedi, yeo e bitšwago *Igqirha* ka Sethosa le *Isangoma* ka Sezulu. *Ukuthwasa* ke bobedi lereo la Sethosa le Sezulu, gomme le šupa tshepedišo ya phetogo yeo dingaka tša setšo di e dirago gomme e ra gore “go tšwelela ga semoya” goba “go tšwelela bjalo ka ngaka”. *Siyathwasa Thina* e ra gore “re bileditšwe go hlahlwa bjalo ka dingaka tša semoya”. Nyakišišo e sekasekile mafolofolo a histori le setšo ao a bopilego ditemogo tša phodišo mo Afrika, e bolela gore phodišo ya setšo, yeo gantši e hlokomologwago ke bathekgi ba kalafo ya Bodikela, e na le medu ye e tseneletšego setšong sa Afrika gomme ka mengwagakgolo historing e šomile bjalo ka mothopo wa mathomo wa tlhokomelo ya maphelo go ditšhaba tše ntši tša Afrika. Nyakišišo e šomišitše othoetenokrafi bjalo ka bobedi tlhako ya teori le mokgwa wa go šoma, mola fenomelotši e šomile bjalo ka sedirišwa sa tshekatsheko, go kgontšha monyakišiši go loga dikanegelo tša motho ka noši polelong ya thuto. E ile ya feleletša ka pontšho yeo e bontšhitšego mediro ya borabokgabo bao ba dirago mošomo wa bokgabo, bao mediro ya bona e retago tshepedišo ya tsebo ya setlogo. Pontšho yeo e nago le sehlogo se se rego “Vumani...Siyavuma”, e be e le ponagatšo ya pono ya mokgwa wa *ukuthwasa*, yeo e bontšhago tshepedišo ya go tšwelela ga semoya le bohlokwa bja setšo bja phodišo ya setšo. Dinyakišišo di thekga mokgwa wo o akaretšago bohle wa tlhokomelo ya maphelo wo o hlomphago ditšo tše di humilego tša phodišo ya ditšhaba tša setlogo le ditšo tša lefase ka bophara tša ka thoko, mola o amogela tšwelopele ya kalafo ya Bodikela.

MELAWANA YA BOHLOKWA:

Phodišo ya Setšo ya Sethosa; *Ukuthwasa*; *Intwaso*; *Nandipha Mntambo*; Jane Alexander; Fenomenolotši; Othoetenokrafi

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

CHAPTER ONE: INTRODUCTION AND CONTEXTUAL BACKGROUND

This research argues for harmonising Western medicine and healing with indigenous African healing practices. It sheds light on the similarities between the two and calls for ways to use the two to complement each other. The opposition came about because of the fact that Western healing and medicine are scientifically studied and tested in laboratories before they are declared safe. On the contrary, indigenous African medicine and healing are condemned for not undergoing a similar empirical process for the confirmation of their potency and safety. The research is concretised with the exhibition of selected extant artists whose works encapsulate the narratives of the spiritual experience of translational African healers among the Bantu people.

> Medicine is the science and Art of healing because it is based on knowledge gained through careful study and experimentation. It is an art because it depends on how skilfully doctors and other medical workers apply this knowledge when dealing with patients (World Book Encyclopaedia 1992:306).

This notes that among the Bantu people, traditional healers who attain their healing skills through the process of *ukuthwasa* undergo transformative training for a period of time under the supervision of a qualified traditional healer, called Igqirha in isiXhosa and Isangoma in isiZulu. *Ukuthwasa* is both an isiXhosa and an isiZulu term (two of the four ethnic groups of the Nguni people of Southern Africa). It refers to the transformation process traditional healers undertake and means “spiritual emergence” or “to emerge as a healer” (Booi & Edwards 2014:3).

Within most African cultures, it is understood that a traditional “healer must undergo a profound and often disorienting process of personal transformation” Booi & Edwards 2014:4). The authors further assert that the training traditional healers undergo:

> It’s not like going to medical school and learning information and techniques, although information and techniques are involved. But individuals must be changed in the way they

> experience the world and others, and in the process learn to attune to realities that transcend space and time (Booi & Edwards 2014).

Before the colonisation of the African continent, African people were dependent mainly on traditional healers for their health and well-being. However, when the colonisers came, the they brought with them their ways of life, which resulted in many African people abandoning their traditional practices and adopting the Western ones. As a result, many other indigenous and culturally accepted practices were eroded and dominated by the adoption of Western ways of life, and traditional healing was no exception. However, several pieces of literature argue that despite the now Western medicine and healing domination, traditional medicine still plays a crucial role in modern African societies' healthcare. This development can be attributed to various reasons including but not limited to the problems beyond their understanding (Cunningham: 1992); (Nene: 2009); (Hammond-Tooke: 1989); (Ntombela: 1998); Ngubane: 1977).

During colonisation, there was a treaty between the English and the Boers (*Boer* means "farmer" in Dutch and originally referred to early Dutch settlers in South Africa. "Afrikaner" is a newer term for their descendants who developed a distinct culture and language called Afrikaans.), and after the Boer war in 1902, they formed an Apartheid Government of the Union of South Africa. The 1913 Native Land Act became a law:

> The Act restricted black people from buying or occupying land except as employees of a white master. It opened the door for white ownership of 87 per cent of the land, leaving black people to scramble for what was left. Once the law was passed, the apartheid government began the mass relocation of black people to poor homelands and to poorly planned and serviced townships. No longer able to provide for themselves and their families, people were forced to look for work far away from their homes. This marked the beginning of socio-economic challenges the country is facing today, such as landlessness, poverty and inequality (South African Government, online 2022:1)

The traditional healers were directly affected by this 1913 native land act, to the point that they could not practice, as they did not have access to the land of their ancestors where they used to gather the herbs.

> The colonial medical apartheid paradigm denigrated traditional systems of knowledge and practices in favour of biomedicine, while the racial segregation of the apartheid system was concretized through urban spatial policies that were meant to create a healthy environment, void of noise and disease for Europeans through the herding of Africans into reserves and the appropriation of their fertile lands. This policy of segregation inordinately affected the health status of blacks and, alongside the underdevelopment of healthcare infrastructure, partly accounts for their low health status and for poor development indicators in South Africa's Eastern Cape Province (Ngambouk & Tabi 2020: 48).

Ngambouk & Tabi (2020: 47) have illustrated that Traditional medicine and Modern medicine as they explain that the two "became entangled and disputed through sites such as complex configurations of laws and discourses" (Flint 2008), including laws that banned traditional medicine in South Africa through the Suppression of Witchcraft Act (enacted in 1895; amended in 1957). This act banned the spiritual side of traditional healing practices because it was perceived as witchcraft (Ashforth, 2005) and, by implication, the use of herbs as medicines, since both are vital to the practice of traditional medicine.

Efforts have been made towards recognising traditional medicine alongside Western medicine by the World Health Organization (WHO). However, the full adoption of this attempt is still to be seen. This study questions whether there could be an amicable way for these practices to complement each other in a ways that will allow equal recognition of the simultaneous applications. This question becomes relevant because, in present-day society, there are still many black African people who believe more in traditional healers than in Western doctors. Thus, this study argues that formalising traditional healing could legitimise its knowledge and skills through scientific verification.

The study employs phenomenology and autoethnography, both as theoretical and methodological frameworks, to underpin the researcher's lived experiences growing (1985-2010) up under the guardianship of his grandfather, who was a respected Igqirha (Xhosa traditional healer). This study includes the visualisation of the spiritual emergence (*Ukuthwasa*), various traditional healing processes and medicines in an exhibition entitled "Vumani Siyavuma" [(https://acrobat.adobe.com/id/urn:aaid:sc:EU:c9d55275-5846-4a73-8680-07249aefd52e) link to the catalogue]. The exhibition seeks to showcase the spiritual emergence journey from the acceptance of the calling right through to graduation or emerging to become an Igqirha/healer, through to practising as a traditional healer. Finally, this research is set in the Eastern Cape region first because it is the researcher's home province, where he grew up, lived, and worked. He is familiar with Xhosa customs and culture, hence the use of autoethnography as part of the methods. The researcher currently lives and work in East London, but was born in Komani, South Africa, in the surrounding rural area of the Eastern Cape, where he grew up observing his grandfather, who was a traditional healer.

In the general layout of the dissertation, Chapter One introduces the study and presents a cohesive argument, beginning with contextual background to the aims and objectives, then introducing the proposed theoretical framework, artistic influences, and the methodology, as well as the significance of the study. Chapter two presents the literature review and theoretical framework supporting the study's argument. The literature review presents the twin effects of colonialism and apartheid in South Africa on African cultural practices and heritage, and discusses traditional healing and its role in modern African society. It reviews research on various accounts of *intwaso'*s manifestation, its progression from the prerequisites and how one obtains training until graduating as *Igqirha* (traditional healer). The study is situated within phenomenology, both as the theory and as the methodology of data collection, analysis and interpretation, and is unpacked in the theoretical framework section of Chapter Two. This section explains how

phenomenology is used as a theory, whereas in Chapter Three, phenomenology and ethnography are presented as data collection methods and autoethnography as a method of analysis and interpretation.

Chapter three first presents the artistic influences and how the selected artists' works have been used to frame both the conceptual and creation processes of the artworks emerging from this research. The second section of this chapter articulates this study's methodology, which includes Phenomenology and ethnography as the data-collection processes that informed this research, and autoethnography as the method for analysing and interpreting emerging data.

Chapter four is a discursive analysis and an interpretation of the data gathered. The field data, mostly phenomenological, is then connected to the concrete exhibits produced by the selected exhibiting artists, whose works encapsulate the healer's spiritual experience within the community under study. Thus, the resulting data is complemented by the material exhibits, thereby lending credence to the seemingly ephemeral and elusive nature of the data from this research. The visuals from the exhibition, which constitutes part of this research study, are supported by two South African Artists who are regarded as cultural custodians of Indigenous knowledge systems and practices towards preserving African cultural identity and heritage. Chapter five is the conclusion and reflects on the researcher's art practice, his artistic development during this study, and his academic development as a researcher. It coherently refers to each section/chapter, validating the significance of this study. Finally, this chapter also recommends some solutions and further follow-up studies to consolidate and expand the argument this study espouses.

1.1 THE STUDY'S RATIONALE

The traditional healing system was the first science and art of healing in Africa. Makgobi (2015:24) asserts that "traditional African religion had existed for many centuries before the arrival of Western Christian missionaries and Western

political expeditions on the African continent in the 19th century. Many Africans became Christians not by choice but via intimidation". Ashforth's (1991) article highlights that the systematic cultural and traditional disruptions—exacerbated by colonial manipulation, marginalization, and violence—played a crucial role in displacing Africans from their ancestral, lands. She alluded that the destruction of social and spiritual cohesion made indigenous populations more susceptible to colonial policies of land seizure and forced removal. The event of the cattle-killing exemplifies how colonial powers exploited cultural upheaval to legitimize and facilitate dispossession, and how collective memory continues to shape post-colonial identities and struggles. The tale of Nongqawuse illustrates how systematic cultural and traditional change led to the forcible eviction of Africans from their ancestral fertile homelands. The 1913 Land Act and other apartheid structural acts also contributed to misplacing African people from being able to practise their traditional and cultural practices.

> In many parts of apartheid South Africa, an African child had to have a 'Christian' name before she or he could be enrolled at a primary school. This is where many African children were introduced and 'converted' to the Christian religion (Makgobi(2015:24).

Nonetheless, it is also worth mentioning that other African people became Christians by choice (Nigosian 1994). Despite what the colonial rulers and the apartheid regime intended, forced Westernisation and conversion did not result in Africans' total renunciation of their traditional African religion, practices and healthcare system. As a result, many Africans still use the services of both the traditional and Western health care systems. Indeed, many Africans simultaneously practice both Western and traditional African religions.

> The colonial authorities and, subsequently, the apartheid government imposed a Western worldview on the people of South Africa without an attempt to determine the validity of the African worldview on issues such as traditional African healing and traditional African religion/spirituality, which are in most cases, mutually interwoven (Mokgobi 2015: 24).

Before colonisation, beliefs were usually connected with spirituality, and they always believed in a supreme God, referred to as uQamata in the isiXhosa language and ancestors (izinyanya). According to Mokgoobi (2015:25), ancestors are situated higher than the living in the realms of existence.

> The ancestors are 'living-dead', compassionate spirits who are blood-related to people who believe in them. The ancestors continue to show an interest in the daily lives of their relatives who are still alive (Van Dyk, 2001). They are superior to the living and include, amongst others, departed/deceased parents, grandparents, great-grandparents, aunts and uncles. These spirits, because they have crossed over to the other side of life, act as mediators between the living and God Mokgoobi (2015:25).

Traditional healers build a network between ancestral spirits and people and are the keepers of African tradition. In the Xhosa community, traditional ceremonies can be performed without the input of a traditional healers, who help to direct how a particular ceremony must be conducted in accordance with the requirements of the spiritual realm.

While colonialism and the apartheid regime brought about belief changes to the African society, they however, did not manage to transform all African people. For example, several modern people never stopped consulting traditional healers. This happens even if people have already adopted Western ways of healing. This study, therefore, argue for the harmonisation of Western type medicine with traditional healing. During the COVID-19 pandemic, most African people used several traditional herbs, and it is believed that this is what saved most of them from dying, as was the case in most Western countries. While no real study that I know of was published, however, the published statistics can be held as some kind of evidence.

1.2 AIM AND OBJECTIVES

The main aim of this study is to demystify the claim that African traditional healers and their herbs are inferior to Western counterparts because they do not undergo the Western scientific process to ensure the potency and safety of their medicinal

practices. This research therefore calls attention to the fact that traditional healers go through a significant and usually well-constructed (arguably scientific) training process. The efficacy of their practice is validated by scientific advancement, as observed in the relics of ancient African civilisations. Specifically, the study investigates how traditional African and Western forms of healing can be consolidated to complement each other. To concretise the phenomenological nature of the research data, the research showcases the practices of African traditional healers (amagqira), whose practices encapsulate the essence of holistic healing.

Accordingly, traditional healers who train through the *ukuthwasa* process undergo a transformative period of training under the supervision of an accomplished traditional healer, "Igqirha", for a considerable amount of time. The aim of this study is to establish the African people's belief in the reliability of traditional healing practices and to call for the integration of traditional African healing practices with Western medicine and practice. Its purpose is to present similarities between traditional healing procedures and Western-oriented medicine and to suggest ways these methods can be used together to complement each other.

1.3 THE PROPOSED THEORETICAL FRAMEWORK

According to Yüksel & Yıldırım (2015), “several well-known philosophers, like Kant, Hegel, Heidegger, and Husserl, employed phenomenology in a variety of ways in their studies … we can use it to refer to first-person moral experience. Immanuel Kant originally introduced the term "phenomenology" in 1764, and it is derived from the Greek word "phainein", which means "to seem". Because the phenomena are formed by a cognitive subject, that is a human being, “Kantian phenomenology is founded on constructivism”. The study is set within phenomenological methodology as both theory and data collection process. This is because phenomenology extracts significant and relevant people's lived experiences in explaining how the phenomenon under scrutiny manifests itself.

Thus, the researcher's lived experiences growing up under the care of his late grandfather, who was an indigenous healer, not only equipped him with authentic fundamental knowledge but also facilitated a better understanding of his informants during the data collection process. In phenomenological research, participants' experiences of a phenomenon are examined. A reconstruction and interpretation of one or more key life events is the foundation of a phenomenological theory and data collection method.

> In order to achieve greater clarity, the analysis frequently calls for the "phenomenal meaning" to be tied to the "objective meaning", although the attention is always on the meaning of the item exactly as it is. An old-fashioned illustration can help to clarify this distinction. A person may view a picture and declare it ugly, while another person may declare the identical painting to be lovely. The painting will exhibit all of the phenomenal characteristics of ugliness for person A and all of the phenomenal characteristics of beauty for person B. However, from a phenomenological standpoint, there is no assertion that the picture is in and of itself beautiful or ugly; rather, what matters is that it is present for the experience and an accurate account of that presence (Giorgi 1997:237)

In addition, Giorgi (1997:238) asserted that "experience" has a clear definition in phenomenology. Husserl (2019) argues that the key purpose of consciousness is to show objects to us. He refers to this presentation function as "intuition," which denotes common forms of awareness rather than anything romantic or mystical. Giorgi (1997:238) further argued that Husserl defines experience as the intuition of "real objects", that is, those things that are in space and time, are governed by causality, and are so present in everyday perception, such as tables, rocks, and cars. Since there is already a wealth of literature on Xhosa cosmology and *intwaso*, using phenomenology helps when examining questions or concerns regarding the procedures and processes of *intwaso* and juxtaposing them with Western training for healing. *Intwaso* is a term in isiXhosa that refers to a traditional initiation or rite of passage, often associated with an ancestor's calling of an individual to become a Traditional African healer. It typically involves various cultural and spiritual training and ceremonies that signify a transition from novice healer to an indigenous healer. Mokhutso (2024) supported the above by citing

Booi 2004, who defines *ukuthwasa* not as an illness but as a process of becoming a traditional healer.

This study's use of phenomenological theory is significant because it examines how *ukuthwasa* functions as a uniquely individual experience. There is a fallacy arising from Western medical research that merely views the *ukuthwasa* process as a kind of schizophrenia. In summary of van der Watt et al. (2021) article, it explores the role of indigenous healers in sub-Saharan Africa, focusing on the Xhosa cultural context in South Africa, where ukuthwasa-the calling to become a healer- is a significant spiritual and cultural process. They allude by stating Western Medicine often misinterprets this process, characterised by visions, somatic symptoms, and altered states of consciousness, as a psychotic illness such as schizophrenia. This has led to misconceptions about *the intwaso* process. This study argues that traditional healers who learned their healing techniques through the practice of *ukuthwasa* undergo a transformative training process for a while under the guidance of an experienced traditional healer, similar to the academic training through which Western healing and medical knowledge is acquired. *Ukuthwasa*, which translates to "spiritual emergence" or "to emerge as a healer", is a term used to describe the transformation process traditional healers go through. While Western medicine classifies *ukuthwasa* as schizophrenia, African Traditional healers call it *ukuzalwa ngokutsha,* meaning rebirth.

1.4 ARTISTIC INFLUENCES AND PRACTICAL WORK

The researcher embarked on the creative output through an immersive process deeply rooted in both personal experience and cultural engagement with Xhosa indigenous healing practices, specifically *ukuthwasa*. Inspired by the rich spiritual and cultural symbolism embedded in these healing rituals, the researcher drew upon his familial connections, most notably his grandfather, who was a practising traditional healer, to inform his artistic exploration. This connection provided an

authentic foundation for interpreting and visualising the transformative journey of spiritual emergence inherent in indigenous healing.

The works of art emerged as a practical response to the researcher's phenomenological inquiry into the lived experience of indigenous healers and their communities. One of the practical influences of the present work is a plaster cast Jane Alexander is a renowned South African artist whose work often explores themes related to violence, trauma, societal issues, and the human condition. One of her most iconic pieces, "Butcher Boys" (1986), is a large-scale sculpture installation that depicts faceless, uniformed figures dressed as butchers.

According to Mercer & Kobena (2013 the work of Alexander is the depiction of a group of men dressed as butchers, with their faces dehumanised, emphasising themes of violence, conformity, and the loss of personal identity. It symbolises the destructive capacity of violence and the ways in which societal and political systems devalue human life. It raises questions about morality, the human cost of violence, and the complicity of individuals within oppressive systems. The facelessness and uniformity serve to critique the loss of individuality and the moral disconnection that can occur in acts of violence sanctioned by authority.

Jane Alexander's work, "The Butcher Boys," is the idea I used to cast the hands and legs with the symbolic significance of *Intlombe Yamagqirha*. *Intlombe Yamagqirha* refers to the extravaganza that usually takes place when the *amagqirha* (traditional healers) meet, either to celebrate their practice or to celebrate a fellow member who has completed the *ukuthwasa* training process. This spectacle involves dancing to music, clapping hands, and drumming on traditional drums. The performance usually causes some healers to fall into a trance. Falling into trance, among the Xhosa and Zulu, is believed to be the act of the ancestors who have called the individuals to serve as healers, hence interpreted as a kind of schizophrenia by the Western perspective. The principal symptoms of trance are:

> …trembling, shuddering, horripilation, swooning, falling to the ground, yawning, lethargy, convulsions, foaming at the mouth, protruding eyes, large extrusions of the tongue, paralysis of a limb, thermal disturbances [. . .], insensitivity to pain, tics, noisy breathing, fixed stare, and so on (Rouget 1985: 13).

Jane Alexander's "The Butcher Boys" are a group of spectral figures that emerged from the artist's subconscious and now stalk the Western Cape's cultural landscape Mercer & Kobena (2013:82). Mercer & Kobena (2013:82) described this work as "strange, unsettling, and even gorgeous" and that "the foundation for this masterwork was provided by the exquisite contrast between beauty and horror". They further stated that:

> The Butcher Boys are the offspring of South Africa's fear and dismay during the Apartheid era. Extremely unstable ideology characterised the bizarre reality that gave rise to these beasts. The tranquil stances of the creatures, however, indicate the dim shining light of hope that was ever-present during the tyrannical dictatorship. Thus, there was some serenity within this terrifying universe. Their realistic poses pay homage to the ultra-realistic fashion movement (Mercer & Kobena 2013:83).

Their arms, head, legs, and torso are used to establish a physical connection with humans, as the hands and legs of the dancing healers do in my work. Thus, Alexander is used in this study to frame both the conceptualisation and creation processes. The concept of the dehumanisation process of these figures is analogous to the sidelining of the traditional healing process without valid authentication.

Nandipha Mntambo is a South African artist who creates sculptures, videos, and photography while focusing on the human body and the organic essence of identity. She primarily uses organic materials in her work. More wonderful than her idea is her creativity, which has inspired my creative process. One of her favourite materials for her creations is cow skin, which is frequently used to cover human bodies - boneless sculptures - and therefore suggests both the bodies that

formerly held living things as well as the clothing that may be put on at “pleasure in alternating fashion, breathing, masticating beings with four stomachs”. She does this by “influencing how her audience navigates the two sides of the hide”. Furthermore, Mntambo “enjoys playing with the tension between the attractive and the undesirable. Although she does not plan to create these sculptures, she uses her own body as the mould, a clear message of femininity. Instead, Mntambo “explores the gap between humans and animals, as well as the gap between attraction and repulsion, using these skins” (McIntosh 2008:2). My artworks provide an insider's perspective on the journey to healing through divination as well as the untold stories of *intwaso*.

1.5 RESEARCH METHODOLOGY

The data that informed this research were collected through direct observation, four key informant interviews, and focus group interviews, which elicited information from participants' lived experiences. The researcher also employed both phenomenological and autoethnographic methods to reflect on his personal experiences, shaped by his grandfather, a traditional healer, who had a significant influence on his upbringing. Analysing and reinterpreting this data yielded conceptual visual metaphors and artistic expressions. Symbols of Xhosa traditional healers' expression associated with *ukuthwasa* of *Amagqirha* and their functions, as represented by the healers who were the informants of this research, are infused into the emerging art forms.

This study is representative of all Xhosa healers, especially those who practice in the Eastern Cape. There are four different types of *intwaso* or *imvuma kufa, which* means acceptance of the calling, each of which must be treated differently and be guided by a unique mentor. These four are *Igqirha lomlambo,* directly translated to mean “the river healer”, *Igqirha lehlathi* “, the forest healer”, *Igqirha lolwandle*“, the sea healer”, and *Igqirha lomNdau,* in which the calling combines several wandering spirits, some in disarray and represents the oldest ancestral alliance. This means that these callings to healing are driven by ancestors

associated with different spirit realms. The concept of *Intwaso* in traditional healing practices reflects a rich cultural framework in which individuals are often called to specific healing roles based on their training, spiritual connections, and environmental contexts. The informants of this study also revealed and highlighted several important aspects of the *intwaso* phenomenon.

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

This Chapter presents a literature review of traditional African medical practices and the theoretical framework underpinning this study's argument. The argument this study makes is that traditional healing training involves a comprehensive teaching and learning process that is considerably "scientific", and that traditional medicine in Africa is an age-old practice that has proven effective. Therefore, the present study attempts to identify common ground for interaction and symbiotic use of both Western and traditional healing practices in Africa for effective spiritual, emotional, and physical healing. This information was verified in this study through phenomenology, both as a theory and as a method of data collection. Various sources informing this study attest that traditional healers undergo a lengthy and often perplexing process of personal development (Lumbsden-Cooke et al. 2006; Madamombe 2006; Edwards et al. 2009; Watts 2010; Naidu 2013). These sources claim that personal development is an important lesson traditional healers acquire throughout their training. Lumdsden-Cook, Thwala, & Edward (2006:129) further supported the lengthy training, stating that:

> To become an *Isangoma*, an individual receives a 'calling' from the ancestors who are believed to occupy the spirit world. It can happen at any point in life but is most prevalent during adolescence. It is commonly characterised by a period of possession (where animal characteristics may be assumed), and emotional disruption manifested through vivid dreams, headaches, perceptions of mental illness and even motor dysfunction. After the calling, a period of apprenticeship will follow under an established healer, although this training may commence many years later. In turn, it can last from several months to several years, culminating in total rebirth - *ukuthwasa*. The healer is considered an incarnation of the ancestors and is deemed able to communicate with the spirit world and universe at large (Lumdsden-Cook et al. 2006:129).

Thus, the phenomenological approach was employed through both the researcher's and the informants' lived experiences because it unpacks the most

important aspects of the numerous life experiences involved in *ukuthwasa* and the acquisition of traditional healing processes.

The literature review also unpacks the undermining of African indigenous people's cultural practices by the colonisers from the West, and subsequently the apartheid regime that prolonged the socio-cultural hegemony of the West over South Africa. It argues that Western imperialism, like the apartheid regime in South Africa, discouraged black Africans continentally and in South Africa from practising their traditional healing and religious practices. Various propaganda were spread that undermined the African way of life, resulting in most African people rejecting their traditional cultural practices. The highlights of this are the undermining of the Indigenous knowledge system and their epistemic formation, the slave trade, the dehumanisation of African people through various discriminatory laws, stereotyping and many other practices of injustice. As a result, some African people shun their cultural heritage due to the colonial and apartheid repressive regimes. Many black South Africans disregarded their African religious beliefs after the missionaries, forerunners of colonialism, brought Western civilisation and the forced removal of blacks from productive land. This despising of cultural heritage was partially caused by the fact that, first, the missionaries referred to indigenous cultural practices as superstition, idolatry, and crude. The missionaries claimed that the Christian God is the only true God.

According to Mokgobi (2012), the colonial authorities and the apartheid government forced a Western worldview on South Africans without making any effort to assess the validity of the Africans' worldview on matters like traditional African religion and spirituality and traditional African healing. By summarising the history of apartheid and the Bantu education system, Democracy, 2024 validated Makgobi by stating that "the Western worldview was enforced through the introduction of a subpar Bantu education that aimed to persuade Black people to hate their own cultural customs and traditional system, among other things". Some individuals were perplexed due to the significant challenge of assimilating

into a new culture, which was occasionally required by law. As a result, many Africans in metropolitan areas turned to Western religion and medical technology, even though African medical practices were still sought. Those who wanted to pursue the traditional healing practice encountered various challenges, such as a prolonged period of training, living with a trainer/experienced traditional healer, and sometimes having to take leave from family responsibilities and work. As a result, traditional healing is not recognised as a legitimate means of acquiring the required expertise in modern society, specifically in modern medical practice. Individuals who accept the calling to become traditional healers as trainees must make sacrifices, which can result in some losing their jobs or in the training period being extended.

> Once the call is accepted, the initiates undergo training, where they are trained to divine and heal people. The duration of treatment is determined by the proficiency of the initiate to divine and healing people. The period of training involves the novice living with a traditional healer for an extensive period of apprenticeship with formal tuition in techniques and practices (Booi 2004:5).

According to Booi & Edward (2014), a traditional healer, Nomzi Hlathi (pseudonym), shared her experience of becoming a traditional healer, and revealed that her training started in about 1956, but her intwaso problem came up early. She was in and out of training due to her job and school obligations, and she began practising only in 1998, when she was 61 years old.

While this prolonged and extensive medical training is, in several ways, not different from Western medical training, where medical students attend universities to get training and advance their skills under experienced lecturers and mentors or supervisors, for traditional healers, it is made difficult because this process of healing is sidelined. This training in Western medicine also spans five to seven years of study, including two additional years of community service or internship. Experts in their disciplines, accredited academics, practising physicians, and philosophers serve as their mentors or lecturers/supervisors.

After their training, the new doctors take different paths in their medical careers. Some venture into owning their own practices as general practitioners; some work at both private and government hospitals; some venture into specialisation, which entails further study and training, and some conduct research for and at various organisations.

2.1 TRADITIONAL HEALING A SOUTH AFRICAN PERSPECTIVE

Naidu & Darong (2015:289) cited Kale (1995:1182), asserting that "traditional healers existed in South Africa before its colonisation by the Dutch in the 17th century". Kale (1995) points out the resilience and prevalence of traditional healing practices in the face of the introduction of modern medicine". Naidu & Darong (2015:289) further stated that despite the advancement of modern medicine, traditional healing continued to flourish in the region. Kale (1995: 1182) estimated the number of traditional healers to be 200,000 during that period, and that they significantly outnumbered the trained Western medical doctors, who were around 25,000 at that time.

This stark contrast in numbers suggests the significant role that traditional healers played in the healthcare landscape of South Africa at that time. The fact that traditional healers outnumbered medical doctors by such a large margin underscores the trust and reliance that the local population had on traditional healing practices. Overall, Kale's journal entry sheds light on the enduring presence and importance of traditional healers in South Africa's history and healthcare system, showcasing their resilience and effectiveness in providing healthcare services to the population alongside, and sometimes in competition with, modern medical practices (Kale 1995:1182).

The preceding South African colonial and apartheid rule, which gave rise to Western imperialism, colonialism, and apartheid eras, caused many South Africans to frown at their cultural traditions and heritage. This historical trend continued under the Democratic Government of South Africa, as many blacks/Africans continued to abandon their traditional religious convictions as they

had adopted colonial and Western civilisation. The role of traditional healers in the Xhosa community is examined in Mokwena's study (2016: 46), which presents the significance of their role in delivering medical care to Xhosa communities, as well as their use of conventional drugs and spiritual practices.

Mokwena (2016) also discusses the difficulties traditional healers confront in contemporary culture, including prejudice and a lack of acceptance by the Western medical community. He further claims that this is due to the violent governments and cultural modifications that were used to subjugate and enslave Africans. Many Africans could not learn about their ancestors' customs, resulting in gaps in their knowledge of their culture's past. Most Africans lived in cities, towns, and farms, where Western culture had a significant influence on how they must think and behave. Due to its rich cultural past, Xhosa customs and values, the Eastern Cape province was chosen as the setting of this study. My interest in this region also stems from several factors, including that it is my birthplace, my familiarity with Xhosa culture and traditions, and the fact that I was raised by a traditional healer who used traditional medicines on me during my childhood.

2.1.1 The Significance of Traditional Healers in amaXhosa Society

In amaXhosa society, indigenous healers, known as *amagqirha*, play a vital role not only as spiritual practitioners but also as custodians of cultural, social, and political stability. Amagqirha are perceived as entities that connect the physical realm with the spiritual domain, serving as mediators who maintain the ontological balance of the community. Their role transcends healing; they are integral to the social fabric, guiding individuals and the community through spiritual, moral, and societal challenges.

Amagqirha are believed to possess a unique ontological authority, rooted in their ability to navigate and balance the spiritual and physical worlds. Through their spiritual calling (intwaso), they are thought to maintain harmony within the community by addressing spiritual imbalances that manifest physically or socially.

Their connection to the ancestors and the spiritual realm allows them to diagnose and treat ailments that are often regarded as spiritual or social in origin, such as conflicts, misfortune, or societal disharmony.

Traditional healers, as significant figures in Xhosa society, they are regarded as community members who offer physical healing as well as spiritual and emotional counselling. Peterson (2005:22) investigated the roles of traditional healers in primary healthcare. He talked about the ways that traditional healers offer medical care to these communities, including how they employ conventional medicine and can meet the spiritual and cultural needs of their patients. Peterson also discussed the difficulties faced by traditional healers in this situation, such as a lack of funding and acceptance by the authorities and the Western medical community.

These challenges most often have a political background where colonialism, apartheid, and Western civilisation have left roots of discrimination and segregation. A notable example of a victim of colonial manipulation is Nongqawuse, a traditional healer of the Xhosa people who lived in the middle of the 18th century. Her alleged involvement in the Cattle Killing Movement, which had a big impact on Xhosa's history, is what made her famous for bad reasons. Myth has it that Nongqawuse saw a vision from the spirits of her ancestors who promised to drive the British colonisers from Xhosa territory and bring back the Xhosa nation's prosperity if the Xhosa people slaughtered all of their cattle and destroyed their crops. The conquerors used the Xhosa's beliefs as an elaborate scheme to force them into servitude and employ them as slaves. Several scholars have since presented various speculative and conspiracy theories around this event. These include JJ Klaas (2023) in his recent book entitled "Triangle of One Hundred Years Wars", in which he traces events from primary sources, revealing that this story was the coloniser's self-constructed misrepresentation of facts, subsequently calling the affected African people "the victims of their own creation".

Many Xhosa traditional healers are still active in their communities today, offering direction and healing. They make use of a variety of conventional techniques, such as ritual sacrifice, herbalism, and divination. The significance of traditional healers in South African healthcare has recently come to light, and initiatives have been undertaken to strive to incorporate their methods into the authorised healthcare system.

2.1.2 Evolution of Traditional Herbs

Bradfield, 2025 article emphasizes that the oldest evidence of mixing plant ingredients for poison in southern Africa dates back around 7,000 years. This complex recipe involved combining at least two toxic plant compounds—digitoxin and strophanthidin—with evidence of a third toxin, ricinoleic acid, highlighting advanced knowledge of pharmacology and long-distance trade in ancient plant materials.

The use of traditional herbs elsewhere in the world and in South Africa dates back centuries, with indigenous groups relying on the natural flora for healing. In South Africa, plants such as Aloe ferox (*ikhala),* Sutherlandia frutescens/ Cancer bush (*Umnwele*), and Pelargonium reniforme (*Ikhubalo),* to mention just a few, have been central to traditional healing practices. Edward (2010) the broader explanation of the article highlights how indigenous healing in Southern Africa is deeply rooted in spiritual, cultural, and communal beliefs centered around ancestors and the interconnectedness of life. It emphasizes that healing is not just a physical process but a holistic transformation involving spiritual energies, ancestral reverence, and community participation. Practices such as rituals, sacrifices, storytelling, singing, dancing, and deep breathing are integral, fostering a sense of belonging, transcendence, and balance. The ancestors are believed to communicate through dreams and signs, guiding individuals and communities toward health, protection, and harmony. This worldview underscores the

importance of ancestral relationships, spirituality, and communal life in maintaining well-being.

Amagqirha/Sangomas possess extensive knowledge of these herbs, often passed down through generations, which they utilise for physical, spiritual, and emotional ailments. Benze & Wachtel-Galor (2011) alluded that:

> There are many different systems of traditional medicine, and the philosophy and practices of each are influenced by the prevailing conditions, environment, and geographic area within which it first evolved (WHO 2005), however, a common philosophy is a holistic approach to life, equilibrium of the mind, body, and the environment, and an emphasis on health rather than on disease. Generally, the focus is on the overall condition of the individual, rather than on the particular ailment or disease from which the patient is suffering, and the use of herbs is a core part of all systems of traditional medicine (Benze & Wachtel-Galor :2011:2)

In Addition, Benze & Wachtel-Galor (2011:3) explained, “Traditional Chinese medicine (TCM) is a significant example of how ancient and accumulated knowledge is implemented holistically in health care. Unlike in Africa, TCM has over three millennia of history. “Although there are numerous monographs on specific herbs and the accumulated and methodically gathered information on herbs has been developed into various herbal pharmacopoeias, the Devine Farmer's Classic of Herbalism is the oldest known herbal text in the world. It was compiled in China approximately 2000 years ago” (Benze & Wachtel-Galor 2011:3).

Benze & Wachtel-Galor (2011:5) also alluded to the fact that in most regions of the world, the development and mass manufacturing of chemically synthesised medications has transformed health care during the past century. Nonetheless, a sizable portion of the populace in underdeveloped nations continues to receive their main treatment from herbal remedies and traditional healers. They further cited that... up to 90% of people in Africa and 70% of people in India rely on traditional medicine to aid them with their medical needs. Approximately 40% of

all medical care in China is provided through traditional medicine, and over 90% of general hospitals in the country contain traditional medicine departments (Benze & Wachtel-Galor 2011:6).

South Africa, on the other hand, boasts of a rich heritage of traditional medicine, deeply interwoven with the cultural practices and beliefs of its communities. Traditional herbs have long been utilised by indigenous healers, "Amagqirha," for various ailments, promoting holistic well-being. In recent years, there has been a notable shift towards incorporating these natural remedies into mainstream healthcare, including pharmacies, reflecting a growing acceptance of herbal treatments alongside conventional medicine. Benze & Wachtel-Galor (2011:1) assert that traditional healing is founded on “the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, used in the maintenance of health and the prevention, diagnosis, improvement or treatment of physical and mental illness”.

Integrating traditional herbs into pharmacies represents a blending of ancient wisdom with modern healthcare practices. Factors that occasioned this shift include:

- **Perception of Herbal Medicine:** Farnsworth, (2005) highlithed that the traditional factors influencing the development of herbal remedies, there exists a widespread belief that herbal medicines, being derived from natural sources such as plants and roots, are inherently safe and free from adverse side effects. This perception stems from the understanding that because herbal remedies are natural, they do not disturb the body's systems or cause harm when used correctly, unlike Western manufactured drugs which are often associated with potential side effects.

- **Age-long Validation of Traditional Medicine:** As awareness of the efficacy of indigenous medicine grows, so does ts acceptance within broader society. Many South Africans trust herbal remedies, viewing them as a more natural and holistic alternative to pharmaceuticals. "Thus, the authentic African indigenous healer plays a vital role in health care where people accept and believe that nature, humans and spirits are not separate but are all within the world and use medicines to influence these forces on the physical, psychological and spiritual/transpersonal levels" (Sobiecki 2014:4).

- **Cultural Confidence in Traditional and Ancient Practices:** Another significant factor is the strong cultural belief among the Xhosa people in the value and efficacy of their ancient traditions. "The community's deep-rooted confidence in traditional healing practices and ancestral knowledge reinforces their trust and reliance on herbal remedies, often viewing them as more authentic and aligned with their spiritual and cultural identity" (Mkhize , 2014). This unwavering faith in ancestral traditions sustains the continued use and preservation of herbal medicine within the community, reflecting a profound connection to their cultural heritage.

- **Health Trends:** The global movement towards natural health remedies has influenced local practices. Consumers increasingly seek alternatives to synthetic drugs, prompting pharmacies to stock herbal supplements and remedies. This was supported by Benze & Wachtel-Galor (2011:8), who said that the "… use of traditional medicine is not limited to developing countries, and during the past two decades, public interest in natural therapies has increased greatly in industrialised countries, with expanding use of ethnobotanicals. In the United States, in 2007, about 38% of adults and 12% of children were using some form of traditional medicine".

- **Contemporary Research Validation of Herbal Medicine all Over the work:** Scientific studies have begun to validate the medicinal properties of various traditional herbs. This research underscores the potential benefits and safety of these remedies, encouraging pharmacies to offer them alongside conventional medicines.

The major use of herbal medicines is for health promotion and therapy for chronic, as opposed to life-threatening, conditions. However, usage of traditional remedies increases when conventional medicine is ineffective in the treatment of disease, such as in advanced cancer and the face of new infectious diseases. Furthermore, traditional medicines are widely perceived as natural and safe, that is, not toxic (Benze & Wachtel-Galor 2011:8).

- **Legislation and Regulation:** The South African government has implemented regulatory frameworks to ensure the safety and efficacy of herbal products. This has led to the establishment of guidelines for the cultivation, processing, and marketing of traditional herbs, making them more accessible to the public. WHO (2005) was quoted by Ngcobo, Nkala, Moodley, and Gqaleni (2011:60), stating that the regulations are drafted primarily to implement the National Policy on Traditional Medicine (TM).

South Africa has taken various initiatives to promote the regulation of TM (Traditional Medicine) and its practices. The national drug policy, which includes TCAM (Traditional and Complimentary Alternative Medicine), was developed in 1996. The Policy recognises the potential role and benefits of available remedies of TM in the National Health System. It is aimed at investigating the use of effective and safe TM at the primary level. It further stipulates (1) the investigation of TM for efficacy, safety and quality with the aim to incorporate their use in the national healthcare delivery system and (2) registration and control of marketed TM. Other initiatives include the establishment of two expert committees on African TM and CAM (Complimentary and Alternative Medicine) to advise the Medicines Control Council (MCC)" (Ngcobo, Nkala, Moodley, and Gqaleni 2011:60),

The future of traditional herbs in South Africa appears promising. As the global trend towards natural and holistic health grows, traditional herbs are likely to play an increasingly important role in the healthcare landscape. Collaboration between traditional healers and medical professionals can enhance the understanding and application of these natural remedies in clinical practice.

Furthermore, integrating traditional herbs into pharmacy settings can contribute to a more inclusive healthcare system where patients can access a broader range of treatment options. This holistic approach acknowledges the value of both traditional and modern medicine, ultimately benefiting patient care and health outcomes. Adopting traditional herbs in South African pharmacies already represents a significant shift towards recognising the value of indigenous knowledge in health care. By embracing these natural remedies, the healthcare system can offer a more comprehensive and culturally relevant approach to health and wellness.

2.2 INTWASO (THE CALLING) AS A JOURNEY

The Xhosa people, primarily found in the Eastern and Western Cape provinces of South Africa, have a rich cultural heritage that includes traditional healing practices. The traditional healers are often referred to as "amagqirha" (plural) and Igqirha (singular), and they play a significant role in the physical, psychological, and spiritual health of their communities. The trainee/novice is called *umkhwetha*". Young men and women are initiated into the world of ancestors' spirits and conventional healing throughout this process. During *ukuthwasa*, the trainee is trained and acquires knowledge to become a *igqirha* also known as an *inyanga*, or *isangoma* in other *Nguni* languages, of which *isiXhosa* is one.

In contrast with training of amagqirha, in University the formal training and skill development are priorities for Western medical professionals. It takes several years to prepare for them, and it takes even longer to gain experience in the

workplace. Professors, Western medical professionals, and philosophers with advanced knowledge provide the teaching from which the trainee doctors learn. The trained medical professionals, after completing their medical training, acquire work in government or private hospitals, and private or public research institutions hire some to carry out various research to improve the healing practice. Other individuals go on to manage their practices as general practitioners or specialists.

The *amagqirha* also employ a wide range of teaching and learning strategies, differently from formal university strategies. However, responding to summons from supernatural powers is the only way for someone who has a spiritual desire to become a Traditional Healer to do so. Thus, for them, it is the call, not a choice, to practice as traditional healers. One undergoes training only if it is proven that he/she is called to become a traditional healer, and the trainees are also referred to as *abaguli* (patients) and *umguli* (patient). Like all other illnesses that are difficult for Western medical professionals to diagnose, *intwaso* (calling) also lands in the hands and capabilities of traditional healers. It is believed that an ancestral calling suggests a person's destiny to become a healer. These conditions are known as *intwaso*, which indicates that the patient is pursuing spiritual healing.

Once the patient's family has sought the advice of a traditional healer and it has been determined through consultation that the patient's illness is due to *intwaso*, the traditional healer gives advice on a way forward. The traditional healer's recommendations include diagnosing and consulting ancestors, which involves meditation. It is also believed that once an individual is chosen by his/her ancestor/s to undergo the training, he/she is usually directed to a particular healer referred to as *uGobela* in isiXhosa and *uGwebela* in isiZulu, meaning the spiritual guide/mentor from the verbs *ukugobela* or *ukugwebela*, both meaning to surrender yourself. Sometimes, the consulted healer’s advice would be to suggest another relevant healer with similar strength to the patient regarding the three types of callings (the river, forest or sea) healer.

When everything is cleared regarding the perfect mentor, one normally goes through an initiation procedure and an apprenticeship under the established healer before starting the path to becoming a traditional Xhosa healer, also known as an *iinyanga, igqirha,* or *isangoma* in isiZulu. Depending on the unique traditions and customs of the healer and their community, this process can vary greatly. Ntuli, Mkhize, and Mkhize (2016: 777) claim that the initiation procedure may include a time of seclusion during which the trainee/novice is instructed on the theories and procedures of Xhosa traditional healing. Learning about the application of traditional medications, methods of divination, and the interpretation of dreams and other spiritual experiences may all fall under this category.

According to Mavundla et al. (2015), the *ukuthwasa* procedure normally includes many steps, including isolation, purification, and training, where the novice spends some time away from society engaging in various purifying procedures like washing with traditional remedies and fasting from particular foods. The novices must also engage in spiritual communion with their ancestors through dreams, visions, and other means. The teaching of conventional healing methods and knowledge, including divination, herbal medicine, and spiritual healing, is a part of the *ukuthwasa* training phase. An experienced traditional healer who is the novice's mentor/guide usually provides this instruction.

As part of the apprenticeship, a novice healer may also be required to observe and help the seasoned healer as they deal with clients, as well as take part in other rites and ceremonies, including sacrificing animals for forebears. It is believed that Xhosa traditional healers receive spiritual direction and assistance from their ancestors and other spiritual beings in addition to practical instruction. This can be seen in the significance of ancestor worship and intergenerational transmission in Xhosa traditional healing methods (Mbiti 1991). According to Mavundla et al. (2015), the *ukuthwasa* procedure is a significant aspect of Xhosa culture and is essential to the upkeep and preservation of traditional medical

healing procedures. They also point out that the procedure has faced criticism in recent years, with some detractors contending that it maintains societal inequality and damages gender stereotypes Mavundla et al. (2015). In the training and mentoring process, a Traditional Healer (igqirha) communicates with his or her ancestors and those of the patient, seeking spiritual help with the training process. If connections are successful, the trainee is known as *umkhwetha* in isiXhosa and is assisted in studying herbs and healing in a practical manner, without reference to written theory or history, but from oral guidance also based on the lived experiences of the mentor (phenomenological process).

2.2.1 Types of Healers and Specialisations within the *Intwaso* process

The *intwaso* process is governed by several established protocols, from identifying the healing direction a novice trainee should follow regarding the three types of healing guided by the consulted experienced mentor. These are:

- **Forest Healer*(igqirha lehlathi)*:** Specialises in healing practices related to plants and the natural environment of rituals associated with forest.
- **River Healer(*igqirha lamlambo):*** Focuses on the medicinal and spiritual significance of water bodies, utilising resources and rituals associated with rivers.
- **Sea Healer(*igqirha lakomkhulu):*** Engages with marine resources and coastal spiritual practices.
- **Amandau or Izihlwele (hoard) Healers:** These combine several wandering spirits, some in disarray. This type combines all the different environmental dimensions. Their objective is to balance and find the equilibrium state of the spirit so that the host *thwasa/igqirha* can communicate these diversified elements of the spirit world effectively. This type is revered as communicating with the Apex of the spiritual world; hence, they use red ochre to acknowledge and represent the heaviness of carrying several different spirits.

The other healers mentioned above use white ochre, which resonates with the peaceful attainment of an individual spirit.

2.2.2 The Training Processes

Traditional healing "*ukuthwasa"* or *"intwaso"* means to be enlightened (Mbiti 1991). This process is considered a calling and is often initiated after the individual experiences a series of unexplained physical or psychological symptoms, dreams, or visions, which are interpreted as ancestral spirits (izinyanya in isXhosa and *amadlozi in isiZulu*) calling them to the healing profession. The general overview of the *intwaso* process as outlined by Mbiti (1991):

I. **The Calling (*Ukubizwa*):** The journey begins with the "calling," which can manifest itself as illness or troubling dreams that do not respond to conventional treatments. These experiences are believed to be messages from the ancestors.

II. **Acceptance of the Calling:** The individual must accept his/her calling to become a traditional healer, as resistance to the calling is thought to lead to continued illness and misfortune.

III. **Finding a Mentor (*uGobela*):** The individual, or the called one, seeks out an experienced healer who will become his/her mentor/teacher or guide. The mentor assesses the *called one* and, if he/she agrees to take him/her on, will guide them through the training process, which involves guidance from the called individual's ancestor/s.

IV. **The Initiation (*Ukuthwasa*):** The initiation involves a period of intense training, which can last anywhere from several months to several years, depending on the ancestral spirits' requirements and the individual's progress. During this time, the *ithwasa* lives with his/her mentor, learning through direct instruction, observation, and participation in healing sessions.

V. **Learning the Craft (*Ukufunda*):** The *ithwasa* learns about different healing methods, including the use of medicinal plants (herbs), divination, dream interpretation, and the diagnosis and treatment of illnesses. They also learn about the importance of ancestors, rituals, and the moral and ethical responsibilities of being healers.

VI. **Seclusion (*Ukumamela ithongo*):** In some cases, the *ithwasa* may undergo a period of seclusion, which is a time of intense personal transformation and communication

with the ancestors (the spirit world). This might involve staying in a secluded hut or a specific place away from everyday community life.

VII. **Graduation (*Umkhapho or Ukuphothula*):** When *Gobela* deems that the training is complete and the ancestors are satisfied, the *ithwasa* is sent back home in a graduation ceremony that often includes slaughtering a beast, dancing, drumming, and singing to honour the ancestors and celebrate the *ithwasa's* acceptance by the ancestral spirits.

VIII. **Integration and Practice:** After graduation, the new healer begins to practice and integrate into the community as *Igqirha*. They continue to honour their ancestors and maintain the traditions and practices they have learned.

It is important to note that the *intwaso* process is deeply personal and can vary greatly from one individual to another. The specific practices, rituals, and duration of the training can differ depending on the mentor's traditions and the guidance of the ancestors. The role of the mentor (*igqirha*) in guiding the chosen or called individual is very fundamental to the whole process of *ukutwasa*. This mentorship is essential for ensuring that the being developed healer is properly initiated and understands the cultural and spiritual responsibilities of their roles during and post-training. The transfer of knowledge is practical and involves experimentation with various aspects of attainment of knowledge up to becoming a healer. Thus, the practices surrounding *Intwaso* reflect a broader understanding of health and spirituality in many indigenous cultures. Healing is often viewed not simply as a physical process but as a holistic one that encompasses emotional, spiritual, and environmental dimensions.

A very important aspect the trainees are taught is the process of cleansing the homestead should the indigenous healer or trainee pass away during the practice, either as a trainee or qualified *igqirha*. This entails the transfer of knowledge, medicines, and personal items (such as *intwaso* regalia) upon the death of a healer, which signifies a deep respect for the lineage of healing practices. These items are disposed of or passed on to the specific environment (forest, river, or sea) associated with the healer's specialisation, ensuring that their spirits and knowledge continue to influence future practitioners and to avoid *inkathazo,* referring to misfortune within the family after the death of a healer.

The other role of a traditional healer training is multifaceted. It includes responsibilities such as healing physical and mental illnesses, providing guidance on spiritual matters, interpreting dreams, protecting against witchcraft, and maintaining the balance between the spiritual and physical world.

2.3 INTEGRATION OF TRADITIONAL HEALING IN THE MODERN HEALTHCARE SYSTEM OF SOUTH AFRICA

“Despite its centuries-old roots, South African traditional medicine is still widely utilised today, with an estimated 80% of the population using it. With the recent passage of the Traditional Health Practitioners Act 35 of 2004, it has gained a new position in government, adapted to changing circumstances, and withstood persecution by hostile administrations” (Guma & Nokgoatsana 2020:1). Traditional healing methods and Western medicine coexist in South Africa, creating a distinctive healthcare environment that captures the nation's rich cultural variety. The training process for traditional healers and a rite of passage are essential components of traditional healing. Significant concerns regarding cultural sensitivity, effectiveness, and teamwork are brought up by incorporating traditional healing into the official healthcare system. The importance of the *Intwaso* process is examined in this study, along with the advantages and disadvantages of integrating traditional healing methods within South Africa's healthcare system.

Several obstacles exist in incorporating traditional healing into South Africa's official healthcare system. The absence of standardised training and regulation in traditional healing techniques is one of the main obstacles. It is challenging to create consistent standards of practice and quality assurance procedures because traditional healing differs greatly from one healer to another, unlike Western medicine. World Health Organisation requires all countries that practise Traditional Healing to start regulating the sector per WHO guidelines. Sibanda & Mothibe (2019:11) cited the South African government’s strides of 2007 that “The Traditional Health Practitioners Act (THPA) of 2007 established a regulatory

framework for traditional health practitioners (THPs), including their registration, training, and practice standards". Despite these efforts, challenges remain, such as the reluctance of Traditional Healers or Practitioners to register due to mistrust and lack of clear guidelines.

Sibanda & Mothibe (2019:9) further cited that… dual health-seeking behaviour, where individuals use both traditional and modern medicine, is common. Research in (African Traditional Medicine (ATM) focuses on validating the efficacy and safety of traditional remedies, often derived from medicinal plants. Collaboration between conventional health practitioners (CHPs) and THPs, though essential, is hindered by differences in medical paradigms and mutual mistrust.

Another challenge is the scepticism and misunderstanding among some Western healthcare professionals regarding the efficacy of traditional healing methods. Without scientific validation and evidence-based research, there is a reluctance to embrace traditional healing practices within the healthcare system fully. Cultural sensitivities also present a challenge in the integration process. Traditional healing is deeply rooted in cultural beliefs and practices, and any integration efforts must respect and honour these traditions while ensuring that patient care remains at the forefront.

Despite the aforementioned integration challenges, integrating traditional healing practices into South Africa's healthcare system offers numerous benefits. According to Ahmed et al. (2023), traditional healers frequently operate as a community's initial point of contact, especially in rural areas in Africa where access to Western healthcare facilities may be restricted. Swihart, Nanga, Yarrarapu, and Romaine (2023) through a focus on recognising and working with traditional healers, the contemporary healthcare system can increase access to care and improve service delivery's cultural competency. Additionally, traditional healers' holistic healing method enhances Western medicine's biological model,

offering a more thorough and patient-centred approach to healthcare. Collaboration between traditional healers and Western-trained healthcare professionals can lead to improved health outcomes, especially in areas such as mental health, chronic disease management, and palliative care.

Naidu & Darong (2015:294) provided text that discusses the experiences of I*zangoma* nurses in South Africa, who are trained through both Western and indigenous healing training. Despite their dual expertise, they often face challenges integrating their cultural knowledge and healing practices within the Western-dominated hospital environment. The narratives of Sister Jabu and Sister Mpume by Naidu & Darong (2015:295) highlight their innate desire to help people, which led them to pursue nursing to reach and assist more individuals. However, they find it difficult to use their indigenous healing skills in Western medical settings.

Their text suggests that nursing programs should incorporate cultural dynamics into their training, especially in regions like KwaZulu-Natal, with a significant population of isiZulu-speaking individuals. This inclusion could enhance healthcare practices by promoting cultural understanding, respect, and trust between nurses and patients, potentially improving medical adherence. This is because the unique knowledge and experience of *Izangoma* nurses, which is rooted in Zulu culture and spiritual beliefs, often places them in conflicting situations within the hospital setting. The recommendation from Naidu & Darong's (2015) study was that future research should explore how these nurses could serve as intermediaries between the Western medical system and patients who are accustomed to indigenous healthcare practices, which could lead to a more complementary and culturally sensitive healthcare approach in South Africa.

Furthermore, the integration of indigenous healing practices can contribute to the preservation and promotion of indigenous knowledge systems, including the use of medicinal plants and natural remedies. This knowledge can be harnessed for

potential new treatments and innovations in modern healthcare. The integration of indigenous healing practices, including the *Intwaso* process, into South Africa's healthcare system is a complex but promising endeavour, and it can be pursued by addressing the challenges of standardisation, scepticism, and cultural knowledge alienation.

2.4 PHENOMENOLOGY AS A THEORY

Phenomenology is a philosophical perspective that is deals with the scientific investigation of subjective experiences and the objective interpretation of such experiences. Phenomenological theory can assist us in comprehending how people experience and make sense of traditional healing techniques in the context of African traditional healing.

> Phenomenological approaches are based on a paradigm of personal knowledge and subjectivity and emphasise the importance of personal perspective and interpretation. As such, they are powerful for understanding subjective experience, gaining insights into people's motivations and actions, and cutting through the clutter of taken-for-granted assumptions and conventional wisdom (Lester 1999:1).

To discuss these works chronologically and reflect on the development of how phenomenological theory has been applied to the study of African religion, daily life, and especially medicine, the researcher ordered and analyse each work in relation to its historical and intellectual context.

1. Kwasi Wiredu (1989): Phenomenological Approaches to African Culture and Philosophy

Wiredu advocated for a phenomenological-based philosophical analysis of African culture. He examined how African civilizations, shaped by historical and cultural forces, experience reality. Wiredu explored the impact of Western philosophical concepts on African societies and how Africans have adapted and transformed these concepts to fit their own contexts.

Significance:

Early application of phenomenology: Wiredu's work marks an early effort to use phenomenology to understand African experience, emphasizing that African philosophy must be studied through the lens of lived experience, not just abstract theorizing.

Cultural adaptation:

He highlighted the dynamic interplay between indigenous and foreign (Western) philosophies.

Influence on later studies:

His approach paved the way for applying phenomenology to African religion, ethics, and daily life.

2. John Mbiti (1991): Phenomenology in African Religion and Philosophy

Mbiti's seminal study applied phenomenology to examine African religion, arguing that religion in Africa is not a separate sphere but deeply embedded in daily life. He analysed how religious beliefs and practices shape perceptions, attitudes, and actions, emphasizing their centrality to identity and community.

Significance:

Religion as lived experience: Mbiti moved beyond cataloging beliefs, focusing on how religion is experienced and enacted daily.

Foundation for later studies: His phenomenological approach set a precedent for subsequent research on African religion as a lived, dynamic phenomenon.

3. Laurenti Magesa (1998): Phenomenology of African Religious Ethics

Magesa investigated the moral and ethical dimensions of African religions, using phenomenology to explore how these traditions shape values, justice, human

rights, and social responsibility. He argued that African religions foster a respect for life and the well-being of both individuals and the community.

Significance:

Ethics as experience: Magesa's focus on the lived ethical implications of religion broadened the scope of phenomenological studies in Africa.

Societal impact: He linked religious experience directly with social and moral frameworks, influencing studies of law, governance, and health.

4. **Ezra Chitando (2005): Phenomenology, African Philosophy, and Religion**

Chitando explored the connection between African philosophy and the phenomenology of religion, emphasizing how people and communities experience religion and how these experiences shape worldviews and identities.

Significance:

Contextual sensitivity: Chitando deepened the phenomenological approach by stressing the importance of cultural and historical context.

Identity formation: He linked phenomenology not just to experience, but to the development of personal and communal identity.

5. **Othieno et al. (2014): Phenomenology and African Indigenous Medicine (Kenya)**

This empirical study applied phenomenological methods to analyse Kenyan patients' experiences with traditional indigenous healers. Through interviews, they found that patients viewed traditional healing as a holistic approach, addressing both physical and spiritual health.

Significance:

Empirical turn: This study marked a move from philosophical/theoretical discussions to concrete, qualitative research on lived experience.

Medicine as lived reality: It demonstrated how phenomenology can reveal the multifaceted ways patients understand and value indigenous medicine.

6. van der Merwe et al. (2017): Phenomenology and Indigenous Healing (South Africa)

Using phenomenological analysis, this study investigated the lived experiences of South African patients and healers. It highlighted the use of traditional healing for social, spiritual, and physical issues, showing the holistic nature of indigenous medicine.

Significance:

Comparative and nuanced: Built on previous work by comparing experiences of both patients and practitioners.

Broader implications:

Demonstrated the relevance of phenomenology not just for individual experience, but for understanding broader health systems and cultural practices.

Developments and Trajectory

Initial Theoretical Foundations (Wiredu Mbiti): Early works used phenomenology to theorize about African philosophy and religion as lived, holistic, and deeply embedded in community life.

Expansion to Ethics and Social Life (Magesa, Chitando): Subsequent studies expanded phenomenology to ethics, morality, and identity, examining the concrete implications of religious experience.

Application to Medicine (Othieno et al., van der Merwe et al.): Recent research applies phenomenology to empirical studies, focusing on patient and healer

experiences in traditional medicine, demonstrating the integration of physical, spiritual, and social health.

Over time, phenomenological theory in African studies evolved from broad philosophical and religious analyses to concrete, empirical research in medicine and healing. Each stage deepened the understanding of how African religion shapes daily life, health, and community — moving from abstract theory to lived, embodied experience.

2.4.1 Application of Phenomenology in the Present Study

In this research, phenomenology serves as a vital analytical framework for understanding and interpreting the lived experiences of indigenous healers and community members involved in the practice of ukuthwasa among the Xhosa people. Unlike purely descriptive or theoretical approaches, phenomenology emphasizes capturing the essence of individual and collective experiences, allowing for a deep exploration of the spiritual, cultural, and personal dimensions that underpin indigenous healing practices.

1. Exploring Lived Experiences of Healers and Participants

The core application of phenomenology in this study involves engaging directly with indigenous healers, community members, and practitioners to uncover their subjective experiences of ukuthwasa. Through in-depth interviews, autoethnographic reflections, and participatory observations, the researcher aims to access the nuanced perceptions, sensations, and meanings that healers associate with their spiritual emergence and healing roles. By doing so, the study seeks to uncover what it feels like to undergo ukuthwasa, and how these experiences shape their identities and social roles.

2. Revealing the Cultural and Spiritual Significance

Phenomenology facilitates a rich understanding of the cultural and spiritual significance attached to indigenous healing. It allows the researcher to interpret

how practitioners perceive their calling (Intwaso), their relationships with ancestral spirits, and the community's view of healing. This approach helps to preserve the integrity of indigenous knowledge systems by prioritizing the voices and experiences of those directly involved, rather than imposing external or Western interpretive frameworks.

3. Bridging Personal Narratives and Cultural Contexts

The autoethnographic component of the study complements phenomenology by integrating the researcher's personal reflections and interactions within the cultural setting. This combination facilitates a hermeneutic process—interpreting personal and shared experiences to gain a comprehensive understanding of the phenomena. The phenomenological analysis thus becomes a means of translating individual stories into collective cultural meanings, emphasizing the lived realities of indigenous healing.

4. Illuminating the Transformative Process of Ukuthwasa

By applying phenomenology, the study captures the transformative journey of becoming a healer—covering the stages of spiritual emergence, training, and community integration. This approach highlights the subjective transformation, emotional experiences, and cultural shifts experienced by trainees, providing a layered understanding that respects the complexity and depth of the process.

5. Informing Artistic Practice and Visual Representations

Finally, phenomenology also underpined the artistic expressions presented in the exhibition "***Vumani…Siyavuma***". The artworks are intended to visually manifest the essence of the lived experiences of healers, translating intangible spiritual and cultural experiences into visual language. This aligns with phenomenology's goal of making the invisible visible and offering viewers an empathetic understanding of indigenous healing.

In essence, phenomenology in this study acts as both a lens and a methodology to access and interpret the subjective realities of indigenous healers and their community. It ensures that their voices and experiences are central to the research, facilitating a deeper appreciation of the cultural, spiritual, and emotional dimensions of *ukuthwasa*. This approach not only enriches the academic discourse but also supports the artistic and cultural expressions that aim to preserve and honour indigenous knowledge systems.

Overall, this research and others that apply phenomenological theory to the context of African traditional healing and religion aid us in better understanding the subjective experiences and interpretations of conventional approaches to healing and religion. They shed light on how traditional healing techniques are viewed and experienced by patients, communities, and healers and can guide efforts to incorporate them into Western medical procedures in Africa. Thus, in this study, phenomenology is used as both a theoretical concept of how knowledge is extracted from the population and how it informs the emergent data from the perspective of both the researcher and the informants/participants.

CHAPTER THREE: ARTISTIC INFLUENCE AND METHODOLOGY

This chapter first presents artistic influences that shaped both the conceptualisation and creation process of the practical works that were showcased in the "Vumani... Siyavuma" exhibition, which forms part of this study's research collected data. It particularly focuses on the profound impact the work of Jane Alexander and Nandipha Mntambo, both contemporary South African artis in developing the visual metaphors brought about, new knowledge. It explores how their unique approaches to themes of identity, transformation, and the human experience have informed the present researcher practice. Additionally, the conceptualisation and creation processes behind my featured artworks detail the methodologies employed to ensure a meaningful representation of traditional healing and the *Intlombe* (traditional healers' extravaganza). Thus, in the researcher's artistic journey, Jane Alexander's and Nandipha Mntambo's works were essential reference sources. Their investigations into identity and the human condition are extremely relevant to the ideas this exhibition portrays. The researcher have conceptualised the works here in this exhibition in a way that honours tradition and contemporary discourse by looking at their artistic expressions.

The second part of this chapter presents the methodology used in both data collection and analysis processes in a narrative style. These are phenomenology and ethnographic methods. Ethnographic methods include interviews and various observation techniques ranging from non-participant to full participant observation, where the researcher was not only a listener and observer, but also a participated in the practice together with the participants/informants in some of the activities. This process not only facilitated the researcher's understanding as an insider but also verified my prior knowledge, which is narrated through a phenomenological process in this study. As presented in chapter two, the phenomenological method was used in this study as a theoretical framework and method for data collection. Its objective is to comprehend how people experience

and make sense of their lived experiences. Thus, this study was used not only to learn from the lived experiences of the informants but also to assist me in tapping on my own lived experience as a grandchild of a traditional healer. Autoethnography, on the other hand, was also presented narratively and was used to interpret emerging information from an insider's perspective.

3.1 JANE ALEXANDER'S INFLUENCE ON THE CONCEPTUALISATION PROCESS OF THE EMERGENT ARTWORKS

Jane Alexander's Butcher Boys has shaped my artistic practice by demonstrating how visual art can serve as a critical mirror and a catalyst for dialogue about identity, trauma, and cultural resilience. Her work inspires me to produce art that not only visualizes the spiritual journey of *ukuthwasa* but also fosters deeper engagement and understanding of indigenous healing practices within contemporary society.

Aspire Art (n.d.) acknowledge Jane Alexander as a prominent South African contemporary artist known for her thought-provoking and socially engaging work. She plays a significant role in the South African art scene, particularly for her exploration of themes related to post-apartheid society, identity, and human rights. Her works' themes include social and political issues and identity and transformation. Her works address the complexities of South Africa's socio-political landscape, including themes of power, violence, and the impacts of apartheid. She also explores concepts of identity, transformation, and the human condition, often reflecting on the tensions and conflicts within the society. Alexander is best known for her sculptural and installation works, particularly her use of life-like, often unsettling figures that challenge viewers to confront difficult social realities. She frequently incorporates mixed media, combining traditional sculpting techniques with materials that convey deeper symbolic meanings. One of her most famous works, "The Butcher Boys" (1985), exemplifies her style and thematic focus, featuring life-sized humanoid figures that evoke a sense of unease and contemplation about humanity's darker aspects.

Jane Alexander's 'The Butcher Boys' (1985) profoundly influenced my conceptual approach to installing moulded hands and feet crafted from plaster of Paris, the contemporary packaging of herbs sold in pharmacies, specifically from Dis-Chem (one of the South African comprehensive healthcare stores), and the raw herbs used by traditional healers. Alexander's work addresses themes of vulnerability, trauma, and the complexities of identity within a post-apartheid context. "The figures in 'The Butcher Boys' (1985) evoke a sense of both haunting beauty and disturbing realities, challenging viewers to confront the darker aspects of the human experience" (Aspire Art: n.d.).

Figure 3.1: Jane Alexander, Butcher Boys, 1986. Plaster, paint, bone, horns, wooden bench, life-size.

According to Aspire Art (n.d.), however, the animalistic eyes, sallow complexion, and broken spines expertly finish the dehumanisation process. The enormous wounds covering their pale chests make it clear that they have been physically abused. Given that they "hear no evil, speak no evil," their blatant lack of lips and ears only serves to further solidify their bestiality. Nonetheless, they hit familiar spots and re-establish a personal connection.

> However, stop there right away as the animalistic eyes, sallow complexion, and broken spines expertly finish the dehumanisation process. The enormous scars that run over their pale chests are clear indications that they are physically brutalizers. Their blatant lack of ears and lips, which translates to "hear no evil, speak no evil," further emphasises their bestiality. They strike familiar positions, though, and rekindle a human connection (Aspire Art:n.d.).

Alexander's figures are composed of human forms that are both surreal and beautiful, forcing the viewer to contend with the implications these figures are assimilating from or representing in our society. This emotional weight inspired the researcher to explore similar themes in his installation.

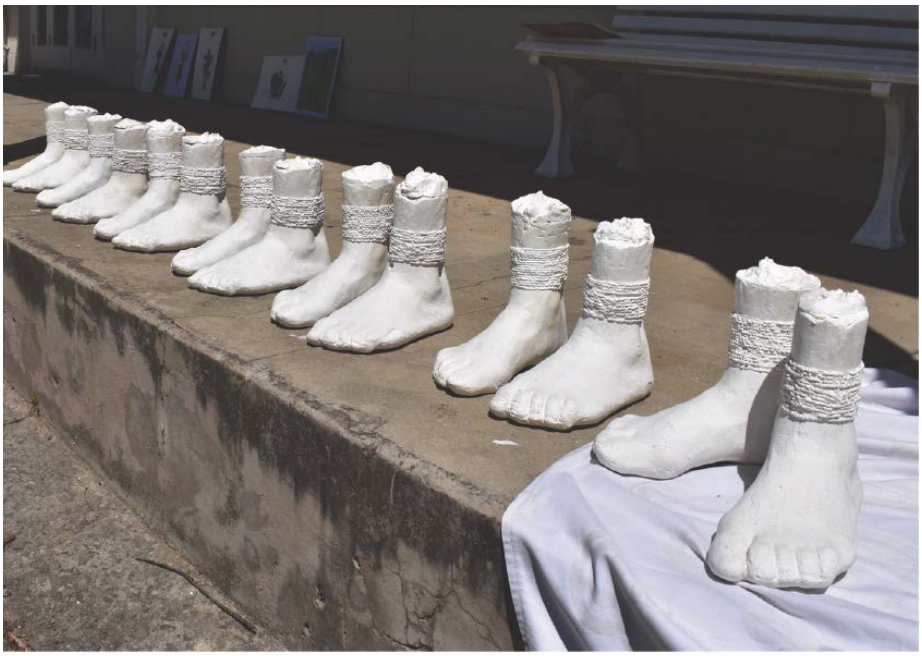


Figure 3.2: Pumlani Mbanya, Intlombe (work in progress), 2024. Plaster Paris

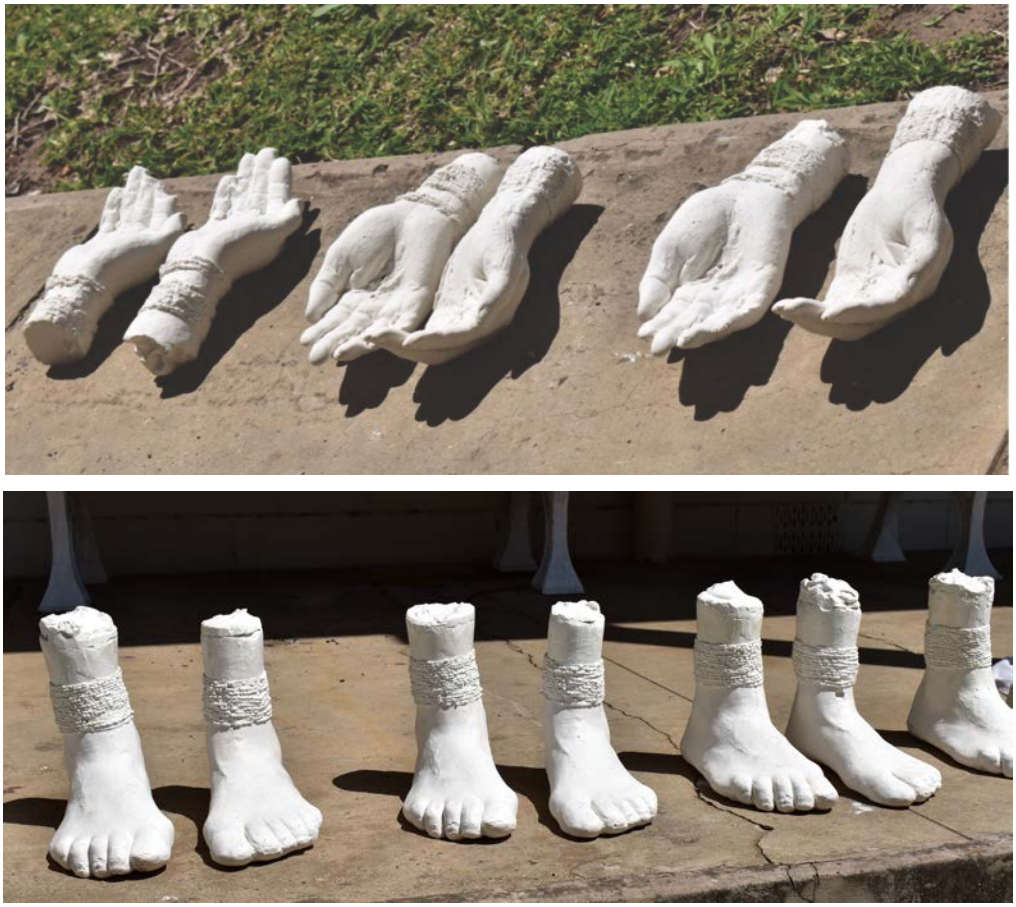


Figure 3.3: Pumlani Mbanya, Intlombe (work in progress), 2024. Plaster Paris

The hands and feet, as universal symbols of action and connection, represent the healers who engage in the *Intlombe,* a traditional healing dance. By casting these hands in plaster, I aimed to create a tangible manifestation of the spiritual and communal connections inherent in traditional healing practices. This choice of medium speaks to both fragility and strength, embodying the delicate balance between the physical and spiritual realms explored during the *Intlombe*.

> Jane Alexander showed the man on the far left as unconcerned and unflappable. Man is engaged in his own thoughts and cut off from the outside world. The men on the far right and in the middle are aware of their world, which is also our world. They are conscious of us. The middleman is awake and paying close attention. His attention is on a subject to his right. The final man is on edge and about to pay attention to what the right monster is focusing on. He appears to be about to spring into action and go into flight or fight mode (Mercer & Kobena 2013:81).

Mercer & Kobena (2013) further assert that the Butcher Boys are perfect and that the distinctive traits of their terrible abominations show how dangerous they really are. They cling to the usual gore and horror themes for aesthetic appeal. According to Alexander's study, which these creatures are a result of, terror was not merely a technique used to evoke dread; rather, it was a real person who stalked the streets of South Africa during the apartheid era. "The union of human and animals provides a universe where the distinctions between philosophy, religion, and science are eliminated, generating terrible horror" (Mercer & Kobena 2013): 80). In addition, the story's implied lack of morality implies that it contains disturbing and frightful things (Mercer & Kobena 2013).

The conceptualisation and creation processes of my work for the exhibition were deeply intertwined with my research on traditional healing and the *Intlombe*. The initial stages involved extensive exploration of the significance of *intwaso* in African healing practices, alongside a reflective examination of the influences of Alexander and Mntambo. During the conceptual phase, I engaged in dialogue with traditional healers to gain insights into their practices, beliefs, and the cultural significance of the *Intwaso* and *Intlombe*. This engagement informed my understanding of visually representing these themes in my artwork. The decision to create moulded hands and feet, installation of modernised packaging, raw herbs and intaglio prints as well as photography sources was driven by my desire to symbolise the act of healing and the physicality of the healing process, which is central to the *Intlombe* and to herbalist.

The *Intlombe* itself is a dynamic ritual practice that involves music, dance, and spiritual invocation, serving as a conduit for healing and connection to ancestral wisdom. My discussions with traditional healers (this study's informants) revealed the intricate relationships between the physical gestures performed during the dance and the spiritual significance they hold. This understanding informed the

design in figure 3.2 to 3.5 of the hands and feet, capturing the specific gestures that embody the essence of the *Intlombe.*

In addition the hands and feet are integrated elements that reflect the natural environment, and the materials traditionally used in traditional healing practices. For instance, the use of herbal motifs in the installation draws attention to the importance of local flora in traditional healing. By incorporating herbal imagery alongside the moulded hands and feet, I aimed to create a holistic representation of the healing process, connecting body, spirit, and nature.

3.2 NANDIPHA MNTAMBO'S INFLUENCE ON THE CREATION PROCESS

Nandipha Mntambo is a well-known contemporary artist from South Africa, renowned for her inventive and provocative contributions to the art scene (Read 2024). Her investigation of the human body and identity has influenced the artistic debate in South Africa. She is influential in the South African artistic discourse for her exploration of identity and the human body. Her themes include identity and femininity, as well as mythology and transformation. Mntambo's work often explores themes of identity, gender, and the female form, challenging traditional perceptions and stereotypes. It also delves into mythology and transformation, using her art to question and redefine the boundaries between human and animal, and between reality and myth. Her Sculptures and Performances frequently incorporate cowhide to explore the relationship between humans and animals. In her Photography, she documents her performances and sculptural work, adding another layer of interpretation and engagement. Her work is known for its bold, tactile quality and its ability to provoke dialogue on complex social and cultural issues (Read 2024).

Figure 3.4: Nandipha Mntambo, *Material Value*, cowhide, 2017

Nandipha Mntambo's exploration of identity through her use of organic materials and themes of transformation further informed the researchers approach. Mntambo's work often blurs the boundaries between humans and animals, inviting viewers to reconsider notions of selfhood. This perspective aligns with the essence of the *Intlombe*, where participants transcend their physical forms to engage with ancestral spirits, which is why their bodies are invisible. Mntambo's ability to convey the fluidity of identity encourages an exploration of how traditional healing practices, such as the *Intlombe*, embody this transformative potential.

The creation of researchers' artwork was also significantly influenced mainly by Mntambo's innovative use of materials and her focus on the interplay between identity and the environment. Her emphasis on organic forms inspired the researcher to think critically about the materials he chose for his installation. The plaster casting of hands and feet and *Mathathakanye* shop not only symbolise the act of healing but also serve as a commentary on the relationship between humans and the earth from which these healing practices arise.

Mntambo's exploration of organic materials resonates with the themes of nature and healing central to traditional healing practices. By integrating elements of

Mntambo's exploration into the researcher's work, such as *itshoba* (a stick with a beast's tail fur on its head), as seen in *Intlombe's* installation piece (see fig. 3.5), the researcher sought to create a work that resonates with the themes of transformation and reality inherent in the *Intlombe* and Mathathakanye shop installations to relay the message the works espouse concerning the traditional healing and herbalist encounter. The hands and feet represent not just individual healers but the collective spirit of the community, embodying the interconnectedness of all beings in the healing process. This approach aligns with Mntambo's work, which often emphasises the fluidity of identity and the complex relationships between humans, animals, and nature.

Figure 3.5: Pumlani Mbanya, Intlombe installation, 2024.

The creation process involved several stages, including the design and casting of the hands and feet. The researcher chose Plaster of Paris due to its accessibility and the ability to capture intricate details through casting, allowing for a tactile connection to the viewer. Each hand and feet were carefully crafted to reflect the

gestures and movements associated with the *Intlombe*, embodying the spirit of the healers who perform this sacred dance.

The casting process itself became a meditative practice, allowing me to reflect on the significance of each gesture and its connection to healing. As the researcher worked on each piece, he considered how moulding the hands and feet mirrored the roles of traditional healers—shaping and guiding the spiritual and physical aspects of healing within their communities.

In addition to creating the cast hands and feet, the researcher also focused on the presentation, that is, the look and feel of the installation. The arrangement of the hands and accompanying visual elements was designed to create an engaging and immersive experience for viewers. By situating the installation within a carefully curated space, the researcher aimed to evoke the atmosphere of an *Intlombe* ceremony, inviting audiences to engage with the themes of healing, community, and cultural identity on a sensory level. This holistic approach aimed to create an immersive experience for viewers, inviting them to engage with the themes of healing, community, and cultural identity. The overall installation seeks to create a space where audiences can reflect on their own experiences of healing, connection, and identity.

In this way, both Alexander and Mntambo's works served as critical touchstones that guided my conceptual framework and practical execution. Their artistic legacies are not merely influences but rather vital components of a larger conversation about identity, healing, and the role of art as a medium for social commentary.

3.3 EXPLORING TRADITIONAL HEALING THROUGH IN-DEPTH PHENOMENOLOGICAL, ETHNOGRAPHIC, AND AUTOETHNOGRAPHIC PROCESSES

Traditional healing practices are embedded within the cultural and spiritual fabric of African communities, serving as a vital link between the physical and spiritual realms. As a grandson of a traditional healer, I explore these practices as both a personal journey and an academic inquiry. This study employs phenomenology, ethnography, and autoethnography to capture the essence, cultural context, and personal narratives of traditional healing, with a particular focus on the *Intlombe* ritual and the pivotal role of diviners.

3.3.1 Phenomenological Approach: Understanding Lived Experiences

Phenomenology seeks to explore and understand individuals' lived experiences. This study investigated the personal and communal experiences of four traditional healers from East London, a town in the Eastern Cape Province of South Africa: two Xhosa, one Sotho, and one Tswana. Each of these healers has a unique narrative that contributes to understanding the phenomenon of traditional healing.

The journey began with documenting my encounters with these traditional healers, validating my prior knowledge observed from my grandfather. Each healer's story sheds light on the complexities of their practices, rituals, and teachings. For example, one of the male informants described his experiences of being called to healing at a young age, often marked by vivid dreams and a persistent feeling of illness when he was ignoring his calling. This resonates with the overarching theme of ancestral summons, where the spiritual intertwines with the physical in profound ways.

To engage authentically with the experiences shared by these healers, I practice bracketing—setting aside my biases and preconceptions. This approach allowed me to focus more on their narratives and the significance of their experiences, particularly regarding their healing journeys.

The one-on-one interviews I conducted with these traditional healers reveal essential insights into their personal journeys. For example, one of them, a female, recounted her struggles with the initial signs of her calling, which manifested as unexplained illnesses and mood swings. These experiences highlight how traditional healing is often a response to spiritual demands that cannot be ignored. Each healer's account emphasised the importance of acknowledging these signs, as failing can lead to further spiritual and physical ailments.

Maintaining a reflective journal was instrumental in capturing my evolving understanding of traditional healing practices from the chosen informants. This journal served as a repository for my thoughts, feelings, and reflections, allowing me to synthesise my personal experiences with the narratives of others. Through this ongoing documentation, I appreciated the intricate connections between personal history and cultural identity in traditional healing.

3.3.2 Ethnographic Approach: Immersing in Cultural Contexts

Ethnography provides the framework for exploring cultural practices and social dynamics, essential for understanding the broader context of traditional healing. This framework includes being a participant observer and, as an active participant in healing rituals and ceremonies, firsthand insights into the interactions and cultural norms surrounding traditional healing. Observing one of the male informants conducting an *Intlombe* ritual provided invaluable context about how music, dance, and communal participation intertwine in the healing process.

My extended periods in communities of practice of traditional healing have facilitated a deeper understanding of their cultural and social contexts. This immersion illuminated how traditional healers function within their communities of practice, often taking on roles as educators, mediators, and spiritual leaders. One of them also highlighted the communal aspect of healing, emphasising that the

rituals are not only about individual healing but also about reinforcing community bonds. I maintained detailed field notes to record observations, conversations, and ritual facilitations. These notes emphasise the cultural significance of rituals, such as the *Intlombe* protocols, where participants engage in song and dance while wearing ceremonial regalia. Such rituals served as vital expressions of cultural identity and collective memory.

Studying cultural artefacts—such as the ceremonial items used in healing rituals—provided insights into their meanings and roles in traditional practices. For example, the regalia worn by healers during the *Intlombe* ritual symbolises their spiritual authority and connection to their ancestors, reinforcing their roles as mediators between the physical and spiritual realms.

3.3.3 Autoethnographic Approach: Personal Narratives and Reflections

Autoethnography allows for integrating personal narrative into the research, providing a unique perspective that combines personal history with cultural analysis. Documenting my experiences and reflections as a descendant of a traditional healer enabled me to weave personal history into the analysis. The researcher's relationships with the healers—especially his grandfather—served as a backdrop for understanding the broader themes of traditional healing. The researcher recounts experiences of attending rituals, feeling the spiritual energy, and witnessing the transformative power of these practices.

Analysing how the researcher identity and experiences shaped his understanding of traditional healing is a key component of the autoethnographic approach. His familial background provided a context that informed his perceptions and understanding of the practices observed. For instance, the emphasis on ancestral respect and the importance of honouring spiritual callings resonated deeply with my personal experiences.

Identifying recurring themes in researcher's experiences and observations was essential for understanding the broader implications of traditional healing.

Themes such as ancestral calling, transformation, and cultural respect emerge prominently in the narratives of the four informants from East London. Each healer's story reinforced the notion that the healing journey is often fraught with challenges but ultimately leads to spiritual and communal fulfilment.

Storytelling is a vital means of conveying the findings of this study. By blending personal anecdotes with cultural and social analysis, the researcher bridged the gap between individual experience and academic inquiry. This narrative construction enriched the study, enabling readers to engage emotionally with the lived experiences of traditional healers.

3.4 THE ROLE OF DIVINERS AND THE INTLOMBE RITUAL

According to the traditional healers interviewed, the diviners, commonly known as *Amagqirha, Izangoma*, and *Amaxhwele* (Herbalists), play a crucial role in traditional healing practices. They are recognised as intermediaries between the spiritual and physical worlds, able to communicate with ancestors and guide individuals seeking healing.

Becoming a diviner is marked by a calling, or *ukuthwasa*, which signifies a transformative journey often initiated in childhood. Many of the healers the researcher spoke with, including the two healers, a female and a male from the East London group, recounted experiencing vivid dreams and spiritual encounters from a young age. These early experiences often manifest as physical ailments or emotional disturbances, underscoring the need to embrace their calling. The emphasis on recognising and adhering to these callings draws from the shared narratives of the healers, supported by secondary literature on the significance of ancestral summons (McAllister 1997).

The concept of *inkathazo*, or spiritual illness, plays a central role in the diviner's practice. This condition is often characterised by psychological disturbances and is perceived as a manifestation of ancestral possession. As one of the key informants noted, failing to acknowledge these spiritual signs can lead to deeper

physical and emotional turmoil. The healing process involves recognising these signs and undergoing the necessary training and ritual induction to fulfil the role of a diviner effectively (Broster 1981).

The *Intlombe* ritual holds significant cultural importance, involving music, dance, and communal participation. It is often performed to honour ancestors and facilitate communication between the spiritual and physical realms. The *Intlombe* ritual transcends mere healing; it serves as a celebration of cultural identity and community cohesion. Each healer emphasised how these rituals reinforce the interconnectedness of individuals, ancestors, and the broader community. One articulated that the ritual fosters a sense of belonging and continuity, bridging past traditions with present practices.

During the *Intlombe*, participants engage in song and dance, often adorned in ceremonial regalia that symbolise their roles and statuses within these communities of practice. These rituals are rich in symbolism, reinforcing cultural norms and values. The communal aspect of the *Intlombe* allows individuals to express their collective identity and strengthen communal bonds, as highlighted by one of the revered healers during his explanations of the importance of rituals.

In our conversations, my late grandfather, a traditional healer, often emphasised the deep spiritual meanings embedded in the songs sung during the *Intlombe* ritual. One such song is "*Iinyoka zalendawo… zinyoka"* (The snakes of this place… are snakes). When I asked him about this song, he shared:

> *It is a fact that people died because of bad things. Some are feeding people bad stuff, but God sees them. The victims keep lying to themselves by saying they have this kind of illness, not knowing that they came across evil spirits, which we refer to as snakes.*

This reflection highlights the belief that illnesses can be a manifestation of spiritual disturbances caused by negative energies or malevolent spirits. The imagery of

"snakes" symbolises these lurking dangers, emphasising the need for vigilance and spiritual cleansing.

Another significant song is "*Abantwana bokugula bagula ngengubo yebhokhwe*", which he interpreted as follows:

> *A goat is a sacrifice that is used to cure someone who is sick, and the patient should wear its skin. On top of that, when one is a Traditional Healer, he is obliged to wear a goatskin. You have to be called by the ancestors to wear that skin. Wearing the goatskin should take place when the ancestors have called you.*

This explanation underscores the profound connection between traditional healing practices and ancestral guidance. Wearing a goatskin is not merely symbolic; it signifies the healer's calling and their responsibility to serve the community. These songs and their meanings are integral to the *Intlombe* ritual, linking participants to their cultural heritage and spiritual lineage. Through these insights from my grandfather, I gained a deeper understanding of how traditional songs serve as vessels of wisdom, conveying messages of healing and protection and the importance of honouring ancestral ties within traditional medicine.

3.4.1 Autoethnographic Analysis of Herbal Medicines in Traditional Healing

As a grandson of a traditional healer, my relationship with herbal medicines extends beyond mere observation; it is woven into the very fabric of my identity. I have deliberately chosen to do this as an autoethnography. This is a method of research that aims to embrace the author's personal journey in their cultural inquiry (Frankel, 2013:8). I decided to use an autoethnographic research method to approach my project, as it felt appropriate to incorporate my own lived experience through the lenses of medicine I use to explore holistic wellness. In creating an exploratory space in which I can have both personal and ethnographic realisations, I can deeply interact with personal unfolding in a meaningful way, thus better internalising the cultural world (Frankel 2013:8). This

autoethnographic analysis seeks to explore the personal significance and cultural implications of various herbs used in traditional healing, reflecting on how these practices influence my understanding of health, community, and spirituality.

Growing up in a family deeply rooted in traditional healing, I was often surrounded by the aromatic scents of herbs boiling in large pots, the rhythmic sounds of rituals, and the vibrant stories shared by my grandfather and other healers. These experiences shaped my perception of health as a holistic concept, where physical ailments are intertwined with spiritual well-being.

One of the first herbal remedies I learned about was *Isihlambezo*, used during pregnancy to care for both mother and baby. One of my informants shared that "*my grandmother often shared stories about how she prepared this mixture,* emphasising the importance of a well-toned womb for a healthy delivery. The ritual of boiling roots, particularly *Umbola* (Variegated Pineapple flower) and *Uxamu* (Iguana), became a familial tradition, echoing ancestral wisdom".

Reflecting on this, I recognised that *Isihlambezo* represents not just a remedy but a connection to my heritage. It embodies the nurturing role of women in our culture, emphasising the sacredness of motherhood. This understanding deepens my appreciation for the wisdom embedded in these practices, as they are not merely medical but also spiritual and communal.

Another powerful herbal remedy is *Uthangazana, an infusion taken during pregnancy,* and one of the informants explained it as follows:

> *My first encounter with this herb was during a family gathering where expectant mothers shared their experiences. The blend of traditional knowledge and personal stories created a sense of community and support. The infusion, made with solidified urine (hyraceum), was often discussed with a mix of reverence and humour, illustrating how these practices are integrated into the everyday lives of women.*

This experience highlighted the importance of shared narratives in traditional healing. The stories surrounding *Uthangazana* reinforced the fact that healing is a communal effort where collective wisdom and support play a crucial role. My understanding of health expanded to include emotional and social dimensions, emphasising the interconnectedness of individuals within the community.

Herbs like *Umhlonyane* (Artemisia Afra) and *Isifudo* (Dioscorea sylvatica), used for relieving chest complaints, resonate deeply with my memories of childhood illnesses. I recall my grandfather preparing these remedies when I had a cough, his gentle hands mixing the herbs while reciting prayers for healing. The aroma that filled the air was not just medicinal but also comforting.

Through this lens, I realise that these herbs symbolise a form of love and care that transcends the physical act of healing. They remind me of the nurturing presence of my grandfather, who believed in the power of nature to heal. This connection to the herbs enhanced my respect for traditional practices, recognising them as conduits of familial love and care.

3.4.2 The Role of Igqirha and Community Healing

Amagrirha, such as those who participated in my study, embodied the spiritual dimension of traditional healing. Their stories of ancestral calling and initiation resonate with my own experiences of feeling a pull towards understanding these practices. Hearing about their journeys, marked by dreams and spiritual encounters, instilled a sense of awe and respect for the process of becoming a healer. This realisation prompted the researcher to reflect on his own spiritual journey. Although his not a traditional healer, he feltl a deep responsibility to honour and preserve these practices. The narratives of diviners emphasised that healing is not solely a personal endeavour; it is a communal responsibility to carry forward the knowledge of our ancestors.

The herbs discussed above are not just medicinal; they are cultural artefacts that embody the history, beliefs, and practices of our people. For instance, the use of *Imvusankunzi* (*vusa* = wake it up and *nkunzi* male sex organ) as an aphrodisiac (stimulation of men sexual desires) speaks to the social dynamics surrounding masculinity and sexual health in our culture. Conversations about these herbs often reveal underlying societal values and challenges, such as the pressures men face regarding sexual performance.

By engaging with these cultural artefacts, the researcher gained insights into the societal constructs that shape our understanding of health and masculinity. This perspective encouraged the researcher to think critically about how traditional practices can inform contemporary discussions around health, gender, and identity. Through this autoethnographic analysis, the researcher appreciated the profound interconnectedness between herbal remedies, cultural heritage, and personal identity. Each herb tells a story—of healing, community, and ancestral wisdom. The researchers' reflections on *Isihlambezo*, *Uthangazana*, and other herbal medicines illustrate how these practices shape not only individual health but also communal ties and cultural identity.

As reasearcher was moving forward with his artistic practice, he was inspired to incorporate these themes into his artwork, emphasising the significance of traditional healing in contemporary society. By bridging the gap between the past and present, The researcher aimed to honour his heritage while fostering a deeper understanding of the value of traditional medicine in today's health discourse.

Integrating phenomenology, ethnography, and autoethnography allows for a comprehensive exploration of traditional healing practices. By honouring the cultural and personal significance of these practices, this study contributes to a broader understanding of their role in contemporary society. The informants' narratives from East London highlighted the enduring relevance and transformative power of traditional healing. Through this research, the researcher

is to ensure that these practices are thoughtfully represented in both academic and artistic contexts, preserving their significance for future generations.

CHAPTER FOUR: A DISCURSIVE INTERPRETATION OF XHOSA TRADITIONAL ART OF HEALING

The term Art usually refers to the expression or application of human creative skill and imagination, especially when it relates to the arts (visual arts, drama, music, performance art, etc.). However, the term “art of” is frequently used in explaining any human skills that have been acquired through learning or practice and have been mastered in one way or another, such as the art of healing, the art of music, performance and even the art of living. Thus, in this study, the art of healing refers to the skills Xhosa traditional healers acquire through learning, practice, and mastering. Therefore, the art of healing can be said to be a creative way of promoting health and well-being, whether physical, emotional, psychological or spiritual. Since the beginning of humankind, people have always found ways of healing themselves from several ailments. Natural herbs from flora, soil, tree leaves, fruit, roots, bark, and seeds have been used from time immemorial by all nations for various ailments. African people, like other nations, always practised their various kinds of healing for the well-being of their communities. This study, therefore, sheds light on African healing practices with a focus on *ukuthwasa* (the process of learning and acquiring the art of healing) among the Xhosa people of East London, South Africa, with special emphasis on herbalism.

The exhibition, which formed part of this study, showcased the *intlombe* (Xhosa traditional healers’ extravaganza) as well as the popular natural herbs these healers use for healing patients. It juxtaposed a selection of plants that were reinterpreted using the Intaglio printing technique, some of which are now available and sold at Morden healthcare retailers such as pharmacies and other outlets. This chapter presents an analysis and interpretation of the art of healing from the perspective of traditional Xhosa healers (amagqirha). It interrogates the roles of traditional Xhosa healers as cultural holistic health custodians through art. It gives insights into how these practices are maintained, adapted, and transmitted through generations. This chapter first presents ten selected natural plants from traditional healers that formed part of the exhibition installation. It juxtaposes

potent ingredients and elements that can be found in Western medicines with those in the herbs employed by the Igqirha, see Table 4.1.

Secondly, natural herbs that are available and sold as alternative medicines at modern healthcare outlets are presented, arguing that there is already an interest in these natural herbs, hence, the study is arguing for the integration of Western and traditional healing as a holistic approach to healing. The researcher posits that the two medical practices would address the physical, emotional, and spiritual aspects of illness. *Intlombe* is presented dramatically and provocatively, luring the viewers into a dialogical action towards an effective social change. Montoya and Kent (2011) assert that "dialogical action creates co-learners who work together to act, reflect, and transform the world". Thus, this installation was presented to open up a meaningful dialogue between the artist's visual intentions and the viewers.

4.1 PRESENTATION AND DISCUSSIONS OF SELECTED MEDICINAL PLANTS AND THEIR BENEFITS

A growing interest in alternative and complementary medicine has led to a renewed focus on the medicinal plants of Africa, known for their rich biodiversity and centuries-old traditional use. African medicinal plants offer a wealth of therapeutic benefits that have today been scientifically proven, and often paralleling those found in Western pharmaceutical products. They are natural, and their use has been passed down through generations.

Table 4.1 presents the chosen plants, explores their benefits and juxtaposes them with Western medicine, highlighting the potential for integrative approaches to health and wellness. By examining the pharmacological properties and uses of these plants alongside conventional medicines, we can appreciate the diverse methods available for treating common ailments. This comparative view not only underscores the effectiveness of these traditional remedies but also encourages

a broader understanding of global health solutions, fostering collaboration between different medicinal practices.

The chosen plants were first identified from the researcher recollection of his grandfather's practice or learnt from this study's data collection process, which was accomplished by consulting the traditional healers who were his informants. They introduced the researcher to the traditional names, and then he used images and the Xhosa names to seek their English names online. This was followed by online search of the elements or substances found in each plant as well as their health benefits. In some cases, the researcher searched online for parallel Western medicinal cures and further searched online for the elements/substances to find a Western equivalent. Thus, table 4.1 summarises the parallel benefits of the chosen plants with those of Western medicine. It highlights the richness and potency of traditional therapeutic methods by looking at what sections of these used plants are used, their active ingredients, and their uses in both conventional and contemporary settings.

The analysis of these traditional African medicinal plants reveals a significant overlap in their uses and benefits compared to Western medicine. While traditional practices are often holistic and rooted in cultural contexts, modern medicine provides standardised treatments based on scientific research. This synergy between traditional and modern medicinal approaches highlights the potential towards integrated health solutions that respect cultural heritage while embracing scientific advancements. Continued research into these plants can lead to a better understanding of their pharmacological properties, paving the way for innovative treatments that combine the best of both worlds.

Table 4.1: Presentation and explanation of the health benefits of the exhibited herbal medicine

Plant image	Xhosa name	Scientific/ English name	Useful parts of the plant. E.G. bark, leaves, roots etc.	Uses and health benefits in Traditional healing	Main elements/ components	Western medicine equivalent	Given main elements/ component
	uBhangalala	Eriosema salignum	The roots can be boiled in water to make a decoction or used as herbal teas.	Imvusankunzi or drugs to improve sexual performance Traditionally also used for its anti-inflammatory properties, it may help with conditions like arthritis and muscle pain	Mydriatic effect like any other mydriatic in modern ophthalmology e.g. atropine".	Ginseng	The main chemical ingredients of American ginseng are ginsenosides and polysaccharide glycans (quinquefolia's A, B, and C).
	Inongwe/ Imbhotyi or ikhubalo lezirhunzela	African Potato	The tubers can be consumed raw or made into a tincture or decoction	Known for enhancing immune function, it may assist in cancer and HIV and Aids treatment and has anti-inflammatory effects	14 elements were studied (Phosphorus, Calcium, Magnesium, potassium, sulphur, iron, copper, sodium, zinc, boron. Manganese, aluminium, silicon and clorine)	Viral Protect	antiviral drugs like oseltamivir (Tamiflu) for influenza or antiviral therapies for HIV and hepatitis.
	Umathunga	Cyrtanthus obliquus	The bulbs can be used to make a decoction.	Used traditionally for various ailments, including vomiting, respiratory issues and as a diuretic. Also used for aches when having injury	Bulbs have high levels of Zinc. levels of the elements were found to be in decreasing order of Ca > Mg > Fe > Zn > Mn > Cu ≈ Se > Pb > Cr for total concentrations and Ca > Mg > Fe > Zn > Mn for water extractable forms.	Vom-Eeze	dimenhydrinate or meclizine, which are antihistamines that work by blocking signals in the brain that trigger nausea (Authority, 2024)

					A high percentage of Zn (77.5-91.5 %) was shown to extract into water. (Mahlangeni , 2024)		
	Umnunge	Dipcardia brevidolium	Typically prepared as a herbal tea or decoction from the leaves and Bulbs for different ailments.	Traditionally used for its potential anti-diabetic properties and to treat skin conditions. Decoction of a bark is recommended for palpitations and is also used to wash the patient's body. A decoction of the bulb of the second herb is given for heart pain and for breathlessness.		Metformin	The inactive ingredients present are D&C Red 28, D&C Yellow 10, FD&C Blue 1, FD&C Red 40, gelatin, maize starch, povidone, stearic acid and titanium dioxide. (Medicine, 2024)
	Umhlonyana	Artemisia afra (African Wormwood)	The leaves can be brewed into a tea or used in infusion	These herbs reduce fever and chest complaints.	Cineole, a-thujone, B-thujene and camphor.	Benelyn 4 flu	paracetamol (for pain and fever), diphenhydramine (an antihistamine for congestion), and dextromethorphan (a cough suppressant).
	Impila/ isihlambezo	Callilepis (laureola)	The leaves and/or roots when boiled can be made into a tea or tincture.	Indigenous Healers often use this recipe to treat pregnant women, snakebites, infertility, tapeworms, and as tonics.		Folic acid	Ctose monohydrate (unii: ewq57q8i5x) Cellulose, microcrystalline (unii: op1r32d61u) Sodium starch glycolate type a

							potato (unii: 5856j3g2a2) Stearic acid (unii: 4elv7z65ap). (Medicine, 2024)
	Umtshingo or Iqwili	Alepidea (amatymbica)	The roots and rhizomes of the plant are used	Traditionally used for digestive issues and has anti-inflammatory properties, minor ailments. (such as sore throat, cough, and influenza.) and complications such as (inflammation, asthma, diarrhoea, abdominal cramps, wounds amd rheaunatism)	Terpenes (kaurene-type ditepenoids), Phenolic. Rocmarinic acid. (National Center for , 2024)	ibuprofen (Advil, Motrin)	Inactive ingredients: carnauba wax, colloidal silicon dioxide, croscarmellose sodium, hypromellose, magnesium stearate, microcrystalline cellulose, polydextrose, polyethylene glycol, polysorbate, titanium dioxide. (Drugs.com, 2024)
	Uthangana	Cucumis hirsutus	The fruits can be consumed raw or made into a herbal infusion.	Another remedy used during pregnancy in Xhosa tradition is an infusion of the root together with solidified urine (hyraceum), and is taken daily. Used for its potential anti-diabetic effects and to aid digestion. As Deputy Chief Medical Officer of Health for Eastern Pondoland the author learnt that Uthangazana (Cucumis africanis)		Metformin and Probiotic	tablets contain the inactive ingredients sodium carboxymethyl cellulose, hypromellose, microcrystalline cellulose, and magnesium stearate. (FDA, FDA, 2024)

				and umthumana (solanum capense) were added to these mixtures for Isifuba sedliso (Tuberculosis)."			
	Muthakwa	Vernonia auriculifera	Leaves used to stop bleeding	Leaves used to stop bleeding		Tranexamic acid (TXA)	Each tablet contains 500 mg tranexamic acid. The other ingredients are: Tablet core: Cellulose microcrystalline, povidone (K 90), croscarmellose sodium, silica colloidal anhydrous, talc, magnesium stearate Film coating: methacrylate polymers, titanium dioxide (E171), talc, magnesium stearate, macrogol (8000).
	imfe-nkawu	Ansellia africana (African Orchid)	roots harvested from Ansellia. africana have potent anti-acetyl cholinesterase activity and is traditionally used for the treatment of nerve disorders which provides solutions for Alzheimer's disease	It has been used to treat madness, as an antidote for bad dreams, and as a love charm. Recent studies have also shown that it may be useful in treating Alzheimer's disease.	The ingredients of the essential oil and oleoresins of the Ansellia africana orchid include: **Essential oil**: Linoleic acid, l-ascorbyl 2,6-dipalmitate, linolenic acid, and p-cresol **Acetone extract**: Eicosane, n-butyl acetate, heptadecane, and	risperidone	Inactive ingredients are colloidal silicon dioxide, hypromellose, lactose, magnesium stearate, microcrystalline cellulose, propylene glycol, sodium lauryl sulfate, and starch (corn). (FDA, FDA, 2024)

					2-pentanone, 4-hydroxy-4-methyl **Ethyl acetate extract**: Heptadecane, heneicosane, eicosane, n-butyl acetate, and styrene		

4.2 THE IMPORTANCE OF INTLOMBE AS A VITAL ASPECT OF TRADITIONAL HEALING AMONG XHOSA HEALERS

According to the informants of this study, *intlombe* (Xhosa traditional healers' extravaganza) is more than just a performance. It is a dynamic ritual that fosters a connection between the physical and spiritual realms through coordinated singing, drumming and dance. During *intlombe,* some healers are overtaken by trances, a process of divinity. This process of divinity also plays a crucial role in diagnosing patients and is said to be influenced by the spiritual realm and the ancestral figure (s) behind the individual's calling. Thus, it involves rhythmic drumming, chanting, and synchronised movements that invoke the presence of ancestral spirits. This ceremony serves as a medium through which healers seek guidance and intervention for their communities to address both physical and spiritual ailments.

Figure 4.1: Pumlani Mbanya, *Intlombe,* Installation, 2024

The visual narrative of the *Intlombe* is rich with symbolism. Each movement, gesture, and sound are imbued with meaning, creating a tapestry of cultural significance. The dancers are often adorned in vibrant traditional attire that embodies the spirit of their individual ancestors, allowing the community to witness a living connection to their heritage. Through dance, the participants enter a trance-like state, facilitating communication with the spiritual world that promotes healing. Thus, the significance of the *Intlombe* within the context of traditional healing cannot be overstated. It serves as a vital ritual that reinforces cultural identity and community cohesion. In a world increasingly influenced by modernity, preserving such practices is crucial for maintaining a sense of belonging and continuity.

The Intlombe also acts as a therapeutic intervention, addressing not only physical ailments but also emotional and spiritual distress. The communal aspect of the dance fosters a sense of support and solidarity, creating an environment where healing can occur on multiple levels. This is particularly important in societies where traditional healing practices are often marginalised or overlooked in favour of modern medical interventions.

Through its immersive visual narrative, the exhibition "Vumani... Siyavuma" invited visitors to engage with the I*ntlombe* as a living tradition that embodies the resilience and wisdom of African cultures. Thus, the visual narrative of the *Intlombe* serves as a powerful exploration of African traditional healing, emphasising its phenomenological and communal impact. By integrating contemporary artistic influences, the exhibition sought to enrich the viewers' understanding of these ancient practices, inviting reflection on the complexities of identity, transformation, and healing. "Vumani...Siyavuma" not only celebrated the beauty and significance of the traditional healing practices in contemporary healthcare systems but encapsulated the rich tapestry of identity, spirituality, and community cohesion.

4.3 THE HERBAL SHOP: MATHATHAKANYE INSTALLATION

The third installation in the "Vumani...Siyavuma" exhibition, entitled "*Mathathakanye'* (take it once) Shop, displays professionally packaged natural herbs alongside traditional ones, mimicking modern healthcare and traditional healers' stores that sell unprocessed herbs. This juxtaposition of these herbs highlights the growing interest in natural herbs as alternatives or complementary medicines alongside Western medicines. Thus, the integration of traditional knowledge into pharmaceutical contexts is already underway, though it receives limited recognition. The exhibition advocates incorporating these practices, emphasising their potential to enhance holistic health and well-being.

By showcasing both refined and raw forms of herbs, "Mathathakanye" underscores the importance of honouring traditional healing methods while embracing modern advancements. This duality reflects the exhibition's call for a comprehensive healthcare approach that respects and integrates diverse healing traditions for a healthier society. The *Mathathakanye* installation is a poignant reminder of the rich botanical knowledge embedded in African healing practices.

Thus, showcasing refined herbs alongside raw traditional medicines, the exhibition highlights the need for ongoing dialogue between ancient wisdom and contemporary science. This integration underscores the potential for collaboration, advocating for a healthcare system that honours and incorporates diverse healing traditions. The term "*Mathathakanye"* is referenced from one of the traditional healers' practices or commercial name, directly translated to mean "you only take the medicine ones or one dose, and you will be healed". "Mathathakanye", is an exhibit that invokes the picture of the set-up of a typical herbal drug retail outlet. However, if the labels on the herbs are taken out, it may as well be a shelf in the inside of the home of the Igqirha. Beyond the visible appearance of the herbs and instruments of office of the Igqirha, the atmosphere easily transports the viewers into the world, mindset and practice of the Igqirha.

Figure 4.1: **Pumlani Mbanya,** ***Mathathakanye Shop, Poster/Notice, 2024***

The Mathathakanye installation presents a critical exploration of the intersection between traditional medicine and modern healthcare. By showcasing traditional remedies that are packaged and sold alongside pharmaceuticals, the exhibition raises important questions about the representation, commercialisation, and recognition of indigenous healing practices.

Figure 4.2: **Pumlani Mbanya, *Mathathakanye Shop, Installation, 2024***

4.3.1 Key Emerging Themes

This installation brought to the fore several issues, namely that the natural, unprocessed herbs now sold at modern healthcare retail outlets have been used by traditional African people since time immemorial. In most cases, the elements or substances within them have similar health benefits, as indicated in both Table 4.1 and 4.2.

Cultural Appropriation vs Respectful Integration:

The exhibition highlights the informal inclusion of traditional medicines in the pharmaceutical market, often without proper acknowledgement of the traditional healers who possess extensive knowledge about these remedies. This raises concerns about cultural appropriation, as the commercialisation of these medicines can strip them of their cultural significance and context.

Recognition of Traditional Healers:

The installation serves as a reminder of the vital role traditional healers play in their communities. They are not just practitioners but custodians of ancestral knowledge and holistic health practices. By omitting these healers from the conversation surrounding traditional medicine, the exhibition critiques the lack of collaboration between modern healthcare systems and indigenous knowledge holders.

Ethics of Commercialisation:

The packaging of traditional medicines for sale in pharmacies raises ethical questions. While it may increase access to these remedies, it also risks commodifying indigenous health practices that have been developed over centuries. The installation prompts viewers to reconsider who benefits from this commercialisation and whether it truly serves the community.

Holistic Health and Integration:

The exhibition advocates for a more integrated approach to health that respects both traditional and modern practices. It suggests that collaboration between traditional healers and modern healthcare providers could lead to more effective and culturally sensitive health solutions. This integration could enhance patient care by providing a broader range of options honouring cultural practices and beliefs.

Visual Representation:

The installation used visual elements, such as the juxtaposition of traditional packaging and modern pharmaceutical designs, to emphasise the contrast between the two worlds.

Artefacts, raw traditional healers, traditional packaged medicine, and oral narratives were included to tell the stories of traditional healers, thereby giving a voice to those often left out of the conversation.

Table 4.2 presents a list of traditional and natural African herbs that have been commercialised and are available in the pharmacies. This reflects a growing trend where traditional remedies, rooted in cultural practices, are packaged and marketed alongside conventional medications. On Health Benefits and Efficacy, the table summarises the claimed health benefits of each herb, which may vary based on traditional uses versus modern scientific validation

Table 4.2: Natural African herbs available in pharmacies bought from DisChem

Herbs name	Benefit	Preparation method and use	Image
Gingko Leaves	the extract from ginkgo leaves is promoted as a dietary supplement for many conditions, including anxiety, allergies, dementia, eye problems, peripheral artery disease (when buildup of plaque narrows the blood vessels that carry blood to the head, organs, and limbs), tinnitus, and other health problems.	Infusion: Pour 1 cup pf boiling water over 2 teaspoons of herb, Let it stand for 2-5 min, strain and drink three times per day. Use tea in lotion or bath	

African Potato	African potato, also known as Hypoxis hemerocallidea, has many indigenous and modern uses: **Immune system**: it is said to boost the immune system. **Skin conditions**: it can be applied to the skin to treat acne, eczema, psoriasis, burns, rashes, and more. **Pain and inflammation**: It can soothe muscular aches and reverse tissue damage. **Anti-aging**: Is an antioxidant property that may have an anti-aging effect. **Other conditions**: It has been used to treat arthritis, diabetes, high blood pressure, and cancer. **Wound healing**: it can promote wound healing. **Parasites:** it can treat intestinal parasites. **Urinary tract infections**: It can treat urinary tract infections (UTIs). **Prostate problems**: it can treat prostate problems, including benign prostatic hyperplasia (BPH) and prostate cancer. **HIV/AIDS**: African potato may be beneficial in treating HIV/AIDS.	You can make an African potato herbal tea by: Boiling 500 ml of water Adding 5-10 grams of African potato to the boiling water Reducing heat and simmering for 10-15 minutes Straining the tea Adding honey or sugar to taste	

Echinacea Roots	Positive effect on the immune system May lower blood sugar levels May reduce feelings of anxiety Anti-inflammatory properties May help treat skin concerns May offer protection against cancer	To make echinacea tea, you can: Boil water Add echinacea roots, flowers, or leaves to the water Steep for 5–15 minutes Strain the echinacea out Add sweetener or flavourings to taste	

Mistletoe herd	It has been used for hundreds of years to treat medical conditions such as epilepsy, asthma, hypertension, headaches, menopausal symptoms, infertility , dermatitis, arthritis, and rheumatism.	Here are some ways to prepare mistletoe as an herb: **Cold infusion** Soak 2–4 teaspoons of chopped mistletoe in 2 cups of water overnight. Drink in the morning and steep another batch during the day to drink at night. **Hot tea** Steep 1 teaspoon of mistletoe leaves in 1 cup of just-boiled water for 5–10 minutes. Drink 2 cups per day. **Tincture** Take 1/8 teaspoon (1/2 ml) three times per day. **Medicinal wine** Macerate 40 g of fresh mistletoe in 1 l of sweet white wine for 10 days at room temperature. Drink one glass twice a day before meals. **Boultice** Use a warm poultice of mistletoe leaves and mashed berries for vasoconstriction, varicose veins, or arthralgy.	

Chamomile Flower	Chamomile flowers have many potential health benefits, including: **Digestive health**: Chamomile can help with stomach cramps, indigestion, diarrhoea, gas, and colic. It can also help relax muscle contractions in the intestines. **Skin health**: Chamomile can help with skin irritations, acne, rosacea, and other inflammatory skin conditions. It can also help with wound healing, eczema, and hyperpigmentation. **Sleep**: Chamomile may help improve sleep quality and reduce insomnia. It contains an antioxidant called apigenin, which may bind to receptors in the brain to reduce insomnia. **Anxiety**: Chamomile may help with mild anxiety and generalized anxiety disorder. **Blood sugar**: Chamomile may help regulate blood sugar levels in people with type 2 diabetes. **Heart health**: Chamomile is rich in antioxidants, which may benefit heart health	Chamomile flowers can be prepared in a few ways for medicinal use, including: **Infusion** Pour 1-2 teaspoons of dried chamomile flowers into a glass of boiling water and let it steep for 10-15 minutes. This can help with digestion, stress, or sleep. **Decoction** Boil the flowers for a few minutes to create a more concentrated decoction. This can be used as a gargle for sore throats or as a compress for skin conditions. **Soap** Add dried chamomile flowers to homemade soap for a calming, gentle product with a subtle fragrance. **Ointment** Chamomile ointments can help treat mouth infections and many skin conditions	

Alfa Alfa Herds	Alfalfa may be useful for lowering cholesterol, treating menopausal symptoms, and may have hypoglycaemic and anti-inflammatory effects.	Herbalists recommend consuming 500-1,000 mg of dried alfalfa leaf daily, or 1-2 ml of tincture three times a day. For high cholesterol, a normal dose is 5-10 grammes of the herb, or brewed filtered tea, three times a day.	

Ginseng Roots Siberia	Contains antioxidants that may reduce inflammation Could improve erectile dysfunction May benefit brain function May boost the immune system May have potential benefits against cancer May fight tiredness and increase energy l Could lower blood sugar levels	Siberian ginseng, referred to as eleuthero, can be consumed in a variety of forms, including tea, tincture, supplement, or tablet. Tea: In a cup of boiling water, steep 1-2 tablespoons of dried Siberian ginseng root for 5-15 minutes. You can drink the tea hot or cold and add honey or lemon juice to taste. Tincture: Take 20-30 drops twice daily with a little water. Take a supplement capsule or tablet. Siberian ginseng can be cooked or roasted. Boiling: Cook the roots for 20-30 minutes to make a flavourful tea or soup. Roasting: Slice the roots and roast them to bring forth their inherent flavours.	

Sage Leaves	Sage contains vitamins A and C, as well as several other antioxidants, which assist to lower the risk of major health diseases such as cancer. It also contains vitamin K, which helps the body coagulate blood. Because sage is often consumed in modest doses, it provides a high level of nutrients while containing few calories.	**Make sage tea** Boil water, pour it over sage leaves, and let it steep for 5–8 minutes. Strain the tea when it reaches your desired strength.	

Marshmallow Roots	Marshmallow root has many potential health benefits, including: **Treating respiratory and digestive issues** **Improving skin health** **Healing wounds** **Nourishing hair** **Treating bladder issues**	**Infusion**: Soak 2–4 grams of marshmallow root in 1 cup of cold water overnight. Strain and drink three times a day. **Tincture**: Take 1–4 millilitres three times a day. **Marshmallow root tea**: Steep 0.5–5 grams of marshmallow root in 150 millilitres of water and drink up to three times a day.	
Fenugreek Seed	Fenugreek seeds have many potential health benefits, including: **Blood sugar control**: Fenugreek seeds may help regulate blood sugar levels. **Weight management**: Fenugreek seeds may help control appetite and reduce food intake. They may also increase thermogenesis, which helps burn calories.	To make a fenugreek tea, you can: Rinse 2 teaspoons of fenugreek seeds Boil 2 cups of water in a saucepan Stir in the seeds Boil for 3-4 minutes Strain the liquid into a mug	

	Heart health: Fenugreek seeds may help lower cholesterol levels and reduce the risk of cardiovascular disease. **Anti-inflammatory**: Fenugreek seeds may help reduce inflammation in various parts of the body. **Hormonal balance**: Fenugreek seeds may help alleviate symptoms of menopause and polycystic ovary syndrome (PCOS). **Breast milk production**: Fenugreek seeds may increase milk production in people who are breastfeeding. **Digestive problems**: Fenugreek seeds may help with digestive problems such as loss of appetite, upset stomach, constipation, and inflammation of the stomach (gastritis). **Skin conditions**: Fenugreek seeds may help treat skin conditions such as eczema and dandruff. **Pain relief**: Fenugreek seeds may help relieve pain and swelling	Add lemon, honey, sugar, or other ingredients to enhance the taste	

The Mathathakanye installation is a powerful commentary on the complexities of traditional medicine in the modern world. It challenged viewers to reflect on the implications of commodifying indigenous knowledge and advocated for a more inclusive approach that respects the contributions of traditional healers. By fostering dialogue between traditional and modern healing practices, the exhibition emphasises the importance of cultural integrity and ethical considerations in healthcare.

4.4 THE ART OF TRADITIONAL HEALING: A CULTURAL AND SPIRITUAL PERSPECTIVE

The art of traditional healing encompasses a rich tapestry of practices that blend cultural heritage, spiritual beliefs, and natural remedies. Unlike the clinical and often sterile environment of Western medicine, traditional healing is deeply rooted in the communities it serves, emphasising holistic approaches to health and well-being. This dissertation explores the concept of traditional healing, incorporating insights from renowned figures like Credo Mutwa and Esther Mahlangu, while also drawing parallels to the methodologies employed in Western medicine, particularly in terms of observation and experimentation.

Traditional healing refers to the practices and beliefs that indigenous African cultures use to maintain health and treat illnesses. These practices often include herbal remedies, spiritual rituals, and community involvement, reflecting a holistic approach that sees health as a balance of physical, emotional, and spiritual well-being. At its core, the art of traditional healing involves not only the technical knowledge of medicinal plants and healing practices but also an intuitive understanding of individual and communal needs. Traditional healers, *sangomas, amagqirha* or *iinyanga*, are custodians of this knowledge, guiding their communities through illness and health crises.

In both traditional healing and Western medicine, observation plays a crucial role in understanding health outcomes. Traditional healers often spend years observing the effects of various plants and treatments within their communities. This experiential knowledge is akin to the observational studies conducted in Western medicine, where researchers monitor how treatments affect patients over time. Experimentation also finds a place in both practices. In Western medicine, laboratory experiments, sometimes with animals or human subjects, are standard in testing the effect of new treatments.

Similarly, traditional healers may experiment with various plants and methods, noting their effectiveness in treating specific ailments. This iterative process of trial and error is foundational in both systems, allowing for the refinement of healing practices over time. This section seeks to interconnect the value of Indigenous knowledge systems in which traditional healing forms part of the conservation of African cultural knowledge and practices, highlighting their value in modern society. It references two South African artists who are notable for safeguarding indigenous cultural identity, knowledge, and heritage: Credo Mutwa and Esther Mahlangu.

4.4.1 Credo Mutwa: The Interconnection of Art and Healing

Credo Mutwa was a Zulu shaman, artist, and writer and was a key figure whose work exemplified the intersection of traditional healing and visual arts. Born in 1921, Mutwa's life experiences profoundly shaped his artistic and spiritual journey. He was known for his intricate necklaces, beadwork, carvings, and paintings that drew on Zulu mythology, folklore, and spirituality (Mutwa, 2003). Through his stories and artworks, Mutwa preserved the wisdom of his ancestors and shared it with a broader audience.

Mutwa emphasised the importance of connecting with one's roots and understanding the spiritual dimensions of healing. He believed that true healing encompasses not only the physical body but also the soul and spirit of an

individual. His insights challenged the reductionist views often found in Western medicine, advocating for a more integrated approach to health that honours cultural identity and spiritual beliefs. According to Gushen & Nasidi (2019:3), an understanding of the historical possibilities in all aspects of culture is very significant because the "African sees his past in the language he speaks today, in his music, his dance, his art, religion and institutions and finds it difficult to understand why what is so clear to him cannot be understood by others". Thus, it is crucial to comprehend the historical possibilities in every facet of culture.

Mutwa's work often explored themes of healing, identity, and the relationship between humanity and the natural world. He was a vocal advocate for the preservation of African knowledge systems and spent much of his life documenting and sharing the stories of his people. His approach to art was deeply rooted in his role as a healer, where storytelling and visual expressions serve as powerful tools for cultural transmission. Thus, the use of phenomenology as both a theory and data collection method sought to enrich the visual representation during this study, emulating Mutwa's approach to the transmission and preservation of Indigenous knowledge and practices.

Credo Mutwa's writings and experiences illustrate the profound interconnectedness of indigenous knowledge and psychological healing. His journey from a suppressed visionary to a celebrated traditional healer underscores the importance of cultural identity, spirituality, and community in promoting mental well-being. As globalisation continues to challenge the preservation of indigenous cultures, the integration of traditional healing practices into modern psychological frameworks becomes increasingly essential. Thus, by recognising the value of indigenous knowledge systems, mental health professionals can enhance their understanding of cultural dynamics and contribute to more effective healing practices. Mutwa's legacy serves as a reminder of the resilience of African cultures and the enduring relevance of traditional healing in fostering holistic well-being. The future of mental health care

lies in embracing the wisdom of the past while navigating the complexities of the present.

4.4.2 Esther Mahlangu: A Cultural Custodian of Art

Esther Mahlangu is a celebrated Ndebele artist renowned for her “vibrant geometric paintings that draw on traditional Ndebele motifs. Born in 1935 in the Mpumalanga province of South Africa, Mahlangu began her artistic journey at a young age, learning the techniques of her craft from her mother and grandmother” (Gallery, 2020). Her work is characterised by bold colours and intricate patterns that reflect the Ndebele aesthetic, which is rooted in cultural symbolism and storytelling. She is celebrated for her vibrant Ndebele artwork that reflects her cultural heritage. While not a healer in the traditional sense, Mahlangu’s work embodies the principles of traditional healing through its emphasis on cultural identity and community connection. Her art serves as a medium for storytelling and healing, fostering a sense of belonging and pride in cultural heritage.

Mahlangu’s work illustrates how art and healing are intertwined in traditional practices. Just as healers use rituals and plants to restore health, artists like Mahlangu use their creativity to heal cultural wounds and promote communal resilience. This connection between art and healing underscores the holistic nature of traditional practices, where physical, emotional, and spiritual health are interlinked. Mahlangu's art transcends mere decoration. It serves as a medium for cultural expression and identity. Her paintings often depict themes of community, heritage, and the Ndebele way of life, allowing her to share her culture with a global audience. “In recent years, she has collaborated with various organisations and brands, bringing traditional Ndebele art to contemporary contexts while remaining committed to her roots” (Gallery, 2020),

Her art embodies a personal and collective memory that resonates with the experiences of the Ndebele people. In interviews and public statements, Mahlangu emphasises the importance of cultural preservation, stating that her art

is a way to keep her heritage alive and teach younger generations about their identity (Gallery, 2020). According to Gushen & Nasidi (2019:1), cited in Vansina (1972), "… oral tradition is one of the major sources of history. It deals with transmitting information about past events, be it social, political, or economic, mainly through word of mouth (orally) from one generation to another. Gushen & Nasidi (2019:1) further explained that even if tradition is verbal, it is considered a collection or series of historical texts. Oral tradition, according to Dike and Ajayi (1965) is the verbal transmission of previous human activities passed down from one generation to the next.

In contrast, oral historiography is the reconstruction of human deeds based on oral traditions. The process of creating art for Mahlangu is deeply spiritual and communal. She often engages with her community during the creative process, incorporating their stories and experiences into her work. This collaborative approach not only reinforces community bonds but also serves as a form of traditional healing, as art often facilitates emotional expression and cultural reflection (Gallery, 2020).

Mahlangu's use of traditional motifs can also be seen as a form of resistance against cultural appropriation and misrepresentation. "Due to the absence of written documentation in most African societies, the Europeans, in an attempt to justify their colonial subjugation, which carries with it the so-called 'civilising mission' to salvage the 'barbaric' Africans from the trial of the time, claimed that Africans have no history" (Gallery 2020: 2). By asserting her identity through her art, she challenges dominant narratives that often marginalise African cultures. Her work becomes a form of healing, both for herself and for her community, as it affirms their cultural identity in a global context.

Esther Mahlangu, as a prominent Ndebele artist, has not only made significant contributions to the world of art but has also become a cultural ambassador for her heritage. Her experiences in various countries outside Africa provide a unique

lens through which to examine the contrasts between Western and Ndebele African cultures. This writing explores Mahlangu's reflections on her cultural identity, artistic expression, and the implications of globalisation, highlighting the rich interplay between her traditional roots and the influences of Western societies.

Orford, in 2006, interviewed Mahlangu, saying,

> I am who you see me to be. I remain the same when I'm flying to Paris. I never dress up. I only use that blanket in chilly weather. The culture is deeply ingrained in me, and I was born a Ndebele with Ndebele blood. My heart is white when I think about my culture, so I am happy to hold on to my traditions. Everybody has left their culture behind. Many people in our culture no longer shave their hair. As you can see, I shave my head, something that many people no longer do. I have to follow my tradition (Orford 2006).

During her travels, Mahlangu has often encountered the complexities of cultural identity in a globalised world. In Western contexts, she has experienced both admiration and curiosity about her Ndebele heritage. This duality presents an opportunity to reflect on how Western societies perceive African cultures, often through a lens of exoticism or simplification. Mahlangu's assertion, "I am as you see me", underscores her commitment to presenting her cultural identity authentically, challenging stereotypes and misconceptions. Thus, as in Mahlangu and Mutwa's resistance to preserving culture through their practices and their fight against Western domination of African indigenous knowledge systems, their efforts can never be underestimated. Thus, this study seeks to incorporate this necessary resistance to sustain our African cultural identity and traditional healing heritage.

CHAPTER 5: CONCLUSION AND RECOMMENDATIONS

This comprehensive study aimed to explore the intersection and potential harmonisation of modern scientific medicine with traditional healing practices. The objective was to advocate for a complementary relationship that respects and integrates the strengths of both systems. This research focused on the transformative processes involved in traditional healing, specifically through the journey of 'ukuthwasa,' and argued for incorporating these practices into contemporary healthcare frameworks.

5.1 EXPERIENTIAL KNOWLEDGE INVALIDATING ESSENTIAL INFORMATION

Phenomenology was central to this research, both as a theoretical framework and a methodological approach. As a theory, phenomenology allows for a profound exploration of lived experiences, capturing the essence of healing practices from the perspectives of traditional healers themselves (Moustakas 1994). By focusing on the subjective nature of healing, phenomenology illuminated the transformative journeys inherent in traditional practices, such as *ukuthwas*a, which is central to becoming an *Igqirha*. This approach highlighted that traditional healing encompasses spiritual, emotional, and community dimensions, reinforcing its legitimacy and significance in healthcare (van Manen 1990). This approach was particularly effective in demonstrating the spiritual and cultural dimensions of traditional healing, aspects often overlooked by Western medicine.

Methodologically, phenomenology guided the data collection and analysis processes. Through in-depth interviews and immersive participant observations, the study gathered rich, qualitative data that revealed the complexities and nuances of traditional healing practices. Autoethnography complemented phenomenology by incorporating the researcher's personal experiences, providing an insider perspective that added depth and authenticity to the analysis (Ellis, 2004). This dual approach not only validated the findings but highlighted

the interconnectedness of personal and cultural narratives in understanding healing practices.

5.2 SIGNIFICANCE OF THE EXHIBITION "VUMANI … SIYAVUMA"

The exhibition "Vumani Siyavuma" was a pivotal culmination of the research topic "SIYATHWASA THINA: Towards the Formalisation of Xhosa Traditional Healing through Art Practice". It embodies the core objectives of the study by providing a visual and experiential representation of the transformative journey of traditional healing, specifically the process of 'ukuthwasa'. Through this exhibition, the researcher sought to bridge the gap between traditional healing practices and modern recognition, advocating for an integrated approach that respects and acknowledges the value of both systems.

5.2.1 Art as a Medium for Cultural Expression

Art has long been a powerful medium for cultural expression and storytelling. In the context of "Vumani Siyavuma," the exhibition utilised various artistic forms to illuminate the spiritual emergence of traditional healers. Each artwork encapsulated not only the personal narratives of transformation but also the broader cultural and spiritual significance of traditional healing within Xhosa society. This aligns with the phenomenological framework of the research, which emphasises understanding lived experiences and the essence of being through subjective interpretation (Moustakas 1994).

The visual elements of the exhibition—such as installations, Prints, and photographs—engage the audience on multiple sensory levels. They invite viewers to experience the journey of '*ukuthwasa*' not merely as an abstract concept but as a lived reality. By doing so, the exhibition fostered a deeper appreciation for the complexities and nuances of traditional healing practices.

5.2.2 Bridging Tradition and Modernity

"Vumani Siyavuma" also acted as a dialogue site between traditional and modern healing paradigms. By showcasing the processes involved in the training and emergence of traditional healers, the exhibition highlighted the importance of formalising these practices within contemporary healthcare frameworks. This is particularly relevant in a society where many continue to rely heavily on traditional healers for their health and well-being.

The exhibition promoted the idea that traditional healing should not be viewed as an inferior or outdated practice but rather as a complementary approach to modern medicine. It challenges prevailing narratives that often marginalise traditional methods, advocating for their recognition and integration into formal healthcare systems. This aligns with the study's goal of legitimising traditional healing through artistic representation and scholarly discourse.

5.3 COMMUNITY ENGAGEMENT AND EDUCATION

Generally, the exhibition serves as an educational platform, engaging the community in discussions about the significance of traditional healing in the modern context. Workshops, guided tours, and interactive sessions were incorporated into the exhibition to foster dialogue between traditional healers, healthcare practitioners, and the public. This community engagement is essential for dispelling myths and building trust between different healing modalities, ultimately leading to a more inclusive healthcare environment.

By emphasising the importance of cultural heritage and traditional knowledge, "Vumani Siyavuma" not only celebrated Xhosa healing practices but also advocated for their preservation and formal recognition. The exhibition encouraged viewers to reflect on their own beliefs and experiences regarding health and healing, fostering a collective understanding of the value of integrating diverse medical approaches.

5.4 FUTURE DIRECTIONS AND IMPACT

"Vumani Siyavuma" stands as a testament to the research's objectives, illustrating the potential for art to facilitate the formalisation of Xhosa traditional healing. The exhibition not only highlights the transformative experiences of traditional healers but also calls for an ongoing dialogue about the role of these practices in contemporary society.

Moving forward, the insights gained from this study could inform future research and initiatives aimed at integrating traditional healing into formal healthcare systems. By continuing to explore and celebrate the intersections of art and traditional healing, we can foster a more inclusive approach to health that respects and honours the rich cultural heritage of Xhosa healing practices.

The exhibition ultimately serves as a reminder that healing is not merely a scientific endeavour but also an art rooted in culture, community, and the shared human experience of seeking well-being. Through "Vumani Siyavuma," we take a significant step toward recognising and legitimising the invaluable contributions of traditional healers in the broader landscape of healthcare.

5.5 KEY FINDINGS

The research findings underscore the value of traditional healing, which emphasises holistic well-being and spiritual health. These practices offer insights and methodologies that could significantly enhance modern healthcare delivery. Specifically, the study identified several areas where traditional and modern medicine could complement each other:

Cultural Legitimacy: Traditional healing practices are deeply rooted in rich cultural histories and should be recognised for their contributions to modern healthcare. Many individuals, particularly in African contexts, still place significant trust in traditional healers (Cunningham 1992; Nene, 2009).

Holistic Health Approaches: Traditional healing focuses on the whole person, including physical, emotional, and spiritual health. Integrating these approaches with modern medicine could lead to more comprehensive patient care.

Complementary Approaches: Modern and traditional medicine can coexist and complement each other. Integrating these systems can enhance patient care, particularly in managing chronic diseases and addressing mental health (Ngambouk & Tabi 2020).

Community Engagement: Engaging communities is crucial for promoting understanding and respect for traditional practices. Addressing misconceptions is necessary for bridging cultural divides (Ashforth 2005).

Community-Centric Practices: Traditional healers often play a central role in their communities, providing not only medical care but also social and spiritual guidance. These community-based approaches could strengthen healthcare delivery in underserved areas (Ngubane 1977).

Resource Utilisation: Traditional medicine often utilises local, natural resources, which could be explored for sustainable healthcare solutions. Scientific research into these resources could validate their efficacy and integrate them into broader medical practice (Cunningham 1992).

Policy Implications: There is a pressing need for policies that recognise and support traditional healing practices, rectifying historical marginalisation caused by colonial and apartheid legacies (Hammond-Tooke 1989).

5.6 RECOMMENDATIONS FOR INTEGRATION

Policy Development: There is a critical need for policy frameworks that recognise and protect traditional healing practices. Such policies should promote collaboration between traditional healers and medical professionals, ensuring that

both systems are respected and integrated effectively (World Health Organization 2013).

Collaborative Research: Further research should focus on joint studies between traditional healers and biomedical researchers. These studies could explore integrative treatment models and scientifically evaluate the efficacy of traditional remedies, fostering mutual respect and understanding (Booi & Edwards 2014). Conduct empirical research to validate traditional healing practices, enhancing their credibility within the healthcare system (World Health Organization 2013).

Educational Programs: Implement cross-training programs and workshops that bring together practitioners from both fields. These initiatives could promote knowledge exchange and foster a shared understanding of different healing paradigms (Nene 2009). Implement initiatives that promote understanding of the benefits and limitations of both healing systems among healthcare professionals and the public (Ntombela 1998).

Community Engagement: Engage communities in dialogues about the benefits of integrating traditional and modern medicine. This could help dispel myths and build trust among patients, encouraging them to embrace a more holistic approach to health care (Hammond-Tooke 1989).

Preservation of Knowledge: Document and preserve traditional healing knowledge to ensure it is passed to future generations. This can be achieved through digital archives and partnerships with cultural institutions, safeguarding these practices against cultural erosion (Ntombela 1998).

5.7 FUTURE DIRECTIONS

The path to integration requires ongoing dialogue and collaboration among stakeholders, including policymakers, healthcare providers, and communities. Future research could focus on:

- **Evaluating Outcomes:** Measuring the health outcomes of integrated healthcare models to provide empirical evidence of their effectiveness.
- **Cultural Sensitivity Training:** Developing training programs for healthcare providers to enhance cultural competence and sensitivity towards traditional practices.
- **Policy Implementation:** Analysing the impact of new policies on the ground, ensuring they effectively incorporate traditional practices while maintaining safety and efficacy standards.
- *Interdisciplinary Approaches*: Adopt interdisciplinary methodologies that combine insights from various fields, enhancing the understanding of healthcare practices.
- **Specific Health Conditions:** Investigate specific health issues where traditional healing has demonstrated effectiveness, developing integrative treatment protocols.
- **Global Perspectives:** Examine similar integration efforts in other cultural contexts to inform local strategies and foster international collaboration.
- **Community-Based Projects**: Develop initiatives that involve local healers and healthcare providers addressing public health challenges collaboratively.

By pursuing these recommendations, it would be possible to create a healthcare system that is not only scientifically robust but also culturally sensitive and inclusive. Such a system would honour the rich heritage of traditional healing while embracing the advancements of modern medicine, ultimately benefiting diverse communities and enhancing overall well-being.

In conclusion, this research highlights the necessity of integrating traditional healing practices within modern healthcare frameworks. By recognising the value of both systems and fostering collaborative relationships, we can enhance healthcare delivery, ensuring that diverse populations receive holistic and

culturally relevant care. The findings and recommendations presented in this section aim to pave the way for a more inclusive approach to healthcare that honours the rich traditions of healing while embracing the advancements of modern medicine.

As we move forward, it is crucial to advocate for the respectful integration of traditional healing practices, ensuring that the voices of historically marginalised communities are heard and valued in contemporary healthcare discourse. This approach will not only enhance individual health outcomes but also contribute to the preservation of cultural heritage and the promotion of social justice within the healthcare system.

REFERENCES

Arts, N. D. (2024, 11 10). *NLA Design and Visual Arts* . Retrieved from https://nladesignvisual.wordpress.com/: https://nladesignvisual.wordpress.com/tag/credo-vusamazulu-mutwa/

Ashforth, A. (1991). The Xhosa Cattke Killing and Politics of memory. *Sociological Forum, 6*(3), 581-592.

Authority, S. A. (2024, November 28). *SAPHRA*. Retrieved from https://medsinfo.sahpra.org.za/: https://medsinfo.sahpra.org.za/medicine/c90Sl5pWAZDnzj-q02Rr

Beauty, N., Booi & David , J. A., & Edward, A. (2014). Becoming a Xhosa Healer: Nomzi's Story . *Indo-Pacofic Journal of Phenomenology , 14*(2), 1-12.

Benze, I., & Wachtel-Galor, S. (2011). Chapter 1Herbal Medicine: An Introduction to Its History, Usage, Regulation, Current Trends, and Research Needs. In I. Benze, & S. Wachtel-Galor, *Herbal Medicine: Biomolecular and Clinical Aspects. 2nd edition.* (pp. 1-9). Bethesda, MD 20894: Taylor and Francis Group LLC.

Booi , B. N., & Edward , D. J. (2014). Becoming a Xhosa healer: Nomzi's story. *Indo-Pacific Journal of Phenomenology*, 1-12.

Booi, N. B. (2004). *Three perspectives on ukuthwasa: The view from Traditional beliefs, Western.* core.ac.uk.

Bradfield, J. (2025, February 10). *University of Johannesburg*. Retrieved from University of Johannesburg: https://news.uj.ac.za/news/opinion-discovery-in-south-africa-holds-oldest-evidence-of-mixing-ingredients-to-make-arrow-poison/

Broster, J., & Martens, A. (1973). *African Elegance.* Cape Town: Purnell & Son.

Campbell, S. S. (1998). *Called to Heal.* Gauteng : Zebra Press .

Chitando, E. (2005). PHENOMENOLOGY OF RELIGION AND THE STUDY OF AFRICAN TRADITIONAL RELIGIONS. *Method & Theory in the Study of Religion*, 299-316.

Drugs.com. (2024, November 26). *Drugs.com Knoiws more. Be sure*. Retrieved from https://www.drugs.com/: https://www.drugs.com/pro/ibuprofen.html#:~:text=Ibuprofen%20Description&text=Inactive%20ingredients%3A%20carnauba%20wax%2C%20colloidal,glycol%2C%20polysorbate%2C%20titanium%20dioxide.

Edward, S. (2010). On Soiuthern African Indigenous Healing. *African Journal of Indigenous Knowledge Systems, 9*(2), 211-227.

Ellis , C., Adams , T. E., & Bochner, A. P. (2011). Autoethnography: An OverView. *Forum: Quality Social Research*, 1-10.

Encyclopaedia, W. B. (1992). *Medicine: 306. World Book of Encyclopaedia.* Chicago : World Book of Encyclopaedia LTD.

Farnsworth , N. R. (2005). Ethnopharmacology and the research for new drugs. *Journal of ethnopharmacology, 100*(1-2), 57-65.

FDA. (2024, November 24). *FDA*. Retrieved from https://www.accessdata.fda.gov/: https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/020357s037s039,021202s021s023lbl.pdf

FDA. (2024, November 26). *FDA*. Retrieved from https://www.accessdata.fda.gov/: https://www.accessdata.fda.gov/drugsatfda_docs/label/2005/020272s042,020588s030,021444s016,021346s010lbl.pdf

Frankel, A. (2013). An Autoethnographic Exploration of Holistic Wellness Through Three Paradigms of Wellness;Western Medicine, Traditional African Healing, and Herbalism. *SIT Graduate Institute/SIT Study Abroad*, 1-51.

Freeman , M., & Motsei, M. (1992). PLANNING HEALTH CARE IN SOUTH AFRICA-IS THERE A ROLE FOR TRADITIONAL HEALERS? . *SOCIAL SCIENCE MED* , 1183-1190.

Gallery, T. M. (2020). *Esther Mahlangu* . Retrieved from The Melrose Gallery : https://themelrosegallery.com/artists/44-esther-mahlangu/biography/

GIORGI, A. (1997). THE THEORY, PRACTICE, AND EVALUATION OF THE PHENOMENOLOGICAL METHOD AS A QUALITATIVE RESEARCH PROCEDURE. *Journal of Phenomenologycal Psychology, 28*(2), 235-260.

Government, S. A. (2022). *South African Government*. Retrieved July 05, 2022, from https://www.gov.za/1913-natives-land-act-centenary

Guma, P. M., & Nokgoatsana, S. (2020). The historical relationship between African indigenous healing practices and Western-orientated biomedicine in South Africa: A challenge to collaboration. *HTS: Theological studies*, 1-9.

Gumede, M. V. (1990). *Called to heal .* Gauteng : Zebra Press .

Gumede, M. V. (1990). *Traditional Healers a medical doctor perspective .* Capetown and Johannesburg : Blackshaws (Pty) LTD.

Gushen, P., & Nasidi, N. A. (2019). AFRICAN ART AND ORAL TRADITION. *University of Jos Fine and Applied Arts Journal*, 1-17.

Hammersley , M., & Atkinson , P. (2007). *Ethnography: Principle in Practise. 3rd edition.* London : Routledge .

Hammond-Tooke, D. (1989). *Ritual and Medicines.* Cape Town: AD, Donker (PTY) LTD.

Hammond-Tooke, W. D. (1937). *The Bantu speaking people of South Africa .* London : Routledge & Kegan Poal.

Husserl, E., 2019. *The phenomenology of internal time-consciousness*. Indiana University Press.

Jobela , J. R. (1940). *Amavo .* Johannesburg: Cape and Transvaal Printers LTD, Parow, C.P .

Kamau, J. (2002). *More than just Muti.* East London: Daily Dispatch.

Koos, M. (2012). The role of traditional healers in community . *Journal of ethnobiology and ethnomedicine* , 1-10.

Lumsden-Cook, J. J., Thwala, J. D., & Edward, S. J. (2006). The Effects of Traditional Zulu Healing Upon a Random Event GeneratorThe effect of traditional Zulu healing on a random event generator. *Journal of the Society for Psychical Research*, 129-139.

Mahlangeni , T. N. (2024, 11 28). *University of KwaZulu-Natal* . Retrieved from https://researchspace.ukzn.ac.za/: https://researchspace.ukzn.ac.za/items/f3cd1231-c96a-4f18-a68c-ad333ffa8144

Marie , C. (1999). *Cynic Vs Psychic.* Cape town: Marie Claire.

McAllister , P. A. (1997). Xhosa Diviners as mediators of dispute and change. *African Studies* , 219-238.

McIntosh, T. (2008). *Art Throb*. Retrieved August 02, 2022, from http://www.artthrob.co.za/08sept/artbio.html

Medicine, N. L. (2024, November 28). *National Library of Medicine* . Retrieved from https://dailymed.nlm.nih.gov/: https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=ff68a002-d46d-4f9f-0705-427844ea3655#:~:text=Acebutolol%20HCl%20capsules%2C%20USP%20are,stearic%20acid%20and%20titanium%20dioxide.

Mercer, & Kobena. (2013). Postcolonial Grotestque: Jane Alexander's Poetic monsters. *Journal of Contemporary African Art, 33*, 80-90.

Mills , J. (1985). The possession state intwaso: An anthropological re-appraisal. *South African Journal of Sociology, 16*(1), 9-13.

Mkhize, N. (2014). Cultural beliefs and the persistence of traditional health practices among the zulu. . *Journal of Ethnobiology and ethnomedicine,* .

Mokgobi, M. G. (2012). *Views on traditional healing: Implications for integration of traditional healing and Western medicine in South Africa.* UK: Core.ac.uk.

Mokgobi, M. G. (2015). Understanding traditional African healing. *PubMed Central*, 24-34.

Mokhutso, J. (2024). Hybridisation as a Normal Proccess of Life: A Contribution to the "ukuthwasa" Conversation within the Methodist Church of Southern Africa . *Studia Historiae Ecclesiasticae, 50*(1), 17.

Mothibe, M. E., & Sibanda, M. (2019). African Traditional Medicine: South African Perspective . *Journal Medicine I Of Her*.

Mun-Delsalle, Y.-J. (2019, June 7). *Esther Mahlangu, One Of South Africa's Most Famous Artists, Perpetuates Traditional Ndebele Painting*. Retrieved from Forbes : https://www.forbes.com/sites/yjeanmundelsalle/2019/06/07/esther-mahlangu-one-of-south-africas-most-famous-artists-perpetuates-traditional-ndebele-painting/

Mutwa, V. C. (2003). *Zulu Shaman: Dreams, Prophecies and Mysteries .* Destiny Books;.

Myamwayo, D. (1992). *African Indigenous Medicine .* Nairobi : African Medical and Research foundation.

Naidu, M., & Darong, G. (2015). Narratives of Sangoma1 Nurses. *Etno Med*, 289-295.

National Center for , B. I. (2024, November 25). *Ntional Library of Medicine*. Retrieved from https://pmc.ncbi.nlm.nih.gov/: https://pmc.ncbi.nlm.nih.gov/articles/PMC4150506/

Ngambouk, V. P., & Tabi, C.-J. T. (2020). Traditional Medicine, Colonialism and Apartheid in South Africa . *Biomedical Hegemony and Democracy in South Africa , 51*(1), 47-76.

Ngcobo , M., Nkala, B., Moodley , I., & Gqaleni , N. (2011). Recommendations for the Development of Regulatory Guidelines for Registration of Traditional Medicines in South Africa. *African Journal of Traditional Complementary and alternative Medicines* , 59-66.

Orford, M. (2006). Life and Soul: Portraits of Women who Move South Africa. In M. Orford, *Life and Soul: Portraits of Women who Move South Africa* (pp. 1-156). Cape town : Juta & Co, LTD.

Pughe-Parry, M. (2002). *Traditional remedies being put to the test .* Weekend Post.

Sibanda , M., & Mothibe , M. E. (2019). African Traditional Medicine: South African Perspoective . *Traditional and complementary medicine* , 1-27.

Sobiecki, J.-F. (2014). The intersection of culture and science in South African traditional medicine. *Indo-Pacific Journal of Phenomenology*, 1-11.

van der Watt, A. S., Biederman , S. V., Abdulmalik, J. O., Mbanga, I., Das-Brailsford, P., & Seedat, S. (2021). Becoming a Xhosa traditional healer: The calling illness, conflict belonging. *South African Journal of Psychiatry* , 1-9.

Yüksel, P., & Yıldırım, S. (2015). Theoretical Frameworks, Methods, and Procedures for Conducting Phenomenological Studies in Educational Settings. *Turkish Online Journal of Qualitative Inquiry, 6*(1), 1-20.