



**Perceptions of “Spiritually Transmitted Diseases” Within the Zulu
Community of KZN, Pietermaritzburg, uMgungundlovu District**

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DEDICATION

I would like to dedicate this dissertation to my family. I appreciate their presence in my life. They have been the light that shines my every day. I will continue to treasure you all and continue my hard work. I further extend my thanks to my mother for the wise words during hard times and believing in my studies. I wish your prayers continue to shower me with energy and determination. This is dedicated to the kind of love you showed me. May God bless you all.

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- The rest of my family for their unconditional love and support.

ABSTRACT

People worldwide have different cultural and spiritual beliefs that influence how they perceive disease or an illness. Such perceptions stem from cultural forces and individual experiences. Cross-culturally, medical anthropologists examine health, healing, disorders and treatments. Understanding health from a cultural perspective proves that illnesses/ diseases are not only physical but also social and spiritual. It is, therefore, necessary to understand these perspectives when aiming for culturally appropriate and sustainable interventions. Medical anthropologists are not only interested in studying diseases and illnesses but also in those that are culture-bound. The lack of anthropological research on spiritual diseases from AmaZulu cultural perspective has influenced this research. This is not to claim that AmaZulu people in KwaZulu-Natal are a homogenous group with similar experiences, especially concerning spiritually transmitted diseases. However, in the researcher's experience, this phenomenon is uncommon among AmaZulu adults in Pietermaritzburg, KwaZulu-Natal. This research aims to describe and document perceptions and experiences of these "spiritually transmitted diseases" (SpTD's) in a local AmaZulu community. A general conclusion is that SpTD's are culture-bound even though some symptoms are like medical conditions that we know. This research also adds that a culture-bound disorder does not necessarily have to be spiritually transmitted. A spiritually transmitted disease can be or appear as a sexually transmitted disease. These spiritual distresses are associated with "*ubumnyama*", which is said to be contagious to a certain extent, especially through sexual intercourse. They are also believed to make an existing medical condition worse. Previous studies have indicated that 80% of the population in African countries uses traditional medicine to maintain good health and treat illnesses and diseases. In the documentation of these perceived spiritual diseases, this dissertation includes the healing processes and unpacks the associated myths. The researcher also refers to allopathic medication not to disregard but to highlight parallel health systems with similar concepts (symptoms) but different healing processes. This research had its challenges and limitations. There is room for further research with a larger sample.

Keywords/phrases: spiritually transmitted diseases, "*ubumnyama*", traditional medicine, traditional healer, allopathic medicine.

ACRONYMS AND GLOSSARY

Acronyms:

IT- Interpretive theory

CBS- Culture bound syndrome.

THP- Traditional Health Practitioners

STD- Sexually Transmitted Diseases

SpTD- Spiritually Transmitted Diseases

KZN- KwaZulu-Natal

PMB- Pietermaritzburg

Glossary

For the purposes of this research, the following terms refer to:

Traditional medicine: These are cultural practises and approaches to health that are integrated with animal, plant and mineral based medicines and other spiritual therapies to treat, diagnose, prevent a disease or maintain well-being.

Traditional Health Practitioner: A traditional health practitioner is someone with an ability to heal people using traditional medicine. However, for the purposes of this research, by THP's, this study refers specifically to "sangomas" and "inyangas".

"Isangoma": These are highly respected people among the Zulus. Through divination, they can diagnose, prescribe and perform rituals that assist in the healing process. Their healing methods not only heal mental issues but also emotional, physical and spiritual.

"Inyanga": Another type of Zulu healer known to specialise in herbalism.

"Idlozi" (ancestor): – an ancestor is a forefather, fore elder, grandparent who have deceased. They are also believed to guide "sangomas" on how to heal illnesses and spiritual difficulties. In the Zulu culture, they are still considered as part of the family and are included in family matters or ceremonies by communicating with them "*emsamo*" (a sacred place prepared in the house). They are also believed to cause an illness especially when things are not done properly.

"Ubumnyama" (darkness): This is a phenomenon that is associated with evil spirits, bad luck, misfortunes etc. for example, if a spell or evil has been done onto someone resulting to either cause misfortunes, bad luck or physical discomfort/ dis-ease, that person is believed to also be travelling with a dark cloud/ dark forces. The Same will apply to someone with an ancestral spiritual problem.

Allopathic medicine: This is science based modern medicine used by modern health care workers like nurses and doctors to treat ailments. It is also referred to as western medicine or biomedicine.

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CHAPTER 1

Introduction and Background

1.1 Introduction

In this contemporary world, a subject of tradition, spirituality, and AmaZulu cultural beliefs and practices still leads to endless debates in academics and among community members who remain divided. We find ourselves torn between what we believe is authentic and accurate. People can belong to the same cultural group but have their truths. People can have the same ancestry but have different beliefs influencing their health behaviours. The AmaZulu people are an example of an ethnic group that seems to be divided, especially regarding traditional healing, spirituality, cultural beliefs and cultural practices. It appears to be divided by two health systems (conventional and allopathic) that, till today, writers and officials are attempting to collaborate. There are believers of allopathic medicine only and those recognizing both in this world. A conclusion from a general observation is that believers of allopathic medicine, who are usually against traditional medicine, believe in faith healing and associate cultural ways with "demons" and against "Christ". Believers of traditional medicine, who can be against allopathic medicine to some extent, do not believe in faith healing, and some recognize both. Those who recognize both have been influenced by subjective experiences and cultural factors. They bring the mentality to not look down on any health system. These differences led to a general conclusion that some may find this research exciting, and others may find it fictitious.

Regardless of the division, anthropology has become a field that recognizes that "there is more to health and disease than just physical and biological processes" (Geissler et al., 2005, p. 6). In Anthropology, "health" consists of psychological, physical, and social well-being (Ember & Ember., 2003). The Authors further state that "it has become clear that to overcome barriers to the uptake of health interventions and develop culturally appropriate, sustainable interventions, it is first necessary to understand the social and cultural context of health and disease" (Geissler et al., 2005, p. 6). In this study, it is also important to unpack the terms "disease" and "illnesses". We understand disease and illness as a disorder, ill health, sickness, or infection. Moreover, to differentiate the two, diseases are also understood as pathological- medical doctors can smell, measure, and touch and an illness is defined as a feeling that the patient feels, and it mostly goes with a disease that is- at that stage, not admitted (Boyd, 2000). Therefore, considering these differences, this study is interested in cultural diseases that cannot be separated from feelings, experiences and cultural perceptions. Thus, in the cultural context that this research

intends to explore, the line differentiating an illness and disease is a blur, and this may mean that in a cultural context, both disease and illness may be treated as one. The SpTD's have what we can see, touch, smell (disease) and what we can feel, Experience and perceive.

Medical anthropologists contribute unique ways of understanding healing and diseases that involve the analysis of cultures and beliefs. However, few sociological and anthropological studies focus on the spiritual component of understanding disease and treatment. Amongst the Zulus, "*Ubumnyama*" is conceptualized as a mystical force which diminishes disease resistance and creates conditions of "*Amashwa*"¹, "*Isidina*"², whereby the people around the patient take a dislike to him/her without any provocation. In its worst form, "*Ubumnyama*"³ is contagious" (Ngubane, 1977, p. 78). For centuries, Africans have been dependent on traditional medicine; in African countries, medicinal plants are essential to health care (Mbongwa, 2018, cited van Wyk et al., 1997). Its holistic approach to illnesses and diseases overpowers the analytical and technical western medication (Mbongwa, 2018, cited Hammond-Tooke, 1989). When it comes to traditional systems, success or misfortunes are not perceived as an accident but as connected to the ancestral spirits, environment and the patient's behaviour (Mbongwa, 2018, cited Hammond-Tooke, 1989).

Flikke (2019) writes about the wind, spirit and atmosphere in a Zulu Zionist congregation led by a local prophet Themba. The writer shares that the general perception of suffering, such as violence, poverty, loneliness and illnesses in the congregation, is related to "*Umnyama*" (darkness). Themba translated it as "*Ukuhamba ebumnyameni*"⁴, associated with "bad luck". "*Ubumnyama*" (darkness) is created by a "dark" substance that causes pain and suffering for those "walking in the darkness" (Flikker 2019, p. 296). He continued to write about witchcraft and told us a story about his informant Thandi who shared that it all started when she was having bad dreams related to blood, refractory yawning, tainting, fatigue at work and hiccups. In a Zulu culture, such dreams are a concern and people would seek interpretation. Thandi then consulted "*izangoma*"⁵, and they all told her the same thing about her life being in danger and her mother using witchcraft on her. She narrated that she also experienced an attack where men

¹ Misfortunes

² Repulsiveness

³ Darkness

⁴ Walking in the darkness

⁵ Healer/ spiritualist. Plural for "isangoma"

attacked her to kill her so that they use her body parts for rituals to take her "good luck". People exposed to "*ubumnyama*" (darkness) are exposed to sicknesses, illnesses and diseases until they are cleansed properly and strengthened through various rituals (Flikker, 2019, cited Beinart & Brown, 2013). This study will focus on perceptions of SpTD's associated with darkness, "*ubumnyama*", among the Zulu ethnic group. Precipitated by the lack of anthropological research about this phenomenon, this research will unpack more about "*ubumnyama*" and its association with spiritual diseases. In the researcher's Experience, this is an experience not uncommon among Zulu adults in PMB, KZN. This study aims to describe and document "*ubumnyama*" and these perceptions of "spiritually transmitted diseases" in a local Zulu community, uMgungundlovu district.

1.2 Research Background

The researcher first heard about spiritual transmission in a popular reality show called "Dlozi Lami" on DSTV channel 157 hosted by Thembi Nyathi, a South African psychic medium helping troubled people reunite and make amends with their ancestors. On her show that played on 30 December 2020, Thembi revealed that her client was suffering from a SpTD. She then warned viewers about this and further explained it. This caused traffic on social media platforms as the term was new to most of us and people started sharing their experiences. The researcher is born into a family that is not continually active regarding traditional healers and cultural practices. However, she is aware and has read about traditional diagnoses and ways of healing but has never heard of spiritual diseases or transmissions. One day the researcher woke up in the early hours to accompany a friend to consult a traditional healer in Thornville, Pietermaritzburg. This is where a brief discussion was held about spirituality and disease/illness.

The line was long, and the researcher was amazed by how patients sacrificed their sleep to consult. Eventually, the friend had his chance to consult, and this was when the researcher asked more about spiritual transmissions and diseases. The healer shared that these types of spiritual transmissions or diseases are associated with life events (that differ from one person to another) or ill-health linked to "*ubumnyama*" (darkness) that can be social or a result of an upset ancestor. The discussion did not go into detail as we were already tired from waiting, and there were still people waiting for their turns. An explanation from one traditional healer was not enough. As a curious researcher and an anthropologist, it became an interest to conduct this study and interview traditional healers and people to describe and document this phenomenon

from a Zulu cultural perspective. Regarding SpTD's, I do not wish to claim that the Zulu people in KwaZulu-Natal are a homogenous group with similar experiences, especially concerning these spiritual diseases and transmissions.

1.3 Problem Statement

The fact that "*ubumnyama*" (darkness) is contagious is problematic and calls for concern. It is a phenomenon that has different causes and can affect both men and women. When one speaks about STDs, we usually think of sexually transmitted diseases that have to do with bacteria and parasites transmitted through sexual contact. Not everyone is aware of STDs. This phenomenon reminds us that there is an intersection between culture, sexuality and spirituality (Erasmus & Lombaard, 2017). In a cultural and spiritual context, sexual contact is more than an exchange of fluids but also a spiritual exchange that can affect a person's health and physical well-being. "It is also a kind that transfers with or without a condom. We are talking about soul-to-soul attachment" (Carol Dao, 2020, p. 1) in her article titled "The Spiritual STD." In another cultural context, a person does not have to be physically sick with a medically defined STD to suffer the SpTD. However, in some cases, people can have both. For example, in another episode of Dlozi Lami, the client informed Thembi Nyathi about a green substance coming out of her vaginal opening. The client explained that she sought medical assistance without luck or relief. Thembi Nyathi then explained that this is related to her grandmother, who also died from the same illness and is now passing it to her so she can conciliate the ancestors through a ritual/ceremony or "*Ukushweleza*"⁶.

This is called a vaginal discharge- "Trichomoniasis characterized by a yellow/Green discharge with a fishy odor." (Rao & Mahmood, 2019, p. 11). Allopathic and traditional health care can be intensified by describing and documenting these perceptions and experiences. A similar vaginal issue can be acquired from a sexual partner. According to the famous Zulu traditional healer Dr Gogo Bathini Mbatha, a sexual partner(s) and the events that take place in your life form one equation (Dr Gogo Bathini Mbatha 11 December 2020 [video]). Unlike STDs, SpTD's cannot be prevented by using protection and can start affecting your life after years, if not immediately. We hardly hear about spiritually transmitted diseases and their dangers. This can rise within you organically or be passed on to you by someone who already carries the disease (AceHighStudios, Carlton Pearson's 2015: Streaming Consciousness: STDs –

⁶ Communicating with ancestors and asking for forgiveness.

Spiritually Transmitted Diseases [video]). This is not to disseminate that these SpTD's are caused by sexual contact only, as other things like witchcraft or an upset ancestor can cause them.

Dr Gogo Bathini Mbatha further explains how being sexually active not only exposes you to sexual diseases but also invites evil spirits into your life that will cause misfortune and darkness (Dr Bathini Mbatha 2020 [video]). This type of spiritual transmission is believed to cause diseases and is cured through a cleansing process that differs from culture to culture. Traditionally when Zulus go to a river, it also suggests a cleansing ritual. Therefore, it is vital to consider other factors like culture and spirituality when encouraging health and wellness awareness because people tend to ignore these aspects of health. In summary, the most significant concerns about this phenomenon are that it is contagious and does not respond to allopathic treatments. It can also be transmitted through sexual contact, and lastly, it is associated with events that cannot be seen with our naked eyes.

1.4 Research Objectives

This research intends to fully document people's experiences with the phenomenon in question. "People worldwide have beliefs and behaviours related to health and illness that stem from cultural forces, individual experiences and perceptions. A 16-country study of community perceptions of health, illness and primary healthcare found that in all 42 communities studied, and people used both the western biomedical system and indigenous practices. There were also discrepancies between services the governmental agencies said existed in the community and what was available" (Scrimshaw, 2011, p. 41). "Due to positive experiences with alternative healing systems and the shortcomings in the western biomedical systems, people relied on both" (Scrimshaw 2011 cited Scrimshaw 1992, p. 41). The experience has shown that health programs fail to recognize and work with indigenous beliefs and practices, including the failure to reach their goals. Similarly, research to plan and evaluate health programs must consider cultural beliefs and behaviours if researchers want to understand why programs are not working and what to do about it." (Scrimshaw 2011, p. 41). Here are the research objectives of this study:

1.4.1 Primary Objective

1. To record the interpretation of "ubumnyama" (darkness) and its association with "spiritual" diseases from the views of the participants.

1.4.2 Secondary Objectives

1. To learn about the sources and symptoms of cultural or spiritual diseases.
2. To record how people are healed from such diseases and to probe if they consider allopathic medication.
3. To record metaphors, myths and hinderances attached to such diseases.

1.5 Research Questions

There are fair questions and doubts around the existence of “spiritually transmitted diseases”. This research aims to answer the following questions:

1. Is there something called a “spiritually transmitted disease” amongst Zulus, if so, how is it explained?
2. What makes them spiritual?
3. How are they associated with “*ubumnyama*”?
4. Where do they come from?
5. What do people feel or see when they have a “spiritual” disease?
6. Can sexual intercourse result to a “spiritual disease”?
7. How are healers able to identify and heal these “spiritual diseases”? what enables them?
8. What is being used to heal these “spiritual diseases”?
9. What are cultural notions that exist especially about cultural illnesses?

The sample of this study includes traditional healers and patients. Traditional healers hold more knowledge about the phenomenon in question and therefore, research questions were different for participants. What was vital to capture from the patients was their experiences and motives behind choosing traditional healing. These are discussion questions that guided the interviews with the participants.

1.5.1 Traditional Healers:

1. What is and what can cause “*ubumnyama*” (Darkness)?
2. How can people prevent “*ubumnyama*” (Darkness)?
3. What are the common names and symptoms of these cultural or spiritual diseases associated with “*ubumnyama*” (Darkness)?
4. How do you assist a person with “*ubumnyama*” (Darkness) caused by a sexual partner(s)?
5. How contagious are illnesses or diseases related to “*ubumnyama*” (Darkness), and how can contagion be prevented?

6. What are methods, plants and medicines that are now used by patients with health-related issues, especially those related to "*ubumnyama*"?
7. In your own opinion, is this knowledge relevant to community members and healthcare workers?

1.5.2 Patients

1. What are life experiences that made you consider seeking traditional help?
2. Have you ever sought medical help? If yes, how was that Experience?
3. How did you receive treatment from the healer, and did it work for you?
4. Would you recommend consultations to others?

1.6 Theoretical Framework

The foundation of this dissertation is on two theoretical frameworks that have assisted in the structuring and construction of knowledge.

1.6.1 Interpretivist Theory

Through ethnography, the interpretive theory of culture looks at culture as constructed by people's experiences and interpretations. "The "medical" in medical anthropology refers to not only allopathic medicine but to all practices that are intended to address what lay folk and practitioners consider to be affliction in need of attention" (Gronseth 2009, p. 3). The interpretive theory examines how community and individual distress is alleviated through healing systems and how an illness is defined and experienced. The assumption is that the healing system provides meaning for suffering (Geertz, 1973). This framework is becoming influential and fashionable as it intends to find hidden meanings and connections (Roger et al., 1987). This study also acknowledges that cultures have different systems that influence understanding and responses to an illness or disease worldwide. Medical anthropologists utilize this approach to understand how cultural beliefs and cultural practices intertwine with health and illness. This study aims to describe and document how spiritual transmission affects physical health and how Zulu people address those health issues. This approach is relevant to this study because it encourages "people's science" and solely understanding health and disease from the cultures' perspective. The focal point of this approach is an emic perspective. The findings of this study will be composed of internal perspectives.

1.6.2 Culture-bound Syndrome (CBS)

A culture-bound syndrome exists in a specific group of people. Understanding them requires understanding behaviours and experiences others see as abnormal (Simons, 1983). Culture is

the way of life and social behaviour of a particular group of people which is the deposit of knowledge, Experience, beliefs, values, attitudes, meanings, hierarchies, religion, roles and concepts that are possessed and acquired by a group of people (Chellappan & Xavier 2017 cited Adler et al. 1994). The word "syndrome" implies specific disease entities, and "bound" implies that the entities described are restricted to a single culture. The culture-bound syndromes are the illnesses and diseases present and experienced only within a specific group of people. (Chellappan & Xavier 20172017). Most literature on CBS focuses on psychological disorders and mental health issues. It is for this reason that this study seeks to name and describe spiritual diseases (which later affect physical health) that exist within the Zulus. The researcher will also look at folk medicine and which plants are used. In CBS, understanding peoples' experiences is vital to gather enough information about the symptoms. The findings of this study will document all the information mentioned above. This framework is relevant because it will help the researcher structure the findings chapter, and the study focuses on spiritual diseases. The meanings of CBS or "SpTD's", symptoms, and treatment tend to differ from one culture to another. It will be interesting to document this information from the Zulu cultural perspective from spiritual and traditional cultural observation.

1.7 Relevance of the study in Anthropology

This study is relevant in social and medical anthropology because it examines spiritual illnesses, diseases, diagnosis, prevention, and treatment locally. The scope of medical anthropology studies how people experience and perceive illnesses and diseases. This is to try and solve modern problems, especially those related to health care delivery, policies and systems, strengthening clinical care approaches and advocating for public health programs that are culturally relevant in communities (Sigdel, 2012). With clear relevance to medical anthropology, this study looks at the social meanings of diseases and illnesses, perceptions and the use of traditional healing. This research is meaningful and valuable because it can significantly refashion how healthcare professionals work—also discovering the unknown, filling in gaps, answering mysterious questions and documenting if traditional medicine is being used as the best way to help community members.

This study focuses on what other anthropologists have been studying for decades: the relationship between culture, values and norms and health-related issues. As a result, anthropologists have reported several cultural illnesses or diseases from around the world, including Latin America, Mediterranean, Ashanti, Haiti, West Africa, Afro-Caribbean. Other

places include Southern United States, Sub-Saharan Africa, Cape Verde Islands, Northern Africa, Southwest Asia (Somalia, Iran, Egypt, Ethiopia and Sudan), Philippines, Indonesia, Malaysia, India, Taiwan, China, Korea, Japan, Vietnam and Polynesia (O'Neil, 2010). Anthropologists have also been interested in the Zulu cultural values and norms because the AmaZulu people are the largest ethnic group in South Africa and are extremely popular for being rooted in indigenous knowledge. However, more anthropological research about Zulu culture-specific illnesses and diseases still needs to be done. More anthropologists need to investigate this gap in the discourse of indigenous knowledge in KZN. Although the study's objectives did not include the role of language and specific isiZulu terminology relating to disease and illness, the researcher could not avoid their significance in describing and documenting the findings. Hence, the study partially contributes towards two aspects: (1) linguistic anthropology, in taking a holistic view of how language shapes social relations and (2) semiotics, where the use of specific terms contributes towards understanding how a group of people make sense of the cultural phenomenon.

1.8 Research Site

The fieldwork for this research was conducted in Pietermaritzburg and lasted two months. The Zulu translation of the word Pietermaritzburg is uMgungundlovu hence we have uMgungundlovu district. The district has seven local municipalities: uMsunduzi, uMngeni, Impendle, Mkhambathini, Mpofana, Richmond and uMshwathi. These municipalities serve thousands of people in Pietermaritzburg, most of whom are Zulus. Many Zulus are found in Durban, Gauteng and Pietermaritzburg (South African History Online, 2016). Many of the traditional healers were located outside of the city. These are areas that cover multiple districts. The following geographical data is the general view of the Pietermaritzburg areas where participants are located. This map was created on Google Earth. The adjustments show the selected areas of interest. Within the quadrilateral, there are areas where the patients reported to reside. Within the pentagon, there are areas where the healers were located.

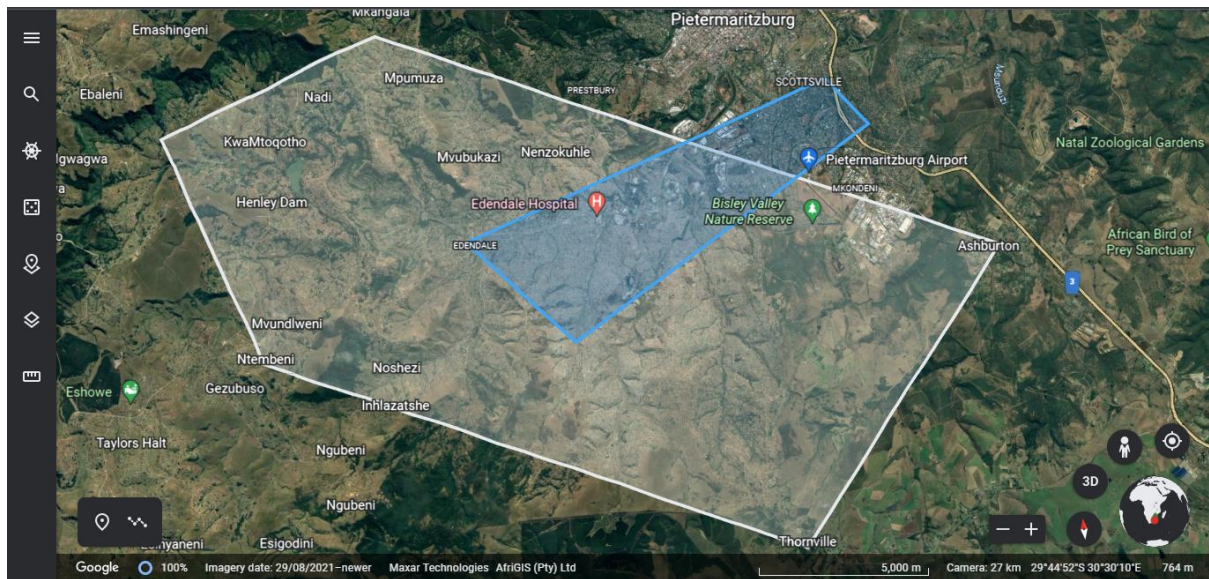


Figure1: A general map of Pietermaritzburg created from Google Earth.

1.9 Thesis structure

This dissertation comprises six chapters. These are briefly described below.

Chapter One: Introduction and Background.

This chapter introduces the phenomenon in question. The chapter gives a brief overview of what this study means by SpTD's, motivates the relevance of this research in anthropology, and elaborates on the problem statement that has triggered this investigation. The brief overview also includes the theoretical framework used to achieve the research aims and objectives.

Chapter Two: Literature Review and Theoretical Framework.

This chapter consists of two sections. The literature review focuses on other African cultures' perceptions of illnesses and diseases. Referencing other cultures adds to why this research is relevant in this context. The literature review has detailed perceived cultural ailments discussed by other writers. These discussions highlight the perceptions that this study intends to document from a Zulu cultural perspective. The second section discusses the theoretical frameworks and how they will be utilised in this research.

Chapter Three: Methodology.

This chapter outlines the strategies used for data collection and construction of this research. During a pandemic, this research adopted strategic methodologies that assisted in the execution and interpretation of the findings—the chapter details the data collection experience, protocols and ethics, approach, limitations and challenges.

Chapter Four: Presentation of Findings.

This chapter presents the findings of this research as they are in table forms. The findings have been separated into themes for a better presentation. This chapter reveals more about "spiritual distress", as discussed in chapter 2 but from a Zulu Cultural perspective.

Chapter Five: Analysis of Data and Discussion

Through an inductive approach, this chapter analyses the research findings. The chapter includes the narratives from the healers and testimonies from the patients. This data is discussed, and the researcher also probes the use of allopathic and traditional medicine on "spiritually transmitted diseases". General conclusions about spiritual diseases are drawn based on the findings.

Chapter Six: Conclusions and Recommendations.

This chapter will summarise findings and relate to chapter 1, conclude how the aims of this study have been achieved, highlight how this study is relevant and admit impediments and make recommendations for future research.

1.10 Conclusion

This chapter has highlighted the background of the research, research objectives, the relevance of this study, the structure of the study and a few previous researchers who have attempted to discuss this phenomenon amongst the Zulus and other cultures. "Africaness" is deeply rooted in traditional knowledge, medicine, ancestors, and healers. These not only play a huge role in the construction and development of African cultures but also rich resources of cultural knowledge. Zulu communities have a solid cultural background and will still consider traditional medicine for healing as an alternative or a preference. Such communities are influenced by culture, values and beliefs when interpreting social and health issues. With this understanding, this study aims to holistically describe and document the perceptions of "spiritually transmitted diseases" that are associated with "*ubumnyama*" (darkness) by traditional healers ("*inyanga*" and "*sangomas*") and patients that were in Pietermaritzburg. To understand the "spiritual diseases," it is important to unpack what "*ubumnyama*" is. The next chapter will be more detailed about the background of the study and reflect on the literature on spiritual diseases across Africa.

CHAPTER 2

literature Review and Theoretical Framework

2.1 Introduction

This chapter has two parts: the literature review and the theoretical framework. This literature review unpacks African religion, spirituality, health and healing. Writers who have explored perceptions of illnesses and "spiritual" diseases in other African countries are included in this section to show that the perceptions this study intends to describe, and document have been explored in different cultural contexts. This aspect is imperative in this research not only because this phenomenon has been identified as contagious but because not everyone believes in "spiritual diseases", and to them, the idea of a physical ailment being of a spiritual cause can sound unreal. Therefore, reading about what has been discovered in other countries may illuminate the phenomenon and how spiritual diseases manifest. The second part of this chapter is the theoretical framework. The researcher discusses IT and CBS.

The term "spiritually transmitted diseases" in this study is in inverted commas because this is not a term defining a specific disease that is global and recognized in all cultural groups. This term relates to a cultural phenomenon and perception associated with "*Ubumnyama*". This phenomenon is said to be contagious and can result in "spiritual diseases". These experiences/ illnesses/ diseases differ from culture to culture and are categorized differently. However, what is common in African cultures is how these experiences are grounded on a spiritual basis, cultural logic, tradition and ancestors. Ancestors play a significant role in African religion. "Ancestors can offer advice, fortune and honour to the living loved ones, but they can also have ultimatums like wanting their alters to be cared for or wanting a specific ritual to be performed, and if these are not done, they will cause misfortunes/ illnesses or a disease" (Chiorazzi, 2015 p.1). Like any culture-bound syndromes, these spiritual diseases require native medicine. Therefore, community members regress to indigenous medicine and consult traditional healers. In Africa, religion is diverse, and the Person's ethnic group defines it. This also highlights that the names and causes of these "spiritually transmitted diseases" will differ, and so will the medical approach (especially the plants that are used)

2.2 African Religions, Spirituality, Health and Healing

As a researcher who has attempted to read more about "spiritual diseases" and the healing methods, it came to my attention that most researchers interested in African healing and health, in their discussions, never leave out traditional medicine and traditional healers. This is because

African religion refers to the local beliefs and values of the African people before colonization (Chiorazzi, 2015). Before the arrival of western medication, our forefathers survived through indigenous knowledge and consulted THPs. After the arrival of western medication, indigenous knowledge, traditional healing, and culture-specific diseases were not extinct. Instead, people adapted and, in some instances, started using both traditional and allopathic medicine. The folk illnesses and diseases that were treated with traditional medicine before the arrival of westerns still exist in most African cultures. Even though some may have been discovered recently, one may find that the history behind them traces them back to the times of our forefathers. This section will explore a few African cultures, perceptions, and healing methods. The aim is not only to build on the research background and learn more about the phenomenon in question but also to learn from other writers. Shoko explores the Shona people, specifically the Karanga of the Mberengwa group in Zimbabwe. His interest was in the treatment of illness and disease. In Karanga, illnesses and diseases are categorized into severe and minor. This also determines how the illness or disease is treated and with which medicine (Shoko, 2007).

Severe illnesses and diseases are associated with "*Midzimu*⁷" which affects children. It is vital for the measures to treat the illness or disease to align and for the person affected to be entwined with the healing process in a spiritual realm. In Karanga, a spiritual chronic illness or disease is treated with a plant called "*Chifumuro*⁸". It is called an exposer because it exposes the illness or diseases of its nature, and after that, it becomes less effective on the child. The exposer is then intertwined with a fibre placed around the child's neck or waist (Shoko, 2007). This general idea exists almost in every cultural group, like Zulus, Indians, etc. This notion stipulates that children need to be protected from evil spirits, and black threads are used to be tied around their necks. It appears these threads differ in design and purpose. For example, Zulus have a thread that is also tied around the neck of the child so that the child is not bothered by toothaches. Correct diagnosis is important. For example, knowing if it is a serious or minor disease will determine the healing approach. Shoko (2007) also brings an interesting view that moves our focus to children. Children are just as vulnerable to "spiritual" diseases.

⁷ Ancestors

⁸ They call it the exposer.

In Karanga, another severe disease is called "*Nova*" (fontanel). It affects a child's head and is due to witchcraft. The medicine used is then placed in specific parts of the body. In African cultures, most healing processes, especially the ones associated with ancestors, work together with rituals and are completed with prescribed remedies. In Karanga, these are most likely not to bring relief if the ritual called "*Kubota Ndiro*" is not performed. In African cultures, these rituals act as a catalyst for healing. The "*Nova*" or "*Chip*" and (Fontanel) has several symptoms identified by the elders of Karanga. These symptoms include vomiting, especially after the child has been breastfed. The child will be weak, and the eyes will turn white. Sores will appear on the upper lip of the mouth. For healing and treatment, the process "*Mubvamaropa*"⁹ is performed and burnt. The powdery residue is combined with the fat obtained from the "*Mafute*"¹⁰. This Mixture is applied to the head's affected part. In Karanga, the bloodletting tree has properties that drain grime, and the oil plays a role in tranquillizing pain. From Karanga's perspective, the gap in the child's head should be narrow enough. When the gap is too broad, a plant with thorns is used to obtain medicine. The plant's roots are crushed and combined with water (Shoko, 2007).

A stick with two branches called "*Chimuti chine mhanda*" is then used to stir the mixture until foam appears. The types of plants that produce foams in Karanga are called "*Chifuro-furo*" (Shoko, 2007). This foam is then applied on the head of the child using the "*Chimuti chine mhanda*", and this medicine serves as healing medicine. The rubbing of the foam is strategic. The perception of the illness is useful. In this instance, it determines the stick's movement on the child's head. It can be applied from the side of the head to the centre. This is because it is believed that that is where the illness focuses. When the gap is too narrow, that symbolizes the child's suffering, and the healing consists of symbolic actions. This being a dreaded disease, parents attempt to find strong medicine for their children. Many parents who have used this medicine on their children threaten the health of other children in the community. When the affected child is with other children, the unprotected child from the phenomenon gets seriously ill (Shoko, 2007). What this study does not dwell on in detail is how children get these "spiritual" ailments. This information can inform us about the "perpetrators" methods. Are they the same or different when it comes to children?

In modern health, when the soft spot (fontanel) on the child's head is more profound than usual, medical research shows that it is due to dehydration and possible malnutrition. This condition

⁹ The process involves a bloodletting tree. The blood is drained from the bleeding tree.

¹⁰ Castor oil

is called a sunken fontanel. This is caused by not drinking enough fluids, fever, diarrhoea, urinating too often and vomiting resulting in dehydration. The symptoms include rapid breathing and heart rate, no tears when crying, sunken eyes, infrequent urination, dry, cool skin and dry mouth and lips. For malnutrition, there is dry, inelastic skin, hair falling off, fatigue, and underweight (Kandola, 2018). He further discusses the diagnosis as follows; the doctor will do medical check-ups for breathing, and he/she will also check the heart rate and take samples of urine and blood. If the soft spot is caused by dehydration, the doctor will rehydrate the child by giving fluids orally. If the dehydration were caused by vomiting, the doctor would direct the fluids into the body using an intravenous (IV) line. In another severe case of malnutrition, the treatment is different and involves the intake of nutrients through an IV line or tube if necessary (Kandola, 2018).

The above discussion discusses the same illness/disease from a traditional (African) and allopathic perspective. Culturally, it is interpreted as a contagious spiritual illness caused by witchcraft that affects infants and is categorized into two- serious and minor. This determines the medicine that must be used and how. In modern health care, it is interpreted as a typical illness that affects infants and is also categorized into two- caused by dehydration and caused by malnutrition. This also determines the form of treatment and medicine to be provided. Even though the symptoms are slightly different, the similarities may strengthen the collaboration between traditional healers and modern healthcare workers. Shoko (2007) discusses another disease in Karanga called "*Ndongorongo*¹¹" that also affects children. This is a deadly disease that is associated with evil forces. A common symptom of this disease is the appearance of blackish blood vessels in the belly button of the child. When the child is diagnosed, exposure must be minimized, especially the child's clothes, as they believe that the wind may still carry dangerous spirits that can cause further harm (Shoko, 2007 cited Madhende's interview, 24 July 1990). To further protect the child, a "*Chifumuro*" is tied around the waist and neck, and if the child becomes seriously ill, a shrub called "*Munhundungwa*¹²" is taken, washed, mixed and stays in water overnight. This bitter medicinal juice is given to the child the following morning to drink, and the excess is added to the porridge. "*Munhundungwa*" is believed to reduce pain (Shoko 2007). This literature on children is important because we learn that children can be vulnerable like adults. This data adds to the problem statement of this research as we are shown

¹¹ Inflammation of the belly button

¹² A woody plant is usually shorter in height.

the severity of "spiritual" ailments to the extent that parents seek protection for themselves and their children.

People living in Karanga use traditional medicine to improve their health and protect themselves. They perceive the world they live in holistically. "Mysterious pestilences inflicted by evil forces seriously disturb the health of the Karanga family and tribal unit" (Shoko, 2007, p. 504). The medicine is acquired from an "*n'anga*¹³", called "*inyanga*" by Zulus. In African cultures, spiritual diseases are caused by several things, and sexual Intercourse is one of the major things. In Karanga, issues related to sexual Intercourse include "*Shuramatongo*¹⁴", "*Jeko*¹⁵", "*rubaya*¹⁶" and "*runyoka*¹⁷". According to Bryant (1970), the collective term for venereal diseases and urinary diseases in the Zulus are "*iZembe*" or "*uFovela*". "For all urethral and vaginal discharges or sores of a generally venereal nature, as gonorrhea or gleet (*uGloa*, *iKlilabhu*, *iDilophu*¹⁸) Or something by the generic terms (*uFovela* or *iQondo*¹⁹), a large pill is made from the pounded leaves of the "*uZipho*²⁰" which is then thrust into the vagina or penis and allowed to remain. Bryant documented these in the 1970s. Therefore, there is a high possibility that current Zulu THP's have no clue about these terms defining venereal diseases and the healing method.

According to Bryant (1970), urethra infections are also relieved by the "*isiThumana*²¹" (*Solanum capense*), of which six of the small roots are pounded, boiled in a pint of milk and a tablespoonful of the decoction is drunk three times a day. These are also known as bladder infections, urinary tract infections and are most common in women. The bacteria enter the urinary tract and multiply in the bladder. It is more common in women than in men. The cause is the tube between the bladder and the area where urine comes out of the body. This tube is shorter in women than men (OASH, 2019). Scotch (2010) discusses the following remedies he observed in a Zulu community Eshowe, KwaZulu-Natal. The remedy discussed is entirely different to what Bryant mentioned. He writes that people from Eshowe came to see the traditional healer for various reasons. These include unemployment, low grades at school, lack of money, diseases etc. but most of the issues were related to sex – women were having problems with their husbands' mistresses, and men had issues with erection. Several things

¹³ Healer

¹⁴ We know it as AIDS

¹⁵ Known as menstrual pain

¹⁶ Continuous ill health

¹⁷ Venereal diseases

¹⁸ These are terms defining an STD drop.

¹⁹ Defining venereal diseases and urinary diseases

²⁰ A particular plant used by Zulu, according to Bryant.

²¹ A particular plant with yellow/orange fruits

could have caused these. This article by Scotch does not label these as "spiritual". However, other writers like Ngubane (1977) relate these events with "*ubumnyama*", or spiritual pollution that has the potential to manifest as a spiritual ailment. With husbands having mistresses, there is a possibility that their wives and/or mistresses suffer from urinary infections and venereal diseases as well. The remedy was called holy foot water. Before entering "*isiGodlo*"²² All 70 guests were asked to wash their feet in the same bucket, and all guests had to drink the water to remedy their issues (Scotch, 2010). This healing method cannot be the only healing approach utilized. THP's may work differently, but the healing structure appears to be the same and should include a consultation, diagnosis, cleansing if required and prescription of medicine. Comparing Bryant and Scotch requires us to take note of the time frame and the differences. Both these writers have discussed, amongst other things, sexuality and spirituality from AmaZulu perspective in different time frames and settings. In this literature review, Bryant is the only writer that touches on "spiritual" diseases and their transmission from a Zulu perspective. Section 2.3 further elaborates.

Sexual Intercourse remains a discussion. In Karanga, Shoko (2007) discusses "*Rubaya*"- a sexual, spiritual disease that affects married men. If a man is married and the wife just had a miscarriage, the husband must have sexual intercourse with his wife. In polygamy, the husband must only have sexual Intercourse with the wife who had a miscarriage and prioritize her. If this is not done due to contemporary reasons related to hygiene etc., the husband will suffer from "*Rubaya*" because he has ignored a cultural norm. So basically, the husband will "upset" the ancestors and be punished by them for not following a cultural practice. After learning that children are vulnerable, we now learn that our personal decisions- that go against our cultures can result in consequences that can affect our well-being.

"*Musana*" is another severe disease in Karanga, but this one affect both men and women. This one is related to infertility and impotence. The diviner will restore fertility through a healing process called "*Kuuchika*", where medicine is provided to restore fertility and "open" the womb. Alternative medicine is called "*Ruvande*". As explained by Shoko (2007), this treatment differs. For women- a guaranteed, unnamed, effective herb is used, and the process involves steaming. For men- there are options. The medicine is used as a sexual stimulant. There is "*Vhuka-Vhuka*" (wake-wake) and "*Mazondo*" (The hooves of the bull). Karanga men do what is called "*Kusimbisa musana*", where the hooves of the bull are prepared and combined with

²² A traditional hut/altar where the healer conducts consultations.

"*sadza*²³". The medicine must be used before sexual Intercourse. It is believed to accelerate sperm production and activate organs (Shoko, 2007). However, there is less literature about the effectiveness of this medication on spiritual diseases. In the same way, sexual Intercourse is perceived to be spiritual. In African countries, traditional medicine is cultural and very spiritual. It may also appear that the situation gets out of hand when there are multiple sexual partners involved. "*Runyoka*" is a name for another venereal disease related to sexual activities.

This disease is believed to be shared among unfaithful partners. For men who suspect that their wives or partners are unfaithful, Shoko (2007) found out that in Karanga they start using certain medications on their partners. This is a strong medication that they collect from the local herbalist. After the medication is used, a man having an affair with that medicated woman will suffer from a disease. The symptoms include intense pain and stomach swelling until the "separation" is done. This is where the husband demands a fine, and if it is not paid, the other man will suffer from pain and die a slow death. The experiences of this disease are compared to AIDS. "Karanga people perceives AIDS as a form of "*runyoka*²⁴" (Shoko, 2007, p. 505). This is a widespread "spiritual disease" in African cultures, even amongst the Zulu people. These are stories we read about in news articles. This has been referred to as penis captivus (Holland, 2019). This phenomenon started as hearsay until rumours of its occurrence started making rounds leading to medical research (Taylor, 1979). People do such things to their sexual partners, and this act has been associated with witchcraft. An attempt to get a holistic view of this phenomenon will require both medical and traditional knowledge. The researcher believes that even the "spiritual diseases" this study intends to investigate, requires a similar approach.

In this literature review, we learn that even though African cultures may be similar in terms of believing in traditional medicine and THP's, it is essential to understand a specific culture holistically, especially when attempting to understand how they address health-related issues. White (2015) discusses the concept of diseases and healthcare in the African traditional religion in Ghana. In most African cultures, there are diseases and illnesses that community members feel they need spiritual attention (White, 2015). This does not mean they are against allopathic medication, but the reasoning is more grounded in cultural beliefs and practices. Focusing on Ghana, White (2015) discusses African views and perceptions on diseases, causes, diagnostics and treatment.

²³ Another cultural concoction

²⁴ Venereal disease.

In Ghana, diseases and illnesses can be seen as attacks and associated with evil spirits. For some, it is associated with ancestors needing to be appeased, causing a disease (White, 2015 cited Masega, 1977 & Westerlund, 2006). When ancestors are neglected or forgotten by their relatives, they are said to be angry with them and send them misfortunes as punishment. Their anger is usually appeased through prayers, and rituals such as slaughtering or food (White, 2015, cited Nyamiti, 1984). A similar perception also exists among the Zulu people.

Regarding healing, African healing systems are holistic (White, 2015 cited Thorp, 1993). Traditional healers are believed to treat psychological, physical, social and spiritual symptoms. White (2015) further discusses spiritual issues and physical issues in Ghana. When it comes to spiritual issues, they seek spiritual protection and cleansing and make sacrifices. If the healer diagnoses you and suggests spiritual protection, a "*moto*²⁵" is used. This black powder is prepared to protect and applied on the body marks. What White (2015) is discussing here is a similar practice in a Zulu culture. However, this black substance is called "*insizi*"; those body marks are marks from razor cuts. This is called "*ukugcaba*"²⁶ In IsiZulu, this process is also for protection.

These are different names for similar practices. These names are cultural and have cultural meanings. They are also critical cultural names understood by their people. In Anthropology, language is also studied to understand cultural histories (Broadwell, 2022). This research does not know the choice of words and naming of diseases and medicines in other African countries. However, what is evident so far- and will be in the following chapters is that the naming of a disease amongst Zulus can be influenced by what it does to the body, smell, appearance and even how it can affect you socially. The medicinal plants are named based on what they do. The names are usually literal, for example, "*gezamashwa*²⁷" and it is used in a cleansing process to remove darkness, bad luck and misfortunes. There is also "*Nsukumbili*²⁸", this medication is meant to heal a patient in two days. In these terms, we can already see their attachment to Zulu cultural perceptions of illnesses and diseases.

When a person is sick and needs spiritual cleansing, some herbs are prescribed that must be used for a specific number of days, and sometimes the process includes the slaughtering of an animal and blood poured on the feet and the head. This is common among the Ewes in Ghana

²⁵ Medicine

²⁶ Each body part is cut twice on the same spot, and these cuts are made on the head, shoulders, back, chest, waist, belly button, legs and feet. The blood must mix with the black powdery Mixture.

²⁷ A direct translation of the word is: "bathing/removing bad luck/darkness."

²⁸ Direct translation of the word is: "two days" (two day cure).

(White, 2015 cited Westerlund, 2006). Another huge part of African culture is appeasing the ancestors, and some cultures appease God or spirits. In Ghana, Kumasi, diseases associated with ancestors require medicine and rituals to appease the ancestors and start healing (White, 2015). When it comes to physical issues, herbs are prescribed and come with specific instructions (White, 2015 cited Ayim- Aboagye 1993, Lartey 1986). From a cultural perspective, there is a pattern of categorizing diseases into two. Even though the majority have ancestors and witchcraft, Karanga has severe and minor, but the serious ones are still associated with ancestors. This division also influences the type of traditional medication to be used. In Africa, 80% of the population uses traditional medicine to maintain good health and treat sicknesses (Nankaya et al., 2020). The use of traditional medicine in most African countries has been associated with affordability and lack of infrastructure (Chadi et al. 2021). There is no denying that fact, but preference is debatable. Today, people travel long distances to consult. A general map in section 1.7 gives a general idea of the distance people travels moving away from the city. In Pietermaritzburg, it is also about choice.

In Maasai, Kenya, people in rural areas also preferred to use medicinal plants for parasitic infections, STDs, wounds, social problems, toothache, malaria, skin disorders, respiratory, CBS, etc. In Malawi, they have what they call "child dust" (Kuinguyu, 2019) that is believed to cause misfortune, and one can become diseased if a cleansing ritual is not performed. This cleansing is called "*Kusasa Fumbi*²⁹". According to Kuinguyu, this sexual cleansing is practised in most African countries, including Angola, Mozambique, Congo, Malawi, Zambia, Tanzania, Uganda and Ivory Coast.

In a study by Maroyi (2013), he discovered that in poor Zimbabwean communities, traditional medicine is the most inexpensive and accessible. In this study, Maroyi (2013) documented the use of plants for medicinal purposes. "The findings disclosed that in South-central Zimbabwe, 93 medicinal plants that represented 41 families and 77 genera were utilized. Eighteen diseases were treated using these plants. These diseases include gastro-intestinal disorders followed by STDs, colds, coughs, sore throats and gynaecological problems. 38 % of Shrubs and 38% of trees were used as primary sources of medicinal plants. 21% of herbs and 3% of climbers" (Maroyi, 2013, p. 1). In Zimbabwe, THPs are mostly consulted about sexually transmitted infections (Maroyi, 2013 cited Gelfand 1985, Kambizi & Afolayan, 2001). Sexual Intercourse seems to be an issue in most African cultures. Even Zulu THP's have warned people about

²⁹ Brushing off the dust

spiritual diseases that they can get from partners through coitus. Currently, especially with all the interventions done to promote safe sex, THP's are still dealing with many cases. This may be due to affordability and accessibility or the possibility of them being spiritual and not responding to allopathic medicine.

Ozioma and Chinwe (2019) discuss traditional herbal medicine practices from selected African countries. Seconding White (2015), Ozioma & Chile (2019) stated that the use of traditional medicine is prevalent in Ghana, and it is due to the lack of infrastructure, access to health care, financial reasons, the ratio of medical doctors and other economic and social reasons. The healers in Ghana have different names for different tribes. This may be due to the varying healing focuses that each healer may adopt. There is a "*gbedela*" (Ewe community), "*kpeima*" (Dagomba community), "*odinsini*" (Akan community) and "*isofatse*" (Ga community). In communities like Akan, forbidden acts are believed to cause diseases and illnesses. One could become sick through the invocation of curses in the name of the "*Antoa*"³⁰ upon the unknown offender (Ozioma & Chinwe, 2019).

In Zambia, several diseases need "*Chizimba*"³¹. This healing process is believed to seal the disease or illness forever. In this process, the heart of a lizard is burnt together with certain roots and combined with charcoal. The Mixture is applied on tiny cuts that have been made on certain parts of the body. In this literature review, this process is appearing for the third time but from another cultural perspective. Zambians call it "*chizimba*"; Zulus call it "*ukugcaba*". Zambians also apply the Mixture in open razor cuts. This Mixture is called "*moto*" in Karanga; Zulus call it "*insizi*". There is no information about how the Mixture is prepared in Karanga. However, Zulu and Zambian THP's have another common method of including animal fat or parts. Even though the language use is different, these similarities in healing methods raise more questions.

These healing methods are usually taught during the initiation. Does this mean that people with healing callings have similar experiences in different settings and languages? Diseases and healing methods are associated with ancestors- through dreams (sometimes), ancestors are said to guide healers on what to mix and what to do. Does this confirm that, as Africans, we have common ancestors? Besides ancestors, diseases and illnesses are also associated with witchcraft. This makes diseases and illnesses "spiritual" in an African context. Them being

³⁰ A River deity

³¹ A Zambia healing process

"spiritual" means "spiritual transmissions" occur. This confirms that the only strange thing about "spiritually transmitted diseases" in African cultures is the name, not the concept and healing processes. During the healing process, plants may be used on their own or combined with other plants. They are harvested, pounded, allowed to dry, and later soaked in water. However, some plants are turned to powder by burning (Ozioma & Chinwe 2019). Zambia has more than 72 ethnic groups that use six types of treatments. These include eating the medicine, drinking, applying it in small cuts, adding it to porridge, using herbs to bath, dancing for the spirits and steaming with herbs (Ozioma & Chinwe, 2019). All these are done with the guidance of a "*Nganga*³²". Traditional medicine seems to be utilized the same way cross-culturally. The Zulu also uses all the methods mentioned by Ozioma and Chinwe.

Tanzania has been using traditional medicine since the colonial period, and there needs to be more documentation. Tanzania has four types of healers: herbalists, diviners, bone setters and traditional birth attendance. Any age group uses traditional medicine for both simple and chronic diseases (Ozioma & Chinwe, 2019). Moving to Sub-Saharan Africa, Kenya is just like Ghana. Kenya is facing economic issues with a shortage of health workers, especially in rural areas. Therefore, 80% of the people contact traditional healers (Ozioma & Chinwe, 2019 cited WHO, 2001), and just like the case of Tanzania, Kenya has less literature about traditional medicine. As a result, they are not recognized by the government and are side-lined during interventions aiming to improve people's health. These are all gaps that modern researchers can attempt to fill by documenting the use of traditional medicine and how diseases or illnesses are being treated and healed. Such an initiative will improve health in Kenya, and they can implement successful interventions. THP's in Kenya, generally known as "*Lisbon*", far outnumber allopathic health care providers. They combine herbal and allopathic medicine, especially if they are afflicted by chronic ailments such as HIV/AIDS, hypertension, cancer and diabetes (Ozioma & Chinwe, 2019, cited Kigen et al., 2013).

In the case of Nigeria, they are not against allopathic medicine. However, costs, limited access to health care and fear of expired medication make them prefer traditional medicine. Tribes in Nigeria call traditional healers differently; namely, the Igbos call them "*dibia*", The Hausas call them "*boka*", and the Yorubas call them "*Babalawos*" (Ozioma & Chinwe, 2019). Paul (2018) investigates the Yoruba philosophies and traditions and how they have made it to the modern age. In his study, he concludes that the Yorubas still favour their healing systems

³² Zambian traditional healer

despite efforts by the propagators of western ideology. Paul states that the Yoruba culture and healing systems have attracted many researchers. However, there are still contradictions and suggestions of the existence of Yoruba from multiple scholars. The Yorubas people are found in the Southwestern part of Nigeria, and Eastern Benin and their traditions and beliefs are intertwined with their health and healing. These philosophies are interpreted both physically and spiritually. When it comes to injuries, illnesses or diseases that affect physical health, they use herbs, bird feathers, leaves and other substances discovered in the environment (Paul, 2018). The same way they believe in physical health is the same way they also believe in spiritual health.

The Yoruba study fits in this research because of its interest in spiritual health. While the physical world has all the things that can be seen with the naked eye, the spiritual world has three dimensions of man, namely, "*ém í*³³", "*okán*³⁴" and "*ara*³⁵". Therefore, the Yorubas believe that what a person becomes in life, their illnesses or diseases are also connected to the spirits. Unlike the germ theory that explains disorders, illnesses or diseases as a result of germs or viruses in the body, the Yoruba also believe that diseases can be caused by "*ótá*³⁶" "*áje*³⁷", sorcery "*osó*³⁸", "*órísá*³⁹" or "*ebora*⁴⁰". There are two types of diseases in Yoruba, namely: there is a "*áísán ídílé*⁴¹" and "*ááre*⁴²". When it comes to heredity, the Yorubas perceive illnesses or diseases as supernatural, mystical, preternatural and natural. Only THP's can heal illnesses inflicted by ancestors. They consult an "*ífá*⁴³" to discover what has caused the disease and which medicine can be used (Paul, 2018). Most of the reported cases required the "appeasing of the Gods"; usually, a diviner is responsible for facilitating the ceremony. What has been common in most African history or case studies is that most diseases are related to ancestors and evil spirits, resulting in what this study calls SpTD's. What distinguishes African cultures at this point is the use of language and a very thin line differentiating how things are done.

Yoruba people see the universe as a single unit containing the unborn, the dead, the living, ancestors and other deities (Paul, 2018, cited Erinoso & Oke, 1994). Beings in the spiritual

³³ The spirit

³⁴ The soul

³⁵ The body

³⁶ Enemies

³⁷ witchcraft

³⁸ Sorcery

³⁹ A God

⁴⁰ ancestors

⁴¹ Inherited disease

⁴² Natural

⁴³ Oracle, medium, priest, prophet

realm protect those who live according to the norms and values that regulate society. They believe that transgression against the deities or Gods results in illness sent directly by the spirits through witches or sorcerers. This belief is not only in Yoruba but around African cultures, namely, the Amhara in Ethiopia, the Luo in Kenya and the Zulus in South Africa." (Paul, 2018, p. 2). The idea of an illness being sent by the spirits through witches or sorcerers means that ancestors are also believed to allow certain things to happen in Africa. Ngubane (1977), who wrote about Zulus, mentions how not being protected by ancestors makes people vulnerable to "spiritual" diseases. Two other authors, Odebiyi & Bickersteth (1987), also found that these hereditary illnesses, diseases, or misfortunes are related to parents' actions. The idea is that children can also suffer from "spiritual" ailments or "spiritual" life events because of their parents who have not followed tradition. Ngubane (1977) shared a case study in her chapter discussing spiritual 'pollution.' Ngubane is a Social Anthropologist, Social Scientist who published her book titled "Body and Mind in Zulu Medicine", where she explored the beliefs and practices of her people- this tells us that she was also an insider researcher. Two chapters focus on ancestors, illness and Pollution (*Ubumnyama*), which is said to reduce resistance to disease and misfortune. In her book, she shared the following case study:

This is a case study of Thuli and her son Mandla, who appear to be Zulus. Thuli gave birth to Mandla. Unfortunately, Mandla's father was not ready to marry Thuli. Zulu marriage includes all necessary ceremonies that are needed to join families. There are traditional ways of doing so for a peaceful home. A peaceful home means all ancestors have been acknowledged, and there is no "*umubango*⁴⁴". Since Mandla's father was not ready for marriage, he only performed a ceremony called "*imbeleko*⁴⁵" where the ancestors are appeased and thanked for the safe delivery of the child. They also requested that the child be protected. In this ceremony, an ox is dedicated to Thuli's father and a cow to Thuli's mother. Two goats are also brought, one for the girls in Thuli's family and the other goes to the community chief as a fine. Apparently, in a Zulu culture, this ceremony does not necessarily mean that the child can use the father's surname. There is another ceremony called "*inhlawulo*⁴⁶". The child's father must pay for his son to use his surname. Mandla's father could not pay "*inhlawulo*", but he performed "*imbeleko*".

⁴⁴ Spiritual Dispute/ conflict is usually because things need to be done properly.

⁴⁵ The ceremony also includes the detachment of the umbilical cord

⁴⁶ A fine

Since Mandla's father was unable to pay, Mandla did not use his father's surname. He used Thuli's surname. He was then adopted by Thuli's parents, who considered Thuli (his mother) a sister. In a Zulu culture, certain ceremonies must be performed for successful adoption. Ngubane shares no information about the family following them or not. Thuli was later married to someone else, and Mandla grew up and got married, too (Ngubane 1977). Already, Mandla has surname issues. Having surname issues usually affects male children more since they get to marry and "expand" the surname. To them, they must know their correct surnames. In a Zulu culture, a surname is also significant because Zulu homes should have "*imisamo*"⁴⁷. A correct surname ensures that they communicate to the right ancestors. It is believed that ignorance of this may result in ailments or unpleasant life events for the child and the parent.

When Mandla was getting married, he saw the importance of having the correct surname and used his biological fathers' surname without taking the necessary traditional steps. Culturally this was futile. He then had two children. His first child passed away, his second child suffered from a disease that caused paralysis, and he could not move his lower limb. His second child spent most of the time in hospitals. In 1972, 9 years later, Mandla passed away, and his cause of death was a tool found under his feet that had resulted in swollen feet. The community believed that he passed away because of sorcery and that his ancestors did not protect his family. This may be true. From a spiritual and cultural perspective, this means that the children were experiencing "*umubango*" between the paternal and maternal ancestors. There seems to be a connection between what this study calls "spiritually transmitted diseases" and what Ngubane calls "spiritual pollution". Mandla's cause of death and what his children experienced were ancestral. In such cases, the children suffer from diseases they have no control over or contribute towards (Paul, 2018). To this day, the issue of surnames still exists, this is evident because a fair percentage of Zulu people try to avoid it by following necessary traditional steps. These are events that are seen in our neighbourhoods and social platforms. There are still people who value tradition for the sake of their well-being and the children, and of course, THP's are consulted for guidance.

This case study supported what Paul (2018) was also saying about the Yorubas: they believe that there are things that our ancestors allowed to happen to us and that parents can lead the whole family down that path by not following tradition. This supports Ngubane's theory about how not being protected by ancestors makes people vulnerable to "spiritual diseases" and

⁴⁷ Sacred spaces used to communicate with ancestors

misfortunes. For any illness or disease in Yoruba, there are three types of healers that they consult, namely, "*babaláwo*⁴⁸", "*onísé gún*⁴⁹" and the "*elégbogí*⁵⁰". The "*Babaláwo*" possesses obscure knowledge and secrets. They can see the future, people's problems and causes of diseases. The "*ifa*" (oracle) also helps them to diagnose their patients and how they can be cured, especially when the problems are spiritual (Paul, 2018). The "*elégbogí*" specializes in concoctions. They know effective concoctions to cure illnesses or diseases.

In Yoruba, "*elégbogí*⁵¹" They are divided into two, and there are those that specialize in mixing medicine for adults and others mix for children. However, some may do both (Paul, 2018). In Yoruba, these people care about the people's health and treat them with herbal medicine. If a community member was gone to the herbalist and is still not cured, they will resort to a divination process that will help with the diagnostics. The use of medicine and the practice of magic have common preparations. They include burning substances to ash, pounding and grinding, squeezing, boiling and cooking (Paul, 2018, cited Dopamu, 2000). In other situations, the medicine will be accompanied by a ritual or a sacrifice. During this process, the healer will have to avoid certain food and sexual intercourse (Paul, 2018). This applies to more than just the healer. Patients are also required to refrain, especially from sexual Intercourse.

Koster-Oyekan is an applied anthropologist who wrote a case study on Yoruba women and infertility. He was interested in how they perceive infertility, the causes, treatment and consequences. From Paul's literature, it is evident that the Yorubas are spiritual. Koster-Oyekan (1999) stated that the Yoruba women believed that infertility was a spiritual problem and that seek treatment or prevention, they went to their local THP's. Infertility is called "*airómóbi*" and is not perceived as a natural cause. One of the reasons that Koster-Oyekan discusses is being cursed by ancestors or deities. "*Epe*⁵²" is believed to be the cause of "*airómóbi*⁵³" on women. The "*orisa*⁵⁴" may also curse the couple who might not be at peace because of taboos or unfulfilled wishes (Koster-Oyekan, 1999). A common condition is called "*aran ginisa*⁵⁵". This worm plays with the baby inside the womb, and the sharp teeth can cause miscarriages or heat in the womb preventing conception. This condition is not popular with everyone, but

⁴⁸ Diviner

⁴⁹ Medicine men

⁵⁰ Herbalist

⁵¹ Herbalist

⁵² A curse

⁵³ Infertility

⁵⁴ A family God

⁵⁵ Believed to be a worm with sharp teeth.

traditional healers know and how to treat it. Another common condition that Koster-Oyekan discussed is the issue of spiritual husbands among Yoruba women.

These spiritual husbands are perceived as spirits that perform sexual Intercourse with women in dreams. Koster-Oyekan argues that in Yoruba this is a particular case. The "*oko orun*⁵⁶" is believed to be another reason for spiritual diseases and women being unable to conceive. In African cultures, illnesses and diseases are believed to have supernatural, natural and social causes. The idea of a "spiritual husband" is also evident in contemporary churches where pastors pray to "cast" out these spirits, but it seems as though THP's were to first to attempt to solve this issue. Kahissay et al. (2017) explore the perceptions of ill-health causations in North-Eastern Ethiopia, *Tehuledere Woreda* district. In his study, he also found that the causes include supernatural (Nature spirits, God), natural (psychological forces, personal hygiene, the environment) and social causes (violation of social taboos, family issues) (Kahissay et al., 2017). The conclusions of his study are more aligned with what this study also aims to achieve, which is to show the importance of the formulation of integrated primary healthcare strategies that accommodate all the perceived causes (ancestors, witchcraft etc.) of illnesses in African cultures and communities. The people from the *Tehuledere* region believe that there is a supreme being and other spirits like "Ayana"-spirits believed to connect humans with the supreme being (Kahissay et al., 2017 cited Trimingham, 1964 and Krapfl, 1860).

The approach by Kahissay et al (2017) is adapted from the theory of illnesses by George Peter Murdock, who contributed intensively to the medical anthropology field by producing a book that explores causations of illnesses worldwide. Equivalent to this, Kahissay et al. explore other forces in the *Tehuledere* region that can cause diseases or illnesses. These forces include God or Allah, the nature spirits named: "*qolle*", "*wuqabi*", "*awlia*" "*zar*" and "*jinn*", Supernatural agents namely, "*Buda*⁵⁷", "*sahir*", "*Abagah*" and "*rekebot*" (Kahissay et al., 2017). The community believes that God or Allah sends "*Malayka*" (an angel) to people's homes for health. Community members also believe that if Allah wanted you to be healthy, you will be. They spread grass on their floors, chew "*khat*" in the name of the Gods "*abduye*" "*kedir*" "*nura Hussien*" to get the "*malayka*" and the "*wukabe*" spirits to stay healthy. The spirits are perceived to be powerful, and if they are honoured, they reward with good health. However, if they are not honoured, they lose protection and be vulnerable to diseases and illnesses.

⁵⁶ Spiritual husband

⁵⁷ Witch

“*Chelle*” is another spirit of health in *Tehuluedere*. This spirit is regarded as the goddess of fecundity (Kahissay et al. 2017), connected to fertility and healthy families. To represent this spirit, the community members use beads. When it comes to “*qolle*” or “*quteb*”, these are the spirits that are associated with misfortunes and punishments leading to sicknesses, diseases and epidemics (Kahissay et al., 2017). The spirits like “*sahir*”, “*qallicha*” “*abagah*”, and “*debtera*” are believed to be the kind of spirits that are capable of spells that result in illnesses and diseases. These spirits are found in human beings or in specific rituals or prayers and are impacting community members through these human agents (Kahissay et al., 2017). Concerning this study, from the researcher's understanding, these are the human agents that cause spiritual illnesses/ diseases.

To reinforce this discussion, we must also look closer to home, Van der watt et.al (2021) unpacks becoming a TH from a Xhosa perspective. This study was conducted in Western Cape, South Africa. What makes this study relevant in this discussion is how the writers tap into what has been called a “*thwasa disease*”. This disease is considered a gift from the ancestors and has been associated with dreams, visions and physical ailments. This “*thwasa disease*” affects those who are supposed to become healers. Those are people who have “callings” and are supposed to go and “*thwasa*”⁵⁸. The role of ancestors in this discussion is very important. It has repeatedly appeared in most literature that they can cause these diseases and protect. “Family ancestors protect people from dangers such as diseases, droughts, witchcraft but they can also punish those who disobey cultural norms” (Moyo, 2021 p. 41 cited Amanze 2002 p. 146). In this study, Moyo (2021) is discussing Ndebele spirituality and further states that it is the duty of the living to maintain a good relationship with their ancestors by performing necessary rituals and sacrifices.

The Ndebele discussion also educated us about good and bad ancestors. Good ancestors are associated with protection, luck, fortune and the bad ancestors are associated with bad luck, misfortunes and witchcraft. Even though these two brief examples are local, and the others are other African cultures, we can already identify similarities and have a general view on what to expect to find from a Zulu perspective. The information included in this literature is to highlight how most African cultures have “spiritual diseases” and healing methods differentiated by language and interpretation. It is to illustrate how African cultures connect spirituality with physical ailments and life in general. Like other African groups, The Tswana also believe in

⁵⁸ Train to become a healer.

“badimo” (ancestors) who are also understood as mediators between them and *“modimo”* (supreme being). According to an online article on Tswana religion, the *“badimo”* enjoy company and feasts, life is considered “balanced” when there is recognition of both *“modimo”* and *“badimo”*. When a person neglects *“badimo”*, the Tswana also believe that they will suffer from *“bolwetse”*. This is a term that is used to define physical illnesses and other diseases. This is of interest in medical anthropology. Medical Anthropologists examine health, disorders, treatment, and healing cross-culturally. They approach diseases holistically and acknowledge spiritual and cultural processes that affect physical health. "It has become clear that to overcome barriers to the uptake of health interventions and develop culturally appropriate, sustainable interventions, it is first necessary to understand the social and cultural context of health and disease" (Pool and Geissler, 2005, p. 6).

2.3 AmaZulu perceptions health and traditional medicine

The study discussed other African cultures and related them to each other ethnic groups. This section will dwell more on Zulus in KZN, South Africa. To understand the perceptions of "spiritually transmitted diseases" among the Zulu community of KZN, one must first discuss and understand the Zulu people and their culture, beliefs, values and history as it determines or contributes to how they perceive ill-health causations. When it comes to the discussion of Zulus and health, it is impossible to ignore the role of THP's and ancestors. As a member of a Zulu community, this study combines knowledge from personal experiences with local literature on the subject to understand the concept of “spiritually transmitted diseases”. I understand the Zulu culture to be very religious, spiritual and rooted in indigenous knowledge. It is a culture that makes sense of the world based on community-based practices, relationships and beliefs that include ancestors, black magic as possible causes for illnesses and diseases.

This is a large ethnic group in South Africa. In 2018 South African population was estimated to be 56,5 million people, with 81% of Black South Africans (S. A. G., 2018), and in 2020 it is believed to have multiplied to 59.62 million with 10-12 million AmaZulu people recorded in KwaZulu-Natal making it the largest ethnic group in South Africa (Statistics South Africa, 2020). As a religious group, the ancestral spirits are believed to be integral for good health, protection and happiness and ancestral offerings and sacrifices are made for these reasons. In the traditional African belief system, it is also believed that the ancestors can return to the living world through illnesses, dreams or animals. This exciting perspective calls for more research to better understand the Zulu cultural perspective, particularly the spiritual aspect of health, treatment and healing.

Even though the perceptions of health and disease are like other African cultures, AmaZulu people also associate "spiritual" diseases, misfortunes etc., with "*ubumnyama*⁵⁹". Amongst the Zulus, "*Ubumnyama*" (darkness) is conceptualized as a mystical force which diminishes resistance to disease and creates "*Amashwa*⁶⁰", "*Isidina*⁶¹" whereby the people around the patient take a dislike to him/her without any provocation. The way this darkness presents itself would depend on the cause, especially if the cause is witchcraft. In its worst form, "*Ubumnyama*" is contagious" (Ngubane, 1977, p. 78). "*Ubumnyama*" can be caused by several things, one of them being a sexual partner(s), witchcraft, generational curses or ancestors. These result in spiritual pollution, illnesses, or diseases that may also appear physically. She further writes that what makes sexual Intercourse a polluting act is not only because of the sexual act itself but because of the seminal emission.

Traditionally, After the emission, the male will have to do a cleansing. "There are always several lads lacking sweethearts with whom to have Intercourse. Should a person be seen in the morning be taking himself to the river, it was thereby known that he was going there because of an involuntary nocturnal emission" (Ngubane 1977, p. 79 cited Bryant 1949). These cleansing rituals are significant as they are believed to eschew pollution. There are also rumours nowadays that it is important to cleanse after the end of a relationship to enable a fresh start and not drag "spiritual loads" to a new relationship. This is also believed to minimize the transmission of "spiritual" diseases through sexual Intercourse. Based on the definition of "*ubumnyama*", what associates the term with "spiritual diseases" is the perception that once you suffer from these diseases, misfortunes etc., whether caused by witchcraft or ancestors, you are now living with a dark cloud over you that came with these experiences.

Flikke (2019) writes about the wind, spirit and atmosphere in a Zulu Zionist congregation led by a local prophet Themba. The writer shared that the general perception of suffering, such as violence, poverty, loneliness and illnesses in the congregation, are related to "*Ubumnyama*" (darkness). Themba translated it as "*Ukuhamba ebumnyameni*⁶²" associated with "bad luck". "*Ubumnyama*" (darkness) is created by a "dark" substance that causes pain and suffering for those "walking in the darkness" (Flikke 2019). With a few causes mentioned above, Flicker writes about witchcraft, and he tells us a story from his informant Thandi who told him that it all started when she was having bad dreams related to blood, refractory yawning, tainting,

⁵⁹ Darkness

⁶⁰ misfortunes

⁶¹ Repulsiveness

⁶² Walking in darkness

fatigue at work and hiccups. From a Zulu perspective, such dreams are a concern and people would seek interpretation. Thandi then consulted THPs, and they all told her the same thing about her life being in danger and her mother using witchcraft on her. She narrated that she also experienced an attack where men attacked her to kill her, so they use her body parts for rituals to take her "good luck". People exposed to "*ubumnyama*" (darkness) are exposed to sicknesses, illnesses and diseases until they are cleansed properly and strengthened through various rituals (Flicker, 2019, cited Beinart & Brown, 2013).

When people are being educated about STDs, the focus is mostly on the biomedical and scientific perspectives. This includes education about human papillomavirus (HPV), Genital Herpes, Chlamydia, Gonorrhoea, HIV/AIDS and Syphilis. However, this does not mean that all STDs are transmitted through sexual contact only, some are passed on from the sharing of needles and breastfeeding. In both men and women, there are symptoms such as pain during urination, discomfort during sexual contact, vaginal discharge, bumps, rashes, and itchiness around the penis/ vagina, testicles, buttocks or mouth (Grey, 2019). These are some medical conditions that one would never link with spiritual curses or burdens that resulted from sexual Intercourse or witchcraft. When it comes to health-related issues, it is indeed ignorance to focus, educate and raise awareness only about the medical and scientific point of view and neglect the cultural, and spiritual frame of mind. This is not to say that cultural perceptions are thorough, but not being ignorant can also benefit people by educating them more about what they already believe.

In this cultural context, it is vital to consider the meanings of "other beings" and "the other world" and how they come into discussing health and disease in the Zulus. This large group of black South Africans can be found in Gauteng, Pietermaritzburg and Durban. They are more concentrated in KwaZulu-Natal. The Zulus believe that their connection with their ancestors is the closest they can get to God (South African History Online, 2020). Zulus say that in the beginning there was "*uMvelinqangi*⁶³" followed "*uNomkhubulwano*" or "*Inkosazane*⁶⁴" and later, there was a reed growing on a riverbank that gave birth to a man (There was no mention of women in relation to that man) (Ngubane 1977, chapter 4). A huge misconception has been making rounds for the longest time. People have confused communication with ancestors as worship and dwelling on this will open another discussion that is not intended for this specific search. "*UMvelinqangi*" is known not normally to be responsible for any health problems, but

⁶³ God, Higher being

⁶⁴ Princess

the ancestors can. Mbeje shortly discussed the Zulu beliefs in his article titled: The Zulus identity. He also emphasizes that the Zulus strongly believe in ancestors, explaining "*uMvelinqangi*" as a male God for all life and "*uNomkhubulwano*" as a female God for food and thunder (Mbeje, 2017). Even though during colonialism, many Zulus turned to Christianity, these beliefs have never completely dissipated; instead, traditional beliefs and Christianity are mostly combined (Mbeje, 2017). Some people have the courage to admit to being Christians performing cultural activities, and some do not.

However, the belief in ancestral spirits amongst the Zulus is another element that stands out. Like other African cultures explained in the previous section, the Zulus also believe in the use of magic, and they perceive illnesses and diseases to also result from angry spirits (Mbeje, 2017). This spirituality has existed over the centuries. Ancestors can be understood as the living dead, and when a family has lost their loved ones, they are said to become ancestors living in a spiritual world. (South African History, 2020). Ukwamedua explains that ancestors are the deceased who are indeed members of the families on earth, but they are no longer of the same fleshy order as those still living in the flesh on earth. They are closely related to this world but are no longer ordinary mortals. Because they have crossed the borderland between this world and the supersensitive world, entering and living in the latter, they have become freed from the restrictions of the physical world (Ukwamedua, 2018). The family communicates with ancestors differently for reasons related to guidance, healing, fortune, blessings, assistance and health (South African History, 2020). Assisted by herbs and prayer, ancestors communicate through the traditional healer, and just like any medical doctor, the traditional healer prescribes medication made from traditional herbs and mixtures.

Bryant (1970) speaks about venereal diseases and that this term was unknown by the Zulus during that period. The Cape Colony Xosa doctors treated "*iGcusulu*⁶⁵" by preparing "*ubuVimbha*⁶⁶", "*umThuma*⁶⁷" and "*umThombho*⁶⁸". However, the medicine-men in the Zulus were familiar with the medicine used, especially "*ubuVimbha*" as they used it for what we now call rectal ulcers caused by "*isiGwebedla*" disease. Each culture can have different names for these diseases but similar symptoms and medicines. Some similar notions depict that an individual can constantly face misfortunes, untreatable illnesses, suspicions of sin or questions of a possible urgency to conciliate with the ancestors arise. These misfortunes may be due to

⁶⁵ syphilis

⁶⁶ *Withania somnifera*

⁶⁷ *Solanum melogena*

⁶⁸ *Cissampelos torulosa*

unresolved family issues or sexual partner(s)- Multiple sexual partners or a sexual partner with a spiritual curse. Other cultures that coexist in South Africa may have similar experiences, just that they are termed differently, and the experiences and meanings can also be slightly different. Each culture deals with the spiritual aspect of health differently (in terms of plants used, ceremonies performed etc), and it is always vital not to ignore those perceptions and remedies used when we promote sexual health.

Hammond-Tooke wrote about the Bhaca society in 1969. The book discusses the life of the people found in the Transkei. This society represents groups among the five million Nguni people from the Eastern Cape to Swaziland between the sea and Drakensburg. It is important to note that Zulus are a part of “*amaBhaca*” and are all considered Ngunis. Nowadays, they are separated into tribes; some are found at Umzimkhulu, iXopo and Bulwer. Nguni languages include Zulu, Xhosa, Swati, Ndebele and Bhaca (Greg, 2022). Hammond-Tooke (1962) explores the nature of magical beliefs and techniques among the Bhaca people. He mentions that death and sickness are most feared. "Death in any form is perceived to be caused by human agents using magic. They do not believe that a person dies of natural causes. Chronic ill-health, acute sicknesses, all diseases are attributed to magic except the ones that can be easily explained such as cold, strains and disabilities due to old age" (Hammond-Tooke, 1962, p. 264).

According to Hammond-Tooke and other writers, most sicknesses and diseases are caused by “*Abathakathi*⁶⁹” or ancestors. To get relief and healing, the Bhaca people consult “*nyangas*⁷⁰” (see figure 4) and “*sangomas*⁷¹” (see figure 3). In the image, they were gathered at Khekhekhe's house for a ceremony that is/was hosted every 23rd of February. Khekhekhe is still considered the greatest sangoma in South Africa, who mentored the late king Shaka Zulu and was a descendant of the late Zulu leader Dingiswayo. He had the power of snakes he got when he was a small boy and had his own healing methods. The methods used by “*Nyanga*” and “*sangomas*” to treat illnesses and diseases are different, and so are the initiations/training. The cult of the diviner is esoteric, and participants must only be people with “*ubizo*⁷²”. They undergo a process called “*ukuThwasa*⁷³” where they learn the ways of a “*sangoma*” or

⁶⁹ Witches

⁷⁰ Herbalists

⁷¹ diviners

⁷² Ancestral calling

⁷³ Initiation process

“*ubungoma*” whereas the herbalists will always pass knowledge to their sons (for heredity) or someone else (Hammond-Tooke, 1962).

According to South African History Online, the two main healers in South Africa are “*Sangomas*” and “*inyangas*”. “*Sangomas*” were mostly women, and they diagnosed and dealt with spiritual healing. However, nowadays, we find both women and men. “*sangomas*” understand people's illnesses and disease as related to people's relationships with others. This means they are holistic and look at environmental and social factors affecting people's mental, spiritual and physical health. When it comes to “*inyangas*” they can also have a “calling” and be appointed by the ancestors to help people, but sometimes it could be out of interest, and that knowledge will be passed on to them by, in most cases, a family member. They also train for a very long time because they need to know all the helpful plants and the doses (South African History Online, 2011).

While “*sangomas*” rely on divination for healing, “*inyangas*” specialize in making medicine from plants and animals. In the olden days, “*inyangas*” never used to do consultations (see figure 4). Figure 4 shows an image from a popular Zulu newspaper *Isolezwe* of “*inyangas*” in a market where they sell their medicine. Nowadays we find “*sangomas*” also being “*inyangas*” and “*inyangas*” being “*sangomas*”. This is because, in the olden days, the “*inyangas*” would have to recommend a “*sangoma*” to understand better the origin of “*ubumnyama*” or the “spiritual disease” so that they can prescribe relevant medication, and the “*sangomas*” would have to recommend “*inyangas*” for medicine. To avoid sending people away, they both had to learn what they lacked hence nowadays the majority of THP’s are both “*sangomas*” and “*inyangas*”. There are also “*abathandazi*”⁷⁴. “*Abathandazi*” work with water “*isiwasho*”⁷⁵ and pray. They do not use muti or need any plants to heal their patients. It is for this reason that this research does not dwell much on them as it intends to unpack “spiritual diseases” and how muti/plants are used to treat them. “*abathandazi*” also have callings. What makes them unique is that they are “possessed” by ancestral spirits that were “prayer warriors” or seers (Hammond, 2020). However, it is important to note that today we find a person operating as a “*sangoma*”, “*inyanga*” and “*umthandazi*”. Such cases reveal that a THP’s can be “possessed” by multiple spirits/ancestors and utilize all healing methods at once.

⁷⁴ Faith healer.

⁷⁵ Holy water

"Sangomas" and "inyangas" get traditional medicine in various areas, but there are also markets. These types of markets exist across KwaZulu-Natal. The medicine that is mostly bought in Johannesburg markets includes the fat of the hippopotamus, the fat of an ostrich, "intelezi⁷⁶", "amakhubalo⁷⁷", the fat of "tikoloshe⁷⁸" and other substances that are exotic (Hammond-Tooke, 1962). To expand on the causes of "Ubumnyama" mentioned earlier, the writer discusses quite a few "spiritual diseases" as well as the use of traditional medicine. Traditional medicine is not only used for agricultural purposes but also protection, sicknesses, diseases and problems of inter-sex relationships (Hammond-Tooke, 1962). There is a "spiritual disease" for thieves in the area of Mhlotsheni where a gang called "iindlavini" would steal crops in autumn. The women in the area would threaten to "khuhlela⁷⁹" them. This is where a portion of "imfe⁸⁰" is chewed and combined with medicine. This mixture will make the thieves become sick with the following symptoms: itching chin that later develops an open sore that will not heal and swelling.⁸¹

Hammond-Tooke (1962) explains that amongst the Bhaca, there was a high use of love potions, philtres and charms. Young men would use a medicine called "ubulawo" (a combination of various roots from plants) to attract girls. Women and men used "ibhekamnandedwa" (look-at-me-alone), "ashanti" fat to attract men, other medicines can be transmitted through handshakes. The hippopotamus fat is mainly used for that and rubbed between fingers. This medicine is meant to make the girl desire the man sexually (Hammond-Tooke, 1962). Another portion is called "amabophe" (a tie). This portion is mixed with food or sweets to tie two people. There are various mixtures of medicines that are used. These "spiritual transmissions" may result in psychological issues, later misfortunes, and health issues. In Bhaca, there is a phenomenon called "ukuphosela" where medicine is mixed in a pot and stirred. In the process, the man will call the girls' names. Wherever the girl is, she will begin to sob hysterically and run to him. In some instances, the girl becomes unconscious. Alternatively, a piece of clothing, hair, and nails are buried with medicine. Symptoms of this act will also include fits, illness and may cause death. Hammond-Tooke has given us a general idea of how medicine is used and how spiritual transmissions occur. Traditional medicine can be used to heal and to understand the cause of illness.

⁷⁶ Type of plants used to protect against evil spirits.

⁷⁷ The hard outer covering of the tree

⁷⁸ An evil man-like mythical creature

⁷⁹ Do evil upon them

⁸⁰ Sweet reed

⁸¹ If the thief somehow escapes, his footprints will be taken and mixed with medicine.

After 45 years of staying amongst the Zulus, Dr Bryant shared his observations about the nature of native medicinal practices. In a hut of a Zulu traditional healer, you find the healer seated on the floor surrounded by small objects, different containers with different traditional medicines, different shapes, colours, and different properties. There are dried reptiles, manure of lions in powder form, skins and bones of animals, barks, roots and leaves. According to South African History Online, the following plants were the first plants to be used as medicine in South Africa. For allergies, fever, wounds and acne pennywort was used, for arthritis, toothache, swellings and wounds. The bark of a "*umsinsi*"⁸² was used, for diabetes and rheumatism, roots of a "*isisushlungu*"⁸³ were also used, and today, the liquid from the leaves is used for chemotherapy. For inflammation, warts, corns and earache, a warmed leaf of "*imphepwula*"⁸⁴ was used and lastly the dried stem of the hoodia was used for indigestion, stomach-ache and for people who wanted to eat less (South African History Online, 2011). All the above have been scientifically proven as healing agents.

There is a whole range of medicines that exist amongst the Zulus. Some are to prevent these "spiritual diseases" and some to cause. There are "*amaKhubalo*"⁸⁵ that are eaten to prevent evil spirits, "*umBhulelo*"⁸⁶ that is placed on a path so that the targeted Person gets an illness after passing, "*intelezi*"⁸⁷ that is sprinkled around a yard to prevent thunder and evil spirits, "*izimpundu*" for confusing the "witch" in the act. Medicines are divided into two- there is "*imithi emnyama*"⁸⁸ and "*imithi emhlophe*"⁸⁹ (Bryant, 1966). These medicines are named based on their literal colours or purpose. Black medicine is typically the first medicine being given to chasing the evil spirits because of its potency. They are drastic in nature, and then white medicine acts as a tranquillizer to heal the patient. Along these medicines we also find "*amaKhambi*"⁹⁰. This is the most useful and largest of all. This medicine consists of roots and herbs freshly harvested (Bryant, 1966).

This section has attempted to highlight the depth of traditional medicine and the perceptions of illnesses and diseases amongst the Zulu people and other African communities in other African continents. An event, illness or disease is mainly associated with something, and previous researchers have shared some of the perceptions that exist. They are associated with

⁸² Coral tree

⁸³ Madagascar periwinkle

⁸⁴ Coterie

⁸⁵ The hard outer part of a tree

⁸⁶ Define as an evil trap

⁸⁷ A mixture with a certain plant that protects from evil spirits

⁸⁸ Black medicine

⁸⁹ White medicine

⁹⁰ Green medicines

"*ubumnyama*" (darkness), and different healers use different traditional medicines for healing. This section aimed to show what a disease or illness could mean in an African context and from a Zulu cultural perspective. These perceptions are worthy of being understood. They need to be researched and correctly interpreted by social and medical anthropologists. This is not only because they are culture-bound but also because these "spiritual diseases" do not only exist in the spiritual realm, but they can also be understood to affect a person's physical health and need traditional assistance. In most African countries, ancestors play a huge role and are not only recognized as the living-dead guiding and bringing fortune but also as one of the causes of "spiritual diseases". The Zulus and their perceptions cannot be separated from traditional medicine, "*sangomas*" and "*inyangas*". This subject requires a holistic, unbiased understanding and approach.

2.4 Theoretical framework

In this second section, the theoretical frameworks that were utilized in this study will be discussed. This section discusses Interpretive theory (IT) and culture-bound syndromes (CBS). An IT approach intends to understand the meanings attached to people's everyday cultural activities and lived experiences. In the context of this study, understanding perceptions of "spiritual diseases" required understanding lived experiences, meanings attached, forms of transmissions and healing methods from the participants. These spiritual diseases are then discussed and profiled as CBS. To understand people's experiences, the researcher chose to adopt the narrative approach method. It is an approach that includes the analysis of the characteristics of the narrative text, and recently of the meaning of inter-human relations in social, historical, and cultural contexts (Hoshmand 2005; Felton & Stickley 2018). In the context of this study, this study has a specific conceptual focus: the Zulu-speaking people in Pietermaritzburg (Traditional healers and Zulu adults), several interviews will be held with all the participants. In this case, a narrative approach is necessary because this approach focuses on stories, experiences and events from participants. With this theory, this research will provide an unusual intangible aspect of participants' experiences. A narrative theory has clear communication traits like; a chain of events, characters developing as the story continues, a plot and the narrator's point of view. Data will be collected through notes and interviews.

The ethnographic techniques play a significant role in understanding communities and their health perceptions. "People worldwide have beliefs and behaviours related to health and illness that stem from cultural forces, individual experiences and perceptions. A 16-country study of

community perceptions of health, illness and primary healthcare found that in all 42 communities studied, and people used both the western biomedical system and indigenous practices. There were also discrepancies between services the governmental agencies said existed in the community and what was available" (Scrimshaw 2011, p. 41). Due to positive experiences with alternative healing systems and the shortcomings in the western biomedical systems, people relied on both (Scrimshaw 1992). Experience has shown that health programs that fail to recognize and work with indigenous beliefs and practices also fail to reach their goals. Similarly, research to plan and evaluate health programs must consider cultural beliefs and behaviours if researchers want to understand why programs are not working and what to do about it (Scrimshaw 2011).

2.4.1 Interpretivist Theory (IT)

Anthropologists use IT to understand how people belonging to a cultural group interpret their lived experiences (Panourgia, 2012). These lived experiences have meanings that are only understood by themselves. The perspective of an interpretive anthropologist disapproves of the motive that culture can be refashioned and revised like logic and mathematics but rather understands culture to be a mental phenomenon. Through this approach, researchers can deliver descriptions of other cultures from the inside and simultaneously reflect on the methods used, beliefs and cultural perceptions (Nath, 2017). It was invented in the 1960s by Clifford Geertz, Victor Turner and David Schneider (Geertz, 1973). However, Geertz became more associated with the theory in history, social science and in anthropology because he practised the theory in his social science and through his anthropological fieldwork, he showed how the findings of interpretive research would look like (Martin, 1993). Geertz's work includes *works and lives: The anthropologist as the author*, published in 1988, *Local knowledge: Further essays in interpretive anthropology* in 1983, *The interpretation of cultures* in 1973, *Person, time and conduct in Bali* in 1966 and *the religion of Java* in 1960. Geertz's work rejuvenated the humanistic and holistic perspective and challenged his co-workers also to use the approach. "He brought forward that they must repudiate the mechanistic perceptions but rather find the need to be studying meaning to get understanding" (Martin, 1993, p. 269). Crotty argues that "the interpretive theoretical framework seeks to interpret the social world historically and culturally" (Crotty, 1998, p. 67).

In Geertz's book, *The Religion of Java*, He describes three subcultures that he discovered in the Javanese religion which are "*abangan*⁹¹", "*santri*⁹²" and "*priyayi*⁹³". His findings are holistic, interpretive and descriptive. These are the following findings: The "abangans" believe in traditional religious systems. They believe in deities, cultural heroes and native spirits. They also believe in cultural rituals to conciliate the beings they praise, in performing passage rights and are concerned about healing, sorcery and magic. What makes the "santris" different from the "abangan" is their orientation in teachings and principles rather than rituals. The "Priyayi's" were concerned about protocol, civility and mysticism. These spiritual practices were turned into curing practices. With these differences, Geertz identified one common thing that these subcultures have, and it kept them coexisting. They share a core ritual in the whole Javanese religious system called "*slamentan*⁹⁴" (Herriman, 2016). The previous section of this chapter has provided more descriptive literature from other writers who have done similar research outside and inside South Africa.

Nude (2009) states that IT is rooted in human science, philosophy, and anthropology. Like any other anthropological approach, this approach has been criticized. This theory is criticized for "lack of objective method" meaning that it finds meaning in anything, whenever and wherever. He also discusses some critics of this approach. The attack is basically because the interpretive theory is holistic. Unlike scientific data, it believes in more "deeper", "meaningful" understandings of beliefs and social occurrences. They also argue that instead of developing any teachings or principles, it created a lot of 'isms' that have highly influenced qualitative research. These include constructionism, postmodernism, and feminism (Nudzor, 2009, cited Silverman, 2003).

Critics also argue that this approach produces unreliable data, inconsistency and contradiction (Nudzor, 2009). By going through these critics, the researcher argues that they do not come from social scientists by profession. If they were, it would be unpleasant to hear a social scientist dismissing the importance and value of considering social and cultural factors that affect health on many levels, especially in Africa. The researcher believes that social scientists, particularly social, cultural and medical anthropologists have this duty not because they will be dismissing scientific data but to improve health delivery. This is by building trust between the healthcare giver and the patient by demonstrating acknowledgement of people's cultures

⁹¹ Peasantry

⁹² Pious Muslims

⁹³ Gentry

⁹⁴ A Javanese ritual meal

and beliefs. After acknowledging the "deeper" and "meaningful" understandings of beliefs, the descriptive findings will be helpful in also improving health care in general.

This can lead to easier and higher acceptance of an illness or disease, leading to proper treatment intake. In an article by Le Roux (1973) that looks at the psychopathology in Bantu culture, the writer shares a bias and racist view. Black people are utilizing a primitive thought system that is different to the western system (which includes the use of allopathic medicine) (Le Roux, 1973). He further states that when a black person consults a white doctor, chances are, they have become delusional and paranoid because they have already consulted a traditional healer for explanations, and this leads to the danger of not taking the treatment. An interesting thing during a consultation with a THP is that they can give patients the social causes of their problems and that is what most people are intrigued to hear (Daynes & Msengi, 1979, Shezi & Uys, 1997).

The IT is rooted in how people make sense of their realities and find meanings, it is rooted in how people are not viewed as individuals who exist in an empty space but rather sees them as people who live in environments, societies, etc. and therefore explores that whole world as it contributes to who they are, why they do what they do and how they perceive illnesses and diseases. Early research has indicated issues of misinterpretation and mistranslation (Shezi & Uys, 1997). It is a concern that biasness was considered, researchers relied on translators to communicate and lacked primary knowledge about that specific culture and perspectives of the people (Shezi & Uys, 1997 cited Cheetham & Rzakowski 1980). Translators did not interpret the information properly and will refer to the information provided by patients as blather when this information, if interpreted correctly, may be useful and shed light to a precise diagnosis (Shezi & Uys, 1977 cited Cheetham & Griffiths, 1980 and Buhmann, 1977). Human actions or human minds and behaviours are intertwined with time and location. An interpretive study has all the qualities of qualitative research. When understanding people's perceptions and realities, the researcher becomes the research tool where these meanings are articulated, and the strategy used in the study becomes inductive. This is where the researcher generates a theory after the collection and analysis of data to explain the findings, which are descriptive (Merriam, 2002).

The goal is to recognize and discover a phenomenon and the perspectives of the participants. This will be achieved by collecting the narratives of the people, organizing the data into themes and descriptively discussing including the literature that surrounds the topic. Utilizing an emic

perspective, this study aims at understanding the perceptions of illnesses or diseases from a Zulu cultural perspective. This study acknowledges that throughout the world cultures are different and they all have unique cultural ways of dealing with health-related issues. This approach is relevant to this study because it encourages "people's science" and solely understanding health and disease from the culture's perspective. An interpretive anthropologist, Clifford Geertz (1973), argued that even though we can never be fully into the perspectives of other cultures, researchers can attempt through dialogues and exchange of meanings (Page, 1997).

Even though this approach has been critiqued, it is still relevant in social science and has the potential to grow research for more effective interventions and healthcare delivery. This theory benefits this study because it assists in achieving qualitative research. It is subjective, which supports the use of a narrative approach and will allow the researcher to build a rapport with all the participants. However, the theory has its challenges. Being subjective and building a rapport with the participants means that I have access to massive data as a researcher. Research questions are open-ended and allow participants to share as much as they want about the subject. There is a high possibility of collecting data that will not be relevant in this research and sometimes working with massive amounts of data can take time as it requires to be appropriately understood and separated into themes.

2.4.2 Culture-bound syndrome (CBS)

Culture-bound syndromes or culture-specific diseases are diseases or syndromes that are not found worldwide or common to everyone. They exist and are experienced in a specific culture or community. According to Marecek (2014), they are a pattern of symptoms (could be mental, physical or relational) that are experienced and recognized as a disorder by members of a particular cultural group. Symptoms can be somatic (like episodes of fainting), cognition (like believing that sexual organs shrink) or behavioural (like speaking in tongues). They are very grounded in environmental conditions and cultural acts. However, the diagnostic and statistical manual of mental disorders, fifth edition (DSM-5th) rejects the term and prefers using the term 'cultural concepts of distress.' This concept refers to how people perceive and experience suffering and behavioural issue (Ventriglio et al., 2016). In cultural and critical medical anthropology, this falls under ethnomedicine. Fabrega explains ethnomedicine as researchers interested in how unique cultures perceive diseases, the social construction of diseases and how they, as a cultural group, seek treatment (Fabrega, 1975). Broadly they are called syndromes. However, this is only partially accurate, as other cultures may experience it as a local illness

(Richey et al., 2020). These can be referred to as folk illnesses, culture-specific disorders or cultural concepts of distress.

As a result, DSM-5th identified the following cultural notions: In a specific culture, a group of symptoms experienced by people are 'syndromes'. A similar way in which people explain and express their experiences of suffering in a specific culture is idioms of distress, and there are 'explanations' or 'interpretations' where people start to label and give reasons for their suffering (Ventringlio et al., 2016). Pow Ming Yap, a psychiatrist in the 1960s, discovered the term culture-bound syndrome. This was after the intellectuals and the societies in Asia started to describe their experiences, which only appeared to be behavioural syndromes in Asia. These syndromes had only local terms. All cultural groups have their cultural perceptions of anything wrong with the body and mind and for these specific illnesses/ syndromes/ diseases, cultural remedies are used for relief (Sobo- Ember & Ember, 2004).

Most literature that exists unpacks culture-bound syndromes from a psychology point of view. This is because CBS is mostly associated with what people feel and not what people physically see. This section will mention a few examples. Juckett & Rudolph-Watson (2010) write about "*taijin-kyofusho*" which is a CBS in Japan. This phenomenon is described as constant fear of displeasing others. This could also be a physical offense like body odour. This is a tradition in Japan, and the writers interpret it as a pathological exaggeration of not wanting to offend anyone in a social setting. Another syndrome they write about is "*Hwa-byung*" common among Korean women. It is characterized by abdominal mass and perceived to be a result of suppressed anger and depression (Juckett & Rudolph-Watson, 2010 cited Park et al, 2001 and Lin, 1983).

Ayonrinde et al (2015) discuss 'brain fog' as a syndrome identified by west African Nigerian psychiatrists. He first explains how the term 'brain fog' was discovered. In the 1960s, a Canadian psychiatrist, Prince Raymond was conducting research in Yoruba-speaking South-western Nigeria. He observed and interviewed Nigerian students who shared their symptoms that, mostly described mental exhaustion. The symptoms included weak visuals, intellectual disability, inflammation of the neck and head, inability to study and the rubbing of the vertex of the skull. As a perceived illness, Prince (1960) named this syndrome as 'brain fog' syndrome, and the term has been used since. Among Colombian immigrants, "*Khyal cap*" (Wind attacks) are common, and the symptoms include dizziness, palpitations and shortness of breath. Due to people's experiences of having a wind-like mass rising inside their bodies, this phenomenon was named wind attacks. Psychiatrists link this to panic attacks, trauma and anxiety. The form

of treatment that is received focuses on anxiety and trauma (Christoph et al., 2014). Christoph et al explain another syndrome that is cultural, personal and influenced by religion. It is called lycanthropy and is common among various cultures. Lycanthropy is explained as a condition that is rare, and it causes people to think or feel like they are transforming into animals. They start behaving like the animals that they have turned into. The story or theory behind lycanthropy is connected to a Greek myth about King Lycaon feeding Zeus human flesh for dinner. He was punished and transformed into a wolf (Christoph et al., 2014, cited Garlipp et al., 2004).

Jocic (1992) defines this as a delusional misidentification syndrome where patients misidentify themselves with objects, animals or familiar people and believing that they have been transformed. Another syndrome that is almost like lycanthropy is called "*wendigo psychosis*." During the experiences of this disorder, people crave human flesh (Jelik, 2001). Cases were reported from Algonquian Indians, but due to urbanization, they have decreased. In the Algonquian Indians, they believed that a person with cannibalism was possessed by a horrible spirit named "*wendigo*", and if traditional healers or medical doctors could not cure the patient, they were executed (Christoph et al., 2014). In South-eastern India, Saora tribe, the community members occasionally experience memory loss, inappropriate crying and fainting (Christoph et al., 2014). Participants shared that during this phenomenon, they would feel like they are continuously being bitten by insects when they are not there. Others believe that this is a result of social pressure to live a specific life, but others believe that it has to do with paranormal activity caused by someone who wants to marry the patient (Christoph et al., 2014). In the field of comparative cultural psychiatry and transcultural psychiatry the focus is still on culture-bound syndromes and are interpreted as psychopathological phenomena; psychiatric universalists describe these as cultural intricacies of neuropsychological phenomena (Jilek, 2001). Culture-bound syndromes are an interest to psychiatrists because they indicate the relevance of clinical practice. This study does not dismiss the psychological side of culture-bound syndromes but adds a spiritual and physical aspect of it from an anthropology perspective.

Through IT, the study will provide detailed interpretations of "*ubumnyama*" (darkness) among Zulu community members and traditional healers, including folk medicine used to heal people. These theories combined will guide the researcher during fieldwork and will structure the findings chapter. Adapting from the detailed literature provided above about culture-bound syndromes from other areas, In the findings chapter, this study will also name local spiritual

diseases identified by community members and traditional healers. Some early anthropologists and psychiatrists had an opportunity to observe disregarded indigenous healthcare systems, expressions of suffering and healing interventions that the populations used (Ventriglio et al, 2016).

There is less criticism for culture-bound syndromes. However, Prince (2000) and Jilek (2001) compare different views expressed by anthropologists and psychiatrists and state that anthropologists tend to give special attention to culture-bound aspects of syndromes while psychiatrists look at neuropsychological and universal aspects. Perry (2012) argues that the term is controversial because anthropologists and psychiatrists use the same concept to express their views. The views of Perry (2012), Jilek (2001) and Prince (2000) are understandable, but unfortunately, it is not foreign or problematic for other fields to investigate a similar concept. This, instead, creates room for more information and in-depth perspectives about the subject. Regarding "*pibloktoq*⁹⁵" where Greenlanders take off their clothes and run to the arctic tundra, Perry (2012) argues if this syndrome is real. The writer also argues that no British or American syndromes are discussed mainly in the DSM-5th.

Another criticism from Perry (2012) is that culture-bound syndromes have familiar symptoms when you closely look at them. For example, "*dhat*⁹⁶" This is a syndrome that was identified in India as common to men. Reported cases had headaches, constipation and lack of semen. Perry (2012) further argues that since the nineteenth century, Americans have reported their kind of "*dhat*" identified as semen loss anxiety hence the blossoming of Kellogg's corn flakes. The loss of semen is related to masturbation, and Kellogg's corn flakes are a remedy for illnesses caused by masturbation. Perry (2012) also argues that there have been reported cases of brain fag in America, Chicago between 1890 and 1920, and it was called a 'disease of the century', and they started having brain fag pillows, electric hairbrushes and thermal baths. With all the critics, culture-bound syndromes are still considered a representation of acceptable perceptions of illnesses and diseases in a specific culture.

2.5 Conclusion

The purpose of this chapter was to highlight African religion, spirituality, health and healing about the subject matter. This chapter gives a general idea of how other African cultures deal with what this study calls STD's. The literature review highlights similarities across these

⁹⁵ Arctic hysteria

⁹⁶ Common in cultures around South Asia

cultures in terms of health behaviours, some of the perceptions and the use of traditional medicine to heal these culture-specific symptoms. The review touches on writers who have discussed Karanga people of Zimbabwe, Ghana and Zambia. All these practices and beliefs towards health are cross-referenced with Zulu practices and beliefs that seem to exist and are common. Some of them have been documented by Ngubane (1977), Bryant (1970), Scotch (2010), Flikke (2019). What is also important to note in this literature review is that it gives a general idea of what content to expect in the data presentation, analysis and discussion. Geert (1973) states that description is essential for qualitative research. The adopted qualitative approach can accommodate the adopted research methods and theories that have assisted in the data collection, presentation, analysis and discussion. These include IT, CBS and approaches like the ethnographic and narrative approaches.

CHAPTER 3

Methodology

3.1 Introduction

This chapter is about the research methodologies that were adopted for this dissertation. This chapter indulges on where the fieldwork was conducted, the use of purposive and snowballing techniques to achieve the required sample size, ethnographic methods used in anthropology to gather data, how the data was analysed through themes, how the researcher positioned herself to avoid biasness, the significance of an inductive approach when attempting to understand SpTD's, ethical considerations and the limitations of this dissertation. Conducting this type of research during a pandemic was not an ideal circumstance. However, strict precautions had to be followed, as stated on the ethical clearance.

3.2 Research site

The study was conducted in Pietermaritzburg, South Africa, uMgungundlovu district, formed by seven local municipalities. Pietermaritzburg city is considered the capital city of KwaZulu-Natal province. Kargbo (2016) states that South Africa has an estimated 250 000 self-described healers. Since new people are going to initiation schools every year, the estimated number from 2016 has drastically increased, with 70% of the people (predominantly black) using traditional medicine. In South Africa, eight out of ten black south Africans consult traditional health practitioners alone or utilise their medication with western medication (Zuma et al., 2016 cited Ross 2010, Ramgoon et al., 2011, Latif 2010, Bopape, 2013). During this study, healers were primarily located in the areas further from the city, e.g., KwaPata, Sweetwater, Eden etc. However, they would travel to the traditional markets to get some supplies. Even though most of the participants, especially patients, were interviewed online, the following map will indicate locations visited to interview healers and where patients live around Pietermaritzburg based on the data they shared during interviews.

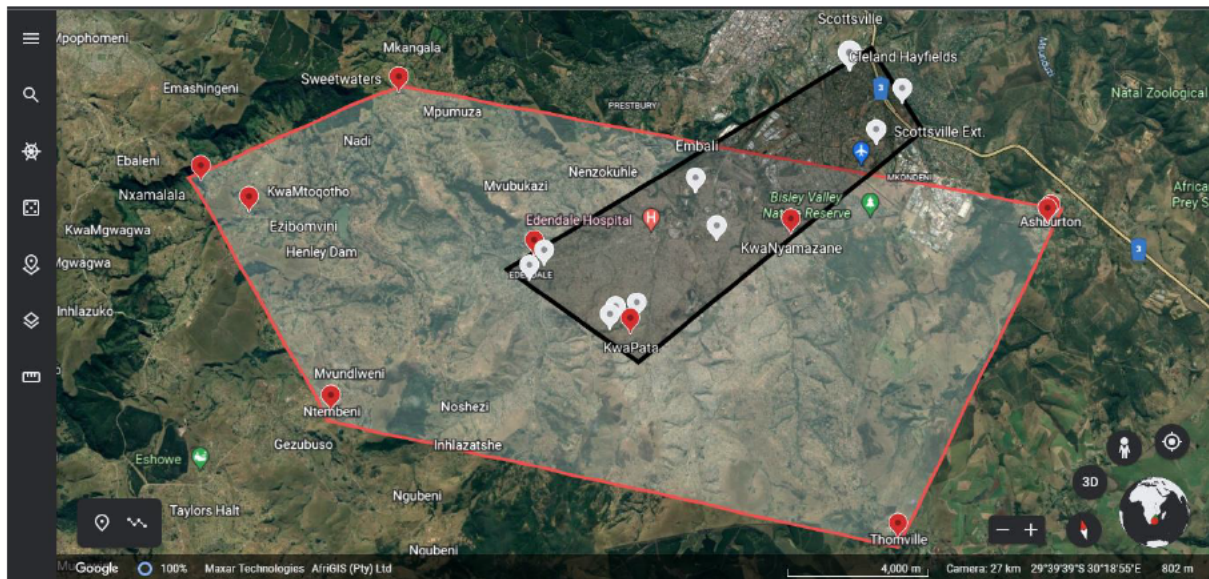


Figure 2: A detailed map of Pietermaritzburg indicating the names of places where traditional healers were interviewed (red location pin) and areas where patients reside (white location pins).

The above locations are not accurate (in terms of address), but the pins show the correct visited areas. The location of the participants proved that if a person believes in something, they will not be affected by where they live. Travelling a long distance to see a traditional healer is a norm, especially for those that live around the city. In the table above, some participants reported living in the suburbs for consultations when they were found far from the suburbs. The interviews showed that although the participants sought alternative therapy, they still used conventional medicine. This proved that when people seek alternative therapy, it is not because they are against conventional medicine but because their cultures and spirituality influence them more. The concept of spiritually transmitted diseases was new to the participants but related to the phenomenon when they were explained. This supports what was mentioned in chapter one, that this concept may sound new, but the people's experiences, perceptions and cultural beliefs about health and disease define it.

Table 3.2 below will briefly name the areas in Pietermaritzburg in which the participants were interviewed.

Location of the healers			Location of the patients		
Map symbol	Healer	Location	Map symbol	Patient	Location
A	Makhosi S.	Sweetwaters	K	Patient 1	Scottsville
B	Makhosi M.	Zibomvini	L	Patient 2	Scottsville ex.
C	Mkhulu N.	Nxamalala	M	Patient 3	Cleland Hayfields

D	Gogo K.	Edendale		N	Patient 4	Edendale
E	Mkhulu V.	Ntembeni		O	Patient 5	Edendale
F	Mkhulu N.	KwaPata		P	Patient 6	Embali
G	Mkhulu K.	Kwanyamazane		Q	Patient 7	Embali
H	Mkhulu S.	Ashburton		R	Patient 8	KwaPata
I	Mkhulu B.	Ashburton		S	Patient 9	KwaPata
J	Gogo S.	Thornville		T	Patient 10	KwaPata

3.3 Sample size

The sample represents people who use and believe in traditional knowledge and medication. This does not necessarily mean that they disregard allopathic medicine. The Zulu people believe in spiritual healing and spiritual diseases. They were more knowledgeable about the phenomenon in question than the researcher. As a result, the researcher also learned new things about the AmaZulu beliefs relating to ancestral spirits and spiritual diseases. The information this research intended to collect is unusual or odd to many people, including the researcher. Due to the nature of this research, it highly depended on referrals and recommendations to reach the required sample size. The sample size included ten patients and ten healers, mixed gender. It is necessary to define these participants. Traditional healers that were interviewed in this study are healers that were both “*sangomas*” and “*inyangas*” meaning when they are consulted, they can assist through bones or connecting with ancestors and prescribe medicine and facilitate cleansings etc.

They also plant and locate necessary plants. They work in sacred huts where they also store raw medicine. Even though their attires were not the same, it was evident that they “possess” different ancestral spirits that assist them in their work. A patient in this study is someone who consulted a healer and was assisted. It is someone who has a personal experience and has seen the effectiveness of traditional medicine. A person who was recruited outside the healers sacred hut in the waiting area also qualifies as a patient because they were already in the premises and were ready to consult the healer. The study used unstructured interviews, which allowed flexibility, respondents being more at ease, allowing a natural flow and more details being shared by the participants during their narrations related to consultations, the perceived spiritual diseases and their use of traditional medicine.

Table 3.3 will provide basic information and characteristics of the healers and patients.

Participants	No of males	No of females	Age group 20+	Age group 30+	Age group 40+
Healer (10)	6	4	4	1	5
Patient (10)	4	6	4	5	1

3.4 Purposive and snowballing sampling technique

Every researcher dreams of a perfect sample that will benefit the study. Sampling techniques differ, and the nature of the study determines which technique to use. This study used a purposeful sampling technique with snowballing sampling technique. The total number of recruited participants was 20- 10 healers (the oldest being 67 years old, followed by four other healers (48, 47, 43 and 40 years old) and 10 patients (Oldest being 40 and youngest 23 years old). Given the nature of this study, the researcher had to be purposive and accept reliable recommendations. The difference in age groups was intentional. This was to understand this phenomenon from different perspectives. If the literature review indicated that children are also vulnerable, this simply means that we are all vulnerable. It was noted that healers- regardless of age and experience knew what they were talking about and have seen it. It was also important to note that the level of detail about the phenomenon was different, but age was not the cause. It could have been their personalities or their experience.

Recruiting participants for this study was not easy especially the healers. It was also not easy to go above 20 participants for more diversity especially on their ages. As a self-funded student, it was a challenge to travel. When it came to the healers, all healers were treated as key participants especially because they are more knowledgeable about this phenomenon. They all contributed different parts in this complex puzzle. When it came to the patients those that recommended others became key participants together with those that were recruited outside of waiting areas. This is because for those that recommended others it meant that they have not only experienced it themselves, but they have seen it on others. As a result, they will have more to share. For those that were recruited outside the waiting areas, they proved to be currently active in the use of traditional medicine and their memory and experiences were fresh.

In a discussion that touches on traditional African healing, "*sangomas*" and "*izinyanga*", a subject about bogus healers, always surface. This study used these sampling techniques to

avoid such, and the majority had certificates. When recruiting patients, the snowballing technique was utilized the most because this study focuses on a private matter that most people do not just discuss out of the blue. As a result, it took much work to randomly identify participants and ask private questions about their consultations with healers.

Through this snowballing technique, the interviews were more flowing and less awkward because the researcher knew before the interview that the next participant was willing to share. These are narratives and perceptions triggered by someone else starting the discussion. The first interview is vital as they will recommend someone who will also recommend others resulting in the sample size growing like a snowball. However, in some cases, purposive sampling was used. Other patients were recruited because they were in the waiting areas waiting to consult. This meant that, compared to participants recruited at the mall or taxi rank, they were guaranteed to have the information that this study attempted to gather.

3.5 Research approach

This dissertation followed an inductive approach. In inductive reasoning, the researcher first collects the data, conducts interviews and then assembles theories or conclusions from the findings (Crossman, 2019). This approach is relevant when approaching spiritually transmitted diseases as it prioritizes the "people's science", "people's narratives" and cultural perceptions of diseases. The findings of this research are highly dependent on the participants. For a better understanding and documentation of these perceptions in question, conclusions will have to be made based on the collected data. An inductive approach favours a "bottom-up" approach. Even though this approach is critiqued for resulting in generalizations, it does not lead to a dead end. Further research can still be conducted.

3.6 Ethnographic approach

An ethnographic approach has ethnographic techniques used by researchers conducting qualitative research for centuries. This approach is comprehensive, topic-oriented, and includes interviews, observation and participation (Hymes, 1977). Even though early anthropologists who utilized this technique were criticized for being distant, contemporary anthropologists have adapted, improved and use ethnography to study communities and cultural settings from peoples' perspectives (Emerald, 2022). Another essential tool in ethnography is creating a relationship with the participants. For this study, multiple visits were made to the healers. The first was for introduction and making interview appointments, which usually resulted in casual

conversations about the researcher or the study. However, no prior relationship was built with the patients, but for those patients who were recruited outside the waiting areas, casual conversations about African healing or the healer they have come to see assisted in the ice breaking and creation of a more friendly and trusting environment. Patients would be open about why they are there and why this specific healer. This kind of relationship and conversation paved the way for the researcher to introduce herself, research questions and information about this study. Patients who were located through the snowballing technique were already aware of why they were contacted, which made the researchers' interviews easier. All the interviews were conducted in IsiZulu, especially with the healers, but some of the patients responded in English there and there.

100% of the healers interviewed were pleased to participate in this study. As respected members of our communities, the researcher had to follow cultural rules or rather cultural preferences, like wearing a skirt when visiting healers. In a Zulu culture, wearing a skirt when visiting a healer is a form of showing respect for them, their work, home and ancestors. Another healer shared that women are not allowed to enter the shrine or their yard when they have started their menstrual cycle. These are such cultural rules that the researcher had to respect. Causal conversations with healers were different from conversations with patients. The researcher had to use a very respectful approach even when the healers were very friendly. One would let their guard down and speak anyhow, especially to the healers 30 years below. Another factor would have been that the healers were not very traditional in that they are unaware of the current times that we live in.

They were healers, parents, and community members, and their responses and conversations showed. However, the level of respect and manner of approach was still fundamental. Due to Covid-19 regulations, no participant observation took place. No cleansing or consultation process was observed. However, during interviews, the researcher was observant regarding how participants responded to questions, what was said and not said. The only thing that can probably be counted as an observation is that the researcher was also allowed by the healers to enter their sacred huts and conduct the interview there. Covid-19 regulations were followed. This gave the researcher an opportunity to observe the room and ask questions about some of the raw medicines in the room. There was also an opportunity to walk around their yards and identify some of the plants that they use and have decided to plant near them. These observations also contributed to the general conclusions discussed in chapter 6.

3.7 Research strategy

There is innumerable academic research or literature on African religion, culture, health, spirituality and healing like the works of Makgobi (2014), White (2015), Pobee (2001), Koeing (2010), Mabvurira (2016) and more. Literature also focuses on other countries and merging religion, spirituality and African healing with mental health and psychology. There are fewer discussions, especially in anthropology, of how culture and spirituality can affect physical health and how different cultures perceive these health issues differently. Even though anthropologists discuss culture-bound syndromes (the perspective leans more towards psychology /mental health and not physical health), there is still a huge anthropological gap. This is because of the lack of recent research attempting to make sense that every ethnic group has its own culture and perceived cultural/spiritual diseases that require folk medicine. The paradigm of this dissertation is to understand socially constructed realities. It may result in the following: 1. To discover what is perceived as the truth, 2. An understanding of these socially constructed realities, 3. Enlightenment.

3.8 Researchers positionality

The nature of this study- research methodology, aims and objectives, has placed the researcher in the advocacy role or rather a broker between community members (healers, patients) and nurses and doctors. The reader must understand the researcher's positionality in this study. The findings enlighten the researcher and the community members about the significance of spiritual health. It also raised awareness among our nurses and doctors about Zulu culturally perceived diseases that coexist with medical conditions; therefore, their nature and treatment requirements influence people's responses to medical care and the intake of treatment.

When conducting a qualitative study, reflexivity is important. Bourke (2014) defines reflexivity as a process that requires the researcher to self-scrutinize. Self-analysing and reflecting on the experience of data collection. This study involved Zulu cultural and spiritual phenomena that resulted in perceived spiritual diseases. In issues involving religion, culture and ethnicity, it is natural for the researcher to feel the urge to be concerned about his/her understanding of the phenomenon in question. Even though the researcher can be an insider researcher, their own personal experiences and perceptions may influence their interaction with the participants. In qualitative research, it is reasonable and common for the research process to be influenced by the researchers' beliefs, socio-economic status, gender and educational background. Therefore, it is critical to be conscious of your biases (Moura, 2017).

Looking at the researchers' interests, background and data collection experience, the researcher is a young university student passionate about medical, social and cultural anthropology and research. In this study, she is an insider researcher and is not very knowledgeable about the phenomenon in question; hence, she was also exhilarated to conduct this research. Her state of mind was to present life experiences and facts about spiritually transmitted diseases from a Zulu cultural perspective. Being a Zulu and growing up in a Zulu family that is not very traditional, spiritual, not even open and educative about Zulu cultural practices, the concept of spiritually transmitted diseases was new and there was this urge to know more about the phenomenon especially from a Zulu cultural perspective. This does not necessarily mean that the researcher is clueless. No one is ever clueless about their own culture. We all somehow know something from either books, news, stories and even cultural events that we attend e.g weddings and coming of age ceremonies.

It became an incomplete puzzle with so many question marks triggered when the researcher first heard about the term “spiritually transmitted diseases” (STD’s). Even with the general knowledge the biggest question was the “how?”. This dissertation was driven by curiosity. Personal beliefs only influenced the choice of the title and the approach. Given the above background, it was not difficult to bracket off personal beliefs. During the interviews, the researcher prioritized not imposing opinions or values on the participants. The researcher was open-minded, putting aside her little understanding of the subject matter and allowing the participants to narrate their narratives and probed a lot.

3.9 Data collection method and tools

Due to the nature of this research, all interviews were in-depth and unstructured. In-depth interviews were personal and unstructured interviews. The aim was to collect enough data and capture emotions, feelings and opinions about spiritually transmitted diseases. An advantage of this method is that it allows the researcher to contact the participants directly. However, not all participants needed direct contact due to Covid-19 regulations and having the pleasure of living during the 4th industrial revolution, some opted for digital interviews. WhatsApp and video chats/voice calls were mostly used to interview participants.

Opting for WhatsApp/ digital interviewing was surprisingly not so difficult. A WhatsApp message was sent to the patients who agreed to be interviewed via WhatsApp. The message

was to let them know who the researcher is and where their numbers were taken from. Since they were obtained through snowballing, these participants already knew about the research and were prepared to cooperate. In some instances, WhatsApp calls were made, or voice notes shared depending on their comfortability or if they were able to type. An expected challenge here was the fact that responses sometimes took longer, and connectivity was disturbed. Out of 4 participants this occurred only on 1 participant. She was unsure of when she was going to be available. To avoid scheduling complications, she initiated a video chat but due to the network connection the interview had to carry on through texting. Otherwise, the participants were available and responded to the best of their abilities. This option benefited this research a lot. The researcher had a choice to have more than one interview at a time and was able to go back to the conversations and read original responses. The researcher was also able to easily access her participants if there were any follow up questions.

Utilising both traditional face-to-face interviewing and online interviewing for this research was interesting. Both methods have their disadvantages and advantages. Traditional face-to-face interviewing allowed the researcher to capture more than what was said. Paying attention to things such as tone and triggers. The researcher also had to interview healers where they were comfortable and therefore responded comfortably. The disadvantage here was the fact that this is a qualitative study using open-ended questions to collect data. This means that there was a lot of handwritten notes that the researcher had to make while the participant was narrating. Receiving lots of data at once can be overwhelming and tiring. Some details can be left out. Another huge disadvantage was that, unlike WhatsApp, the researcher was unable to hear the original responses again, so the notes were very important and ensured to listen carefully or ask clarification when needed.

Overall, both methods benefited this study as discussed above and on both methods the interviews were still unstructured. As unstructured interviews allow flexibility, the challenge was to be consistent with the subject. During this fieldwork, the researcher encountered multiple participants deviating from the subject. In such situations, it was wise to let them be expressive and then ask a follow-up question leading them back to the subject matter. It is common in unstructured interviews to have the participants, or the researcher deviate from the research aims and objectives (Langkos, 2014 cited Gill & Johnson, 2002). The discussion questions or interview questions were beneficial in such circumstances. They guided the researcher on what type of follow-up questions to ask (see appendix A and B).

3.10 Research process and data analysis

The researcher followed a non-probability sampling technique. The sample for this study had a unique understanding of the phenomenon in question. They had personal narratives that proved the existence of this cultural phenomenon. The healers had sufficient experience in the spiritual healing industry and have successfully healed many cases. Interviews were held around November/December 2021, and after that, content analysis. This is where the data collected from the unstructured interviews was analysed. In an article by Langkos (2014), Moore and McCabe (2005) stated that the data collected is categorized into themes and sub-themes for it to be compared, reduced and simplified. The next chapter will present the findings and how this technique was effective. This technique allows the researcher to structure the data in a manner that serves the aims and objectives of this study but also allows the researcher to produce qualitative work. Like any other technique, the process of content analysis has its reported challenges that need a particular research skill to avoid them. Human errors/misinterpretation and misrepresentation are common challenges when dealing with qualitative gathered content resulting in unreliable conclusions. In the context of this study, the researcher first presented raw data and then into themes to provide the collected data in its simplest form.

3.11 Research limitations

This dissertation had the following limitations:

- The sample size was too small for this type of research. It looks at a complex phenomenon, and it is, therefore, why the researcher feels like a bigger sample would result in more reliable findings.
- The time/timing of the study affected the data collection process; therefore, this dissertation did not follow the proposed research schedule. Data was being collected during a pandemic.
- Financial resources- This research was not funded. Therefore, the researcher spent money on transportation to get to the healers. Most of the healers resided outside of the city.

3.12 Research challenges

The pandemic and the time of the year this research was being conducted made it almost impossible to reach the required number of healers needed for this research. The outbreak of the corona virus caused a national state of disaster and frightened the whole country. The Universities had to urgently vacate students and implemented online teaching and learning. During these difficult times everyone was concerned about their health and safety. As a

postgraduate conducting research that required fieldwork it was challenging not only because there were regulations to be followed but because there was a feeling of unease and fear of spreading or contracting the virus. In October 2021 the country was on alert level 1. However, this did not mean that the fight was over. We were still urged to ensure less spreading of the virus by wearing masks and practising social distancing. During the period of the field work (November/December 2021) the country was on Level 1 and around November there was an extension of the national state of disaster. The researcher did not put pressure on the participants- especially the patients, about having face-to-face interviews. The only patients that were interviewed face-to-face were the 6 patients that were recruited at the waiting areas outside the healer's huts. This occurred in two occasions during the visits of the healers.

In all interviews, Covid19 regulations were followed. The fieldwork of this research was conducted in different local communities in Pietermaritzburg, KwaZulu-Natal. During the data collection phase of this research, the comfortability of all the participants was a priority. Healers were interviewed where they felt comfortable. Healers were comfortable with "*isigodlo*⁹⁷" or outside under the shade, and patients were comfortable being interviewed outside in the waiting area or on WhatsApp. It was important to the researcher to have the interviews with the healers face-to-face. In fact, we all preferred it that way because:

- Healers in this study were/are not active on social media platforms. It came to my attention that some used WhatsApp for appointments and giving directions, some did not even have a smart phone which meant that they received calls only. In some cases, their cell phones will be answered by someone else and alert you that the healer is busy, but you can leave a message. This was difficult especially when the researcher would have follow-up questions and would have to return to the healers, join a line for consultation for another one-on-one session.
- They are not people who have the time to talk on the phone for longer. They are usually occupied (patients, house calls, out to pray, out to find medicine).
- The researcher wanted to have an opportunity to see where they work and hopefully see the type of medicines that are used.
- The face-to-face interviews allowed the researcher to not have limited time with them and gather as much information as possible.

⁹⁷ Their private place where consultations occur

This research had financial challenges. The challenge was travelling to the locations and airtime for calls. This research was not funded and given the high petrol prices and the number of trips that had to be made, financially it required planning which took time and resulted in the delay of starting fieldwork. There was also no money to leave inside the sacred hut after the interview with the healer. Even though it was not mandatory, this gesture is considered as a sign of appreciation and acknowledgement not only to the healer but the spirits that they possess that are with them all the time. Patients pay a consultation fee but as the researcher this could have been any amount and it is not given to the healer by hand. The money is placed on the floor. Another challenging factor was the fact that the researcher was an insider. However, there were majors in place to avoid biases like not posing any personal interests in the participants regarding this topic. What also came as an advantage was that the researcher also wanted to be educated or better informed about the phenomenon in question. Therefore, the chances of biases were low as she was also there to learn.

3.13 Protocol and ethics

The ethical clearance for this study was acquired from the University of KwaZulu-Natal-Humanities and Social Sciences Research Ethics Committee (HSSREC/00003138/2021), and the gatekeepers approval letter was obtained from The Msunduzi Municipality- office of the municipal manager. During the fieldwork, the researcher encountered challenges. Most of the healers who participated in this study were hard to locate, some were too busy to meet the scheduled time, and therefore there was much rescheduling. As an insider researcher, one would question how the researcher was neutral. Techniques by Dr. Paige and Dawidowicz (2010) were helpful. They advise that in such situations, the researcher should stay grounded in the research, always refer to the methodology and data collection, and allow your data collected to determine your data presentation. Every healer that was interviewed was visited twice or three times. The first visit was for the introduction of the researcher and the study. This first visit was very crucial for this study. Since healers were occupied or had patients waiting, it was impossible to interview them on the same day. The outcome of the first visit was to get verbal consent and an appointment date. All the healers were satisfied with the researchers' approach and felt it was considerate of their type of work. The second visit was the interview day.

Even though some still had patients to care for, they expected the researcher's arrival and prepared for the interview. After every interview, an information sheet and consent forms were handed out for signatures. The third visit was for follow-up questions. After the interview, the

researcher would go through the collected information and would have follow up questions. In any circumstance, the healers were aware of the possibility of follow-up questions. They all consented to the third visit or a phone call for follow-up questions. The healers were also asked for permission to recruit in their waiting areas. All the participants in this study gave full consent to being a part of this research. They were all aware of the possible traumatic triggers, with counselling available if needed. As sensitive as this study can get, most participants were expressive and willing to share sensitive details, and all did not see the need for counselling. They all owned their experiences, perceptions and their cultural belief.

3.14 Conclusion

Every research project requires a research methodology that should not only assist with the structuring but also lay out research techniques that should be followed to serve the purpose and aims of the research project. This chapter has explained how the research methodologies chosen for this study contributed from the planning of this study, the execution of the ethnographic fieldwork for data collection to the data analysis. Anthropologists have explored other cultures, mostly from other African countries, in terms of their cultural beliefs, systems and health perceptions. Most literature discusses from the psychology perspective, and therefore, the research approach for this study was to indulge in physical health from the famous Zulu cultural perspective. *Culture* is a social behaviour existing in a human society making cultural beliefs, systems and practises socially constructed. Perceptions of health are, therefore, socially constructed. With this understanding, an inductive approach was necessary better to understand these social and cultural perceptions of health. This chapter has highlighted research limitations and challenges like any research project. These include sample size, time, financial resources, Covid-19 but these are also discussed in detail in the last chapter.

CHAPTER 4

Presentation of Data

4.1 Introduction

The data presented in this chapter comes from the ethnographic fieldwork involving the 20 participants who were significant to the findings. Understanding, describing and documenting the perceptions of spiritually transmitted diseases, specifically from the Zulu cultural perspective, sheds light on how Zulus will likely be rooted in their cultural and traditional beliefs. It is integral to this ethnic group that the nexus between ancestors, spiritual well-being, traditional medicine and healing is included in understanding their worldview and beliefs in spirituality. All the participants gave consent to the use of their original names. However, in the interests of confidentiality and the research ethics protocols approved for this research, I have chosen to use initials and numbers for patients. This chapter has the following sections: Research participants' demographics and Zulu cultural perceptions of spiritual diseases.

The sample comprised two cohorts of participants, namely, the traditional healers and the patients/clients of the healers.

4.2 Research participants' profile (Healers)

Table 4.2 represents the demographic information of the traditional healers that were interviewed.

Name of the participant	Age	Gender	Marital status	Experience in healing	Location	Education
Mkhulu S.	40	Male	Married	6 years	Ashburton	Finished school went to natal tech for accounting, Management programme, currently working for absa as a coverage manager.
Makhosi S.	55	Female	Married	21 years	Sweetwaters	Standard 8 (grade 10), once worked at the lawyer's office.
Gogo S.	48	Male	Married	32 years	Thornville	Highest grade passed is grade 7. He had dreams to study but was unable to, never worked. Started healing at a very young age.

Mkhulu N.	32	Male	Single	22 years	KwaPata	Highest grade is 12, never worked.
Mkhulu B.	67	Male	3 wives	+32 years	Ashburton	Highest grade passed was grade 10. He was then trained to work at the ABSA bank (before it became Absa group limited) as a consultant.
Gogo K.	43	Female	Divorced	8 years	Edendale	Finished matric and went to Northdale and Edendale technical college to study electrical engineering. Due to her calling, she was unable to finish.
Mkhulu N.	25	Male	Single	1 year	Nxamalala	Degree in political science from UKZN and was unable to do his honours.
Makhosi M.	25	Female	Single	1 year	Zibomvini	Law student doing final year at Unisa.
Mkhulu V.	28	Male	Single	1 year	Ntembeni	Did HR, now completing his inserve
Mkhulu K.	27	Female	Single	2 years	KwaNyamazane	Highest grade passed is grade 12

The above table represents details about the healers that were interviewed. This table includes the initials, age, gender, marital status, experience, where they were interviewed and their education or work experience. The initials used throughout this study are not their real initials but their real ancestral names. Culturally, whether you are a male or a female, if you have "ubizo"⁹⁸ and you become a healer, you will be referred to as "Gogo"⁹⁹ (name)" or "Mkhulu"¹⁰⁰ (name)" or "Makhosi"¹⁰¹ (name)" of which is the name of the spirit that has "possessed" you. "ubizo" is a phenomenon that is not specifically for a specific gender, but it occurs equally to both females and males. The healers were very knowledgeable about the phenomenon in question and had their own personal experiences, which they shared with me. Their narratives indicated that they have years of experience in the healing industry.

4.2.1 Age groups and gender

Adult, in general, and in every culture, is respected and valued, especially because they have so much knowledge. Hele (2021) describes them as essential knowledge keepers ensuring

⁹⁸ Ancestral calling

⁹⁹ Grandmother, elderly women

¹⁰⁰ Grandfather, elderly man

¹⁰¹ Makhosi means King in the traditional language. A healer addressed as "Makhosi" is believed to have a "Makhosi" spirit.

cultural continuity. In an African context, it is more important or seen as a community blessing to have an elder, who is knowledgeable and gifted. Even amongst the healers themselves, an older healer has more experience and medicinal knowledge and is worthy of being respected by the community and other healers. This study had six male healers and four female healers. The oldest male was 67 years old. From a young age, Mkhulu B. (67 years) has healed the sick, sacrificed and cared for the needy. He has counselled and mentored effortlessly. In most instances, healers pass on their knowledge to their willing family members to ensure that the knowledge they have does not die with them. Those in the age group 48 years and above reported +20-30 years of experience, and +30 years reported +10 years of experience. Only two healers +40 years reported less than 10 years of experience, and four healers +20 years reported less than three years of experience.

Nowadays, there are younger healers. In this study, the youngest healers are 25 years and were very open about their journeys. It was revealed that some people choose to initiate because they are interested or have learnt enough from a family member who had a calling. The healers had their children, and "*amathwasa*"¹⁰² all being active in the yard. They were all learning, most importantly, about the proper plants and the healing power of indigenous medicine. This is still highlighting the importance of knowledge being passed on. The interviewed healers met this study's requirements- real traditional healers with real experience, showing in-depth knowledge about the phenomenon in question. The snowballing technique made identifying them much more manageable. For example, Mkhulu S. (40 years) recommended Mkhulu B. (67 years).

Surprisingly, patients also recommended healers based on the effectiveness of the medication they received or on knowing their legitimacy. For example, Patient no.1 recommended Mkhulu K. (27 years), Patient no.2 recommended Mkhulu V. (28 years) and Mkhulu N. (25 years). The healers shared similar things about the phenomenon in different styles using different experiences and plants. Every healer has their signature healing style, but even with that, they all shared the same sentiment- spiritually transmitted diseases exist and are a cause for concern. These interviews aimed to gather as much information about spiritual diseases/illnesses. It was to get confirmation on their existence and examine their meaning, how they are transmitted and understand how something spiritual can present itself in a physical illness/disease and how these are treated/ cured according to the Zulu belief system.

¹⁰² Trainee healer

4.2.2 Marital status

The purpose of the above table was to provide an overview of the healers interviewed. Half of the healers reported to be single- mostly young while the elderly was either married, divorced or in a polygamous marriage.

4.2.3 Educational background and employment status

It was expected from the older healers to report that they did not finish school or have any higher education, but some older healers are educated with full-time jobs. Most young healers have higher education. The background information provided in the above table allows us to see the participants not just as healers but as human beings belonging in a social and cultural group. Only 1 healer has grade 7, two healers reported to have learned till grade 10, two healers reported to have grade 12, four healers furthered their studies. Capturing their educational background was also vital for this study. The purpose was to not present them as healers but also as educated fathers/mothers, sisters/brothers who belong to a cultural community. This study highly depended on "people's science", and even though this table shows older healers have low grades, they were the ones who shared and showed the most cultural knowledge.

All the healers narrated their different journeys to becoming healers. They all went through a process called "*ukuthwasa*¹⁰³". Low and Bakow (2018) refer to "*ukuthwasa*" as a South African CBS that is associated with becoming a "*sangoma*" or a type of healer. The people who had to go through "*ukuthwasa*" are not seen as gifted people but rather as evil. This creates fear and hesitation that even if other people are gifted, they might choose to escape or deny it. "*Ukuthwasa*" was highly valued during the times of our forefathers. People going through this process or have finished the process are very respected by society (Mkhize, 2011).

4.3 Research participants profile (Patients)

The section to follow, elaborates the background of the second cohort of the sample, namely the patients/clients.

Table 4.3 represents the demographic information of the patients that were interviewed.

Name of the patient	Age	Gender	Occupation/ Education	Location	Cause
Patient 1	26	Female	Holds a BSS from UKZN. Working as an	Scottsville	ancestral

¹⁰³ Initiation

			environmental consultant.		
Patient 2	23	Female	BA political science	Scottsville ext.	ancestral
Patient 3	29	Female	Management Assistance, currently unemployed.	Pmb. Embali3.	ancestral
Patient 4	35	Male	Finished grade 12, permanent at Factory Venetian blind centre.	Embali	Black magic
Patient 5	28	Female	Did Beauty at eThekweni College. Running a beauty spar.	Cleland, Hayfields	Black magic
Patient 6	38	Male	Working	KwaPata	Black magic
Patient 7	30	Male	Working	KwaPata	ancestral
Patient 8	40	Male	Working	KwaPata	Black magic
Patient 9	39	Female	Unemployed	Edendale	ancestral
Patient 10	30	Female	Unemployed	Edendale	ancestral

The above table represents all the patients interviewed for this study, including their location. They were in different locations and interviewed differently. In the above list, four patients were comfortable with being interviewed online via WhatsApp, and the remaining six were at the healers' place. These participants were there to consult with the healer and voluntarily agreed to share their experiences. However, more follow up questions regarding their experiences were communicated via WhatsApp. Four participants were obtained through a snowballing technique, and the six were obtained through purposive sampling. The data collected was to confirm the information received from the healers. As "victims", their narratives were very imperative. They all answered their open-ended questions to the best of their abilities. The data collected from these interviews will support the theoretical framework of this study. It will prove culture-bound syndromes as evident in the Zulu cultural belief systems and how they are worthy of being studied to understand their health behaviour better, resulting in effective interventions.

4.3.1 Age groups and gender

The researcher interviewed 6 female patients and 4 male patients, and these interviewed patients were between the ages of 20-40 years. The youngest patient was 23 years old. When combined according to gender, this study interviewed more males than females. However, males were the oldest when compared to females. An interesting view in this study is the children's experiences with their parents since we have learnt from the literature review that children are also vulnerable to the phenomenon in question.

4.3.2 Educational background and employment status

Out of 10 patients, five showed that they have furthered their studies. Out of the five, four of them were females (ages 26, 23, 29, 28), and one was a male (35 years). Three other males were reported to be employed, while two other females were unemployed. This data gives us a general idea of which social groups they belong to as individuals and their social status. Every narrative was important regardless of the above information, as they all related to the cultural and spiritual phenomenon that this research intends to investigate.

4.3.3 Residence and cause of affliction

Figure 2 shows a detailed map of the participants' locations. Most of the patients reported residing in, around or areas not distant from the city. This data informs us that this specific sample was not influenced by distance when consulting a traditional healer. Judging from their locations, patients have easy access to allopathic health care. This means that consulting traditional healers to them was a choice that other life experiences have influenced. It was also a choice even for those who resided in areas where traditional healers were present, for example, patients that reported to reside in KwaPata and Edendale. A conclusion based on the narratives was that there are 2 perceived causes which are ancestral and black magic.

"Ubumnyama" was not a foreign concept. They all explained the same concept in different words, and they all had personal experiences. It was indeed connected to the cause of spiritually transmitted diseases and other misfortunes. People have different reasons for wanting to go and consult. These interviews revealed that there are two types of patients: the ones that instantly knew that their unwellness was spiritual (traditional healing first choice) and those that needed third advice/ to be convinced (allopathic medicine first choice). The above table consists of both. From their narratives, the patients were open about their positionality regarding traditional and allopathic medicine.

Ngibise (2010), who investigated in Ghana, indicated that help-seeking behaviours/ health behaviours could also be influenced by ethnic background and level of education. In this case, Alternative therapies are traditional and accepted across Africa. This medicine is regarded as the healer of all ills (Teuton, Dowrick & Bentall, 2007). When it comes to Africans, multiple researchers have noted that black South Africans start exploring traditional healers before doctors and nurses. A general explanation for such would be that traditional healing can provide explanations that doctors cannot provide. This includes being told the traditional causes of your disease, when, how and even by whom. They also explain why you are experiencing the disease

at that specific time. Zondo (2008) and Gumede (2009) state that this makes traditional healing holistic.

Even though this study only reached 20 participants, it is evident that there is a significant number of AmaZulu who consult traditional healers. This indicates that people have positive cultural attitudes and trust regarding health, disease and traditional healing (Ashforth, 2005). When people consult healers, they become willing participants, they are motivated by the supernatural powers which are integral to their understanding of ancestors and expect full recovery (Mpofu et al., 2011 & Nattrass, 2006). Their obedience to treatment is motivated by the idea that traditional healers can tap into the spiritual world. Some understand the process of healing as a step towards pleasing their ancestors (Moagi, 2009).

4.4 AmaZulu cultural perceptions of spiritual diseases

Diseases are also understood as pathological- medical doctors can smell, measure, and touch. An illness is defined as a feeling that the patient feels, and it mostly goes with a disease that is- at that stage, not admitted (Boyd, 2000). Noting these differences, this study is interested in cultural diseases that can hardly be separated from feelings, experiences and perceptions. The line differentiating the two is blurred, and this may mean that disease and illness may be treated in a cultural context. The "Spiritually Transmitted Diseases" have both what we can see, touch, and smell (disease) and what we can feel, experience and perceive (illness) in a cultural context.

The section below will briefly detail the forms of transmission, cleansing and use of medicines associated with treating ailments. Spiritual diseases are divided into two. There are those related to ancestors and those that are man-made. Forms of transmission are also different. Transmissions have been categorized solely based on the narratives and data shared by the healers. Reported symptoms cannot be distinguished. Hence, they are all in one column. Patients can experience similar symptoms until the healer has diagnosed the cause. The healer will then start the healing process based on the diagnosis. Herbs in this table are used differently and mixed differently. The researcher could not divide them based on the cause or transmission. These categories will be further detailed in chapter 5 where the analysis and discussion of the findings will be presented.

Table 4.4 represents culture bound diseases associated with 'ubumnyama', form of transmission, cleansing and some of the medicines.

sickness or disease	Transmission	Common symptoms	Herbs
Ancestral. <ul style="list-style-type: none"> • Ancestral, “<i>ukubangwa idlozi</i>”, “<i>idlozi elingageziwe</i>” • Abortion or miscarriage (The child needs cleansing) Black magic/man made <ul style="list-style-type: none"> • “<i>Isichitho sezilwane</i>”/ “<i>izintwala</i>” • “<i>Ilumbo(u)</i>” • “<i>Amahlaba</i>” “<i>isibhobo</i>” • “<i>Ukubhajwa</i>” • “<i>Umkhuhlane</i>” • “<i>Umhlume</i>” • “<i>Ibhande</i>” • “<i>Isilonda</i>” • “<i>Umbhulelo</i>”/ “<i>Umeqo</i>” • “<i>idliso</i>” 	<ul style="list-style-type: none"> • Spiritual, Generational • Through clothes, images, using “<i>umuthi</i>” (herbs) and speak to it, “<i>umeqo</i>”, (sprinkled on a path for the victim to cross over it), “<i>insila</i>” (The residue after bathing or from clothes) 	<ul style="list-style-type: none"> • Headache • seizures • Epilepsy • Unexplainable ailments • Fever • Eating in a dream • Flue like symptoms. • Vaginal discharge • Body pains. • Misfortune • Uncurable/ undetected illness. • Ataxia • Burning chest • Bloating • Itching • Burning pee • Vaginal discharge • Itching • Stroke • Swollen eyes • Pain during sexual intercourse • “<i>Izinsumpa</i>” (Genital warts) • Rash • Achne • bleeding 	“ <i>Umaphika</i> ”, “ <i>Umanaye</i> ”, “ <i>Umkhanyakude</i> ”, “ <i>Umahlabekufeni</i> ”, “ <i>Uvukakwabafile</i> ”, “ <i>Ilabatheka</i> ”, “ <i>Cishamlilo</i> ”, “ <i>Umathithibala</i> ”, “ <i>Umthole</i> ” “ <i>Nhliziyo nkulu</i> ” “ <i>umdune</i> ” “ <i>ugobho</i> ” (river pumpkin), “ <i>Umlulami</i> ”, “ <i>Ibozane</i> ”, “ <i>umsuzwane</i> ” “ <i>Nsukumbili</i> ” (2-day cure) “ <i>Ugqobha</i> ” African Potato “ <i>Umhlonyane</i> ” (African worm wood) “ <i>Nukani</i> ” (Black stingwood) “ <i>Mpindamshaye</i> ”, “ <i>Mpindemuva</i> ” “ <i>Mhlakaza</i> ”, “ <i>Ibohlololo</i> ” “ <i>Idambisa</i> ”, “ <i>Maphipha</i> ” “ <i>Mahlokoloza</i> ” “ <i>Inguduza</i> ” (black squil) “ <i>Dlutshani</i> ”, “ <i>Khakhasi</i> ” “ <i>Uhlunguhlungu</i> ”, “ <i>Isidikili</i> ” “ <i>Ikalamuzi</i> ” (sweet flag) “ <i>Mathunga</i> ” (Pimeapple flower) “ <i>Ishaladi lezinyoka</i> ” (Wild garlic) “ <i>Amakhubalo</i> ”, “ <i>Umlahlankosi</i> ” “ <i>Umlahleni</i> ”, “ <i>Umgudluza</i> ” “ <i>Umathunzi ezintaba</i> ”, “ <i>Unokhovela</i> ”

The interesting findings on spiritually transmitted diseases are summarized in this table above. The above table answers the ‘what’ and ‘how’ questions.

The second column in table 4.4 shows reported forms of transmission. This dissertation has been titled the perceptions of "spiritually transmitted diseases" amongst the Zulu community of KZN. Therefore, it is imperative also to discuss how these "spiritual diseases" are

transmitted. Unpacking the transmission also serves the purpose of this dissertation. When the healers were asked about transmission, they jokingly asked me to find witches because they should know better about this part- not them. However, they did share a few that they know. The transmissions mentioned were reported to be effective. The column with the symptoms is not divided into two categories. This is because reported symptoms seemed to appear in both categories. Like the column with the healing processes, even though healing differs from one healer to another depending on their ancestral gift, these are common processes, just performed differently.

Ancestors cause diseases, some are man-made (black magic, witchcraft). The ancestral ones can be treated with traditional medicine even though some require patients to receive more than the medicine. Some spiritual genetic diseases require a specific form of healing with a specific medicine. These are typically passed down from one generation to another, and relief measures usually include a ritual to appease the ancestors. The ones that are man-made vary and have different Zulu names. The interviewed healers shared the names provided in this table. Patients reported being sick and shared symptoms and their experiences, but they did not know the actual name of what they had. Therefore, this means that the healers knew these names and appeared to be a part of the terminology/ language they used as healers. However, "*Isichitho*" was also very common among patients, and they showed knowledge about the ailment.

The last column has the names of plants used to make concoctions. These are just some of the plants- there is a lot left out. The researcher noticed that the names of the plants describe their function. The name of a plant also suggests its healing powers. The column with the plants is also separate. This is because different healers mix these plants differently to make *muti* or "*imbiza*"¹⁰⁴. These plants can be used independently, and some must be mixed with others to be effective. Given that healers are gifted differently, there is no concoction for a specific ailment. Some of the ingredients may be the same, but they always differ. This also means that There are plants that one healer might know that others might not. This following section illustrates the procedures, animal products, additional products and their locations in treating spiritual diseases. Table 4.4.1 provides information about what is used or may be needed for or during the healing process.

¹⁰⁴ A herbal tonic is known for boosting an immune system and treating illnesses/diseases

Procedures to be done if caused by:	Animals used and other animal oils.	Other essential additions	Locations
<p>Ancestral</p> <ul style="list-style-type: none"> Initiation, cleansing, ritual, and prescribed medicine to “<i>ukuphuza</i>” (drink), “<i>ukuphalaza</i>” (spill/vomit), “<i>ukugeza</i>” (bath), “<i>ukugquma</i>” (steaming) <p>Black Magic/ Man-made</p> <ul style="list-style-type: none"> cleansing, ritual, and prescribed medicine to “<i>ukuphuza</i>” (drink), “<i>ukuphalaza</i>” (spill/vomit), “<i>ukugeza</i>” (bath), “<i>ukugquma</i>” (steaming), “<i>Ukuziqinisa</i>” “<i>Ukushweleza</i>” “<i>Ukugchaba</i>” 	<p>Animals</p> <ul style="list-style-type: none"> Black/white Chicken, chicken bile or eggs Goat, “<i>Umswane wembuzi</i>¹⁰⁵” <p>Other animal oils</p> <ul style="list-style-type: none"> “<i>Imfezi</i>¹⁰⁶” “<i>Uxamu</i>¹⁰⁷” “<i>Imvubu</i>¹⁰⁸” “<i>Ihhashi</i>¹⁰⁹” “<i>Inhlwathi</i>¹¹⁰” “<i>Imbulu</i>¹¹¹” “<i>Umkhonga</i>” 	<ul style="list-style-type: none"> Candles (red, white, yellow, blue, black), Needles Ashes, Water, rasers Alcohol, Milk, coins 	<ul style="list-style-type: none"> River, “<i>Empophomeni</i>¹¹²” “<i>esigangeni</i>¹¹³” “<i>Entabeni</i>¹¹⁴”

Table 4.4.1 is an expansion of table 4.4. Whether the spiritual disease is ancestral or man-made, common procedures appear like self-induced vomiting using prescribed medication, drinking the medicine, steaming with the medicine, cleansing using the medicine, and bathing. The study's findings revealed that these play an integral part in the healing process. Like the other additional essentials and locations, the animals and oils also depend on the diagnosis. This table also highlights which animal oils are usually used. All these substances and products are used in healing, but it highly depends on the issue. Only some of these ingredients/products are used at once. Choices depend on what the healer specialises in and advises according to the nature of the problem/ ailment.

¹⁰⁵ The insides of a goat.

¹⁰⁶ Snake- Cobra

¹⁰⁷ Lizard

¹⁰⁸ Hippopotamus

¹⁰⁹ horse

¹¹⁰ Python

¹¹¹ Wild animal

¹¹² Mpophomeni is an area in Umgungundlovu district with a popular river. People refer to the river as “empophomeni”

¹¹³ Field

¹¹⁴ Mountain

4.5 Conclusion

Ethnographic methods utilised to obtain this presented data allowed the researcher to have direct access and learn first-hand about these health behaviours. The presented data indicated the nexus between ancestors, spiritual well-being, traditional medicine and healing practices. We learn from this chapter that there are perceived spiritual diseases associated with “*isinyama*” or “*ubumnyama*” amongst the Zulu ethnic group. There are many of them, and some are not mentioned in this chapter. Like the plants, there are plenty of plants that are not mentioned. We have also learnt that Zulu healers and patients are holistic when it comes to ailments and healing. Cultural beliefs highly drive them. This chapter has proved to the researcher- and hopefully the reader- that what was discussed by other writers in the literature review chapter was true. The story traces back to the 1970s when the writers discussed Zulus and the use of traditional medicine, Unpacking the concept of “*ubumnyama*” amongst Zulus and referring to the phenomenon as spiritual pollution. 20th-century writers discussed how spiritual diseases exist across cultures. They enlightened us about how traditional healing is holistic and that even though now there is Christianity, cultural beliefs have never dissipated. These belief systems are mostly combined, and lastly, Flikke (2019) closes off by unpacking how the perception of suffering is attached to “*ubumnyama*” amongst Zulus and adds Zions. There was shared support information by the researcher in chapter 3. Therefore, from the data presented in this chapter, it is evident or relatively safe to say that such perceptions and cultural aspects of diseases/ailments have existed since our forefathers; they still exist today and will continue to be a part of peoples’ lives. Given this fact, and even though this may be a sensitive issue to others, especially those who do not subscribe, this topic is worthy of being unpacked, analysed and discussed.

CHAPTER 5

Data Analysis and Discussion

5.1 Introduction

In this lengthy chapter, the narratives of the patients and healers are discussed and analysed. This includes details about the findings of this study. The structure of this chapter follows an inductive approach to serve the aims and objectives of this research. This involves using themes generated from the data patterns. This chapter aims to holistically discuss and analyse how perceived "spiritually transmitted diseases" that were discovered during interviews are associated with "*ubumnyama*" (darkness) by Zulu traditional healers ("*inyanga*" and "*sangomas*") and their patients. To understand the "spiritual diseases," it is important to unpack what "*ubumnyama*" is and to document peoples' experiences and meanings attached to this phenomenon. This chapter is a further elaboration of the presented data in chapter 4. The research questions are related to the themes presented and discussed below.

From the previous chapter, we have gained an idea of what this study meant by "perceived spiritually transmitted diseases". Data discussed and analysed in this chapter was collected from the conducted interviews. Conclusions and interpretations in this chapter are based on the shared narratives of the research participants. This bottom-up approach was imperative as it gave this research raw information about the phenomenon in question. In such a study, assumptions are challenged by investigating a cultural group to understand their cultural and spiritual perceptions affecting health and health behaviours. This is where people's science plays a significant role and lets people share their experiences and meanings behind their cultural beliefs and spiritual perceptions. This chapter not only discusses and analyses what was discovered as reality and truth but also presented an understanding of socially constructed realities related to health, spirituality and healing.

"spiritual" pollution is another term used to define the phenomenon. However, section 5.2 will first highlight the meaning of "*ubumnyama*" from the healers.

5.2 The diagnosis process

This is a complex process and deeply discussing how healers diagnose, what aids them, is another interesting aspect of African spirituality that requires separate research. However, in this section the researcher will attempt to briefly discuss this aspect to give a general idea of how healers are able to identify a spiritual illness or any other personal problems a patient might have. Being a healer has been associated with "supernatural powers" or abilities that allow you to see, dream or hear what other cannot. An itching question for us all is how are they accessing those abilities during a consultation.

As we all know by now that healers don't have one way of doing things. They are highly influenced by the type of ancestral spirit(s) that they possess. These ancestral spirits that possess them have been discussed in multiple platforms such as newspaper articles like Daily sun, Mail & Guardian etc. This information is also shared by knowledgeable people on social media platforms like YouTube, Twitter or Facebook. A conclusion to trust these sources and their information was based on the fact that they were all sharing the same thing in different words. In 2016, Mail & Guardian interviewed Nokulinda Mkhize (F31) also known as @Noksangoma on her social media platforms (YouTube, Twitter and Instagram). She has been recognised for her spirituality and ancestral-based healing. The information that she and the others share about this subject has been described as “amadlozi 101” (ancestors 101) meaning that this is the foundation of it all and this foundation will help us understand the “HOW?” question (Bongela 2016).

There are two kinds of spirits that were common throughout these sources namely, blood spirits and water spirits. In blood spirits we find “**uMndiki**” and “**Mnguni**”. These are called blood spirits because they are blood related to them.

“**Umdiki**”: From a tribe called “Mandika” (Gogo Noma, 2020), these spirits are the oldest ancestors coming from the West side of Africa. These are the ones who may have passed on even before our parents were born. They are understood as ancestors who come as messengers and custodians of indigenous knowledge. Their energy affects “victims” emotionally and intellectually and is felt in the crown chakra (Mpela, 2022).

“**Unguni**”: From the Nguni tribe, these are most common spirits coming from the Southern side of Africa. They come from the maternal and paternal side of the family or both. They are our great-grandmother or great-grandfather (Mpela, 2022). This spirit comes with a spiritual gift and therefore requires “*ukuThwasa*” (initiation) (Gogo Noma, 2020). Healers with “umnguni” throw bones during a consultation. These bones can also be thrown as an alternative to access advice from the ancestors. The reading of bones is a technique that requires training. There are meanings behind these bones, and they are stored in a sangoma bag. The spirit of “umnguni” is believed to affect them physically - their physical body and reality and its energy is felt in the solar plexus.

When it comes to water spirits we are being educated about “**uMdau**”, “**Abalozi**” and “**isithunywa**”. Their existence has been associated with commerce and conquest. For example, historically, the Mdau people are related to the Karanga tribe and in the 1500s, they were already scattered across Mozambique and Zimbabwe and due to extensive conquests of the Nguni's, the Mdau ancestry evolved and included the bloodline of the Nguni's in the 1820's (Henri, 1977). According to Shobel'khulu Institute for Spiritual Healing, a person cannot be possessed by a foreign ancestral spirit without having any kind of relationship or connection. This generally means that somewhere somehow within their long, long-gone generations there were links (SISH, 2019).

The “**Mdau**” spirit originate from the Southeast of Africa. The role of this spirit has been defines as taking care of all aspects of your life including sexual. The spirit of uMdau has an energy that is felt in our base chakra and can affect our fertility cycles, money and sex drive (Bongela, 2016).

“Abalozi” are associated with whistling sounds and birds. These are ancestral spirits of warriors who were killed in the mountains and in rives and they used whistles to confuse their enemies (Gogo Dikeledi, 2021). According to Opera News (2021), “abalozi” possess those with a healing gift, and they reveal deep secrets. During a consultation, when “abalozi” spirits arise, the healers hear whistles and starts to read people’s problems. Gogo Noma (2020) further explains that once these spirits find their voices (when necessary, rituals or proper initiation processes have been completed for the possessed) and they can now work through them, they cannot keep secrets. They communicate through you right there and there. When they arise, their power is felt in the ears and for some it is an uncomfortable experience, and they find whistling sounds soothing, and this way they can allow the spirit to take over and start communicating.

Lastly, “**Isithunywa**” was also commonly discussed. This is a prophetic spirit. These are ancestors that attended church and were practicing through religion mainly Christianity. They prayed a lot during their time on earth. They communicate through dreams and visions. These spirits differ from one person to another. Some must pray in the velds, riverbanks or mountains. Everything depends on the guidance from the spirits (Gogo Noma, 2021).

All these spirits have specific dress codes with specific colours that symbolise their healing powers. When one enters the healers hut, we can already identify which spirits does he/she possess by looking at the displays of uniforms or the type of clothing. In most cases, healers display all these and even include their initiation certificates. These spirits can be used together, or they can aid each other. Gogo noma (2021) highlighted that “abalozi” do assist the Mdau and Mnguni spirits in the diagnosis and treatment process but that healer must be initiated for “abalozi”. In the beginning of this section, it was mentioned that there are healers who can tell which ancestor is visible/ protecting the patient. They can connect with our own ancestors. This also allows them to know which spirit (that they possess) will relate more to the patients’ ancestor for better diagnosis and treatment. For some healers, this may not be the case, they can use the spirits they initiated for for diagnosis and treatment. The purpose of this section was to highlight how healers get to their conclusions, how are they identifying spiritually transmitted diseases and how do they know what use and how. It is now evident that even though they do learn during their initiation process, they are still guided by these spirits on their day-to-day healing.

5.3 The concept of “*ubumnyama*”.

Before we discuss and describe spiritually transmitted diseases, we need to first understand what is meant by “ubumnyama” and how is it associated with physical ailments.

Interview question 1: What is and what can cause “ubumnyama”?

“Ubumnyama ifu elimnyama elizungeza umuntu. Umoya ongcolile noma omubi. Ubumnyama budalwa budalwa izinto eziningi kungaba isichitho, amadlozi angageziwe, ukubangwa idlozi, ukukhipha isisu noma ukuphunyelwa isisu bese ungagezi, ukuba sothandweni nomuntu owashonelwa wangageza noma owabulala umuntu wangageza. Abathakathi bayakwazi nabo ukuthi bakufakele ubumnyama ngezindlela ezahlukahlukene. Yingakho nokulapha isinyama kuhlukile.”
(Mkhulu B. 67 years)

Translation:

“Ubumnyama is a dark spiritual cloud that follows a person. It is an impure spirit or bad spirit. Many things can cause Ubumnyama; amongst them are “Isichitho”, uncleansed ancestors, ancestors fighting to claim you, uncleansed abortions or miscarriages, and being involved with a partner who lost a loved one and did not cleanse. Witchdoctors can also cause ubumnyama in a person's life. Therefore, there are multiple ways of addressing it.”
(Mkhulu B. 67 years)

“Isinyama sibangwa izinto eziningi. Kungaba ukungagezi mushonelwe, singabangwa umndeni (Ukuphehlwa kwamanzi amnyama). Isinyama siyagulisa, ube nesidina, kungalungi lutho kuze kumele ugezwe, uhanjululwe.”
(Gogo K. 43 years)

Translation:

“Isinyama” can be caused by many things. It can be caused by not cleansing after a funeral or caused by a family member “Ukuphehlwa kwamanzi amnyama”¹¹⁵. “isinyama” can cause diseases/sicknesses, it can cause repulsiveness, and misfortunes. It requires cleansing.”
(Gogo K. 43 years)

“Ubumnyama does not come in one form but many. There is “Isithunzi esibi”/ “ithunzi elimnyama”¹¹⁶.

¹¹⁵ A phrase used to refer to evil from a family member

¹¹⁶ A phrase used to describe a dark spirit

"This is a form of darkness resulting from not being cleansed after losing a family member/spouse. There are abortions/ miscarriages, and "*isichitho sesilwane*"¹¹⁷". This phenomenon also comes in different forms. It could be in the form of spirits or animals sent to a person. It can be in the form of "things" coming out of your face/skin (achne, ulcers "*izilonda*", rash-like outbreaks), a person can bleed "*ukopha*", have body pains "*amahlaba*" and have fertility problems."

(Makhosi S. 55 years old)

Mkhulu B. (67 years) explained "*isithunzi esibi*" or "*ithunzi elimnyama*" (dark shadow/dark spirit).

"Kuvamisile ukuthi omunye umuntu adidanise *isichitho sesilwane* kanye "*nethunzi elimnyama*". Lomoya uvamile ukuthi kube owomuntu enake nazwana naye esaphila ngendlela yothando. Kanti kwesinye isikhathi umuntu uyahlangana nesidumbu ezihambelabese ithunzi lelo elibi lihamba naye yena engazi. Kubalulekile ukuthi umuntu onjalo asuswe ngendlela yenhlabululo. *Ithunzi elimnyama* liyadaleka futhi ngokuthi umuntu oshonelwe angagezi ukwehlisa isihlobo sakhe bese uthola ukuthi lapho ahamba khona uhambisana naso isithunzi esimnyama. Uma ithunzi lomuntu ongasekho lihambisana nosaphila, lento ibanga izinkinga, ukungathandeki, ukungaphumeleli nokugula imbala."

(Mkhulu B. 67 years)

Translation:

"It is widespread to confuse "*isichitho sesilwane*"¹¹⁸ with "*ithunzi elimnyama*"¹¹⁹". This spirit is usually the spirit of a person you were also in a romantic relationship with, but in other instances, people can get these dark spirits on a path and then "*ithunzi elimnyama*" follows them without them knowing. It is, therefore, important that in such cases, cleansing is done. "*Ithunzi elimnyama*" can also be caused by not performing a cleansing ritual after the death of a loved one. The spirit of the deceased will be following them causing them to have "*isithunzi esimnyama*", misfortunes, problems and even unexplained ailments."

(Mkhulu B. 67 years)

¹¹⁷ A type of spiritual distress to be discussed in the following section.

¹¹⁸ A type of spiritual distress to be further discussed in section 5.6

¹¹⁹ Dark spirits or shadow

“*Ubumnyama* is a spiritual sense that a dark shadow is following you. It can cause sickness, repulsiveness, “*isigcwagcwa*”¹²⁰ and misfortunes. You feel out of place, social anxiety and physically sick to some extent.”

(Mkhulu N. 25 years)

“*Ubumnyama* comes from evil things. “*Abathakathi*”¹²¹, black magic. People who experience *ubumnyama* are mostly not protected by their ancestors. They are mostly people who have denied them and their religion. Healing requires assistance from ancestors, and you must believe and recognize them for your healing to succeed.”

(Gogo S. 48 years)

From the above explanations, the meaning of *ubumnyama* is literal. Mkhulu S. (40 years) defined *ubumnyama* as an outcome. An outcome that does not only come with social issues but also health issues. Being translated as darkness in English, it defines some dark spirit or cloud that is an outcome of either not cleansing or directly sent to you by someone wanting to cause harm. It is defined as something that has many forms. These different meanings of *ubumnyama* have things in common. We learn that there is *ubumnyama* associated with ancestors. In a Zulu culture, one needs to be cleansed after a funeral to avoid that family member or spouse coming back as a "bad" spirit or ancestor. Cleansing not only cleanses you but also cleanses the one who has passed, allowing them to be "good" ancestors. It is believed that if this cleansing ritual is not performed, the uncleansed spirits become "bad" spirits, and they come back to affect the lives of their family members (physically, psychologically and spiritually) until the cleansing is performed. In other instances, what makes them come back is if they passed on when there was a commotion, and now they want peace, if a person is murdered, and they want to be cleansed or if they lived a life of witchcraft and they also want to be cleansed.

Most healers also referred to abortions and miscarriages. In a case of an abortion or a miscarriage, cleansing is also needed. In a Zulu culture, if a couple or a female experience these, they must perform a cleansing ritual to avoid *ubumnyama* that will come with the spirit child to their lives in the physical world. Even though the child is no more, in this ritual, the child is named, introduced and reunited with other ancestors. Failure to perform these rituals angers the ancestors and makes the female or the couple vulnerable to *ubumnyama* until the child is recognized culturally. What we also gain from these meanings of *ubumnyama* is that it can also be man-made. Makhosi M. (25 years) mentions that

¹²⁰ Another term that can be used to define repulsiveness.

¹²¹ Witchdoctors

witchdoctors or people wanting to harm you can cause it. Makhosi S. (55 years) explained what people can cause to others. She mentions “*isichitho*”, “*ukopha*¹²²”, skin outbreaks (acne, rash, ulcers) and even fertility problems. Basically, in whatever cause (ancestral or man-made), the outcome (what you experience physically, psychologically and even socially) is also perceived as a dark cloud/spirit that you are living with.

Gogo S. (48 years) brought forward an interesting perspective in understanding *ubumnyama*. What we are learning is that *ubumnyama*- even caused by other people to other people, the effectiveness of what is being sent to you is very much related to your relationship with your ancestors. "If your ancestral foundation is bad, you are most likely to be attacked by these spiritually transmitted diseases" (Mkhulu S. (40 years). This is a holistic approach from the healers, confirming what Ngubane (1977) discussed and stating that no protection from ancestors reduces resistance to disease and misfortune. Gogo S. (48 years) further added that having *ubumnyama* or *isinyama* can make any medical condition you have to be worse. This means that there are medical conditions that can also become spiritual. This is where people are also being urged to consider traditional assistance, especially if it is a condition that ends up not responding to the treatment or is there but cannot be identified by the doctors. *Ubumnyama* is multiform with outcomes that, one way or another, require people to reunite with their ancestors and lead to people reviving their spiritual faith and connection to their ancestors.

5.4 Prevention of “*ubumnyama*”

Interview question 2: How can people prevent “*ubumnyama*”?

After understanding the meanings of “*ubumnyama*”, an interesting thing to understand is how then do people prevent or protect themselves from anything that is associated with *ubumnyama*? These were the responses from the healers:

"There is no clear cultural evidence of how one can protect themselves from *ubumnyama*. However, when one goes through this phenomenon, it is important to attend to it traditionally." (Mkhulu S. 40 years)

"When you have it or suspect you do because of what you are experiencing (physically or psychologically) you will not get relief from the western medication. Consult a healer because *ubumnyama* is spiritual."
(Gogo S. 48 years)

¹²² Bleeding

““*Khanyisela idlozi*¹²³”, maintain good communication with them and be a person that cleanses more often.”

(Mkhulu N. 25 years)

"Do not be afraid to see a healer when you see the signs (dreams, misfortunes, unexplainable ailments). I believe that males should cleanse more often”.

(Mkhulu V. 28 years)

When the healers were asked about prevention, they did not share much, but they all emphasized the importance of consulting and knowing when to seek alternative healing. What we learn from their responses is that for community members to feel content and safe from “*ubumnyama*” they need to be individuals who constantly cleanse and be familiar with cultural diseases. When people are not well physically, and it is due to ancestors or witchcraft, they are believed to have what is referred to as spiritually transmitted diseases. An unexpected finding of this research was that healers themselves experienced the phenomenon in question and survived. This brings us to the question of prevention. If healers themselves were vulnerable, does this confirm that there is no prevention but what is important is how patients respond to it? The following data was not obtained from a research question. It was a conclusion based on how the healers introduced themselves, their journey and how they started healing. The following section has also quoted narratives from at least three healers. The intention of this section is to also show how an ancestral spiritual disease is perceived and how it presented itself. It also shows how the issue of prevention can be complex to understand. It is as though one must go through it but what is important is what one does after.

During the interviews with the healers, the conversation started by allowing them to talk about themselves- their initiation, how the calling started etc. This was to understand them as normal human beings, their background and work experience. However, it was discovered that healers were victims of ancestral spiritual diseases. Here are some of the narratives that led to this conclusion.

"If I remember correctly, I started feeling sick in primary school. It got very bad in grade 3, and this was after I had started dreaming. After some time, I started having “*umkhuhlane*¹²⁴”, but it felt different because I could not walk or bend to pick anything up. I had gone to different doctors for relief, but no medication helped, and I ended up seeking traditional help. The traditional healer revealed the root of my health issue, and I was told I am experiencing an ancestral illness because I have a calling to attend to. I was given traditional medicine to use. I found relief and was

¹²³ Cleanse your ancestors, communicate.

¹²⁴ A general term for flu but seems to define a severe experience in this narrative.

okay for some time until it came back in grade 7. It started as “*amahlaba*”. I was in so much pain, it was as if my left rib was growing larger, so I went back to the healer to consult and I was told that it is the anger of the ancestors causing this.”

"Years went by, and I started having constant headaches, experienced epilepsy and weight loss. I realized that I am approaching death. Experiencing these made me decide to attend to my calling to live a normal life. At the time I was grown so I started the initiation. My weight came back. I continued and finished my initiation."
(Makhosi M. 25 years)

"It all started when I was 8 years. I would feel the urge to run to the river, not knowing what I would do there. At some point, I got very sick. I also had a severe toothache that was not going away. I lost so much weight. I went to the doctor for medical check-ups. I did all the blood and psychological tests, but the doctors still said nothing...Until I went the traditional way that revealed to me the root of my problem, which was ancestral. I had a calling. I started my initiation in 2016, I am healthy working at ABSA and healing people."
(Mkhulu S. 40 years)

“I would get very sick and have seizures. I was taken to multiple doctors and multiple healers but none of them were able to heal me. I continued to be a child with unexplainable ailments, and I would get too sick during exams. In 1989 I was sick again. I heard a voice that instructed me where to go and who to ask for. That healer was going to heal me. I arrived and I was then told that I have “*ubizo lobungoma*”¹²⁵”
(Gogo S. 48 years)

The above narratives indicate that healers had no prevention measures or knowledge of how to prevent what they were experiencing before initiation. They are victims of ancestral spiritual diseases associated with having a "calling". This raises a question, do all healers experience some physical sickness together with psychological issues that they cannot avoid or cannot be healed by medical doctors before accepting their calling? Well, what has been mostly documented are mental issues related to the calling and less about physical health. In the narratives above, we can already identify some of the causes and diseases mentioned in table 4.4. These are perceived cultural and spiritual diseases with real narratives from community members. Humans tend to focus immensely on what we can see and touch and neglect what is spiritual. Little to nothing documents the existence of spiritual

¹²⁵ “*Ubizo lobungoma*” is a specific calling to heal people and be a “*sangoma*”.

diseases in a Zulu culture, leaving people to figure it out independently. These narratives have time frames. Healers have reported from their childhood until now. This means it would be unrealistic to assume that they were spiritually ill throughout their lives until they accepted their callings. Therefore, there were moments when they felt better or completely healed, either by traditional medicine or allopathic medicine. Allopathic medicine gave them temporary relief or no relief; as an alternative, traditional medicine came with relief and more explanations about the root of the distresses.

5.5 Analysis of confirmed symptoms by the healers

According to these narratives, most healers had dreams before experiencing any form of physical sickness. They reported toothache, weight loss, sore feet, seizures, ataxia, shortness of breath, and flu symptoms. These are symptoms that one would never perceive as spiritual. These narratives require us to look deeper and pay attention to the pattern that leads to the development of these symptoms. It has been mentioned in the previous chapters that from a spiritual world, ancestors have their methods of communication with their loved ones in the physical world. Ancestors can come in a form of dreams, sickness or animals (Krugerpark, 2022). Dreams appear to be their first form of communication. Judging from these narratives, one can be experiencing ancestral dreams for an extended period without knowing. However, this experience may differ from one person to another depending on what is required from them and urgency. In some extreme cases, some are believed to come across strangers that tell them about their calling. Unexplainable ailments, sicknesses and diseases seem to follow failed attempts to reach out through dreams. This is when physical health issues are perceived as “*ulaka lwabadala*”¹²⁶.

This directly means that ancestors do get to a point where they feel like they not given the attention or the desired response and then resort to harsher forms of communication that will leave you with no other option but to consult. No participant reported the appearance of specific animals symbolizing their ancestors, but snakes (especially the python or anaconda) have been reported to be common in dreams and on the yards. Other animals that are commonly associated with ancestors are “*amabhubesi*”¹²⁷, “*ugogo*”¹²⁸, “*ingwe*”¹²⁹, “*inkosazane yamanzi*”¹³⁰, “*impangela*”¹³¹, “*izinyosi*”¹³², “*unwabu*”¹³³, “*uvemvane*”¹³⁴ and pigeons (Gogo Maqhawe, 2020). As superstitious as it sounds, these exist and are a part of multiple perceptions that are understood and recognized in a Zulu culture.

¹²⁶ “*Ulaka lwabadala*” is a Zulu translation of “the anger of the ancestors”.

¹²⁷ lions

¹²⁸ African mantis

¹²⁹ Tiger

¹³⁰ Mermaid

¹³¹ guineafowls

¹³² Bees

¹³³ chameleon

¹³⁴ butterfly

The narratives also confirmed two spiritual diseases or cultural syndromes from table 4.4, “*amahlaba*” and “*umkhuhlane*” which will be briefly described below. A discussion of every spiritual ailment that was reported is vital in this study. We get to notice that spiritual ailments can be like medical conditions that we know. 5.4.1 and 5.4.2 are conditions that healers experienced. Cultural explanations for these (and more to be discussed) are that they result from failed communication attempts from their ancestors or black magic. As a result, some participants experienced severe medical conditions and some the following perceived “spiritual” distresses.

5.5.1 “Amahlaba”

Two ways are perceived to cause “*amahlaba*”. It can be an indication that something is not right with the patient's system, or it has been spiritually transmitted to them. During the interview, Mkhulu N. (32 years) compared “*amahlaba*” with “*isibhobo*”. Both are described as sharp pains on/by the ribs or abdomen. Mkhulu B. (67 years) described the pain in the ribs as if her rib bone were growing bigger. These can be ancestral or black magic. According to Mkhulu N. (32 years), the difference between the two is that “*isibhobo*” is more dangerous and can kill you and then “*amahlaba*” are also painful. However, they are a lighter version of “*isibhobo*”. Common ways of transmission are with “*umkhonto*¹³⁵”, “*ummese*¹³⁶”, “*izinatiti*¹³⁷”, black candles or red, and some use dolls. During this act, the perpetrator calls your name; they do not have to be near or around you for this to be effective. Gogo K. (43 years) added that during this act some used “*isiduli*¹³⁸”.

Gogo Ntuku (2017) explains that “*amahlaba*” are also common among children. Even though for such pain, pain killers, seeing a doctor or using home remedies like turmeric, ginger, apple cider vinegar would be recommended, but healers have a way of healing this. Gogo Ntuku also shared her own method and mentions leaves from “*unokhovela*¹³⁹” and a small tomato tree can be used. She explains the process as follows:

The healing process is done in the morning where the child is taken outside the yard. “*Icansi*¹⁴⁰” (Zulu grass mat) is used to lay the child on top of it and then remove the clothes. The leaves of “*unokhovela*” are smitten on the child’s stomach. The same leaves must be taken and pounded “*ligxotswe*¹⁴¹” together with the small tomato tree mixing them together. This mixture is then boiled and set aside to cool.

¹³⁵ A spear

¹³⁶ A knife

¹³⁷ Needles

¹³⁸ “*isiduli*” (termite mound) has spiritual uses, and healers may also use it for cleansing. Mkhulu K. 27 years. urges people to also use it as an alternative especially after failed cleansing rituals.

¹³⁹ A certain tree

¹⁴⁰ Zulu grass mats date from the 1950’s being made by Zulu women. They have cultural meanings and the patterns on them determined their function.

¹⁴¹ Most medicinal leaves are pounded using stones. This is so that the liquid from the leaves can be exposed, and they can then be mixed with water or other herbs.

When it is cool, the mixture is then strained and then used for “*ukuchatha*¹⁴²” the child.

After “*ukuchatha*” it is believed that all the dirt inside the stomach will come out. This process is not only for the children but for adults as well. However, some healers may not recommend “*ukuchatha*” a child. Mkhulu V. (28 years) stated that even though “*amahlaba*” and “*isibhobo*” are different, they can be healed using “*ummese*” (a knife) and “*ibomvu*”¹⁴³. The red soil is mixed with water in a container. The knife is then used to stir the mixture and then you drink it, or the soil is mixed with little water to make a thicker mixture to apply where it hurts. Another option would be to drink “*umanyazini*¹⁴⁴” which is dissolved in water and then drank but it must not be swallowed. They do what is called “*ukukhwifa*¹⁴⁵”. Gogo K. (43 years) added a different approach which includes the use of “*izihlungo*¹⁴⁶”.

The mixture has the snake bile and “*amafutha omhlaba*¹⁴⁷”. This is burnt and mixed with an unnamed “*igxolo*” (bark of a tree). A person with “*isibhobo*” can use this mixture to “*ukukhotha*” (to lick). Most of the healing techniques that the healers shared involved the use of a knife and certain mutis mixed. The muti is applied, and the knife is used to stab around the painful area softly. After stabbing, the knife is taken and inserted into the ground. It is supposed to stay there for the night. In the healing process of “*amahlaba*”, plants such as “*iphindamuva*” and “*iphindamshaye*”.

5.5.2 “*umkhuhlane*”

Many do not know that “*umkhuhlane*” can be perceived as a symptom of an ancestral or man-made spiritual disease. “*Umkhuhlane*” is the flu caused by an influenza virus that people can get from inhaling tiny droplets transported by air from a sneeze, cough or infected surface (Penn Medicine, 2020). Three interviewed healers mentioned “*umkhuhlane*”, and one would quickly assume that they are referring to the flue we all know. Even though the symptoms of “*umkhuhlane*” are like the common flu, it has been reported to have more severe physical reactions. Makhosi M's experience included not being able to walk or bend. Other healers that were interviewed acknowledged the existence of such “*umkhuhlane*”, but others felt like the term “*umkhuhlane*” is being used as a scapegoat for another spiritual disease. Even though there were healers who acknowledged the existence of “*umkhuhlane*” in patients, the reported symptoms by Makhosi M. (25 years) were identified as associated with “*umeqo*¹⁴⁸” since she was unable to walk. Regardless of the concrete evidence that another spiritual

¹⁴² “*Ukuchatha*” is has become a part of indigenous African process where a mixture of muti is inserted in the rectum using a “*uchatho*” (an enema syringe).

¹⁴³ Red soil

¹⁴⁴ “*Umanyazini*” (potassium permanganate) is a strong chemical that is traditionally used to cleanse wounds. It is believed to kill germs

¹⁴⁵ “*Ukukhwifa*” is another way of using traditional medicine. The medicine is drunk and spilled out outside.

¹⁴⁶ A mixture that patients can lick

¹⁴⁷ Direct translation: the oils of the earth. Appearance: root like.

¹⁴⁸ “*umeqo*” usually affects the legs. Victims can start experiencing pains and start growing visible sores (big or small) that will not go away.

disease named “*umkhuhlane*” or if it is “*umkhuhlane*” that we all know and has gotten worse, and it has elements of being spiritual, resulting in worse symptoms. There are remedies for “*umkhuhlane*” like “*nsukumbili*” (see figure 5) mixed with other unnamed medicines.

The researcher found- even though it is not specifically about the Zulu people that Stanford discussed spiritual illnesses and supported what the healers have experienced in this study. They mention that spiritual illnesses are usually a form of communication from the ancestors as they can be morose about what people do or do not do for them (Stanford Medicine). The researcher senses that these illnesses seem both a communication tool, a punishment for denial, and a lesson for ignorance. When we read these narratives or when we hear these stories, we mostly find that victims have seen the signs multiple times but denied their calling. They are not to blame, and it is the societies that we live in shaming traditional duties. Our health systems need to be more holistic to recognize African healing and identify possible spiritual diseases fully. It is also the acculturation caused by several environmental and societal factors. Several factors affect peoples' decisions to seek spiritual assistance; one of them is that spiritual health is not promoted like physical health in this country. These issues are also evident in the narratives of the patients.

5.6 Spiritual distress "a thing" ?

This section will answer Interview questions 3 to 6 for the healers and 1 to 3 for the patients. The questions were as follows:

Healers:

Interview question 3: What are common names and symptoms of these cultural or spiritual diseases associated with "ubumnyama"?

Interview question 4: How do you assist a person with a spiritual disease/ “ubumnyama” caused by sexual partner(s)?

Interview question 5: How contagious are illnesses and diseases associated with “ubumnyama” and how can contagion be prevented?

Interview question 6: What are methods, plants and medicines that are now prescribed to patients with these health-related issues?

Patients:

Interview question 1: What life experiences made you consider seeking traditional assistance?

Interview question 2: Have you ever considered allopathic medicine? If yes, how was the experience?

Interview question 3: How did you receive treatment from the healers, and did it work for you?

For easy reference, these questions are being highlighted again in this section. This section needs to discuss these research questions in a more chronological order. However, it will be placed to fit the structure of this chapter which has been designed first to discuss the experiences of the patients first to capture the "spiritual" distress that they experienced and then those that the healers added. The "spiritual" distress reported by the patients were shared with the healers for more information, especially about their nature, causes, treatment and the healing processes required. This is because patients need more information about the healing and treatment methods.

The topic of traditional medicine, traditional healing, people who consult etc. has always had bad connotations. Therefore, only a few people are open about whether they consult healers. Due to stigma, it has become more of a secret and a taboo. Patients were suffering from spiritual diseases that were ancestral and man-made. This study managed to locate participants who were ready to share their own narratives. They felt the need for proper, holistic, intentional interventions and awareness programs not only for other community members who do not believe in the existence of spiritual diseases but for healthcare providers as well. Here are the narratives of the patients who were interviewed.

The following narratives and discussion answers interview question 1, 2 and 3 for the patients: What life experiences made you seek traditional assistance? Have you considered allopathic medication? If yes, how was the experience? How did you receive treatment from the healers, and did it work for you?

"I have always been someone who dreams. I never paid attention until I got sick, very sick... I could not speak and walk... When I could not walk the doctors checked and could not find anything wrong. I went to several doctors and the last one I went to said I had a kidney infection. I then received medication and I took it as prescribed".

"I received antibiotics. They did help but for me to be able to walk I had to do a ritual of *"ukushweleza"*¹⁴⁹ using a goat. After *"ukushweleza"* I recovered quickly"
(Patient 2)

"My issue started with dreams when I was still in high school. I would have constant headaches and lower abdominal pains as if something were in my womb. It was painful sometimes; it would feel like my stomach was in pain too. Sometimes I would bleed, be bloated, and have cramps and discharge. I would take medication, and it would stop for a few days, and it would come back again."

¹⁴⁹ Asking ancestors for forgiveness

Researcher: “Did you seek medical help?”

“Yes, I did. medication did not work. I consulted a healer, I received muti for “*ukuphalaza*¹⁵⁰”, “*ukugquma*¹⁵¹”, “*Ukugeza*¹⁵²”. “*isiwasho*¹⁵³” was one of the things I received. All these helped.”

(Patient 3)

“I woke up one Sunday and my ear was painful. I endured it and then on Monday I woke up and it was worse. I decided to go to the doctor and the doctor did not find anything wrong with me, but I was given an injection- it was just an antibiotic. Just when I was on my way back going home, I felt my face getting swollen and I did not know what was going on.”

Researcher: So, when did you realize that you had to consult?

"My sister saw that half of my face was not working after the swelling. I could not brush my teeth or hold any liquids. I felt like half of my face has a stroke. She advised me to consult. I was told that someone used muti on me so that I experience stroke and be wheelchair bound."

Researcher: So how did you receive treatment from the healer, and did it work for you?

"I was told that a jealous colleague of mine previously worked in a space that I am currently renting for my beauty business. She still had excess to my space, and apparently, she and her other friend went in when I was not there and sprinkled “*muthi*” at the entrance and inside/around my working station.... anywho, “*Ngagcaba*¹⁵⁴” on the left side of my face /body that did not experience stroke. This was to prevent it from spreading to my right side. The healer also gave me something to lick called “*Izinyamazane*¹⁵⁵” and another muti that I had to sniff. The muti made me sneeze and I was told that was a way of relaxing those muscles on the left side of my face. I also received “*imbiza*¹⁵⁶” for “*ukuchatha*” and to drink so that it drains

¹⁵⁰ Patients drink and down the medicine usually in a 1, 2 or even 5 litres container and start self-induced vomiting.

¹⁵¹ Steaming with the medicine

¹⁵² Bathing using medicine

¹⁵³ Holy water

¹⁵⁴ Razors were used to cut her specific parts of the body, and muti was applied on the openings.

¹⁵⁵ A type of muti that can also be burnt to chase evil spirits.

¹⁵⁶ A herbal mixture used to boost immune system or heal

all the dirt in her system. I then had to perform a cleansing ritual. I had to bring 2 chickens (black and red hens) to be slaughtered. The blood was mixed with “*umuthi*”, and I had to bath using the mixture at a mountain. After the cleansing I went back for “*Ukuqiniswa*¹⁵⁷” and that is how I was healed.”

(Patient 5)

“I had headaches, sore eyes and sinus symptoms. My feet would also be swollen. It all got worse in high school. I had piles, “*umhlume*”, painful bladder and back pains. I went to multiple hospitals seeking relief, but it did not work- I had developed rash too and I received an aqueous. I then decided to try traditional healers. However, I went through multiple healers to find relief. Eventually, I was healed, and I learnt that there were ancestral things that I needed to do. I am still feeling well till today.”

(Patient9)

“2013 I had “*ibhande*” and its known, so I knew that I had to consult a healer about it. The healer gave me “*imbiza*” for “*ukuchatha*”. It went away and never came back. Recently I was not feeling well because of “*idliso*”. I experienced shortness of breath and an unexplainable feeling of something being stuck in my chest. Again, I just knew I had to consult a healer and I was given muti to drink and “*ukuphalaza*”.

(Patient 6)

“It is never easy to tell if its spiritual or not. I was so unwell I was eventually referred to a healer. I had experienced “*isichitho*”, my face was itchy, I had a fever, body pains and bad dreams.”

(Patient 4)

“I was not feeling well emotionally and physically. Emotionally I was exhausted, and physically I had constant ailments, headaches, and an itchy outbreak on my face that kept coming and going. It was “*isichitho*”.

(Patient 1)

5.7 Analysis of confirmed symptoms by patients

The following analysis is not to disregard or discourage allopathic medicine but to educate and show a potential cause for concern. We learn from these narratives that allopathic medicine does not heal

¹⁵⁷ Performing certain cultural activities to strengthen them so they are protected from perpetrators.

spiritual diseases. Patients have reported the medicine working only for a while. Gupta & Dukewich (2016) share a few potential reasons that can cause allopathic medicine not to work. 1. The patient might be using the medication wrong and not following prescriptions, 2. Diet can affect the effectiveness of the medicine, 3. Lifestyle (being overweight, physically inactive, smoking etc.), 4. Underlying medical conditions (poor metabolism, poor sleep, stomach conditions, hormonal issues etc), 5. Patients or doctors' offices could be making mistakes when doing tests, misreading at the lab etc., 6. A patient may suffer from chronic pain, which is the type of pain that will still show even when the patient is taking medication. 7. The patient might not need medication but other non-medicine treatment methods like exercising, physiotherapy etc. Other writers discuss these, and their discussions revolve around similar points raised above by Gupta and Dukewich (2016).

The above thinking portrays allopathic medicine as flawless, without blemish; if it is not working, there must be something wrong with the patient or the doctor's office. Whatever may cause the patient to still not have relief after taking the medication has nothing to do with the medication being flawed. The solution would be to keep trying other medications. This becomes a complex logic that affects patients coming from traditional holistic backgrounds. When treatment resistance occurs, the patients not only continue suffering and trying different medications, but there is also a sense that allopathic medication is the only medication being promoted. The downfall of allopathic medicine is that it is not inclusive and not holistic. The furthest nurses and doctors can go when it comes to being holistic is to perform a full body screening, blood and urine tests, lipid profile tests, cardiac system etc (Indushealth, 2022) to determine the actual cause. An interesting question would be, after multiple tests and medications, can a medical practitioner or nurses- especially Zulu's take off the hats of being health providers and advise for spiritual interventions or will it be seen as breaking the "law" or putting the patient "at risk"?

Collected data shows that patients who sought alternative healing found relief after not being assisted by allopathic medicine. When prescribed medication does not work, people make personal decisions to consult healers or are advised to do so. The need stems from their cultural beliefs and perceptions of disease that it may be spiritual hence there is treatment resistance. This is one crucial aspect our health department needs to look deeper into and know common cultural/spiritual diseases that are perceived. Table 4.4 shows reported and other common diseases that are being treated. The fact that we all know, and we keep reading about, is that most Zulu people do consult healers. However, we know less about what happens inside, what are common diseases people are diagnosed with, and the perceived causes and treatments. There is no amount of "usual" health promotion urging people to seek medical assistance as soon as possible or danger alerts about traditional medicine that will stop people from seeking traditional help and using muti to cure themselves. A way forward would be to adopt a more holistic health system that will accommodate such perceptions and look into these

culture-specific diseases/sicknesses and more research conducted for a holistic understanding that will benefit future interventions.

The above narratives have confirmed the existence of some of the culture-specific diseases shown in chapter 4, table 4.4.

The following section discusses "spiritual" diseases reported by the patients and those that the healers added. All the symptoms and "spiritual" distresses that were reported by the patients were reported to the healers for confirmation of their existence and more information about their nature. This was when healers also shared more "spiritual" diseases that are also being treated. This section also answers research questions three, four, five and six for the healers: What are common names and symptoms of these cultural or spiritual diseases that have been associated with "ubumnyama"? How do you assist a person with a spiritual disease or "ubumnyama" caused by a sexual partner? How contagious are these illnesses and diseases, and how can contagion be prevented? What are methods used, plants and medicines are prescribed to patients with such health-related issues?

5.7.1 "isichitho"

This is a very common illness among females and males. From the data collected, "*isichitho*" is something spiritual that can be caused by others motivated by hate, jealousy, etc., or you can get it from someone who already has. It comes with "*ubumnyama*" that does not only affect your social life, but it can go as far as affecting your physical health. It has been perceived as contagious; another person can also get it through sexual intercourse. By social, people would refer to repulsiveness, bad aura and bad luck. It is perceived as a spell caused by witchcraft and lives inside your body. It has been described as a spiritual illness or disease that can result in other distresses that are life-threatening. Diva sangoma (2021) mentions seven identified different kinds of "*isichitho*". There is "*isichitho samakaka*"¹⁵⁸, "*isichitho solwembu/ubukhuphe*"¹⁵⁹, "*isichitho sesongololo*"¹⁶⁰, "*isichitho sezintwala*"¹⁶¹, "*isichitho sempethu*"¹⁶², "*isichitho sezinduna*"¹⁶³ (see figure 16) and "*isichitho segazi*"¹⁶⁴. The social part of it is reported to be very common. Makhosi M. (25 years) stated that "*isichitho*" or repulsiveness, is experienced around people. It is not a pleasant experience and can hinder your success. This has destroyed many people as it is something that is taken lightly. Another

¹⁵⁸ Associated with faeces. Victims have an odour that does not go away. This results in people not wanting to be in your presence.

¹⁵⁹ The closest explanation to this phenomenon is feeling like a spider web on your face or body. Also, a feeling of having small insects on your body. It is a consistently annoying feeling. Victims would touch themselves attempting to "remove" the web.

¹⁶⁰ "songololo" is a millipede. This kind of "isichitho" is also known as a "break up spell". Perpetrators use it on their partners especially if they have cheated or are cheating. It can also be used by outside people wanting the relationship to end. The Millipede spell can result in erectile dysfunction.

¹⁶¹ Associated with mice. Parts of the body with hair are affected and itchy, especially in public. This can be spiritually transmitted, and the victim can pass it on sexually.

¹⁶² Associated with worms. Perpetrators go to a graveyard and use mutis to cast this smell. Victims see worms everywhere, especially where they live, clothing, and in severe cases, they come out of their private parts.

¹⁶³ Associated with pimples and acne.

¹⁶⁴ Associated with bleeding. Common amongst females.

interesting view that Mkhulu B. (67 years) mentioned was that “*isichitho*” can make a person look down on others, which is when repulsiveness will begin to affect you socially.

“*Isichitho*” can appear in a form of faeces (reported cases include randomly smelling like them or involuntary defecation when with a partner or publicly), frogs (a lot of them can be at your door). It is believed that perpetrators can use your image, clothes and “*insila*¹⁶⁵”. Healers have urged that people must be very careful, especially regarding sexual intercourse. This is another form of prevention that people can practice. According to them it is also possible to wake up with “*isichitho*” after coitus. People can get “*isichitho*” in so many ways without them knowing and can be transmitted to another person though coitus as well. Since sexual activity is also a spiritual exchange and energies, this is how a person can wake up with “*isichitho*” and start experiencing repulsiveness and misfortunes, if not any physical unwellness. This confirms what Ngubane (1977) calls spiritual pollution in chapter 3 of this dissertation. This makes “*isichitho*” contagious. “*Isichitho*” can come in acne/rash or skin irritation, bad smell, ulcers, rash-like outbreaks, vaginal issues and lower abdominal discomfort. Besides the above transmissions, it was also reported that females can send these spiritually amongst each other, motivated by jealousy or reasons related to romantic relationships. These can even cause fertility issues. Mkhulu B. (67 years) added that “*isichitho*” can also cause bleeding whenever the victim must see their partner. It is evident that “*isichitho*” can be a form of unwellness that comes in different forms depending on how it was made and transmitted.

Makhosi S. (55 years) shared that there is also “*isichitho sesilwane*” which is a type of “*isichitho*” that comes with “*isilwane*¹⁶⁶”. This spiritual animal some may refer to it as a spiritual husband. This “*isilwane*” causes a lot of chaos and destruction in a person’s life. It is also believed to come at night and have sexual intercourse with the victim. Side effects of this include fertility problems, vaginal issues- discharge etc. Other symptoms of having “*isilwane*” include sleep paralysis at night (a feeling of something pressing you down at night), it can make you experience psychological problems- when explained it resembled depression leading to suicidal thoughts. Even though it may be difficult to instantly tell if you have “*isichitho*”, Mkhulu B (67 years) shared signs that people need to be on the lookout for if they want to know if they have “*isichitho*”. He mentioned changes on the face- “*ukugqugqa*¹⁶⁷”, and oily face, running out of money but not know what you did with it and itchy private parts- this is called “*izintwala*” (see figure 6). “*izintwala*” result to uncontrollable itching. Patients can scratch themselves until they bleed. This condition can be both sexually transmitted and spiritually transmitted.

¹⁶⁵ “*insila*” is the residue after bathing. It appears as dirt around the bathtub.

¹⁶⁶ Spiritual creature/ animal

¹⁶⁷ “*ukugqugqa*” means getting darker in complexion. Unknown dark marks start to appear on the face.

Healers believe that “*isichitho*” can be healed and even sent back to the sender if the patient wishes to do so. Even though there are now cosmetic stores that sell traditional bath salts and other traditional remedies, it will be like using Panado to heal cancer (Diva Sangoma, 2021). Such culturally perceived ailments or diseases require traditional expertise from a “*nyanga*” or “*sangoma*”. Even though they are Zulu healers healing majority of Zulus around the area and besides the fact that there are different kinds of “*isichitho*” (which affects how its treated), healers showed understanding of individual beliefs (guided by their ancestors during consultations) that determined how the patient can be healed and therefore, this means that there is no one specific way of treating “*isichitho*” unlike Panado and allergex tablets that are meant to treat everyone’s headache and allergies.

Mkhulu B (67 years) explained about “*amafutha esichitho*¹⁶⁸” as treatment that he prescribes to his patients. The medicine is a special oil that is applied where it is itchy around the private parts and can be applied on the face for acne. This also means that the oil can treat “*izintwala*. The oil must be applied at night. Amongst other special ingredients, the oil has water that is absorbed by the skin to aid in the treatment of the itchiness and acne. Other healers would prescribe strong natural salts and mixed herbs. Mkhulu S (40 years) mentioned “*mathithibala*” (see figure 7), a pitch of “*unukani*” (see figure 8), “*Iqonda nqo*” and “*isqunga*¹⁶⁹” (see figure 9). Gogo S. (48) shared that other mixtures may include “*uhlunguhlungu*” (see figure 10), “*umalulama*” (see figure 11), “*ugezamashwa*” (see figure 13), “*umaphipha- ikhubalo*” (see figure 12), “*Shisizwe*” (see figure 14) “*umaphipha- intelezi*”, “*unukani-ikhubalo*”, “*umgxamo*” and other unnamed plants. This list does not show all the ingredients but rather highlight the types of plants that are considered useful- by different healers, in the healing of “*isichitho*”.

There is also “*umhlakiva*” (see figure 15) also known as “*umhlafutho*” in other areas. This is a plant that produces small “balls” with thorns. These small balls provide oil that is useful in the treatment of “*isichitho*” that has caused acne or any other irritation to the skin. It is also helpful in the treatment of “*isichitho*” that has caused “*izintwala*”. The seeds of the tree finely pressed, boiled and the victim must use the mixture for “*ukuchatha*” to eliminate “*izintwala*” from the inside. Gogo S. (48 years) emphasized that this plant plays a crucial role in the treatment of “*isichitho*”. He added that “*isichitho*” has been associated with some form of spiritual pollution and a patient diagnosed with any form of “*isichitho*” requires cleansing. The above mixtures are cooked or boiled. A mixture for cleansing can also be used. The mixture is mixed with water from a moving river for cleansing purposes. Furthermore, any “*isichitho*” that exist in a sexual relationship requires both partners to undergo a cleansing process not only to “repair” the relationship but to avoid them carrying this with them to their following relationships.

¹⁶⁸ Special oil for healing “*isichitho*”.

¹⁶⁹ Green in colour and understood as a multipurpose herb.

5.7.2 “ibhande”

Direct translation of “*Ibhande*” is belt. Even though it has been believed that a patient with “*ibhande*” needs to seek traditional assistance they are still required or recommended to undergo blood testing as soon as possible since “*ibhande*” has also been associated with symptoms of HIV. Mkhulu S. (40 years) mentioned that “*ibhande*” can start off as “*amahlaba*” or “*isibhobo*” and then progresses to “*ibhande*” (see figure 17). “*Ibhande*” has been described as a rash-like growth that usually grows around your body. It resembles shingles or even worse and more cluttered. Growth begins in the upper back. It spreads across your body and into your chest and joins at the back again. Healers have urged that it should be immediately treated because the more it grows, the deadlier it becomes. Makhosi M. (25 years) told the researcher that people would feel a burning sensation when this growth occurs. The healers shared similar descriptions.

The texture of this rash is sharp or rough; sometimes, liquid would come out of it. There was no evidence of this condition being contagious (spreading from one person to another). However, there were warnings about how it is spiritually transmitted (how perpetrators can cause this condition in someone). “*Ibhande*” can be transmitted to another person through “*umeqo*”¹⁷⁰ There are other perceived spiritual diseases that can be transmitted through “*umeqo*”. However, “*umeqo*” on its own can be a separate condition. A mixture of “*ibhoholo*”, “*idambisa*”, “*maphipha*”, “*cishamlilo*” (see figure 18 & 19) “*mahlokoloza*”, “*nsukumbili*” and “*ingunduza*” is cooked and patients must drink it three times a day and perform “*ukuchatha*”¹⁷¹ twice a week. “*Ibhoholo*” and “*icishamlilo*” is also cooked and used for “*ukuthoba*”¹⁷² the rash.

Even though “*umeqo*” can be interpreted as a form of transmission, there is also a condition called “*umeqo*” (See figure 20) or “*umBhulelo*”. This condition resembles cellulitis- which is explained as a bacterial skin infection but in this case the perception of this condition is connected to witchcraft/black magic. The affected area is usually the leg. It may become an untreatable ulcer and the leg can change colour. The perpetrator uses muti and is sprinkled on a path- it could be at work, at home etc. The muti used is commanded what to do and to who. This form of transmission is believed to be very effective as the perpetrator will call your full names and surnames. Like other spiritual diseases, “*ibhande*” has been associated with spiritual pollution or “*ubumnyama*” and therefore requires cleansing. There is a cleansing process called “*ukulahla*”¹⁷³. Before any form of treatment, the patient must undergo a

¹⁷⁰ “*Umeqo*” is another form of sending evil to another person. Muti is sprinkled on a path, and the victim would cross over it.

¹⁷¹ “*Ukuchatha*” is an indigenous African process where a mixture is inserted using a device “*uchatho*”. The mixture is inserted inside the device and then the device is inserted in the rectum.

¹⁷² e.g for a swollen ankle a towel would be dipped in hot water and then patiently placed on the swollen area. That is called “*ukuthoba*”. In this case muti is used instead of just water and the towel is placed on the affected area.

¹⁷³ “*Ukulahla*” means “to throw”. In this ritual, victims are “throwing” away whatever that is causing them problems. Could be the spirit animal etc.

cleansing process to remove the spiritual pollution or “ubumnyama” that came with “ibhande”. Makhosi S (55 years) mentioned the use of herbs such as “ntangana zibomvana”, “mababaza” (see figure 21), “intelezi zamathunzi”, “mathithibala” and “ifengo”. It is uncommon for “ibhande” to be associated with a sexual partner. Therefore, the other partner does not necessarily need any traditional healing or cleansing. It will only be the victim that needs assistance but in case of any blood testing both partners have been advised to do so.

5.7.3 “idliso”

Let us first indulge on a brief discussion about “idliso”. Shobelikhulu institute of spiritual healing (2020) defined “idliso” from a shamanic and linguistic perspective. Linguistically the term “idliso” stems from the term “ukudla” which means eating and “ukudliswa” which means being fed. Here a person is willing and aware that they are eating or being fed whereas from a shamanic view, victims are not aware, and this can be because the perpetrator is creating a spell. From a Zulu cultural perspective, “idliso” is used as a “korobela”¹⁷⁴ and poison. In the primitive times “idliso” was used as a form of medication that would heal someone who had been poisoned or someone who wanted to protect themselves from evil spirits. In this contemporary world, “idliso” is mixed with the intention of controlling. Usually this happens in relationships where one seeks dominance over the other. There are different kinds of “idliso” transmitted differently. There are those that are transmitted through air, dream and even through sexual intercourse. There is “idliso langaphansi”¹⁷⁵, “idliso lokudla”¹⁷⁶, “idliso lephupho”¹⁷⁷, “idliso lomego”¹⁷⁸, “idliso lomoya”¹⁷⁹ and “idliso lokubulala”¹⁸⁰.

In the making of “idliso” perpetrators can use “udelunina” (see figure 22) “gobamakhosi”, “gobamlomo”, “dabuluvalo”, lizard and even menstruation blood. For example, it was revealed that women would take the underwear they were wearing, mix them with a muti with “umvongothi” (see figure 23) together with hippo oil. This is boiled for 30 minutes. This boiled mixture is then used when making tea for him. It was mentioned that most women use “idliso” on men and men use “ilumbo” on women. It seemed to appear that the perpetrators of such are not well informed about the consequences and side effects of using “idliso” on someone or a partner. A partner becomes overly obsessed. Obsession comes with jealousy and elements of being controlling. These can easily lead to violence. Besides obsession (which has been believed to be one of the causes of gender-based violence or intimate partner violence), “idliso” comes with health complications and stress related conditions.

¹⁷⁴ Love potion

¹⁷⁵ Associated with sexual activity. Females can mostly use it on their private parts to “trap” a man.

¹⁷⁶ “Idliso” concoction mixed with food

¹⁷⁷ Associated with dreams. The victim dreams eating meat etc. or being fed.

¹⁷⁸ Muti can be sprinkled on a path where the victim crosses.

¹⁷⁹ Transmitted through air.

¹⁸⁰ Poison.

"Idliso" is not contagious. The victim cannot pass it on to other people. For *"idliso"* only the victim requires treatment. For healers to start healing *"idliso"* they have to be very certain that it is *"idliso"* because a wrong diagnosis can cause more harm and even death. Healers also need to identify what type of *"idliso"* it is. Mkhulu V. (28 years) stated that a person could have *"idliso"* for years without knowing. However, when it is triggered, it worsens; by that time, it would have already done a lot of internal damage. Even though its behaviour resembles that of cancer, *"idliso"* is reported to have symptoms that are like those of a person with acid reflux who has never tried self-induced vomiting to get rid of a gall sickness¹⁸¹. The person may be coughing, losing weight, *"ukuthobala"*¹⁸², congested chest, constant thirst, internal ulcers leading to loss of appetite, at some point a doctor may say you have throat cancer when it is *"idliso"*. The first step that is done when healing someone who potentially has *"idliso"* is to cleanse them, and at this stage, the cleansing serves as a reset button believed to remove *"isinyama"*. This is when the healer might make things more transparent and easier for the person to connect with them spiritually.

In most instances, healers would cleanse a patient and then ask them to come back again for a consultation so that they see the real issue or the real root of the sickness- think of it as an HIV test or a pregnancy test before having a consultation with a doctor. After a cleansing, the healing process will continue and *"idliso"* will be taken out through certain cooked mixtures of *"imithi"* in a large bucket that the patient must drink and finish. The purpose is for them to start vomiting or perform self-induced vomiting to take out *"idliso"*. Even though this is a very dangerous process especially if wrongly diagnosed. There are people with true narratives about being healed from *"idliso"* (see figure 24). Figure 24 shows how *"idliso"* looks like when taken out. It is a ball of blood that is believed to have been growing in your chest. The victim was not part of this study. He was triggered during a random discussion and was willing to share his experience. A sangoma assisted him in Pongola. Healers have been highly recommended, but there appears to be home remedies shared by others. A most common circulating home remedy is the use of the first urine you make in the morning. The power of this urine has been discussed by many, including some of the participants in this study. The urine is used for *"ukuphalaza"* (self-induced vomiting), and it is the only one that is believed to work however, a person with any kind of sexual infection affecting their urine is advised to seek medical assistance before using their urine.

Some eat crocodile meat or crocodile oil mixed with morning urine to stop *"idliso"* or to reduce its power. There is also a use of vinegar (three spoons) for *"ukuphalaza"*. *"idliso"* that is "stubborn" requires a healer. One of the healers shared that he uses oil from a giant plated lizard (see figure 25,

¹⁸¹ This ailment is called "inyongo" in Zulu. Some have accepted a culture of performing self-induced vomiting, colon cleansing occasionally to avoid being sick.

¹⁸² Feeling down. Not energetic.

26, 27) that has been hunted. The patient must lick the oil for 3 days to soften "*idliso*" so it comes out easily. After three days, the patient must return for self-induced vomiting. The mixture for this process differs from one healer to another but Mkhulu S. (40 years) uses tringo teabags with 10 litres of water. The ball of blood or the blood cloth that comes out is believed to stand a chance to cause or appear as tuberculosis when attended by a medical doctor. In the treatment of "*idliso*" Gogo S. (48 years) added that "*isiwasho*" (blessed water), "*i-alamu*"¹⁸³, "*impepho*", teabags and "*umcako omhlophe*" can be used to create what is called "*isiphungo*" that the patient would have to use for seven days before self-induced vomiting.

5.7.4 "umhlume"

Um-hlume, "*hlume*" or "*hluma*" means growth in English. Therefore, "*umhlume*" is a type of growth that can grow on female and male genitals. It can be transmitted through sexual intercourse. This condition has been described like an STD, which makes it contagious as it can pass from one person to another through sexual intercourse. It has symptoms such as "*izinsumpa*"¹⁸⁴, "*amathumba*"¹⁸⁵, burning pee and pain during sexual intercourse. For "*umhlume*" Makhosi M (25 years) recommends a mixture with "*dlutshani*", "*khakhasi*", "*hlunguhlungu*", "*cishamlilo*" and "*isidikili*" to be boiled and used for "*ukuchatha*"¹⁸⁶ and then mix "*idambisa*", "*hlunguhlungu*", "*Ndabungehlele*", "*Nsukumbili*" and "*umganu*" (see figure 28 and 29), bring it to boil and patients can drink three times a day. Healers in this study were also responding based on their experiences. Majority confirmed that even though there are traditional ways of healing "*umhlume*" that they are aware of and have been practised by other healers, they personally have not encountered a patient that had "*umhlume*" and would not want to comment on anything they have not tried. Some also shared that medical attention is also essential in severe cases.

5.8 Other names of cultural/ spiritual diseases that were added by the healers.

This section continues to discuss the perceived diseases while answering the research questions mentioned in section 5.5. Here are those that were added by the healers:

5.8.1 "Isilonda"

"*Izilonda*" (plural for "*isilonda*") are known or identified as ulcers or sores. Ulcers can be seen, touched and smelled. Even though these can grow at any part of the body caused by different medical conditions and disorders such as bleeding disorders, cancers, dermatitis, diabetes, eczema, PVD (peripheral vascular disease) etc and infections such as cellulitis, chickenpox, herpes, influenza, warts,

¹⁸³ Alum stone

¹⁸⁴ Plantar warts

¹⁸⁵ Boils even around the rectum

¹⁸⁶ Colon cleansing

scabies, syphilis and shingles there is a Zulu cultural perception of “*izilonda*” and traditional ways of treating them. Different cultures perceive distresses differently. Koka et al. (2016) unpacks the cultural understanding of wounds and ulcers in the Obom sub-district. The study found that there are wounds and ulcers that are believed to be a result of charms and evil spirits. Even though this has not been common, a similar perception exists amongst the Zulus. This is an important perspective that health care workers need to address to avoid patients attempting to redress wounds. Such perceptions lead to community members applying traditional herbs on the sores and drinking traditional mixtures to heal the ones that they cannot see (from the inside).

“*isilonda*” is not considered as contagious. If it occurred to someone who is in a sexual relationship, only that individual will be affected, and they are the only ones who will need any traditional assistance. In a Zulu culture there are multiple ways of healing “*isilonda*”. Muti that is required includes dried “*umvongothi*”, “*nsukumbili*” and “*icishamlilo*”. These are mixed and burnt to become “*insizi*”. Patients must lick “*insizi*” three times a day. Another second mixture includes “*icishamlilo*”, “*mganu*” (see figure 28 and 29), “*nsukumbili*”, “*labatheka*” (see figure 30), “*ntolwane*” and “*umvongothi*”. Symptoms that are associated with “*isilonda*” include loss of appetite, feeling down (the explanation was like depression), “*izigobhe*”¹⁸⁷, always sleeping and vomiting food after eating. A child with “*isilonda*” can use milk, “*isiqungu*”, “*nukani*” to drink. The healing process for adults may include “*ukuchatha*”. A cleansing process is not necessarily important for “*isilonda*”, but others may perform a cleansing ritual to also get rid of other things or possibilities of having “*isinyama*”. Gogo S (48 years) also highlighted the use of “*nukani*”, “*nsukumbili*” and then added “*ishongwe*”. These are mixed and the patient must drink.

5.8.2 “*Ilumbu/o*”

“*Ilumbo*” was described as a man-made spiritual disease that is also mysterious in nature. It is “magical” in nature and very unbelievable when it happens. There are different kinds of “*amalumbo*” (plural for “*ilumbo*”) there is “*ilumbo lokucupha umuzi*”, “*Ilumbo lokucupha abafazi*”, “*ilumbo lomego*” and “*ilumbo lenduku*”. “*ilumbo lokucupha umfazi*”-which is a type of “*ilumbo*” that traps a wife, is a kind of trap that is also associated with the use of a snake. A victim of this type of “*ilumbo*” (which is the wife’s lover) they experience an unexplainable feeling of something moving around their stomachs. This is said to be the snake (also called “*ilumbo lenyoka*”) spiritually created, that the husband has used to trap the wife and now it has been sexually transmitted from the wife to the lover. This belief makes this kind of “*ilumbo*” contagious and would require the involved parties to both cleanse and get traditional assistance. This spiritual snake is believed to grow and can cause death if not traditionally healed. “*Ilumbo*” is perceived to causes the skin around the victims’ manhood to peel

¹⁸⁷ Sunken eyes.

off or rot from the inside. These symptoms would take about three days and if not traditionally healed, they may also result to death. Besides not getting a phallus the victim will also experience diarrhoea, “*isibhobo*”, “*izintwala*” and more. Chapter 1 and 2 have highlighted that such spiritual transmissions occur with or without protection. Apart from contracting “*Ilumbo*” from the fact that sexual intercourse is also spiritual, it has been reported to also be contracted through body contact and pairing of navels during sexual intercourse.

Not all patients experienced the above perceived spiritual diseases, some reported to be also with symptoms, and it was either ancestral or man-made. This means that there are clinical conditions that are being treated with traditional medicine because they have appeared to be ancestral or man-made. Some patients and healers also reported constant ailments that they did not understand. If we were to take a closer look at the symptoms that the patients had, they are symptoms that one can relate them to medical conditions. For example, there are participants that reported not being able to walk. Besides Parkinson’s disease which is a movement disorder that can show itself as stiff gait, there is arthritis which damages the hip tissue and multiple sclerosis (MS) which is said to be very common amongst patients struggling to walk (Lloyd III. W. C. 2021). Participants reported constant headaches. Constant headaches are medically associated with chronic migraine, chronic tension-type headache, New daily persistent headaches and hemicrania continua (Mayo Clinic, 2019). There are participants who reported that they would just fall. Those episodes are related to epilepsy which is a disorder that causes seizures. It is a noncommunicable disease of the brain (World Health Organization).

Patients showing symptoms of these must also be medically diagnosed and treated. Given culture specific “spiritual diseases” discovered during fieldwork- which have similar symptoms, what if there are certain instances where both forms of healing (traditional and allopathic) must be equally considered to achieve a holistic healing strategy that will accommodate communities with such perceptions of diseases or any other kind of sickness. This logic also reveals that even though spiritually transmitted diseases can be understood as culture-bound or seen fit to be culture-bound, they do not necessarily have to be culture-bound for them to fit the description of being spiritually transmitted. There are medical conditions that can start off as medical but later discover that they have become spiritual. In this case, the condition is becoming worse because the patient is not also focusing on the spiritual aspect of it/ spiritual possibilities. Judging from all the narratives, a common behaviour of a spiritual disease is that it will not respond to medical treatment because it requires spiritual interventions, and it will keep getting worse if ignored. As a cultural community with deep cultural roots and strong beliefs also documented in the history books, the awareness seems to revolve around the importance of also investigating if weather or not the ailment is spiritual especially if it has become resistant to medical treatment.

Unpacking spiritual diseases from AmaZulu cultural perspective has been very informative. It has basically taught us or confirmed certain cultural health conditions that exist and how they are healed. However, here are the following concerns that were noted by the researcher. There are chances that a spiritually transmitted disease can cause death or lifetime psychological trauma and scarring for example, participants shared near death experiences and profiled diseases like “*ilumbo*”, “*isichitho*” and “*ibhande*” resulting to trauma and visible scars. It has also been acknowledged that healers work differently because of their gifts. This means that each spiritual disease can be treated differently. Even though healers can be gifted differently, this study has indicated that there are similar plants/herbs that are used but then there is evidence of other unnamed plants/special medicines that healers can use in their mixtures. “Every chef has a secret recipe”. But what does this mean for patients? They must try multiple mixtures to find one that heals them. There is no documented information on how this may affect a human system. Patients also find themselves consulting multiple traditional healers to get one that will use a healing method that will heal them. Even though there is evidence or testimonies of people being healed, it becomes and feels as though people become test subjects. This experience can make one feel as if some healers are not legitimate especially to that small percentage of the community that does not believe in traditional medicine. These are just some of the things that make this discussion complicated and collaboration difficult if not impossible.

5.9 Healing process

This section will attempt to answer more on research question six for the healers. The purpose of this question was not only to understand the healing processes involved in the treatment of the above spiritual diseases but to also understand the overall healing process even for ailments that are associated with ancestors. In the previous section healers shared mixtures, names of plants used and dosages. This section will look at the cleansing processes that are followed as part of the healing process of these perceived “spiritual diseases”, and the rest of the perceived cultural ailments. The significance of cleansing is believed to be related to the removal of “*ubumnyama*” or “*isinyama*” that has resulted from an upset ancestor/ bad ancestor or what has been done to you by people causing a SpTD. Cleansing is believed to be the important stage. When healers were asked about the healing process, they all first mentioned cleansing. Since the discussion is on spiritual diseases and has expanded to cultural ailments in general, besides other related rituals etc, cleansing seems to also be the healing method that is believed to tap into the spiritual world and plays a vital role in the healing of spiritual diseases and other spiritual distresses.

What we have learnt so far from the literature review and the previous section is that even though there are standard procedures to be done in the process of healing (like cleansing), healers are gifted differently and therefore perform cleansings differently. What also influences a method of cleansing

is what was revealed during a consultation. The literature review briefly discusses what takes place during a consultation and how healers also connect to the patients' ancestors to get to the bottom of the cause, and they can also determine how the patient can be healed. Therefore, the following discussed methods do not necessarily mean that all African healers are following them. There may be slight or huge differences especially in the choice of location, medicine mixed, and other essential things used (like the colour of the candles used) etc.

5.10 Cleansing

The perception is that when a person is vulnerable to spiritual diseases, they are most likely to not be protected by their ancestors which allows them to be clouded by "*isinyama*" or "*ubumnyama*" resulting to more vulnerability towards spiritual diseases but not all of them require cleansing. It is also believed that not being protected by your ancestors (which can be caused by multiple factors) or not protecting yourself (through traditional ways like "*ukuziqinisa*") makes a person vulnerable to perpetrators as well. The notion of cleansing is significant in a Zulu culture. Cleansings are performed in different locations mentioned in table 4.4.1 depending on the healers calling or cause. In Pietermaritzburg there are common areas that are used, such as the Table Mountain in Maqongqo, Snathing or Edendale Mountain, Sweet waters mountain, Msunduzi river by Henley, Umngeni, Mpophomeni, Smero waterfall, a smaller waterfall by Caluza, Makro river stream, Howick falls and another waterfall at a place called "*Ngaphezulu*".

Cleansing forms part of the healing process and has been believed to be the key thing that enables healing, smooth connection to the ancestors, and protects and purifies members from the evil that they have caused onto others or evil that has been done onto them. This is the ultimate stage that directly deals with removing "*ubumnyama*". Some of the interviewed healers recommended cleansing first before "*ukuhlolela*"¹⁸⁸ the patient and some healers would start with "*ukuhlola*" and then, depending on the discovered cause, advise that the cleansing be done first for the treatment to be a success. Either way, we not only learn that cleansing acts as a catalyst to the healing process, but it also paves the way for the healers to be able to determine clearly (not clouded by "*isinyama*" that the patient might have) what could be the cause of the problem.

There are multiple cultural reasons that may result to people wanting or needing to cleanse. However, this dissertation has named a few that have been linked to "*isinyama*" and spiritual diseases. The previous chapters have highlighted ancestral causes. The healers' narratives in this chapter have also elaborated further on how an ancestral disease is perceived and how it can behave. Ancestral causes differ. It could be a calling on an uncleansed ancestor due to different reasons related to their previous

¹⁸⁸ A process where traditional healers throw their bones to consult guided by their spirits.

lives. Ancestors that are not cleansed are those that are considered "bad" spirits. These ancestors are believed to return and cause "*isinyama*" on a person who is normally a family member. Chapter 3 expanded on why they are considered bad spirits. There are quite a few instances where the spirit of the deceased member requires cleansing. When a person passes away, the life they lived before is believed also to determine if they will be good or bad spirits. A person who has killed and never cleansed and a perpetrator of witchcraft, when they pass on, they become bad spirits that would later require cleansing.

In another instance, this could be a spirit of a lover or husband. Their position was presented differently to the researcher, they are not necessarily bad spirits but if there was no cleansing done after the funeral they are perceived to cause "*isinyama*" and a cleansing would have to be done. If these are ignored, they result to "*ubumnyama*" or "*isinyama*" or "*ithunzi elimnyama*" that a person lives with. These are also believed to eventually result to constant distresses (could be those culture specific ailments) or make existing medical conditions worse. A cleansing process is always followed by using "*imithi*" that have been prescribed by the healer. The term "*imithi*" have been appearing a lot throughout this dissertation. What we have also learnt from the findings is that there is "*imithi*" used for black magic etc. as noted in the narratives and in the previous discussion and then there is "*imithi*" used for good purposes especially during the healing processes. Cleansing someone who have lost a loved one requires "*umswane wembuzi*¹⁸⁹", "*inyongo yembuzi*¹⁹⁰" and other muti associated with removing "*isinyama*" such as "*ihluze*", "*maphipha*", "*ntelezi*", "*gezamashwa*", "*hlunguhlungu*" and "*amathunzi entaba*". The cleansing is done in a moving river. Other mutis that are used to chase away bad spirits especially on the yard are "*umhlonyane*" (see figure 31), "*inhlababa*" (see figure 32), "*umashwilishwili*" (see figure 33 and 34), "*uphodo labhejane*" (see figure 35), "*uqhume*", "*shisizwe*", "*mningimabele*" (see figure 36), "*isigqiki somkhovu*" (see figure 37), "*isikholokotho*" (see figure 38) and "*umlahlankosi*" (see figure 39)

5.10.1 Cleansing a spiritual disease related to "ubizo" (calling)

This is a discussion that this dissertation must dwell on since it was discovered that healers are also victims of what the researcher calls "spiritually transmitted diseases". They reported having experienced this phenomenon and what was discovered was that they had to accept their calling for them to heal. It all starts when an individual decides to seek traditional assistance. Provided narratives has given us an idea of what an individual with "ubizo" goes through even though their experiences are different. There is so much involved in the process of accepting a calling. However, the researcher will attempt to do the utmost to only dwell on what is of interest to this section which is the cleansing

¹⁸⁹ Goat waste

¹⁹⁰ Goat bile

part. The first cleansing is related to purity, removing "*ubumnyama*" to enable good energy transfers and communication with the ancestors. This forms part of the healing process and accepting the calling. This cleansing is performed in different locations mentioned in table 4.4.1 depending on the type of calling.

An individual with a calling is seen as a vessel that lives for the ancestors to demonstrate their powers through them. People with a calling cleanse regularly to remain pure and to awaken their calling. Cleansing processes differ, some may need "*ulamthuthu*¹⁹¹" for its bile, "*iziwasho*¹⁹²", "*Mavula kuvaliwe*", "*isambulo*", "*nhlanhlemhlophe*" etc.) and muti such as "*nukani*", "*hlakaza*", "*amanzi amhlophe*", "*mavula kuvaliwe*". There is also the use of "*impepho*¹⁹³", "*ugwayi wamakhala*" or "*instu*¹⁹⁴" and candles that align with the calling- in most cases yellow, blue and white candles are used. In this process, the healer is present with "*amathwasa*¹⁹⁵". People have been advised to start this cleansing in a small moving river because there have been incidents where people drown in big rivers. An individual with a spiritually transmitted disease as a result of having a calling, this cleansing is very vital for them. Healers have reported that they started recovering the moment they accepted their calling and recognizing their ancestors. In summary, a cleansing ritual is necessary for someone accepting a calling. They become "reborn", and the healing continues as they continue with their duties.

5.10.2 Cleansing "*ubumnyama*" related to miscarriages or abortions.

When the healers were questioned about "*ubumnyama*" and perceived causes also related to the development of spiritual diseases, miscarriages and abortions were mentioned. The whole concept revolves around cleansing "*isinyama*" (the darkness) of losing someone. Cleansing for a miscarriage and an abortion is the same. The perception is that the child may not be alive in the physical world but alive in the spiritual world- especially if cleansing was not done, the spirit of the child remains roaming with no sense of belonging and not united with other family ancestors. It is believed that the child's spirit also grows like a normal child, and it can cause further issues if not given the necessary attention (the cleansing and other rituals). Whether aborted or miscarried, they are believed to grow to be jealous spirits seeing other people in the physical world forgetting about them. This is how they end up "haunting" resulting in "*ubumnyama*", "bad luck", misfortunes and later health related issues. Some people end up thinking that they have been bewitched when it is the spirit of the child that needs attention. For this cleansing "*ulamthuthu*" (white chicken) is also needed. The bile is then mixed with other medicinal herbs and used for cleansing.

¹⁹¹ A white chicken that is used for cleansings and other rituals in a Zulu culture.

¹⁹² Blessed water that is believed to cure every spiritual or physical illness.

¹⁹³ An African plant that is indigenous. It is dried and burnt to communicate with the ancestors or the deceased.

¹⁹⁴ This is a snuff plant commonly used by the elderly or sangomas.

¹⁹⁵ Trainee sangomas

The cleansing is done by the river (healers work differently some suggest doing it outside the compound or in a field). After the cleansing, some healers may advise the mother or the couple to do “*iladi*”. “*iladi*” is a ritual that involves certain sacrifices, offerings such as coins, food and drinks. It is a form of communicating with the ancestors- “*umphahlo*¹⁹⁶”. Zulus do “*iladi*” for different reasons, intentions and goals. Hammond (2021) explains different types of “*amaladi*”. There is “*iladi lokukhanyisa*” which is very common and performed for good luck. In this ritual “*isithebe*¹⁹⁷” is provided, and over 7 bright colourful candles are lit. There is “*iladi*” also known as “*itiye*” that is performed to thank the ancestors or to appreciate them. There is “*iladi lokubika*” which is done prior an event to inform the ancestors about an upcoming family or cultural event to seek guidance, blessings and protection. There is “*isithebe sabadala*” which is done in response to a request from the ancestors. There are other types of “*amaladi*” (plural for “*iladi*”) but in a case of an abortion “*iladi lokushweleza*” is done. This is strictly to ask for forgiveness on something, pleading to be spiritually purified. This can be done at home; in some cases where the mother wants to keep it a secret, the river is used.

A chicken for this type of cleansing is perceived to not be enough for cleansing a life. Two goats are recommended. The first goat is for the cleansing of the mother/father. The blood of the goat is mixed with the bile and “*umswane*¹⁹⁸” and then the mother/father must bath with it. They bath very far from the physical house. During this whole process of cleansing and performing “*iladi*” where the mother or the parents name the deceased child and buy them clothes. This is where the second goat serves its purpose. Some healers would not recommend the buying of the actual clothes as the clothes are represented by the sheep skin and “*umhlwehlwe*¹⁹⁹”. “*Umhlwehlwe*” is then dried and placed “*emsamo*²⁰⁰” (Mkhize, 2022). The spirits are reunited with the ancestors and fully recognized as part of the family not only in the physical world but in the spiritual world as well. This process reduces “*ulaka lwabadala*²⁰¹” towards the mother/father and they will live free from “*ubumnyama*”.

As superstitious as some of these perceptions may sound, the narratives proved that after the healing process, people feel and see the difference in their lives and physical and spiritual health. Culturally active Zulu people understand everything mentioned above and do recognize (not worship) the existence of ancestors together with these cultural or spiritual diseases. The definition of culture specific syndromes/conditions/diseases is self-explanatory. However, what we learn from the narratives is that they seem to have symptoms that can be related to medical conditions making it hard for an uninformed individual to distinguish between the two (medical condition or SpTD). If symptoms are 80% similar, does that mean that both allopathic medicine and traditional medicine can

¹⁹⁶ Engaging with ancestors in sacred places.

¹⁹⁷ Food provided on a specific wooden plate. This wooden plate has cultural significance amongst the Zulus and is used during ceremonies.

¹⁹⁸ Digested grass

¹⁹⁹ The stomach lining of the sheep.

²⁰⁰ A sacred place inside a Zulu hut. It is an altar that is used to communicate with the ancestors.

²⁰¹ Anger of the ancestors

significantly save lives and simultaneously acknowledge peoples' cultures and beliefs? A similarity resembles a common factor, and given the nature of this study, a common factor between two different healing methods should be of anthropological interest.

5.11 The importance of cultural awareness

This section will briefly discuss the relevance of this information to not only community members but also nurses and doctors. This section answers the following interview questions:

Healers:

Research question 7: In your own opinion, is this knowledge relevant to community members and health care workers?

Patients:

Would you recommend consultations to others?

The answers to these questions showed a positive cultural attitude, trust towards THP's and they showed that Zulu people have confidence in their cultural beliefs and practices. All healers agreed and saw the need for this information to be documented, especially as academic research since such information is shared usually by word of mouth or on social platforms. Other healers like Mkhulu S. (40 years), Gogo S. (48 years), and Gogo K. (43 years) shared that for them, information is documented not only to alert other community members but to also get a chance to improve their healing methods by getting input from health care providers. They are also willing to assist where they can. They showed a great deal of understanding that this discussion touches on two different health systems that need to be fairly understood. They believe that they carry important knowledge and could also benefit the healthcare workers. Healers also expressed how it is important to consult. All patients agreed that they would recommend consultations, especially if they also notice that the medical condition is not improving. Some expressed how it is important to consult occasionally. Consultation looks at a persons' life in all aspects. A major point that the healers and patients were making is that sometimes there are aspects of our lives that require traditional interventions, and we will never know until we consult or face life threatening events.

5.12 Conclusion

The concept of spiritually transmitted diseases has appeared to be very complex with multiple factors involved. This dissertation has highlighted two causes which are ancestral and man-made. However, the findings have also highlighted that there are also "self-inflicted" causes like carelessness (multiple sexual partners), abortions without cleansing or performing necessary rituals. Most people find themselves in these situations, not knowing the consequences. The findings also highlight that there are symptoms (mild or severe and could indicate another medical condition) that can be perceived as having a spiritual cause. The collected data above has indicated that even though these are spiritual or

cultural diseases found in one cultural group and explained in almost identical ways, healers healed differently and prescribed some of the medications differently. Healers addressed this during interviews, and the explanation revolved around the fact that healers have different callings, they are guided differently by their ancestors and that there are instances where the patients' ancestors determine the type of healing during a consultation-these are factors that influence healing methods amongst healers. Does this mean that mixture A of muti prescribed for “*isichitho*” to heal patient X might not heal patient Y, and a cleansing mixture B prepared for patient X might also not work for patient Y.? An explanation for this would lean more on personal and cultural factors like maybe the ancestors of patient Y prefer “*isiwasho*” (blessed water) over muti, or maybe patient Y has outstanding family duties to appease the ancestors and therefore performing those duties will aid in their healing and prescribed medication working.

In contrast, the explanation is medical and related to treatment resistance. Looking at the possibilities for patient Y, he/she stands a chance to be healed if the healer/doctor opted for a different method of healing/treatment. This is the same logic applied differently. These healing methods, when combined and equally recognized, have the potential to represent a holistic health system that will likely cater to most of the population in South Africa. Although not always acknowledged in the global and local literature, indigenous healing systems service more communities than western medical modalities, mainly on the grounds of accessibility and local belief systems. SpTD’s appeared more associated with cultural beliefs and practices but with the use of words in making sense of the phenomenon. Chapter 5 is also a clear indication of the significance of the range of isiZulu terminology used by the sample in making sense and meaning of the local terms relating to healing, medicine and other associated conditions. Even though other cultures may be defining similar symptoms and experiences, the understanding of SpTD’s will differ from one culture to another because of the terminology.

CHAPTER 6

Conclusion and Recommendations

6.1 Introduction

This chapter will present conclusions and recommendations based on the findings discussed in chapter six. These conclusions are drawn to indicate to what extent the research questions were answered and how far the analysis went. Recommendations are to show areas that need improvement or areas that need more research to be done. This chapter will also include the limitations of the study.

6.2 Research design and method

This study has investigated diseases' social and cultural meanings from a Zulu cultural perspective. It has unpacked cultural perceptions of disease and how they are treated traditionally- mentioning some of the methods and plants used. Anthropologists play a considerable role in bringing to light such research to refashion how health professionals work and how people think. Their perspective towards human beings makes anthropologists unique in their line of work. Engineers studying safety are interested in inertia and mass during accidents, microbiologists look at bacterial organisms and corpuscles, and modern physicists look at atomic particles. Then anthropologists look at human beings holistically to understand the full range of human phenomena. They also advocate for gathering data on underprivileged societies (socially, culturally, financially, etc.). This study has examined spiritual illnesses/diseases, diagnosis, prevention and treatment locally by interviewing traditional healers and patients.

This qualitative study was grounded on two theoretical frameworks, interpretive theory (IT) and culture-bound syndromes (CBS). Through an inductive approach, this study was able to name spiritual diseases, define how they are perceived, and document symptoms and plants utilized. Other researchers have recommended this approach due to its flexibility, focus on the context and allows for new conclusions to be made (Hammond, 2016). These research methods assisted in structuring this study and interpreting the collected data for general conclusions about Zulu notions of cultural beliefs/practices and health. For example, the association of "*ubumnyama*" (darkness)/ dark spirits/ spiritual pollution with physical health is based on the belief that we exist in two physical and spiritual dimensions. There are overlaps when it comes to understanding health issues from a cultural perspective resulting in a very

thin line between a disease and an illness and the perception that a disease can be of a spiritual cause. Based on the narratives and the nature of the profiled diseases discussed, a spiritual disease is treatment resistant. An existing medical condition can be grievous if the needs of the spiritual world are not met; also, not recognizing or performing certain cultural practices that a person has been instructed to do can result in unexplainable physical ailments and diseases.

6.3 Research conclusions and recommendations based on the findings.

Throughout this research, especially during fieldwork, hearing all these lived experiences, one question kept vising my mind. My first-year dramatic arts lecturer once asked, "if you saw on the news that the tallest tree in Tanzania fell, would you not believe it because you were not there to see it?". It is problematic when people disregard other people's experiences simply because they do not share the same cultural perspectives. As a forever curious individual and an insider researcher with little to no knowledge about the phenomenon in question in this study, I learned a whole lot about Zulu cultural perceptions of diseases and healing. A part of this study satisfied that adulthood urge to academically unpack and understand everything around African spirituality, healing, ancestors, sangomas and inyangas from a Zulu cultural perspective. As stressful as it was, the experience of the fieldwork and the interesting findings of this study have encouraged or triggered another urge to explore other perceptions from other cultural groups around the world.

As individuals with different backgrounds, religions and belonging to different social groups, many factors influence how we perceive certain things around us. For ages, culture has influenced how people see, respond and interpret illnesses and diseases (Institute of Medicine, 2004). During the early period of the Human Immunodeficiency Virus in Africa, cultural perceptions divulged the idea that people who contracted the virus were bewitched. This affected public response, resulting in unnecessary deaths and people not taking their medication (AIDS Analysis Africa, 1995). As tragic as it was, such an event has taught us to be more open-minded and understand cultural beliefs to prevent history from repeating itself. One would wonder how many lives would have been saved if a different approach had been implemented to address the outbreak, especially in a cultural continent like Africa. This brings us to the topic of "spiritually transmitted diseases". The collected data and conducted interviews present this phenomenon as a life-changing and life-threatening experience.

Ethnographic techniques that were used led to these findings, conclusion and recommendations:

Finding: “Spiritually transmitted diseases” are associated with “*ubumnyama*” which is said to be contagious to a certain extent, primarily through sexual intercourse.

Conclusion: A holistic healing of a spiritual disease involves cleansing to eliminate “*ubumnyama*” (darkness/ dark aura/ bad spirits). Healers specifically were advocates and promoted “safe sex”. The “safe sex” is not only the kind that encouraged the use of condoms but is very specific on informally creating awareness about people being careful about whom they engage with in sexual activities since sex is a spiritual exchange. During interviews, healers shared that one can never know what the other person is spiritually carrying with them, and through sexual activity, those can be transmitted to another person. Reported symptoms are social and can be physical. Social in a sense that suddenly your social life changes (this is associated with bad luck and misfortunes) and physical in a sense that in some cases, females- mostly, started having vaginal or even womb issues.

Traditional healers play an essential role in health service delivery in our communities. Here we learn about health conditions grounded in cultural beliefs/ spirituality. Spiritual health or spiritual hygiene needs to be promoted more. People, in general, are aware that sexual contact is more than just an exchange of fluids but unaware of how deep it can go in a cultural and spiritual context. There needs to be more awareness about spiritual things in our cultures, especially those that manifest as things we can see, smell and touch. In the 20th century, it is a shame to only read about such spiritual experiences only on platforms such as Twitter and Facebook. We have been programmed to dismiss, question or overlook possibilities of a phenomenon being of a spiritual cause. People have chosen to understand spirituality to a certain level that suits them and their narratives. Our diverse cultures and religions greatly influence how we interpret our spiritual experiences. However, this does not mean that other people's spiritual

experiences-that happen to be different to yours, do not exist. Stanford anthropologists Tanya Luhmann found that a cultural context gives meaning to spiritual experiences (Parker 2014). As a result, we have discovered what has been perceived as a spiritually transmitted disease.

Recommendation: Ignorance of spiritual health is ignorance of people's cultural beliefs, values and practices. Failure to research and understand the cultural meanings of spirituality results in one-sided interventions that do not benefit the people who need them the most. The aim of researching how culture influences health behaviour should not be to criticize or to compare which culture is better. It should not be to compare which healing system is better than the other but rather to identify gaps in each that can be filled by the other. According to the health analysis from the South African Health Review (SAHR 2016), many writers have identified and discussed the gap. However, there are still uncertainties, especially on the traditional side. Traditional healing systems have been criticized for ages, which has never decreased the number of people who consult and believe in traditional healing. That should be enough evidence that we need to redirect our focus on forming a holistic health system that fully recognizes both healing systems, especially traditional ones.

Despite historical and current criticism from the health department and some public members with different beliefs, South Africa has found a way to improve. The aim is to protect the public, especially those who believe in traditional medicine. Traditional Health Practitioners Act 22 of 2007 was passed not only to attend to the needs of the people who utilize these services but also to legitimize the practice by forming a THP council and following a registration process and training. Even though the co-existence between the biomedical system and traditional healing seems to be the long-term goal, the relationship between the two has been characterized by judgement, mistrust and conflict (Moshabelai, 2016). This has led to patients needing to be more transparent about consulting a traditional healer, especially with their medical doctors. None of the interviewed patients mentioned explaining to their medical doctors, but the majority did explain to their traditional healer. As researchers, this

informs us that regardless of Act 22 of 2007, there is still a disconnection and stigma associated with consulting.

Strategies to achieve a holistic health system should also include campaigns addressing the stigma around traditional healing. Eliminating stigma will allow people to be open about their experiences and others to be open to alternative healing. From what we know about spiritually transmitted diseases and their treatment resistance, one can have it without knowing it until they consult. The department of health has taken steps to acknowledge the traditional health systems. We now have certain traditional medications sold in pharmacies and special pharmacies that only cater for people who want to use traditional medicine. However, something needs to be added since there are still bad connotations associated with traditional medicine. It is as though our officials want to assist but to a certain point. For example, the THP Act of 22 of 2007 was passed, but we hardly see ads. Small gaps still need to be filled, and given our cultural history, sensitivity and nature of this topic, it may take more years for these gaps to be filled. The traditional side has been painted as the most flawed and the only side needing introspection when both sides need to work to achieve the desired health system that benefits the people.

Finding: Spiritual diseases are ancestral and man-made (black magic/witchcraft) and require traditional assistance.

Whether ancestral or man-made, spiritual diseases do not respond to treatment. Participants found relief after consulting healers. The idea that spiritual diseases are ancestral stems from the belief that ancestors are our loved ones who have passed. When they have passed, they are still a part of our lives, just existing in the spiritual dimension. Similarly, ancestors are known for providing guidance, protection and direction; they are also known to give explanations and allow healing. They come before God. Their life in the living world determines what kind of ancestors they will be in the other world. Therefore, there are "good ancestors" and "bad ancestors". A great gran or a great grandpa was gifted and passed on, and it is believed that that gift gets passed on to the next generation. A new member in the family will have to initiate and continue where the gifted great gran or grandpa left off.

This becomes “*ubizo*” (a calling). It eventually becomes a health issue when the calling is ignored. Lived experiences have been documented in chapter 6. These health issues become spiritually transmitted diseases with ancestral causes. Besides the calling, there are other ancestral causes added by traditional healers, and those include abortion, not cleansing an ancestor and so on. This perception denotes that a person vulnerable is not protected by ancestors and, therefore, vulnerable to bad spirits.

Man-made health conditions considered spiritually transmitted have been discussed in chapter 5. These conditions include “*isichitho*” and “*ilumbo*”. The belief is that perpetrators use traditional ways to send these to people; therefore, traditional ways need to be used to heal victims. This is the nature of culture-bound conditions. Perpetrators used traditional ways like “*umego*”, using voodoo on personal items, including clothes and hair, calling full names while performing voodoo, using images from social media etc.

Conclusion: None of what is mentioned above surprises the majority of Zulus. This perception is very connected to what makes a Zulu culture a Zulu culture. This is not a perception that was inherited or adapted from other cultural beliefs. It traces back to the ancient times of our forefathers. This means that Zulu cultural perceptions must be studied in various ways. However, one needs to unpack the Zulu cultural concept to understand the perceptions of spiritually transmitted diseases. In anthropology, such health perceptions with profound roots are easy to investigate to deliver findings that will help our communities. However, they are rather hard to manipulate, so they fit into our current health system. The difference in both these health systems is noticeable. The analysis showed some similarities between the two systems in how they operate, but it is more realistic to conclude that these are parallel health systems. The similarities mean that they are somewhat different. The traditional health system and our current health system both operate on different planes that are parallel.

Recommendation: These systems operate on different cultural beliefs and health perceptions- science versus traditional- intending to heal and address

health issues. The rule of parallel lines in geometry state that these are lines that never meet. Throughout the analysis of the findings, this study pointed out similarities between these health systems to find gaps for possible collaboration when maybe collaboration should not be the main goal. They should be treated as parallel. The goal should be finding gaps and how one can assist the other, especially since the profiled spiritual diseases have symptoms like common diseases or sicknesses in the medical space.

In addition to the conclusion of treating these health systems as parallel, a study by Hlabano (2013) where he investigates the perceptions of traditional healers on collaborating with biomedical health professionals in the Umkhanyakude district found that 1. Disrespect, mistrust and ignorance were still evident from biomedical health providers. It was a general tendency to look down on traditional medicine. 2. There needed to be more resources and funding to assist the healers, so they could continue participating in the collaboration activities that were carried out. 3. The referral strategy needed to be reciprocated. Traditional healers tried to refer patients, but they would not receive any feedback afterwards. These things hinder the 'collaboration' of these two health systems. Since the Traditional Health Practitioners Act was passed in 2007 and this study was conducted in 2013, collaboration does not work. Therefore, the researcher has concluded that these are parallel health systems and should be treated respectfully.

Finding: A spiritual disease (Ancestral or man-made) can make an existing health condition worse

Conclusion: This perception brings us to the discussion of medical pluralism that exists in Africa. For this reason, patients utilize both biomedicine and traditional medicine to find relief and heal their spiritual and physical being. This situation means that there is a common factor, the symptoms. However, if the "disease" is only treated through biomedicine, it will continue to cause pain and discomfort until traditional ways are used too. This also means that we must be aware that spiritually transmitted diseases do not necessarily have to be culture-bound. They can resemble common medical conditions.

Recommendation: One way or another, people will consult and use traditional medicine. In response to this, theories have been explored, such as dissatisfaction. Some patients reported ineffective medicine, leading to dissatisfaction and seeking alternatives. When people seek alternatives, they feel in control of their own health decisions, and philosophical congruence-alternative therapies align with people's cultures, values, spirituality and beliefs related to the meanings of health, illness and disease. Their unwellness continued even after receiving medication from doctors/ nurses, and they then decided to seek alternative therapy or were advised to do so.

Therefore, for the safety of the people, side effects of such should be more researched and vocalized without sounding like an attack towards traditional healers and community members. Understanding these two health systems through a parallel lens would mean educating people to make more informed decisions when taking traditional medicine. Therefore, researchers from both health systems can work together to, for example, figure out what would be an ideal period to seek an alternative healing method after taking medication. This is to try and identify strong raw plants used by the healers and figure out different ways of prescriptions that can be used and the right dosage.

The healing of spiritually transmitted diseases has been explained as dependent on the cause or what was used to create the “spell” or “*isinyama*”. There are multiple causes as well as multiple ways that perpetrators use. These have been discussed in detail in the previous chapter.

Finding: A spiritually transmitted disease can be or appear as a sexually transmitted disease.

Conclusion: Data collected has revealed that spiritually transmitted diseases have multiple perceptions attached to their existence, one of them has to do with sexual partners. Multiple healers have urged the public, in general, to protect themselves and be aware of their sexual lifestyles.

Culturally and spiritually, sexual intercourse is a tie of souls and a spiritual exchange that can- in the worst-case scenario allow people to transmit or make you vulnerable to acquiring your partners' spiritual diseases. No participant reported any spiritual disease that was sexually transmitted. However, according to traditional healers and testimonies from other people sharing their experiences online, especially on social platforms, people- especially females, have had concerning issues on their private parts that required them to seek traditional assistance. For example, @_sandilezibani known as Isigqila sothando on twitter opened a platform on the 24th of October 2020 for people to share their “*isichitho*” experience. The comments included symptoms such as body and vaginal itching, odour, burning after sexual intercourse, sores, and worms. These experiences have been associated with witchcraft or “*isichitho*” or “*isilwane*” sent by perpetrators.

Recommendation: Unfortunately, we know about these experiences on social platforms. It is also understandable to think that this is a private matter that people feel uncomfortable discussing. However, such social platforms where people feel free to share with strangers indicate to us researchers that there is a larger sample that can relate to the phenomenon in question and have no problem sharing for awareness purposes. We researchers can use that advantage to discover more or cross-reference existing data. The larger sample can share where they received help, and that can assist in tracking down those healers and investigating their healing methods, comparing them with the methods and plants in this study. Such data can produce concrete findings from gathered healing methods and the use of plants. Healing methods can be compared and profiled based on how they are done and who can be assisted by them (an essential aspect since healing also depends on cultural factors and ancestors). This perception appears to be a traditional approach to promoting not only safe sex but encouraging people not to have multiple sexual partners. It will be good for our health system to include campaigns that advocate for these from a traditional perspective.

Holistic campaigns are needed when attempting to understand cultural perceptions that affect health. Medically, the above conditions are infections that are treated with antibiotics. Unlike conventional treatment, the traditional healing process is holistic and goes beyond healing physical ailments.

Finding: The healing process is complex and highly dependent on other cultural factors

Conclusion: The effectiveness of the medicine has been highly associated with the healer being real or fake. Many writers interested in African healing have described the traditional healing process as holistic. The nature of its being holistic makes it complex. The previous chapter has discussed what is involved in the healing process, and we learn that for the healing process to be successful, it also depends on the patients' ancestors. Ancestors are believed to assist the healer during the consultation revealing causes including unresolved family traumas that require traditional interventions. In other unique cases, healing may depend on those issues being resolved. This means that the healing process for that patient will start as soon as those issues are thoroughly attended. The healing process is also believed to depend on the type of ancestor(s) aiding in the healing. For example, not all ancestors second the use of “*muthi*”; some respond better with “*isiwasho*” (blessed water) or just prayer. Therefore, people are advised to know about their ancestors and their preferred healing methods. The healing of spiritual distresses is highly dependent on the patients doing as they were told, but for some patients, it is important to use a healing method that their ancestors accept. The distresses caused by black magic is considered challenging to heal, especially when the perpetrators keep renewing their spells.

Recommendation: Given that the healing process depends on other factors that the healers are very aware of, healers need to be transparent with their patients. Since it has been confirmed that in consultation, there is a possibility that the healer is in a spiritual connection with the patient's ancestors and theirs, healers should know which method will assist the patient, even if it means recommending a healer that heals differently. The

priority should be the health and recovery of the people. With transparency, patients will feel the pressure of moving from one healer to another only sometimes because the methods are not working for them. The issue of fake healers has been growing for years and will be hard to address. Fake healers play a huge in mocking African spirituality and healing. It also contributes to community members losing trust in our African healing methods that worked for our forefathers. However, it has been impressive to learn that healers are forming associations and taking a stand. It is also an impressive step to pass the traditional healers act. However, to restore dignity and trust, interventions mentioned in the act must be thoroughly implemented consistently.

Consistency and shamelessly acknowledging these health perceptions will make interventions implemented moving forward to be more effective. It will allow more people to open-up about their lived experiences that will add more knowledge and detail to the phenomenon in question.

Finding: There is still a need for more cultural awareness.

Conclusion: With all the steps that have been taken by our government officials to acknowledge THP's and the fact that people still seek traditional assistance, these steps seem to not be enough or followed through enough. Interviewed healers and patients shared how it is important to be aware of these cultural/ spiritual diseases as they do affect people leaving them with trauma and scars. This awareness will not only be beneficial to the healers but also allow more medical research to be conducted to understand the healing methods and the healing properties in these plants to reduce any form of danger. This is necessary because healers will continue to heal, and patients will continue to recommend consultations. This means that whatever harm that has potential to be identified will not be identified and more harm will be done than prevented. The biggest mistake that has been happening over the years was to try and change if not demolish and discourage traditional healing. At this point, the aim should be to reduce any harm and make people feel comfortable for choosing to deal with health

issues culturally because to them, they are following a tradition that has made Zulu's to be Zulu's.

Recommendation: As an insider researcher, I will not disregard the dangers of traditional medicine as discussed by other scholars hence I would recommend that intense research should be done to investigate more about common useful plants that are used and common healing practices that are used to identify what can be dangerous. This way we are putting people first and more people will feel free to consult or even to share their experiences knowing that what they participated in was safe or whatever medicine they digested was safe. This way more people will acknowledge the possibilities of an ailment being of a spiritual cause especially when it has been treatment resistant. Those who are ashamed of their true cultural practices and health perceptions will not be ashamed or feel like they are breaking the “rules” when they notice the efforts being made by our officials and researchers in making the traditional health system better. Hopefully, those who feel like their choice of religion or tradition is better than others will stop badmouthing or discouraging those seeking traditional assistance and start to be more open-minded and informed because one thing about anthropology, it is a field that understands diversity and therefore promotes acceptance, understanding and coexistence in all aspects of our cultural groups.

6.4 Contributions of this study

The field of medical anthropology connects the domains of African healing, African healers, African spirituality, and Zulu Culture. The researcher hopes this study has made sensible contributions as it intends to understand spiritual diseases from a Zulu cultural perspective which means also unpacking cultural practices and beliefs attached to them. The researcher hopes this research's findings also shed light on the existing culture-bound conditions, especially for our health professionals. In line with the objectives of this study which were;

1. To record the interpretation of “ubumnyama” (darkness) from the participants' views.

2. To raise awareness about the “spiritually transmitted disease” in KZN
3. To learn about the sources and symptoms of cultural or spiritual diseases.
4. To record how people cleanse themselves from such diseases and to probe if they consider biomedical or pluralistic interventions in their cleansing processes.
5. To record metaphors, myths and hindrances attached to such diseases.

The researcher is confident that these objectives have been achieved. The most significant achievement was successfully obtaining rich indigenous knowledge, describing and documenting spiritual diseases mentioned during interviews and further providing information on how they are culturally treated by mentioning some plants and adding visuals.

6.5 Limitations of the study

Even to the researcher, this study has been very informative, but like any other study may have limitations. After the fieldwork, the researcher noted that the nature of this study requires a larger sample size to capture more lived experiences by both patients and healers. More participants would have allowed the exploration of different narratives from different groups, especially the elderly. This research was time-consuming, but even with that, some healers were not visited for the images of their medicines. More knowledge of the types of plants and mixtures used would assist the researcher, especially during the analysis and discussion of the documented spiritual diseases. There needs to be more academic material about spiritual diseases, especially from a Zulu perspective resulting in a weak theoretical foundation. Academic papers in the literature review share spiritual diseases from other perspectives. Such information would have assisted in constructing the background and the literature review instead of using Tv shows and YouTube videos.

The lack of material becomes a challenge as it makes the study feel like it is discussing a new topic with a phenomenon that is yet to be understood. This can be good and bad for this dissertation. It can be good in a sense that the dissertation is bringing to light new information for further research and bad in a sense that there are fewer academic writings to back it up especially in chapter 2. The researcher must be strategic and structure the chapter in a manner that will allow them to obtain more information. For example, this study referred to other

African cultures in other African countries to compare their health perceptions to existing Zulu perceptions. This structure was beneficial, but it would have been interesting to look more into South African diverse cultures (Xhosa, Pedi, Twana etc) and understand in detail how they perceive their health issues. The research questions for the patients should have been more about the myths attached to spiritual diseases and whether they are aware of "spiritually transmitted diseases". This would have helped the researcher make sound conclusions based on enough evidence of whether people get awareness. In all the limitations mentioned, it is important to note that they are due to most of the things not being enough – they were just not enough. The researcher was meticulous with the available time and information to deliver the best results. However, future studies can have larger sample sizes. This is to tackle all the corners of this research topic, possibly find more books and articles on spiritual diseases from a cultural perspective.

6.6 Conclusion

This research is relevant and stands a chance to educate and create awareness of spiritually transmitted diseases. It has also made conclusions and recommendations that may change how we think and see. It has provided a different perspective on our health systems. The researcher has done a lot to answer this study's research questions and achieve the research objectives. Cultural beliefs and practices will forever influence how we deal with health issues as individuals or as a community. A Zulu culture is one strong culture that has managed to keep its cultural roots and beliefs as they are regardless of historical circumstances. Therefore, most Zulu people will consult healers and continue to believe in the concept of "ubumnyama" and traditional medicine. With this research, the researcher hopes to see more positive change, less stigma, more transparency, more spiritual hygiene being practised, more awareness and more research conducted on a similar topic. However, the lack of anthropological research about this phenomenon drove interest in this study. The researcher is driven to inform people about recognizing other cultures. This spreads to sharing other beliefs and having health interventions that assist and highlight dangers, not discourage, judge or compare. Moreover, to be open minded educated to understand traditional healing systems and the perceptions of health that exist.

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APPENDIX A: DATA COLLECTION INSTRUMENT IN ISIZULU



Uhlelo lokuqoqa imininingwane: Imibuzo yengxoxo.

Isihloko socwaningo: Perceptions of “Spiritually Transmitted Diseases” Within the Zulu Community of KZN, PMB.

Umphathi: Dr. Gerelene Pattundeen

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Imibuzo yengxoxo nabelaphi bendabuko.

- Buyini, futhi bungadalwa yini “ubumnyama” ?
- Abantu bangazivikela kanjani ukuze bangatholi “ubumnyama” ?
- Ngokwesiko nangesintu, izifo ezidalwa “ubumnyama” zibizwa ngamaphi amagama futhi ziba naziphi izimpawu?
- Usizakala kanjani umuntu othole “ubumnyama” kumlingani noma abalingani ocansini?
- Zithelelana kangakanani izifo ezidalwe “ubumnyama” futhi abantu bangazivikela kanjani ukuze bangatheleleki?
- Esikathini samanje. Iziphi izinyathelo ezithathwayo, izitshalo kanye nemithi esetshenziswayo ukulapha izingqinamba ezihlobene nezempilo ikakhulukazi izifo ezidalwa “ubumnyama” ?
- Ngokombono wakho, lolulwazi lubalulekile na kumalungu omphakathi kanye nabasebenzi bezempilo?

Kwabesifazane nabesilisa

- Ikuphi ukugula owaba nakho okanye izinto ezenseka empilweni yakho ezakwenza ufune usizo kubalaphi bendabuko?
- Ekuguleni kwakho, wake wafuna usizo emtholampilo? Uma kunjalo, kwenzakalani emtholampilo?
- Waluthola kanjani usizo kumlaphi wendabuko futhi izinyathelo ezathathwa zakusiza na?
- Ungabaluleka abanye ukuthi bayohlola noma bafune usizo kubalaphi bendabuko?

APPENDIX B: DATA COLLECTION INSTRUMENT IN ENGLISH



Data Collection Instrument: Discussion/ Interview Questions

Research Topic: Perceptions of “Spiritually Transmitted Diseases” Within the Zulu Community of KZN, PMB.

Supervisor: Dr Gerelene Pattundeen

Office Telephone number: 031 260 7332

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Traditional Healers:

- What is and what can cause “*ubumnyama*” (Darkness)?
- How can people prevent “*ubumnyama*” (Darkness)?
- What are common names and symptoms of these cultural or spiritual diseases associated with “*ubumnyama*” (Darkness)?
- How do you assist a person with “*ubumnyama*” (Darkness) caused by a sexual partner(s)?
- How contagious are illnesses or diseases related to “*ubumnyama*” (Darkness) and how can contagion be prevented?
- What are methods, plants and medicines that are now used to patients with health-related issues especially those related to “*ubumnyama*”?
- In your own opinion, is this knowledge relevant to community members and health care workers?

For both women and men

- What disease/ illness or life experiences that made you consider seeking traditional help?
- Have you ever sought medical help? If yes, how was that experience?
- How did you receive treatment from the healer, and did it work for you?
- Would you recommend consultations to others?

APPENDIX C: INFORMATION SHEET IN ISIZULU



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Mphenduli othandekayo,

Ishidi Lolwazi

Uyamenywa ukuthi ubambe iqhaza ocwaningweni lwakwa- Masters olwenziwa nguSlindile Mthethwa, umfundi wase University of KwaZulu-Natali, Pietermaritzburg Campus, kwisikole sezesayensi yezonhlalakahle. Isishloko salolucwaningo sithi: Perceptions of “Spiritually Transmitted Diseases” Within the Zulu community of KZN, PMB

Lolucwaningo luzogxila kwimibono emayelana nezifo ezithelelana ngemimoya. kuhlana lwamaZulu, lezizifo zihlobaniswa “nobumnyama”. Lolucwaningo lugququzelwa ukungabibikho kocwaningo olwanele kwa-Anthropology mayelana naloluhlobo lwezifo. Ngokomubono womuphenyi, lezizifo zijwayelekile ohlangweni lwamaZulu oluphinde lutholakale emphakathini wase Pietermaritzburg, Mgungundlovu district. Inhloso yalolucwaningo ukuchaza nokubhala kabanzi ngalezizifo ezithelelana ngemimoya.

Ukuhlanganyela kwakho kulolucwaningo kungukuzithandela. Ungakhetha ukunqaba noma uyeke noma inini ngaphandle kwemiphumela emibi. Ukhululekile ukungaphenduli eminye emibuzo ngenxa yezizathu zakho. Ayikho imali ezotholakala ngokuba inxenye yale ngxoxo. Noma kunjalo, Izimpendulo zakho zizosiza ekubhekaneni izinhloso zalolucwaningo. Ngizozigcina izimfihlo kanye neminingwano engakuveza njengomuntu obeyinxenye yalolucwaningo.

Akukho monakalo obikezelwe ongabangwa ilolucwaningo.

Kungabakhona imibuzo lapho ozothola khona impendulo yakho isidlula isigaba. Izimpendulo azinqunyelwe, ungaphendula ngendlela ofisa ngayo. Eminyane imibuzo ingavusa izinkumbuzo zomsebenzi okanye izehlakalo zangaphambilini.

Uma unemibuzo noma ukukhathazeka ngokubamba iqhaza kulolucwaningo, ungaxhumana nami okanye umphathi ezinombolweni noma imeyili ebhalwe ngaphezulu

Ngokuzithoba

Slindile Mthethwa

Isignesha yomcwaningi

Usuku

Indawo

APPENDIX D: CONSENT FORM IN ISIZULU



Masters Research Project

Umcwaningi: Mthethwa Slindile

Inombolo yomfundi: 216036570

Inombolo yocingo: 060 366 4291

Ikheli le-imeyili: 216036570@stu.ukzn.ac.za

Umphathi: Dr Gerelene Pattundeen

Inombolo yocingo yeHhovisi: 031 260 7332

Ikheli le-imeyili: Pattundeeng@ukzn.ac.za

ISIVUMELWANO

Mina _____ (Amagama
aphelele omhlanganyeli) Ngazisiwe mayelana nocwaningo olwethiwe : **Perceptions of
“Spiritually Transmitted Diseases” Within the Zulu Community of KZN, PMB**

Ngiyaqonda injongo nezinqumo zalolucwaningo.

Nginikeziwe ithuba lokuphendula imibuzo emayelana nocwaningo futhi ngigculisekile.

**Ngimemezela ukuthi ukubamba iqhaza kwami kulolucwaningo kungukuzithandela futhi
ngingayeka nanoma isiphi isikhathi ngaphandle kokuphazamiseka kwanoma iziphi
izinzuzo ezingifanele.**

Uma ngineminye imibuzo noma ukukhathazeka noma imibuzo ephathelene nalolucwaningo ngizoxhumana nomcwaningi kulenombolo- 060 366 4291 noma imeyili 216036570@stu.ukzn.ac.za

Uma ngineminye imibuzo noma ukukhathazeka mayelana namalungelo ami njengomhlanganyeli noma nginokukhathazeka mayelana nesici socwaningo noma umcwaningi ngizoxhumana no:

Umphathi: Dr Gerelene Pattundeen

Inombolo yocingi laseHhovisi: 031 260 7332

Ikheli le-imeyili: Pattundeeng@ukzn.ac.za

_____	_____	_____
Isiginesha yomhlanganyeli	Usuku	Indawo
_____	_____	_____
Isiginesha yomcwaningi	Usuku	Indawo
_____	_____	_____
Isiginesha yofakazi (Mayedingeka)	Usuku	Indawo
_____	_____	_____
Isiginesha yomhumushi (<i>mayedingeka</i>)	Usuku	Indawo

APPENDIX E: INFORMATION SHEET IN ENGLISH



Masters Research Project

Researcher: Mthethwa Slindile

Student Number: 216036570

Telephone number: 060 366 4291

Email address: 216036570@stu.ukzn.ac.za

Supervisor: Dr Gerelene Pattundeen

Office Telephone number: 031 260 7332

Email address: Pattundeeng@ukzn.ac.za

Dear Respondent,

Information Sheet

You are invited to participate in a master's study conducted by Mthethwa Slindile from the University of KwaZulu-Natal, Humanities- School of Social Sciences. The research project is titled : Perceptions of “Spiritually Transmitted Diseases” Within the Zulu Community of KZN, PMB.

This study will focus on perceptions of “spiritually transmitted diseases” that are associated with darkness “*uBumnyama*” among the Zulu ethnic group. The study has been precipitated by the lack of anthropological research about this phenomenon. In the researcher's experience this is an experience not uncommon among Zulu adults in PMB, KZN. The aim of this study is to describe and document perceptions and the experiences of these “spiritually transmitted diseases” in a local Zulu Pmb community, uMgungundlovu district.

Your participation is voluntary. You may refuse to take part in this research, and you may withdraw at any time. You are free to not answer any question(s) for any reason. You will

receive no direct benefits for participating in this study. However, your responses will help in addressing the aims of this study.

There is no predicted harm that can be caused by this study.

There may be questions where you find your response longer than a paragraph. The answers are not limited, you can answer as you wish. Some of the questions may trigger memories from previous field work or events.

If you have any questions or concerns about participating in this study, please contact me or my supervisor at the numbers and emails listed above.

Sincerely,

Slindile Mthethwa

Signature of Researcher

Date

Place

APPENDIX F: CONSENT FORM IN ENGLISH



Masters Research Project

Researcher: Mthethwa Slindile

Student Number: 216036570

Telephone number: 060 366 4291

Email address: 216036570@stukzn.ac.za

Supervisor: Dr Gerelene Pattundeen

Office Telephone number: 031 260 7332

Email address: Pattundeeng@ukzn.ac.za

CONSENT

I _____ (full names of participant) have been informed about the study entitled Perceptions of “Spiritually Transmitted Diseases” Within the Zulu Community of KZN, PMB by Mthethwa Slindile.

I understand the purpose and procedures of the study.

I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.

If I have any further questions/concerns or queries related to the study, I understand that I may contact the researcher at 0603664291 or email 216036570@stu.ukzn.ac.za

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

Supervisor: Dr Gerelene Pattundeen

Office Telephone number: 031 260 7332

Email address: Pattundeeng@ukzn.ac.za

_____ Signature of Participant	_____ Date	_____ Place
_____ Signature of Researcher	_____ Date	_____ Place
_____ Signature of Witness (Where applicable)	_____ Date	_____ Place
_____ Signature of Translator (Where applicable)	_____ Date	_____ Place

APPENDIX G: ETHICS LETTER



17 August 2022

Nontokozo Fundiswa Goqo (216040467)
School Of Social Sciences
Pietermaritzburg Campus

Dear NF Goqo,

Protocol reference number: HSSREC/00004246/2022

Project title: The impact of corona virus disease on the rural households headed by African women "breadwinners": An Anthropological case study of Mkhambathini in Kwa-Zulu Natal

Degree: Masters

Approval Notification – Expedited Application

This letter serves to notify you that your application received on 24 May 2022 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. **PLEASE NOTE:** Research data should be securely stored in the discipline/department for a period of 5 years.

This approval is valid until 17 August 2023.

To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

HSSREC is registered with the South African National Research Ethics Council (REC-040414-040).

Yours sincerely,




Professor Dipane Hlalele (Chair)

/dd

Humanities and Social Sciences Research Ethics Committee

Postal Address: Private Bag X54001, Durban, 4000, South Africa

Telephone: +27 (0)31 260 8350/4557/3587 Email: hssrec@ukzn.ac.za Website: <http://research.ukzn.ac.za/Research-Ethics>

Founding Campuses:  Edgewood  Howard College  Medical School  Pietermaritzburg  Westville

INSPIRING GREATNESS

APPENDIX H: TURNITIN SLIP

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Perceptions of spiritually transmitted diseases

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1: Introduction; and 2: ...

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APPENDIX I: FIGURES

Research Figures:



Figure 3: Sangomas at Khekhekhe's First Fruit Ceremony. Zululand Eco-Adventures. 23 February 2020.

Figure 4: Durban nyangas- Mr Dlamini and Mr Gumede, pointing one of the medicines that they believe is very effective for healing. Ntshingila T, Isolezwe newspaper



Figure 5: “Nsukumbili” (2-day cure). This image was taken by the researcher on the 25th of July 2022 inside Mkhulu S's house.

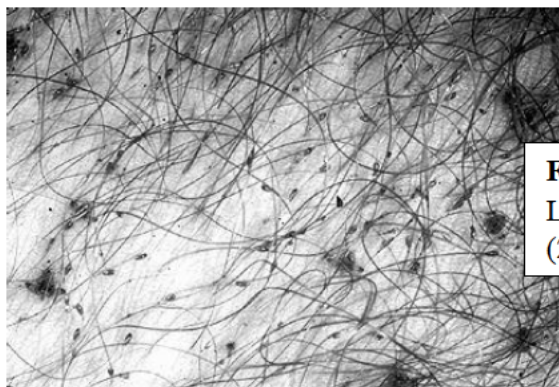


Figure 6: “Izintwala” (Lice). An image of Lice in pubic hair from John T. Crissey (2022) www.uptodate.com



Figure 7: “umathithibala”. The image was captured by the researcher in Mkhulu S’s yard on the 24th of July 2022



Figure 8: “Unukani” roots taken from Vusilanga website on July 2022

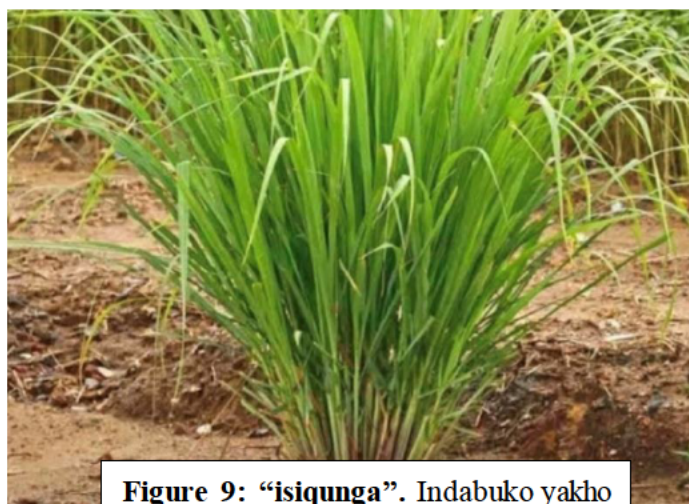


Figure 9: “isiqunga”. Indabuko yakho Facebook post 16 June. Isiqunga is also used to chase bad spirits and cleanse people after loosing loved ones.



Figure 10: “uhlunguhlungu” roots. This image was taken by the researcher in Gogo S’s house where he works and stores his medication on the 25th of July 2022. “hlunguhlungu” is also used for healing “isichitho” and “idliso”. It is found in wet areas “emhosheni”.

Figure 11: “umlulama” roots. This image was taken by the researcher on the 25th of July 2022 inside Gogo S’s house. These are found in a forest and can be used to heal “isichitho”, “idliso”, “umhlume” and “ibhande”



Figure 12: “umaphipha”. This image was accessed on the 14th of July 2022 from an educational YouTube video titled “sichaza imithi yesintu”. It can be used to remove “ubumnyama”, “izintwala” and “isichitho”

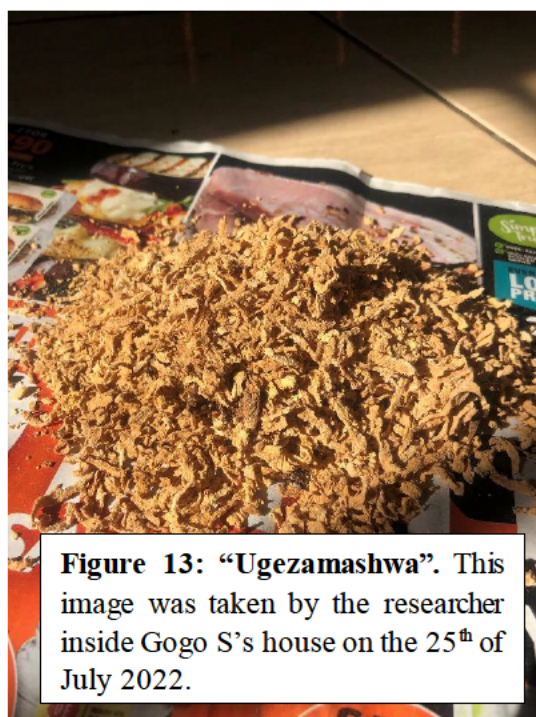


Figure 13: “Ugezamashwa”. This image was taken by the researcher inside Gogo S’s house on the 25th of July 2022.



Figure 14: “shisizwe”. This image was taken on the 25th of July 2022 outside Gogo S’s yard. “Shisizwe” is also used to heal “isichitho”.



Figure 15: “Umhlakuva” tree. This image was taken by the researcher outside Gogo S’s house. This plant is helpful when treating izintwala and isichitho



Figure 16: “isichitho (acne)/rash”. Retrieved from Facebook in a post by “Imithi yesintu” on 07 July 2020, KwaZulu-Natal. This is an image of how isichitho may look like. They may differ in appearances, but all are similar to each other.



Figure 17: “Ibhande”. This is an image of how ibhande may look like. This photo was accessed in July 2022 from the Rash Wall Art.

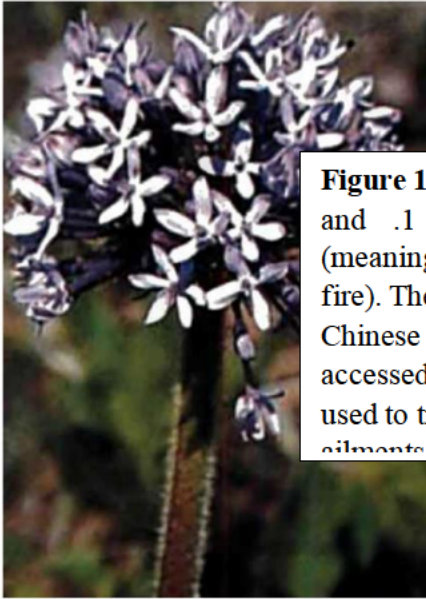


Figure 18 and 19: (flower head) and .1 (root). “**Icishamlilo**” (meaning that which puts out the fire). The picture was taken from Chinese herb medicine (2022) accessed July 2022. Icishamlilo is used to treat heartburn and other ailments.



Figure 20: “**umeqo**” (like cellulitis). This image was accessed in July from Kathryn Watson and Kristeen Cherney. *Healthline*.



Figure 21: “Umababaza”. This image was taken by the researcher KwaPata inside Mkhulu N’s hut on the 26th of July 2022



Figure 23: “Umvongothi” (sausage tree). This image was accessed in July 2022 from a facebook post “*sidla ngempande*” (2018)



Figure 22: “Udelunina”. Taken from a Facebookpage Indabuko Yakho(2022). Accessed in July 2022



Figure 24: “idliso”. This image was received on the 27th of July 2022. The image shows what idliso may look like. The patient had gone to Pongola to seek traditional assistance.

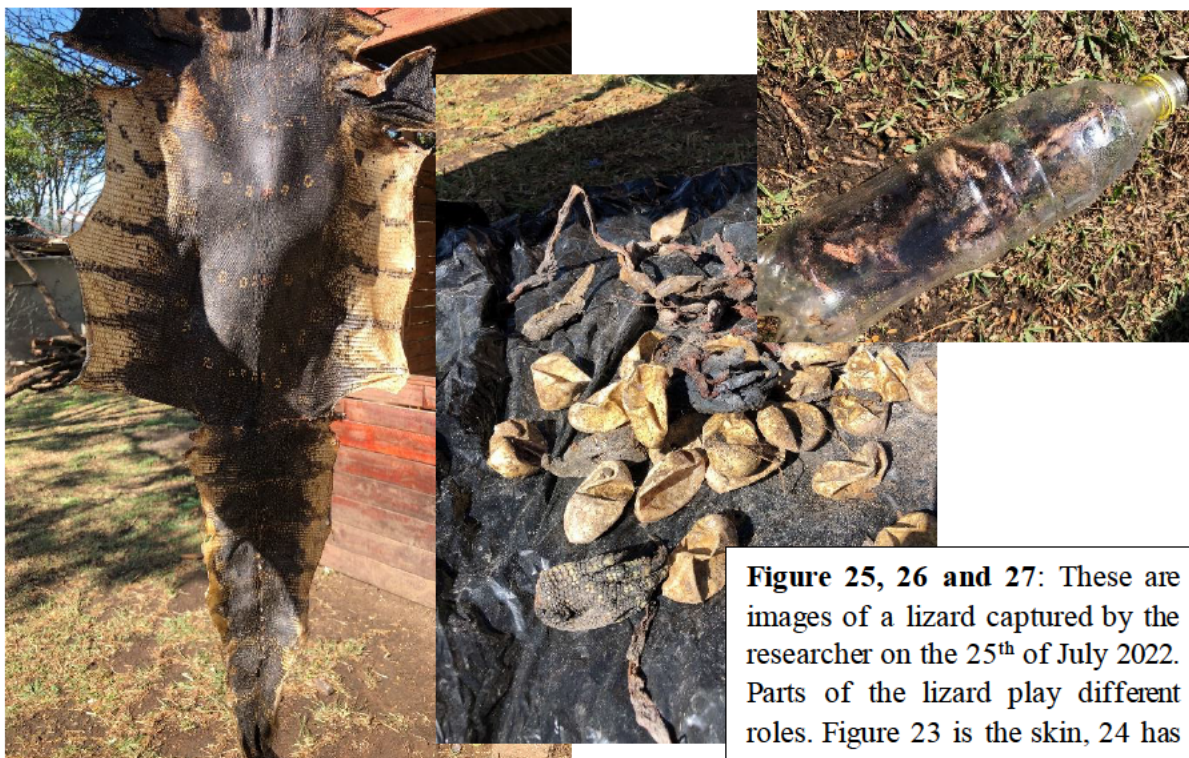


Figure 25, 26 and 27: These are images of a lizard captured by the researcher on the 25th of July 2022. Parts of the lizard play different roles. Figure 23 is the skin, 24 has some of the insides and 25 shows “*amafutha oxamu*” (lizard fat) in a bottle. Lizard fat has been used when healing “idliso”.



Figure 28 and 29: “umganu” (marula tree). Figure 26 was accessed in July from SANBI Geoff Nicholas- South African Online. Figure 27 shows the roots of the tree. The image was obtained from a facebook post by “Esizweni Sabensundu” (2021).



Figure 30: “Ilabatheka” (African potato) Known to have substances that boost the immune system. This image was obtained in July 2022 from Twitter.

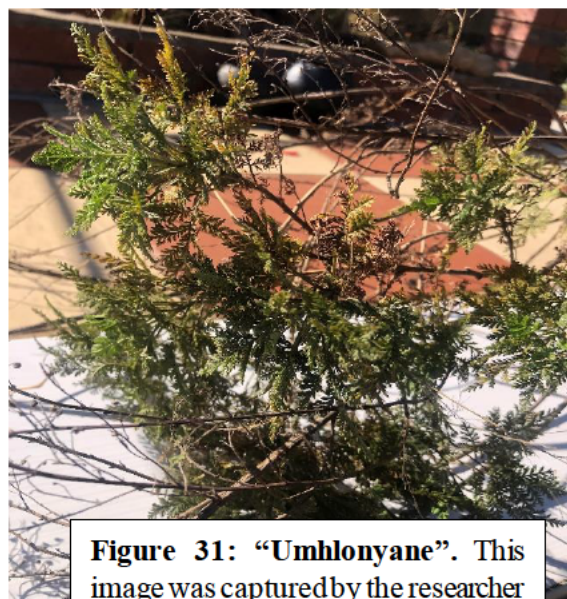


Figure 31: “Umhlonyane”. This image was captured by the researcher outside Gogo S’s house on the 25th of July 2022



Figure 32: “Inhlaba” This image was taken inside Mkhulu S’s yard where he showed the researcher around. Inhlaba has multiple functions and a part of many good traditional plants.

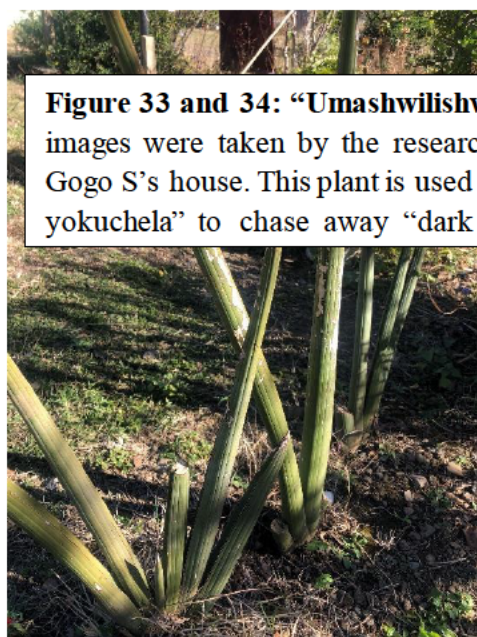
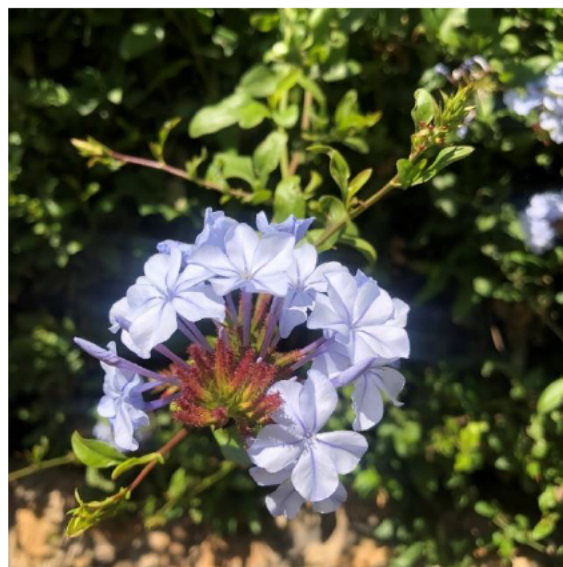
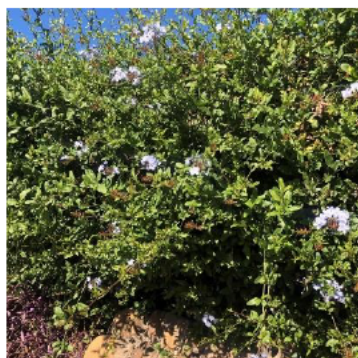


Figure 33 and 34: “Umashwilishwili”. These images were taken by the researcher outside Gogo S’s house. This plant is used as “intelezi yokuchela” to chase away “dark spirits” or



Figure 36: “Mningi” This image was taken by the researcher outside Gogo S’s yard in July 2022

Figure 35: “Uphondo lukabhejane”. This image was taken by the researcher on the 25th of July 2022.

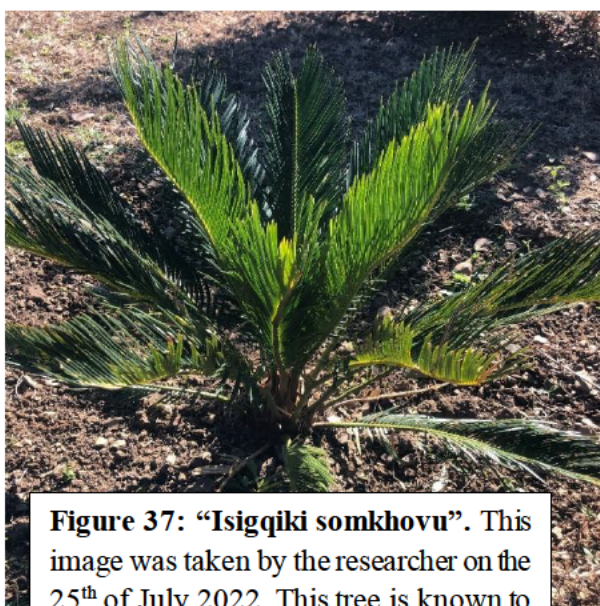


Figure 37: “Isigqiki somkhovu”. This image was taken by the researcher on the 25th of July 2022. This tree is known to protect a home from dark spirits.



Figure 38: “Isikholokotho”. This image was taken by the researcher on the 25th of July. This plant can also be used to cleanse “ithunzi”/ “ubumnyama”



Figure 39: “umlahlankosi”. This image was taken by the researcher on the 25th of July 2022. The tree is used to retrieve the spirit of the deceased