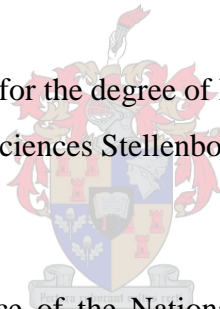


**Understanding, interpretation and expression of spirituality
and its influence on care and wellbeing: An explorative case study
of a South African indigenous community.**

By

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necessarily attributed to the NRF.

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April 2019

“Declaration”

By submitting this dissertation electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

Chioma O. Ohajunwa

Date: April 2019.

Abstract

With the historical entrance of western spirituality and healthcare into Africa, and the philosophical frameworks they embody, tensions have been created within South African indigenous contexts that impact negatively on the social determinants of health and community wellbeing. Indigenous South African communities assert that western healthcare and spirituality have sidelined their indigenous spiritual practices. This sidelining has created divisions within the community which have informed this case study and the need to explore spiritual understandings that contribute to a collective wellbeing for this community.

This study is focused on exploring the ways that indigenous communities understand, interpret and express their spirituality and how these ways of seeing spirituality influence care and wellbeing. The study also aims to explore what factors can contribute to building a collective spirituality framework that contributes to community wellbeing.

The study is positioned within a constructivist interpretive paradigm using an exploratory ethnographic case study approach. Data-gathering methods include focus group discussions, observations, one-on-one in-depth interviews, opportunistic conversations (Chilisa, 2012), journaling and photography. Purposive sampling with n=52 study participants from the four Gusi village clusters of the Elliotdale district in the Eastern Cape was carried out. An analytical strategy of theoretical propositions (Yin, 2009) stemming from the guiding proposition and research questions guided the analysis.

The Bomvana communities understand spirituality as a multi-level process that involves caring relationships within all of nature. These understandings are influenced by history, context and access to spiritual resources to position the four communities within the subliminal, liminal and supraliminal spaces on a continuum of wellbeing, supporting cultural disruption or supporting cultural continuity to influence wellbeing. The first community still resides within the ideal spirituality space at the start of the continuum although it is beginning to move towards the liminal space, while the other three communities have moved on the continuum into the liminal spirituality space. The communities are experiencing tensions and a lack of wellbeing due to the different ways of expressing their spiritualities. Narratives of participants regarding Ubuntu are utilised to build a thesis on an understanding of African Indigenous Transcultural Spirituality to inform wellbeing. This concept is proposed as a collective spirituality framework that has the potential to support a community-led approach when engaging with African indigenous communities.

Abstrak

Met die historiese invloed van die Westerse spiritualiteit en gesondheidsorg, asook die filosofiese raamwerk waarin dit voorkom, het heelwat spanning ontstaan binne die Suid-Afrikaanse konteks wat 'n negatiewe impak op hul sosiale bepalings van gesondheid en gemeenskapswelstand gehad het. Etniese Suid-Afrikaanse gemeenskappe beweer dat die Westerse gesondheidsorg en spiritualiteit die etniese spirituele praktyke gesystap het. Dit het verdeeltheid binne die gemeenskappe veroorsaak wat die nodigheid bepaal het om hierdie gevallestudie te ondersoek om sodoende meer begrip te hê van hoe spiritualiteit tot 'n holistiese welstand van die gemeenskap kan bydra.

Met hierdie studie, is gefokus om maniere te vind hoe die etniese gemeenskappe hul spiritualiteit sal verstaan, interpreteer en ook uiting daaraan gee. Daar is ook gepoog om faktore te ondersoek wat kan bydra tot die uitbreiding van 'n holistiese spirituele raamwerk wat die gemeenskappe se welstand kan bevorder.

Die studie sal plaasvind binne 'n konstruktiewe, interpreterende paradigma met 'n etnografiese gevallestudie benadering. Inligting is verkry word deur besprekings, waarneming en in diepte onderhoude, opportunistiese gespreksvoering (Chilisa, 2012) joernale en fotografie. Doelgerigte steekproewe is gedoen met 52 deelnemers van die vier Gusi groepe van Elliotdale distrik in die Oos-Kaap. Analitiese strategieë van teoretiese stellings (Yin, 2009) wat gegrond is op leidrade en navorsingsvrae is gebruik.

Die Bomvana gemeenskappe verstaan dat spiritualiteit 'n proses is wat verskeie vlakke insluit en dat dit gebaseer is op verskeie verhoudings tussen alles en almal in die natuur. Hierdie begrippe word beïnvloed deur geskiedenis, konteks en toegang tot geestelike hulpbronne om die vier gemeenskappe binne die subliminale, liminale en supraliminale ruimtes op 'n kontinuum van welsyn te plaas, kulturele ontwinging te ondersteun of om kulturele kontinuïteit te ondersteun om welstand te beïnvloed.

Die eerste gemeenskap woon steeds binne die ideale geestelike ruimte aan die begin van die kontinuum alhoewel dit die begin is om in die rigting van die liminale ruimte te beweeg terwyl die oorblywende drie gemeenskappe reeds aanbeweeg het op die kontinuum na die liminale spirituele ruimtes.

Die gemeenskappe ondervind spanning en 'n te kort aan welstand as gevolg van die verskillende wyses waarop hulle uiting gee aan hul spiritualiteit. Vertelings van die deelnemers met betrekking tot Ubuntu word gebruik om 'n tesis te skryf oor Etniese Afrika Transkulturele Spiritualiteitsbegrip om welstand uit te lig. Hierdie konsep word voorgestel as 'n holistiese spiritualiteitsraamwerk wat die potensiaal het om 'n gemeenskapsgedrewe benadering te ondersteun wanneer daar interaksie met die etniese Afrika gemeenskappe is.

Dedication

In memory

My father Chukwukadibia Akpom “*Ugo nabo*” (Twin glory) - You taught me to read and gave me the gift of education, thank you.

My father-in-law Echewunwe John Ohajunwa “*Umuodagu*” (Youngest son of the lion) - It was your hand that received me into your family. You did not call me daughter in law but you called me daughter, so I call you father.

A woman who although no longer here, showed me what an exemplary academic is, still inspires me every day to reach beyond, bigger and better than I am today, to love and live with an open heart and stand up for what I believe no matter what it costs me, Dr Mikki van Zyl.

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Definition of terms

- 1. Adaptation or adaption criteria:** Factors that influence resilient processes (Wexler, 2014).
- 2. African traditional or indigenous spirituality:** is the indigenous spirituality of Africans that has been communicated down from one generation to another by the forebears of the present generation of Africans (Gumo et al, 2012).
- 3. Context:** is the preferred term to denote the dynamic interplay of social, physical, temporal, historical, cultural, institutional and spiritual factors that make up our participants' life-space. Context is defined in this thesis as not simply as an array of factors, but rather "the relationships between [these factors] that influence the meaning of a task, activity or occupation for the performer". (Creek 2010 cited in Sherry, 2015:25)
- 4. Culture:** is defined here as a framework in which individuals can locate themselves in relation to others, to a larger shared context, and to history (Wexler et al, 2014: 696).
- 5. Ecology:** is the science of the mutual relationship of organisms to their environment. It is the relationship of living things to one another and their environment or the study of such relationships (Pobee, 1976).
- 6. Health:** is defined within indigenous knowledge systems, as an outcome of caring relationships, and the ability to perform the functions of daily living that support and provide for the household (Mji, 2012).
- 7. Health** is defined by the World Health Organisation generally as a "dynamic state of physical, mental, social and spiritual wellbeing." (Chuengsatiansup, 2002:4).
- 8. Indigenous Africans:** The largely black, Bantu speaking people, residing in the sub-Saharan region of Africa (Gumo, 2012; Metz 2007).
- 9. Isangoma (Zulu) or amagqirha (Xhosa):** means 'diviner'. The Zulu term is commonly used and has been used in this study. This is usually a woman who operates within a traditional religious supernatural context and acts as a medium with the ancestral shades. (Freeman & Motsei, 1992)
- 10. Resilience theory:** is defined as "the ability to live and cope in difficult circumstances, the ability to regain strength and normal life after traumas or crisis and the ability to handle stress" (Gunnestad & Thwala, 2011:169).

- 11. Spirituality:** as opposed to religion, can be defined as progressive individual or collective inner capacity, consciousness or awareness of transcendence. It also consists of relational aspects or connectedness and essentially exists as a process, representing growth, or a journey. This capacity, consciousness and connectedness provide the motivating drive for living and constitute the source from which meaning and purpose is derived (Janse Van Rensburg et al. 2015).
- 12. The subliminal** space speaks to a substandard, inadequate state from which nothing can be achieved.
- 13. The liminal** space is a threshold space. It is a “transitional” or “in between” space of existence.
- 14. The supraliminal** space is one of conscious application and finding balance.
- 15. Traditional doctor (Medicine man):** is generally a male who uses herbal and other indigenous medicinal preparations for treating disease (Freeman & Motsei, 1992).
- 16. The Kraal:** is a large enclosure normally made from sticks, wood, some thatches and other vegetation from the surrounding forest for the cows to stay in. The Kraal is highly spiritually significant for the amaBomvane people and many of their indigenous rituals are performed at the Kraal because it is seen as the meeting place of the ancestors.
- 17. Transculturality:** refers to the merging of cultural diversity, ethnohistories in multifarious societies, identifying and working with similarities and differences among cultures and worldviews (Leininger, 2002:190).
- 18. Totemism:** is a complexity of ideas, practices, legends, fears and kinship patterns which refer to the connection between human beings and animals and plants. It is the practice of taking a particular natural object or animal and making it the symbol (totem) of a particular special group/clan (Guma et al, 2012).
- 19. Ubuntu:** is an African philosophy that upholds humanity. It enshrines the individual as situated within a reciprocal connection with other people, one exists only because others exist. It espouses a holistic approach that sees all of divine and nature as one (Masango 2006).
- 20. Wellbeing:** is defined by the World Health Organization (WHO) as an optimal state of health essentially characterized by an individual’s realization of their fullest

potential physically, psychologically, socially, spiritually and economically (Smith, Tang, & Nutbeam, 2006).

List of acronyms

CA	Community A
CB	Community B
CC	Community C
CD	Community D
CH	Chieftain
CL	Church Leader
CLR	Church Leader Reverend
EM	Elitist Male
FGTP	Focus Group Traditional Practitioners
FGCH	Focus group Chieftains
FGEW	Focus Group Elite Women
FGQ	Focus Group Queens HCP- Healthcare Professionals
ICL	Indigenous Church Leader
SEW	Saved Elitist Woman
THMM	Traditional Healer Medicine Man
THS	Traditional Healer Sangoma

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Chapter 1: Orientation to the Study

1.1 Introduction

This chapter introduces the background to the study and an outline of the study, including the study context, problem statement, motivation and focus of the study, and its aims and objectives. Next, the theoretical and conceptual underpinnings of the study are presented and the researcher positions herself within the framework of the study. The chapter concludes with a summary of the main points discussed, giving a brief outline of the chapters that will follow.

1.2 Background to the study

This study explores understandings of spirituality within an indigenous South African context that have implications for a collective integration of knowledges, and an understanding of spirituality to enhance community wellbeing. The historical, cultural and geographical context of the study and participants are discussed below to ground the study.

1.2.1 Study context

The Madwaleni area is at the centre of Bomvanaland. It is referred to as Bomvanaland (also known as the Gusi villages) due to the dominant culture that prevails within nine village clusters located in this geographical area which are also uniformly classified as kwaBomvane. The people of this area are called the amaBomvane. They are part of the Nguni group that speak Xhosa, which is a Bantu language (Jansen 1973). This is a deeply rural community situated in southern Elliotdale in the Eastern Cape Province of South Africa. This area is commonly called Madwaleni because of the secondary hospital that is located at the centre of the villages of this area as shown in the map below.

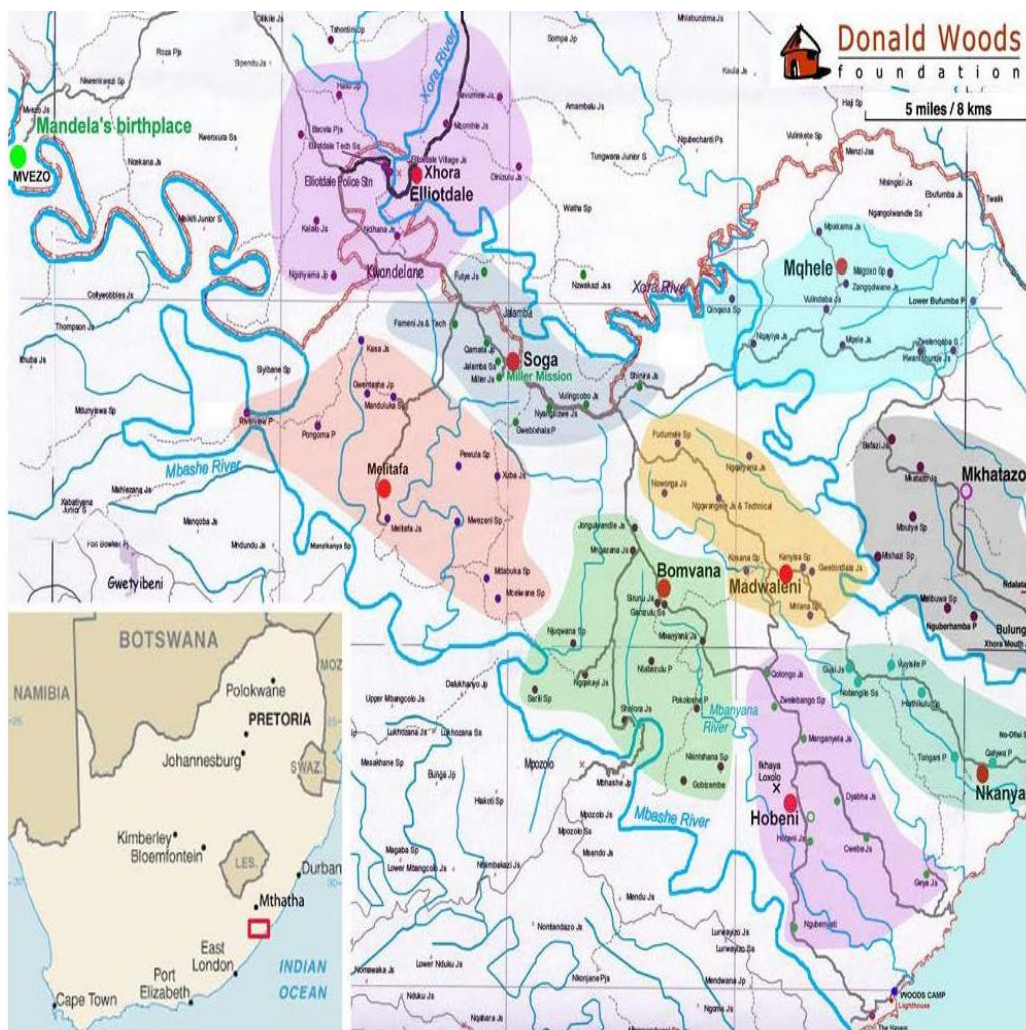


Figure 1.1: Map of Elliotdale showing the research sites

The map shows the nine village clusters, nine clinics and the secondary hospital in the area. This study focused on four of the nine areas which are discussed further after introducing the Bomvana context below.

1.2.2 The Amabomvane Peoples

Historically, the amaBomvane people are proud warriors that migrated from southern Natal in the seventeenth century. After experiencing tribal wars for two centuries, the Bomvana people moved across the Mbashe River and settled down in peaceful co-existence with the Gcaleka tribe at the beginning of the nineteenth century (Jansen, 1973). In 1856, Mhlakaza, a tribesman of the Gcaleka tribe, reported on a vision his niece had. In this vision the ancestors had promised that if all Xhosa people should kill their cows and destroy all the grain they had, then the ancestors would bless them with new crops and abundant cattle. Most of the Xhosa tribes obeyed this call, which heralded the infamous “cattle killing delusion” (Jansen, 1973:12) . The Bomvana tribe refused to accept this prophecy and moved back to the land

they had previously bought from the chief of the Gcaleka tribe when they arrived. While most of the other Xhosa tribes suffered famine and poverty because of the prophecy they had obeyed, the Bomvana people grew their cattle, farmed their lands and prospered in this context.

The highest determinant of health and wellbeing for the Bomvana person is to live and exist as an embodiment of the Bomvana culture, as a spiritual being who honours and practises the beliefs of the Bomvana. These cultural practices were deeply spiritual and followed a pathway that influenced every action they took. To live and exist as a Bomvana there are certain conditions that must be met. These include the ability to plough the land and provide indigenous food for the family until the family is well satisfied; raising, supporting and educating children from conception until they become young adults who know and respect their culture and spiritual pathways; living without strife and contention; and brewing Xhosa beer for participating in ancestral reverence to cultivate a relationship with God (Jansen, 1973; Mji, 2012:223-226).

Due to their decision not to obey the false prophecy, the Bomvana had rich crop yields. They also had time to teach their children about their culture and let them participate in their cultural activities; brewing Xhosa beer to thank the ancestors for providing them with a bountiful harvest to fulfil these health-giving obligations. The amaBomvane dignity and value system as human beings was directly linked to their ability to perform these obligations and be self-supporting in their cultural context.

It was with this attitude of pride and awareness of their identity as warriors and self-supporting people that they met the changes that began to happen around them and the resultant acculturation (Jansen, 1973) that started to take place. The first contact of the Amabomvane people with the western world came as a result of shipwrecks which left foreigners stranded on their shores. Hence they initially encountered these external influences from a position of power and authority. Following these encounters, the westerners introduced new knowledge in the areas of medicine, religion and education (Mji, 2012:225). In addition to these external influences during the nineteenth century an epidemic broke out after the AmaBomvane people settled back on the land that they had bought from the Gcaleka tribe. The epidemic ravaged livestock and the Bomvana people lost their cattle and livestock and their subsistence economy was crippled. Certain social changes also started occurring due to the development of the migrant labour system (Jansen, 1973).

Industry required labourers on the mines and with the imposition of taxes and levies, the Bomvana males started moving to the mines as migrant workers. Acculturation from western groups and socio-economic changes and requirements by the government of the day were gradually interfering with the Bomvana ways of knowing (Jensen, 1973). These changes impacted negatively on the Bomvana culture. Some people embraced the changes and accepted the new order; other people did not, which split the community into two groups. One group consisted of the educated people who were usually Christians, who refused to partake in traditional practices and became westernised to some degree (*amaqhobhoka: abantu basesikolweni*), and those who were uneducated in the western way, painted themselves with red ochre and remained traditionalists (*amaqaba*). The fact that young men and women who were the backbone of the community were now leaving to go and work on the mines or had adopted the new westernised knowledge systems, meant that the older people struggled to transfer their indigenous knowledge and practices to ensure cultural continuity and wellbeing. Even more importantly there was a lack of young people to plough the maize on the farms for making the Xhosa beer which is used in the practice of ancestral reverence for expressions of thankfulness, protection and abundant life and wellbeing in the community (Jensen 1973; Berg, 2003). Their spiritual pathway had been disrupted, which could only lead to an unhealthy community.

The Bomvana community still currently exist with much political tension and conflict. One of the major reasons for this current tension is the level at which the chiefs and community leaders are placed within the current political dispensation. Although the White Paper on Traditional leadership and Governance in 2003 (SA 2003) has documented more clearly the roles and functions of traditional leadership in an attempt to eliminate ambiguities, certain challenges still exist currently within these communities. The community leadership has been placed at the same level as the ward councillors, which traditional leaders perceive as disrespectful and regard as a demotion (Tsoko 2014).

Issues of political in-fighting, lack of dedicated resources to fund community development, political instability and factionism, high staff turnover at key decision-making positions within the Mbashe local municipality has impacted on the sustainability of potentially beneficial projects (Tsoko 2014). This has left the Bomvana communities with limited reliable sources of income beyond government grants and menial jobs. The various international organisations that have been located within their context have provided

temporary employment, but these only exist for as long as their funding lasts, hence the employment is not sustained.

The Bomvana Chiefs are constantly engaging the municipality about the needs of their communities, but their positioning within governance mean that they are really powerless to truly affect much needed changes. This challenge currently impacts on their wellbeing as a community.

1.2.3 Evolution of the study

The introduction of westernised religious, medical and educational practices into their context had brought about a change to the Bomvana existence and world view that was alien to what they knew, putting the community in a state of confusion. This notion of confusion came out strongly during the community entry processes, where people described their existing space as “a confused space”. It has also been referred to as a “sick community spirit” and “a place of a loss of identity and wellbeing”. The question arises: How can a sick and broken spirit be restored to a place of wellbeing?

1.2.3.1 Critical outcomes related to spirituality that influenced this study

The outcome on spirituality that this study is focused on alludes to the perception that healthcare practitioners in the formal health system do not respect or take note of the indigenous knowledge that pre-existed in the community. The Bomvana people simply take their family members out of the hospital and seek other solutions for their wellbeing as needed. All of this has created a miscommunication and misunderstanding between amaBomvane indigenous knowledge practitioners and formal healthcare practitioners. Healthcare often takes the stand that a phenomenon is only legitimised and validated if it fits into a ‘modern’ way of knowing and deemed useful to western, non- indigenous societies (Wilson, 2001:214). Hence modern knowledge is perceived as not taking cognisance of any solutions from the existing experiences and practices carried out by the amaBomvane which widened the gap between the two knowledge systems.

This issue of what is accepted as valid knowledge in terms of spirituality and wellbeing informs the belief by the Bomvana that healing should not just address the symptoms of the disease, but the roots of the disease should be addressed and traced spiritually. Maelene (cited in Mji, 2012) stated that Africans believe that every lack of wellbeing has a spiritual cause,

citing that Africans often ask “why?” and “who?” when someone is sick. The formal western-oriented approach to the practice of medicine and healing is seen by the Bomvana people as not taking the spiritual aspect of wellbeing into consideration.

Closely linked to the critical incidences of foreign entries as highlighted above, is the advent of Christianity as a part of the modern knowledge system that impacted the amabomvane. The Bomvana people felt that Christianity opposed their traditional belief systems and taught those that were converted to Christianity to do the same, alienating people from what they knew so that they become something totally different and unknown (*ukuguquka- to be turned around*). Since an inter-generational linkage and education is seen as relevant for wellbeing and building identity (Bediako, 1989) this lack of consensus leading to the separation and breakup of their traditional family system impacted on their cultural identity and wellbeing.

Against this background, this particular study proposed to take these issues further by exploring how the different groups understand, interpret and express their spirituality in order to discover if a collective framework could be identified for the practice of spirituality to influence care and wellbeing in the community.

1.3 Motivation

This study is emancipatory because it unearths marginalised knowledges and will contribute to expanding our knowledge regarding indigenous knowledge systems and spirituality. There is very little literature on how indigenous communities in Africa understand and interpret their spirituality in contemporary times. While there is a density of literature related to spirituality as a personal experience, there is a notable paucity of literature on the notion of a collective spirituality and how this affects care and wellbeing, especially within the African indigenous context.

All cultures and races of people have particular knowledge systems that are embedded in their ways of being and existing (Maila & Loubser, 2003). Maila and Loubster (2003) further assert that the culture of the people is equally its civilisation and carries its indigenous as well as its modern knowledge systems. This is not different in Africa, as African indigenous knowledge systems carry both forms of knowledge as stated above. Community engagement must be about inclusion and integration, not exclusion and imposition. Sillitoe and Marzano (2009) state that indigenous knowledge systems have an immense ability to guide and better inform scientific practices that reflect the local realities. Indigenous knowledge influences

policy and has considerable strength in its ability to affect positive interventions. However, the African ways of knowing and being have not been given the recognition they deserve. In South Africa, the government encourages and calls upon all South Africans to value traditional knowledge and innovations in a bid to recognise and grow these knowledge systems (Maila & Loubser, 2003).

In addition to the action above, there needs to be a framework within indigenous knowledge systems in academia and development, for understanding how Africans make meaning of spirituality in the development of their communities. Communities in Africa have rich experiences of how they make meaning of spirituality, but this has not been given a place within more academic discourses, which has implications for community practitioners (Schulz, 2004).

Scholars have debated the need to include a spiritual dimension to the World Health Organisation (WHO) definition of health. Although there have been some debates for and against this inclusion of spirituality, Larson (1996:189) states that “to exclude spirituality is to ignore an important source of healing for many” and recommends that it is important to carry out more research that explores the spiritual dimension in relation to wellbeing. Spirituality is one of the dimensions of health and wellbeing (Gottwald & Goodman-Brown, 2012) which enhances and supports a holistic approach to development. More recently the WHO (2007) has advocated the relevance of practicing holistic healthcare, citing that taking a biopsychosocial-spiritual approach to healthcare is necessary to achieving people-centred care. A World Health Organisation Quality of Life (WHOQOL) Spirituality, Religiousness and Personal Beliefs (SRPB) Field-Test Instrument (WHO, 2012) was developed to respond to this need of integrating spirituality and wellbeing and further demonstrates the relevance of this study. There is a need to refocus our mindset on not just eradicating diseases, but also on promoting health and wellbeing. A need for a broader approach which encompasses and recognises the strengths of bringing people and systems to contribute to the wellbeing of the individual, families and communities is required (WHO, 2007). The recognition of the fact that the experience of illness is often impacted by a person’s cultural, environmental, attitudinal and emotional belief systems cannot be disregarded (Leininger 2002; King, Smith & Gracey, 2009; Determeyer & Kutac 2018). This means that providing care that is acceptable, culturally appropriate and sensitive to the values of the people receiving care is not negotiable. This process will ensure that communities receive care that empowers them and they do not just become silent observers while the healthcare practitioner decides what

outcomes will apply. Since spirituality is a foundational concept within African contexts, the perspective of looking beyond the biomedical approach to develop the biopsychosocial-spiritual approach in delivering patient-centred care becomes very important, especially within rural communities.

To understand and integrate spirituality within our community practices that ensure wellbeing, there is a need to explore and understand how people make sense of their spirituality (Ren, 2012) within their particular culture, history and context. In spite of this imperative, there is a lack of knowledge within the African context about indigenous knowledge systems and how within this knowledge system spirituality is understood and interpreted in relation to wellbeing.

There is a clear and significant conflict between western knowledge and practices and the African ways of knowing and practices (Nabudere, 2011). It is essential that an African-centred knowledge is generated as the direct application of external knowledge systems from the west to indigenous communities in Africa are “doomed to fail” (Adelekan, 2011:40). This is because the western theories usually do not take cognisance of the historical and cultural diversity of Africa and how Africans make meaning of events (Nabudere, 2011). This minimal indigenous knowledge has implications for development practices and health care in rural areas.

According to Jansen (1973) it is almost impossible for one to assimilate contradictory customs, without letting go of one for the other. Imposing another belief system on a person is also impracticable, as it cannot be sustained and frequently results in a loss of wellbeing and authentic spirituality (Dreyer, 2014). Jansen (1973:57) in his book on the importance of establishing a doctor-patient relationship focusing on the Bomvana culture maintains that when working with rural communities, the ideal is to aim for a “transcultural approach”. This approach seeks to understand and overcome the differences and challenges that emanate from the cultural beliefs and value systems that are in contradiction, while leaving the essence that informs their beliefs intact. Even this dimension of transcendence to overcome difference is a spiritual process. This means that differing cultures can possibly draw on their resilience to find a commonality of purpose and expression, without losing their authenticity. This has remained a constant challenge to development in the African context and Jansen (1973) notes that this challenge has frequently led to some programmes instituted in communities being

effective and sustainable and some not. This study aims to contribute to the development of knowledges related to this area of interest.

Seyfried (2007) posits that these alternative ways of knowing would lead to transformative holistic learning for humanity, enhancing connectedness and building relationships.

Spirituality encourages an appropriate response that helps us take note of our individual strengths as well as our strengths as a community (Dowling, 2004).

Communities have experienced the deleterious effect of the gradual demise of connectedness, recognition of our mutual humanness and relationship building. This can be seen locally and globally in our societies. There is a prevailing sense of disconnectedness in our societies, which Seyfried (2007) refers to as a division between ‘us’ and ‘them’ which frequently forms an obstacle to human alliance. This segmentation of society is demonstrated by the decline of moral choices in our communities and the values we place on one another as Africa grapples with different external knowledge systems that devalue its own ways of knowing (Nabudere 2011; Adelekan 2011). The recent unrest and xenophobic attacks in our communities in South Africa is one example of this disconnectedness in our societies, as the perception is that this does not only impact negatively on individuals that are at war with one another but also on community wellbeing of the people of South Africa and beyond.

Engagement with expressions of our humanness through our spirituality is not a matter of choice, but one of survival (Seyfried, 2007). Spirituality helps us look beyond difference (Swinton, 2012). Exploring how we can harness our collective spirituality towards building understanding and enhancing participatory and inclusive practices is a beginning. This will help improve professional practices (Greene, Galambos & Youjung, 2004) that are sustainable and contribute to wellbeing.

1.4 Problem statement

This lack of mediation and communication between the healthcare professionals and the amaBomvane created tensions that further alienated the indigenous people. Negiş-Işik and Gürsel (2013) stipulate that there has been very little input by Africans into issues of their own development, which is also seen within the Bomvana context. The lack of understanding of spirituality as an integral factor and an overarching influence in the lives of the amaBomvane impacted negatively on all concerned. A certain amount of resilience and mediation is required to achieve cohesion between the different belief systems. This points to

the need to explore how a collective understanding of spirituality could affect health and wellbeing outcomes, while taking into consideration the dynamic and ongoing negotiation within the contextual and cultural meanings and attributes that influence this understanding.

It is evident that although the group who are Christians and perceived to be educated (*amaqhobhoka: abantu basesikolweni*), and those who are uneducated in the western way, who paint themselves with red ochre and remain traditionalists (*amaqaba*) have expressed a difference in the practice of their belief systems, they actually desire the same outcome, which is the wellbeing of the community. However, the focus on the different ways of expressing their spirituality and practice of healing has overshadowed this shared goal of enhancing wellbeing. They have identified no way forward from this state and the community continues to be impacted negatively. Who should then be required to forsake their belief systems for the other? Is that even necessary or can both systems find common ground resulting in the integration of two knowledge worlds? Can they connect their spirituality and refocus on identifying common values of their belief systems and practices? This would hopefully foster an atmosphere that contributes to a transcultural approach for the integration of knowledge systems to enhance community wellbeing. Gaining an understanding of what the various belief systems are, the nuances that influence interpretations and how these beliefs and values are expressed is crucial to any discussion on finding commonalities to enhance wellbeing, more so in healthcare practice within an indigenous culture. The tenets of spirituality include the recognition of interdependence, interconnectedness and humanness of all within the environment they exist in. An understanding of health and wellbeing is no longer about only the physical, but is about what it means to be human (Underwood, 1999). This involves all aspects of being human; the physiological, biological, physical and spiritual dimensions of humanness (Seyfried, 2007).

1.5 Delineation of study boundaries

In this study, comprehensive samples across the amaBomvane people and various role players have contributed to illuminate the phenomenon of spirituality within this context. This study further expands on the definition of spirituality and aligns with the understanding of a collective spirituality as given by Karakas, Sarigolu & Kavas (2014) in which spirituality is defined as a connection with self, others and the universe. This sense of community is a key concept in this study and is further unpacked in the introduction of the conceptual framework below.

1.5.1 Underlying concepts informing the study

The conceptual underpinning of this study is based on the thinking that the indigenous knowledge system and its response to spiritual issues for this selected community is not restricted to time, space and extent, but keeps redefining itself according to the challenges and changes that this community faces and experiences in a rural environment. For the indigenous people, spirituality is not just an aspect of life, but the glue that undergirds the experience of life. For them it is a holistic framework (Chilisa 2012).

Within African communities, spirituality is a way of existing, doing and being; all knowledge comes from a spiritual place (Posey, 1999). The practice of spirituality is directly linked to positive health outcomes. Spirituality influences how indigenous people express themselves, their history, politics, agriculture, marriage, death and birth, and this spiritual heritage of a people forms its cultural cord, linking past generations with future generations. Attempting to define indigenous people has been quite problematic historically, but for this study, the definition as given by (Corntassel, 2003) will be used to situate the understanding of the indigenous peoples. The World Council of Indigenous peoples (WCIP) declared that self – identification as people who have a distinct cultural orientation, common ancestry, kinship, shared identity, cultural perspectives and groundedness in community are key criteria for indigenous communities (Corntassel, 2003). They are further perceived as people who have an evolving cultural tradition with their distinctive ceremonial styles, speak an indigenous language and distinguish themselves from the dominant society. This dominant society often threatens their ways of being and knowing (Corntassel, 2003) interfering with the connectedness between their past and their present which impacts on their identity and sense of wellbeing, as seen within the Gusi villages.

The link between past and present is centred within Ubuntu¹ to build a collective understanding and identity (Maathai, 2009; Chilisa, 2012). Interconnectedness is seen here as perceived by the indigenous people. It is an intricate web of shared relationships that exist between living and non- living things, the visible and invisible world (Posey, 1999; Chilisa, 2012; Boucher, 2012).

¹ Ubuntu is an African philosophy that upholds humanity. It enshrines the individual as situated within a reciprocal connection with other people; one exists only because others exist. It espouses a holistic approach that sees all of the divine and nature as one (Masango 2006). The concept is explained further in the section below on philosophical frameworks.

This sense of shared relationship is deeply embedded in a caring relationship and understanding of humanness; that one should see oneself in another being and that we exist because of one another (Posey, 1999; Mabovula, 2011; Chilisa, 2012). Care is used in this study in terms of relationships. It refers to a reciprocal exchange of respect, kindness, love, compassion, beingness and life. The maintenance of a caring relationship and interconnectedness supports resilience and builds community, contributing to positive health outcomes, even in difficult times (Some, 1994).

When the flow and practice of this holistic framework of spirituality is negatively impacted, the lives and wellbeing of the indigenous people are affected and the continuity of life is disrupted or even destroyed (Wexler Joule, Garoutte, Mazziotti, Hopper, 2014). Although spirituality in the African context does give space for the acknowledgement of the individual voice, it is not an isolated, privatized individual affair, but is always located within the collective. It is “always located in a particular community from which it derives its flavour, character and efficacy” (Amante, 2011:3). These knowledge systems are based on a culture that evolves as time goes, and has the capacity to enable survival and later define what is perceived as civilisation for that community.

There are various understandings of the concept of civilisation. Civilisation will be seen here as synonymous with culture and the totality of human knowledge, as exemplified by the most ‘advanced’ society at a particular time (Targowski, 2009). Within the African philosophy and knowledge systems, spirituality is a relevant and inextricable aspect of human existence that informs everyday life and activities, spirituality is a tenet of indigenous evolving culture and embodiment of their knowledge systems through which the process of their civilisation is seen.

The framework of the spiritual dimension and the need for more formal recognition of the perspective that it brings into the human endeavour is being identified, whether in healing, bioethics, community associations, eco-cultural issues, family issues especially culture, therapy, rehabilitation, religious identity and trauma (Dunne, 1986; Gaventa, 2001; Aponte, 2002; McGrath & Newell, 2004; Ren, 2012). There is a growing call for the spirituality of an individual to form part of therapeutic holistic assessments towards healing and rehabilitation (Gaventa, 2001; Boswell, Knight, McChesney & Hamer, 2001) and for a collective spirituality to be seen as an aspect of community development and or community healing (Dueck & Byron, 2012). The research questions which were used to address the study are;

1.5.2 Study questions

- What understandings and expressions of spirituality exist within the Bomvana indigenous community?
- What understandings of spirituality contribute to building a collective spirituality framework in the Bomvana indigenous community?
- How does a collective spirituality framework influence care and wellbeing in the Bomvana indigenous community?

1.5.3 Study aim

The focus and the aim of this study was to explore an understanding and expression of spirituality and its influence on care and wellbeing for the amaBomvane, aimed at contributing to an understanding of spirituality that could foster a space for the integration of the indigenous and western knowledge systems as mentioned above. The study also aimed to make recommendations on how this integration of knowledge systems might contribute to a collective spirituality framework that supports community wellbeing.

1.5.4 Study objectives

Hence the study objectives were to:

- explore individual understandings of spirituality that exist within the Bomvana community;
- identify how people within the Bomvana community express their spirituality and what specific avenues are utilised to express spirituality; and
- explore how these spiritual understandings and resources can help create a collective framework to unlock human potential and enable community wellbeing within the Bomvana community.

1.6 Purpose of study

The purpose of the study was to determine various understandings and expressions of spirituality that exist within an African indigenous community and explore how these understandings can foster an integration of knowledges that contribute to a collective spiritual framework that can inform community wellbeing.

1.7 Significance of study

Indigenous knowledge systems have been recognised by the UNESCO Intangible Heritage Convention and the UNESCO Convention on the Protection and Promotion of Cultural

Diversity as cultural expressions (Maluleke 2009). Spirituality, personal values and belief systems are interwoven within these cultural expressions and inform peoples' view of the world (Chataika 2011). This worldview equally informs how people respond to their environment or context and how this can further be used for their survival and development. Hence, understanding how spirituality is understood, interpreted and expressed within indigenous communities as related to their wellbeing has implications for health outcomes, relationship building, government policies and service delivery to indigenous communities. This study will generate new information on existing attitudes, structures and systems related to spirituality that would enable holistic understanding of individuals, families and communities (Gaventa, 2001) towards creating more effective and collaborative care and support systems. The study has implications for local and global practices, and aims to propose new insights emanating from the study context on the use of a collective spirituality for integrating knowledges that foster wellbeing when working within indigenous communities.

1.8 Conceptual and theoretical framework of the study

In the section below I present the conceptual and theoretical framework of the study and how they are positioned within the study. In-depth detail of the conceptual and theoretical framework is given in Chapter 3 and 4 of the study.

1.8.1 Resilience theory and *Ubuntu* philosophy

The philosophical assumptions that guided the study emanate from two related frameworks. Within the social justice paradigm, resilience theory is used to frame the study (Greene, Galambos & Lee, 2004; Norris, Stevens, Pfefferbaum, Wyche, Pfefferbaum, 2008; Mertens, 2009; Gunnestad & Thwala 2011). The social justice agenda is recognised as relevant to the ontological positioning of this study and the researcher's engagement with the community. The social justice agenda includes issues of mutual respect, authenticity and the attempt to develop community-led outcomes. Resilience theory is defined as "the ability to live and cope in difficult circumstances, the ability to regain strength and normal life after trauma or crisis and the ability to handle stress" (Gunnestad & Thwala, 2011:169). The second paradigm that this study is aligned with is *Ubuntu*. *Ubuntu* is an African philosophy that speaks to interconnectedness, relationships and the spirit of oneness. *Ubuntu* is about the collective, about community. In an African culture, community defines who a person is, influencing a person's thinking and actions consciously and unconsciously, which impacts on

their sense of belonging (Tshabalala 2014). Importantly, *Ubuntu* is perceived as a resource to build resilience.

1.9 Methodology

A qualitative interpretive paradigm is chosen for the study, with an exploratory ethnographic case study approach (Denzin, N.K. & Lincoln 2005; Noor 2008; Yin 2009) . Purposive sampling was utilised, and data analysis was ongoing. The analytical strategy that guided analysis was twofold (Yin, 2009; Maxwell, 2013). The methodological processes are discussed further in Chapter 4.

1.10 Positioning the researcher

In this section I introduce my context and position myself within the study, discussing my background and certain influences that shaped the study.

I would like to acknowledge my situatedness and make explicit certain issues that I have worked through within the current study. I have come to believe that the focus of this study has been waiting for me long before I encountered it, and will give my reasons for saying this further on. I am an African woman, and have lived the experience resulting from the impact of walking the intricate spaces and ‘becoming’ the dualism that has existed between the indigenous knowledge system and western belief systems. In my community, the experiences of the challenges faced by families torn apart by these different belief systems have existed for some decades. In my own case, I experienced this dichotomy between these knowledge systems from my grandparents and later my parents. Due to my engagement with this study, the irony of how both knowledge systems impacted on my parents hit me anew.

I was born into a family that practised a mix of modern, scientific knowledge and indigenous scientific knowledge. My father was a traditional practitioner and observed the religion of his forefathers, honouring and revering his ancestors through which he established his relationship to God (*Olisebuluwa*). My mother was a Christian, from the Methodist church in particular and practised the Christian belief practices. So growing up I was exposed to both practices and raised to respect both traditions. The intricacies and complications inherent in trying to ‘marry’ these two traditions however, are not lost on me. I often witnessed my mother being unwilling to partake in certain traditional rites because it opposed her Christian beliefs, but being unable to refuse because this would be seen as disrespectful to her husband

who is traditionally recognised both by customary and Christian beliefs as the head of the house (*Diokpa*).

The irony I refer to above is the fact that my maternal grandmother was a herbalist (*Dibia*), while also attending church with her husband who was a Christian. However, they did not believe in western education so did not send my mother for formal schooling. They felt that the traditional training given to children was more relevant to their context. My mother ended up being a Christian, but was trained under her mother's tutelage as a traditional midwife.

However, my paternal grandfather was an Anglican catechist who had three wives. When asked by the church to send two wives home to their parents, he refused on the basis that it was completely unfair, thereby "unchristian". The church eventually gave in because they needed his service. However, they only recognised his first wife (my grandmother) as the legal wife. Although he sent my father to formal schooling and my father trained as an engineer, my father married six wives and still chose to practice traditional religion. He was an ardent reader and taught me the love of books and reading. These complexities in my lineage in terms of spiritual inclinations is why I believe that this study seemed to be waiting for me, so I can maybe gain answers to some of the questions that have arisen in my own life experience.

Another critical observation that raised questions for me was the fact that family members, whether Christian or traditional practitioners, were often not averse to coming 'back home' to the family for spiritual consultations and prayers when a challenge defied solutions or was beyond their understanding. This action was seen as very important for wellbeing and advancement alike, and often involved exploring oneself with family members doing the same too, to ensure they have not harmed anyone else in anyway; (*Ofor na Ogu*) so your petitions could be granted by God. This got me interested in issues of spirituality, identity and representation and how this impacts on our sense of health and wellbeing, our interconnectedness with one another. Under this wider umbrella of knowledge systems and cultures, I find myself here at this time, in this place, with this study.

My interest in African knowledge systems was also fuelled by my exposure while travelling and staying in various places on the African continent. I became intrigued with the different notions of what and who an African is perceived to be, and how that influences their experiences. This led me to begin comparing the modern day narratives of the African to who

the African has been, currently is, and believe themselves to be. I became interested in various interpretations of knowledges and the African voice.

By experience, I have witnessed certain interpretations and beliefs within the indigenous knowledge system to guarantee wellbeing which I have also seen in Christian belief systems. I began to wonder if despite differences in process, the intended outcomes of the spirituality of an individual, whether indigenous knowledge system or Christian, are any different? These questions came up time and again during the process of my study, so I have gone into my study context with respect, realising that these issues go back to before my birth. I go into my study context with humility, realising the sensitivity and reverence of spirituality, of the value-laden nature of spirituality. The values placed on spirituality have formed a chord that carry in it, the knowledge of ancient times and the possible transformation and link for modern times. So I find myself here at this time, in this place, with this study.

During community entry for my study, I visited the Community Health Centres in the four village clusters where the study is carried out and met with the chief and chieftains of each village. The conversations with the people I met with were rich. Often the chief would send for certain gatekeepers in the community to come and sit with us and in this way, I began to be exposed to what was relevant to the indigenous people of this area in terms of spirituality and wellbeing. This also meant that I had to revisit my study planning and protocol as I found my topic to be even more complicated than I had thought before the community entry. The influence of community entry on the study is further discussed in the methodology chapter. A brief introduction to all the chapters is presented below.

1.11 Study process and chapter summary

Chapter 1 introduced the study, presenting the study focus and context, rationale and motivation for carrying out this study, also highlighting the concepts related to the study and the study processes. The chapter concludes with the summary of the chapter.

Chapter 2 presents the review of literature related to the study focus area in terms of content. Current literature of published evidence is presented, highlighting the emphasis within each body of literature as related to the concepts of the study and situating this study within the body of evidence. Historical understandings of spirituality from both indigenous and western knowledges are discussed; notions of care and community are equally examined, relating the outcome of the reviews to current practices within healthcare.

Chapter 3 is a discussion of the theoretical frameworks that influenced the process of the study. Resilience theory, which is a western theory, and Ubuntu, which is an African philosophical framework are defined and explained identifying their appropriateness for the study. In addition, the manner in which these theories are positioned within the study and its methodology to facilitate the emancipatory and social justice approach with which this study is aligned are highlighted.

Chapter 4 comprises a presentation of the methodological positioning and processes of the study. This chapter presents an account of the process of data gathering and critical engagement with participants and context. We were one main researcher, one research assistant, an independent peer researcher who was with me at night when my research assistant went home and n=52 study participants within four village clusters. The initial community entry to seek consensus regarding the study focus, description of study context, participant identification and recruitment, data gathering, management and analysis, plus the ethical considerations and rigour of the study are discussed in this chapter.

Chapter 5 is the presentation and analysis of data as elaborated by the participants, related to the study aims and objectives. The voices of the participants emerged through the themes generated from the data analysis, as aligned to the social justice paradigm, identifying salient issues related to their engagement with their spirituality.

Chapter 6 is the discussion of critical emerging issues from the findings of the study which were used to interrogate literature and to position the various understandings of African indigenous spirituality and its engagement with western healthcare and spiritual practices, contributing to a collective framework for understanding spirituality and wellbeing.

Chapter 7 is the concluding chapter. It pulls the study together, presenting the contributions of the study and reflections of the study content and process, highlighting implications and recommendations of the study. A concluding epilogue brings the thesis to its transition. I have consciously referred to the conclusion of the study as a transition rather than an end, because within indigenous spirituality which is the study focus, the end is not a closure, but a transition into something else, to another plane of existence. So my hope is that this study's outcomes transit within the hands of other interested researchers into many different planes of understanding. A final summary of the chapter is given.

1.12 Conclusion

This chapter has introduced the conceptual basis and theoretical influence of this study. The study has been delineated from Mji's study by focusing on spirituality. The focus of the study, its aims, objectives and the research question as discussed above are to explore what the various understandings of spirituality are, and how these could contribute to fostering a collective spirituality to enhance community wellbeing. The relevance and significance of the study has been discussed in line with both the amabomvane indigenous understanding of health and wellbeing, which is actually in alignment with the current WHO definition of health and the social outcomes that influence health. The philosophical frameworks of resilience and Ubuntu have been presented as the guiding frameworks of the study. The chapter concludes with a summary of critical aspects that emerged from the chapter.

Chapter 2: The meaning of indigenous spirituality and holistic wellbeing

... Indigenous medical knowledge ...remains an exoticized form of knowledge primarily because it has yet to transcend local or national boundaries that would enable it to penetrate into the international arena...the duality being experienced is simply an issue of power and dominance. The west judges indigenous knowledges by its standards and finds it deviant based on its own tenets (Waldron 2002: 111).

2.1 Introduction:

In this chapter, a literature review detailing the different viewpoints of spirituality is presented, tracing the discourses and debates that have influenced the definition of spirituality over time. The various perceptions of spirituality and wellbeing that currently exist are explored, highlighting the tenets of this understanding within western and indigenous contexts, from a global perception of spirituality and wellbeing; then narrowing down to African and South African indigenous understandings of the concepts. The positioning of spirituality within the formal healthcare system is presented, also pinpointing the manner in which spirituality interacts with the notions of care and resilience. Finally, the philosophical influences of these perceptions within western and indigenous knowledges are explored, highlighting the relevance of unearthing marginalised knowledges, to contribute to a holistic perception of spirituality and wellbeing.

First, to properly ground the notion of spirituality and resilience, it became important to trace early writings and the influences that crafted these concepts. Second, the study of spirituality within African traditional understandings was less available in recent literature than the Christian understandings, so there was a need to expand the literature search as I sought to unpack the various understanding of spirituality. The three main academic search engines that were used to search for literature were Google scholar, Sage journals and EBSCO Host. EBSCO Host including but not limited to CINAHL, PsycINFO, SocINDEX, Medline, Africa wide Information and Health Source Nursing. All publications consulted were written in English and the search was initially mainly focused on articles published in the last five years (except when the researcher sought further from a reference list for a specific article).

However, the search was later extended as far back as 1970 and earlier because of the nature of the topic under discussion.

2.2 Viewpoints of spirituality

The epistemology of spirituality has historically been located in social justice, ethics, spiritual assessments, and appropriated into various practices, education and training. This is because spirituality is firmly grounded in the belief that all life is an evidence of spiritual unity (Ver Beek, 2000). The social justice paradigm is operationalized within a holistic framework which allows for a deep awareness of self as a part of the whole. This awareness is facilitated by spirituality, as we contribute to interventions that help create an egalitarian society for all (Chile & Simpson 2004; Mertens, 2009).

Academic studies of spirituality began in the 1960's in the west and a primary focus in the following decades was to develop a common understanding and definition of spirituality. In this effort, two main issues emerged in mainstream discussions. One important issue was the early shift away from focusing on human subjects and towards the development of theories (Boynton, 2011). The past few decades have witnessed a significant increase of theories and literature related to spirituality. This surge of literature is attributed to the fact that science-based knowledge has proved inadequate to address many significant challenges of humanity (Boynton, 2011). This includes feelings of isolation and disconnectedness. A second reason given for this surge relates to people feeling put off by the impersonal nature of the healthcare delivery services (Tanyi, 2002), seeking a sense of belonging in an individualistic society. It is this very need to belong to and to be a part of something other than oneself; to make sense of the world and the relationships within the world, that drives the investigation of spirituality across disciplines and within society (Jankowski, 2002).

The question of what spirituality is must be studied and explored holistically (Some, 1994; Wheeler, Ampadu and Wangari, 2002; Amanze, 2011). To contend with this issue, one must approach it from a multi-dimensional perspective, exploring what spirituality means when seen and interpreted through various lenses (Chimhanda, 2014). In engaging with and trying to understand and define what spirituality and wellbeing are in this study, certain relevant perspectives grounded in disciplines like theology, psychology, anthropology, African studies and history have been explored in order to better inform an understanding of spirituality that is holistic in nature.

2.2.1. Defining spirituality

The concept of spirituality has been a challenge to define. There have been more than 70 attempts at defining spirituality since the 1990s (Karakas et al., 2014), with the complexity of defining spirituality being the lack of congruence on what definition would best describe the phenomenon itself. Spirituality and religion are often used interchangeably, but there is a need to make a distinction between the two for the purpose of this study, since this study is not about religion, but spirituality. Religion is more structural, guided by certain rituals and belief systems about a deity or higher power, often providing a guideline for accessing meaning and purpose in life. Being religious does not necessarily mean that one is spiritual. Spirituality on the other hand, is seen as an individual or collective search for meaning in life, as a personal (and/or collective) motivator; a way of being (Tanyi, 2002; Dreyer, 2014). Religion is perceived as one way of expressing spirituality, so religion is not a necessary component of spirituality (Tanyi, 2002; Dreyer, 2014).

One reason given for the problematic experience in attempting to define the phenomenon of spirituality is its transient nature and what it connotes. Spirituality is transient because it does not have a permanent form. It keeps shifting, reaching and evolving. Also, spirituality generally has two main aspects; one of which is the cognitive (these are the values and beliefs which includes the 'knowing'); while the emotional aspect is related to the metaphysical non-rational aspect which includes, but is not limited to faith (Jankowski, 2002). This plurality has made it difficult to develop a unitary holistic understanding. There are different kinds of understandings and interpretations of spirituality; it differs from place to place and is in no way homogenised (Chile & Simpson, 2004; Amanze, 2011). People express their spiritualities differently according to their context and particular beliefs regarding spirituality.

'Spirituality' as a term, emanated from the Latin word 'spirit' which means 'breathe'. Early writings on spirituality were heavily influenced by the Christian western doctrine which means that literature on spirituality has been permeated with western understandings and definitions of spirituality (Maher & Hunt, 1993; Tanyi, 2002; Rovers & Kocum, 2010; Amanze, 2011; Bash, 2015). In order to gain a holistic understanding of spirituality one must take into consideration various conceptualisations and interpretations given to spirituality across different cultures.

Apart from cultural differences, the attempt to define spirituality has been perceived by some as contributing to limiting or detracting from our understanding of spirituality. This is

because in defining, we begin to objectify, categorize and separate knowledge, especially between the 'knower' and the 'knowledge'. According to this reasoning, the very act of separation and objectification is not compatible with the phenomenon of spirituality. There is no separation and sub-categorizing of spirituality because it encapsulates a holistic framework, (Chuengsatiansup, 2002; Ferrer, 2011). Therefore, the attempt to identify a singular pathway to the definition of spirituality has been very challenging. However, there are certain characteristics or tenets that have been attributed to two major understandings of spirituality that have emerged from literature.

2.2.1.1 Individual understanding of spirituality

The two prevalent understandings of spirituality stem from individual and collective understandings of spirituality. The individualistic view regards spirituality as a personal, private individual experience (Zwissler, 2007) of self-actualization or greater knowledge and awareness of self; a morality or perspective in life (Smith & Harkness, 2002); a personal religious experience of spirituality and its expressions (Aponte, 2002); and as a personal search for peace, harmony and meaning in life (Tanyi, 2002). This individualistic view of spirituality has historically been more prolific within western literature, seeing spirituality mainly as something integral to a person; a personal motivation (Schulz, 2005; Karakas et al., 2014). While this view of spirituality as an integral experience is legitimate as spirituality can be a personal experience, it is equally possible that the definition's inclusion of harmony connotes a connection to something other than or more than the individual. If this is the case here, then it might be safe to assume that there could be some acknowledgement of the collective as part of this personal experience of spirituality. Also, one could argue that within the collective spirituality, the individual exists, as there can be no collective without the individual. I unpack this notion of a collective spirituality as surmised from literature further below, going beyond the individual to a connected relational space as perceived within the holistic framework discussed in the following paragraphs.

2.2.1.2. Collective understanding of spirituality

The second understanding of spirituality is aligned with the holistic framework of understanding spirituality. This is the foundational framework that influences the understanding of spirituality among indigenous peoples (Chile & Simpson, 2004; Karakas, 2008). This understanding of spirituality implies a relationship and interconnectedness between people and their environment. People and the challenges they face often exist within

a relational context. Whatever the personal issue, it eventually touches on the lives of others around them. These ties exist at marriage, family and community levels (Aponte, 2002), and are congruent with the multi-level perspective of resilience as stipulated by Allen, Hopper, Wexler, Kral, Rasmus & Nystad, (2014), which views the various levels of social relationships as contributory to wellbeing. This thinking is grounded in the concept of a collective spirituality which is consistent with the focus of this study. A collective spirituality connects to self, other people, nature and a higher being (Amanze, 2011; Karakas et al., 2014) .

Although there is the divine in spirituality (Ver Beek, 2000), referring to a connection to something outside or beyond self or the physical to something larger, it has been argued that spirituality can be achieved without necessarily linking to godhood or a higher being (Chile & Simpson, 2004), as the obligation of connecting to a higher being is often seen as more aligned to religious belief practices. This notion of a higher being might suggest a hierarchy, when there might be none, if one sees all as interconnected, although Adamo (2011) opposes this assertion, implying that there is some hierarchy that exist within these relationships. In spite of this, whether from an individual or collective viewpoint, the elements of spirituality include the search for meaning and purpose in life, connectedness to something outside of oneself, inner strength, self-transcendence, and belief (Paris et al. 1993; Gaventa, 2001; Aponte, 2002; Karakas, 2008; Mukherjee, 2016). This connection to something outside of ourselves creates a collective.

2.2.1.3 The individual as part of the collective

Within this collective understanding of spirituality, the individual is seen as a part of the collective and what one does impacts on the other (Ohajunwa & Mji, 2018). Spirituality is practised as the philosophical foundation for community development as spiritual values are closely affiliated with the guiding ideologies of the community (Chilisa 2012; Amanze, 2011). There is an interconnectedness of the person with their context. Within this ideology of an African-centred psychology, one can only know oneself after achieving intimacy and a sense of interconnectedness, seeing oneself as a part of the whole. Spirituality can be a personal experience and run deep within a person, but the expression of it can create a collective, communal or an inclusive spirituality (Townsend, 1997; Simpson, 2004; King et al., 2009; Edwards, 2011). Unlike what has been asserted in previous literature, the individual exists within African indigenous belief systems, indelibly linked to the collective, but *does*

exist (Kitururu, 2006; Rico 2016). This is a spirituality of inclusiveness which is a healing spirituality. This type of spirituality fosters a connectedness formed through shared beliefs, philosophies and value systems, interdependence and reciprocity (Boyce, 1993 cited in Townsend 1997). Spirituality is about connection and relationships, linking the individual to the collective; the collective being the bedrock of community development (Cassell, 1998; Simpson, 2004). This is different from the western epistemology of independence. The importance of this interconnectedness is that community is constructively created and becomes a source of strength and a shock absorber in times of trouble (Wheeler et al., 2002).

In an article that discusses the link between individual spirituality and the collective spirituality, Chile and Simpson (2004) state that spirituality exists in every community and every culture, coming into the human daily living and relational experience, but also transcends this to an existential level which includes spiritual existence. An example of a daily lived spirituality is given in a study that explored indigenous knowledges which could be integrated into science education in school in the context of the Mqatsheni community in rural KwaZulu-Natal (Khupe, 2014). The participants revealed that Khanti Mountain in their area is a sacred and spiritual place, as certain traditional ceremonies are performed on the mountain, but it sustains their daily activities of livelihood at the same time. They graze their animals on the mountain, observing silences in certain areas of the mountain as stipulated by their spiritual belief systems. People are individually taught to respect and practice their spiritual belief system within their families as they grow up, then are expected to uphold and guard these tenets as part of the collective (Khupe, 2014).

Individuals also form part of the collective (past, present and future) as they not only practice and guard, but hold these knowledges in trust, teaching them to the next generation for the sustainability of their communities (Masango, 2006; Owusu-Ansah & Mji, 2013). Although individuals experience and learn about their spirituality, these personal learnings are expressed collectively in the various ceremonies and rites of passages that are celebrated as part of tradition. In this way the interconnectedness becomes visible. The same experience is seen within various African societies (Mtuze, 1999; Mavundla, Netswara & Toth, 2009; Boucher, 2012) which showcase examples of the individual spirituality being expressed as a collective. In this way the individual contributes to the collective (Coates, Gray & Hetherington, 2006).

Within the belief system of the Mqatsheni people in Kwa-Zulu Natal, the individual recognises their interdependence on community and do not take the support of the community as a right. Children appreciate the fact that their parents gave birth to them and took care of them, hence they express gratitude by trying to give back to their family and community in sharing, caring practices and respectful relationships (Khupe, 2014). The individual is linked to other people integrally. The individual's understanding of spirituality is integral to the notion of a strong collective understanding and expression of spirituality. This perception of spirituality influences the core beliefs and lives of indigenous communities, which will be explored in the next section.

2.3. Indigenous knowledge and spirituality

An indigenous knowledge system, which is also known as folk/traditional/local or ethno science, is the “sum total of knowledge, skills and attitudes belonging to, and practiced by a community over generations, and is expressed in the form of action, objects and sign language for sharing”(Ocholla, 2007:2). Indigenous knowledge systems have been historically marginalised compared to western scientific knowledges (Wexler, 2006; Coates, Gray & Hetherington, 2006; Comas-Díaz, 2012; Wexler, Joule, Garoutte, Mazziotti, Hopper, 2014; James, 2015).

Marginalisation is being left out or given inadequate attention. Indigenous knowledge systems have been excluded from mainstream society for a long time, which has greatly impacted their development over the years (Khupe, 2014; Nlooto & Kaya, 2017). Every community has had some form of indigenous knowledge system, but what seems to occur is that the more a community held onto and practised these belief systems, the more they were marginalised. This has prompted certain communities to let go of their knowledges in the face of globalisation so they are not left behind (Ocholla, 2007). However, still other communities have globalised their knowledges at the expense of other communities, sometimes silencing the voices of the marginalised communities.

Another reason why an indigenous knowledge system could often be marginalised is the oral tradition through which knowledge is transferred (Louis, 2007; Chilisa, 2012; Owusu-Ansah & Mji, 2013). Since indigenous knowledge is not always written down, it usually dies with the knowledge carrier, and so, is lost to new generations. Added to this is the fact that these knowledges are embedded in culture, ideology and language (Emeagwali & Dei, 2014) which

makes them specific to a particular community. This specificity impacts on the capacity and ability to globalise such knowledges.

In addition, there is a stereotype associated with indigenous knowledge systems which also enforces their marginalisation. An indigenous knowledge system is associated with the poor people of the world, and seen as deeply rural, 'uncivilised' and outdated (Waldron 2002; Ocholla, 2007). So for a community to be seen as progressive or modern, they had to stop practising their indigenous knowledge system and distance themselves from it. This attitude of denial and refusal to associate with their indigenous knowledge system by certain people in a bid to be seen as 'modern and civilised' has created generations of people who do not understand, value or use indigenous knowledge systems (Coates et al., 2006; Ocholla, 2007).

Although there are differences in manner of expression, there is a strong uniformity among indigenous spiritual belief systems (Marks, 2006; Louis, 2007; Dueck & Byron, 2012; Chilisa, 2012; Allen, Hopper, Wexler, Kral, Rasmus, Stacy & Nystad, 2014; Tobias & Richmond, 2014). Spirituality is seen as integral to life and existence; it is about the collective and the community. In the first indigenous women's summit of the Americas in 2002 (Marcos, 2009), indigenous women from Mexico began to create their knowledge of an 'indigenous spirituality'. The Christian Catholic belief imposition has become so deeply entrenched within their spiritual practices that they needed to step back and identify their pre-existing belief systems. This is because of their need to connect with their own precolonial worldviews and philosophies, to evolve and reinvent their identity while still maintaining its unique differences. The summit included indigenous women from the Maori tribe in New Zealand, women from the delta of the Orinoco River in Venezuela and women from the Amazon River basin. There were 400 indigenous communities represented at the summit. Thoughts and experiences related to the understanding of spirituality expressed at the gathering showed that spirituality permeates every aspect of existence (Marcos, 2009). The Cree tribe and Anishinaabe (Ojibwa) tribe of Canada (Parlee, Berkes, Gwich'in, 2005; Tobias & Richmond, 2014), the Australian Aborigine tribes (Eckersley, 2007; Oliver, 2013; Tobias & Richmond, 2014), the African Americans and Jamaicans (Comas-Díaz, 2012), and others all had similar understandings of spirituality as something that transcended the individual to the communal.

Spirituality was seen as caring relationships that exist between a person and other people who can become 'family' even if they are not blood relatives. Among Hispanics (Magilvy

Magilwy, Congdon, Martinez, Davis & Averill , 2000), God, land, nature, animals, living and non-living aspects of life are seen as integral to the experience and practice of spirituality. This interconnectedness and ability to exist in harmony within these relationships is what spirituality is perceived to be among indigenous communities. Hence, whatever happens to one aspect of creation, affects all other aspects; that is why indigenous people practice respect for and care for all animals and nature, influenced by the belief that they are all connected. This understanding of spirituality within indigenous cultures, as a primarily relational concept, stands out for this study because this applies to the African indigenous context.

2.4. Indigenous African value placement on spirituality and wellbeing

The African indigenous people believe that their spirituality is inextricably linked to other human beings and nature, and this realisation often imposes a sense of accountability on them to ensure that they hold this belief and practice in trust. By indigenous Africans, this study focuses on largely black, Bantu-speaking people, residing in the sub-Saharan region of Africa (Metz 2007; Gumo, 2012). The role of the earth, animals, rivers, mountains and forests is vital in the expression of spirituality. The various ceremonies and rites often express this relationship with nature, as the soil, rivers, forests, plants and animals are often part of these rites, connecting with the living and non-living. African understanding about spirituality and wellbeing is shown through relationships and consists of seven main features in a particular hierarchical order, which is:

1. **The supreme God and human beings** - The Supreme Being is God, who is above all spirits and the ancestors. God is perceived as the almighty, all knowing, incomprehensible one before whom even the divinities are silent. God is the creator of human beings and all that exists. This is followed by a conceptualisation of humanity as being established through the sharing of a communal identity, without which there can be no personhood (Adamo, 2011).
2. **The divinities** - The next in the hierarchy are the divinities or deities who are representatives of God, acting as intermediaries between humanity and God. Whatever power they possess is given to them by God and they act according to God's will (Adamo, 2011).
3. **Ancestor veneration** -The ancestors follow behind the deities, and are people who have lived a good life and gone into the afterlife. This is the aspiration of everyone.

Ancestors are venerated by their descendants and have the power to protect, bestow favours or punish the family. Ancestors are invoked during ceremonies and rites as they are seen as symbols of peace and prosperity. Ancestors are not worshipped but highly respected (Adamo, 2011).

4. **Spirits** - These are 'apparitional entities' , (Adamo, 2011:4) different from the divinities. Spirits are seen as abstract beings that can morph into any shape or person, or even disappear. Everything has a spirituality which is categorized differently. There are ghost-spirits, born-to-die spirits, (*abiku* among the Yoruba people and *Ogbanje* among the Igbo tribes of Nigeria), spirits of witches, the guardian spirits and diviner spirits. Adamo (2011) states that this belief about spirits is foundational to African spirituality and should be taken seriously.
5. **Good and evil** - Good and evil are believed to exist and while God brings good, human beings bring evil to themselves and others by what they do. Antisocial behaviours, not adhering to the decrees of God, deities and ancestors bring misfortune. In addition, witches, sorcerers, evil eye, broken and unkept taboos and oaths, spirits and ancestors can also cause misfortune. However, whenever God, the deities or ancestors are involved in bringing misfortune, it is done for corrective purposes (Adamo, 2011). In other words, any misfortune allowed by God, the deities or ancestors is perceived to be for the eventual good of the individual or people.
6. **Sacrifices** - Sacrifices are made to counter or deliver one from evil, misfortune or sickness or to restore communion with God, deities, ancestors or the community as a whole by making restitution. Depending on the seriousness of the issue, blood might be required (sometimes human or animal); however other objects like food, money, oil, milk and clothing materials can also be used in sacrifices (Adamo, 2011) .
7. **The afterlife and the final end**- Life within the African cosmos is frequently seen as a continuum; it moves in cycles of birth, death and rebirth. The desired end is to live and die in communion with the creator and the created. The worst scenario is to die and become a wandering spirit, without ties to community or clan, so the afterlife is very important within African spirituality (Adamo, 2011).

Human wrongdoing which breaks the spiritual connections and disrupts the cosmological balance as discussed above, results in misfortune and a lack of wellbeing (Paris, 1993).

Restoring the equilibrium through various acts of penance, restitution or practices as stipulated through consultation with spiritual beings and ancestors is the means to correct the misfortune. Although these seven features of spirituality are presented within a hierarchy by Adamo (2011), I would agree with Chile's and Simpson's (2004) earlier assertion that although there is an impression of hierarchy, the interconnectedness and unboundedness of spirituality belies this hierarchy. On the other hand, maybe the confirmation of this hierarchy lies in the experience of those who practice this spirituality.

This African belief system as given by Adamo is not unique to Africa, as other indigenous communities around the world might have similar beliefs (Patrick, 2017). While other groups also share certain aspects e.g. Christians believe in the Supreme Being and good and evil), the belief in a Supreme Being is expressed in a diversity of ways within Africa. It has existed in Africa for centuries so much so that even when Africans were colonised and sold into slavery, they carried their practice of spirituality with them (Coleman, 1997). In West Africa for example, we have the belief in one Supreme Being, who is worshipped through all that is human, non-human, animate and inanimate. The Shona tribe of Zimbabwe equally believe in one supreme being worshipped through ancestors and all nature, as does the Xhosa tribe of South Africa (Some, 1994; Mtuze, 1999; Chimhanda, 2014). This is contrary to the popular belief held by most western societies that Africans are polytheistic, believing in and worshipping many gods and demonic beings. Wheeler, Ampadu and Wangari, (2002) posit that this ability to adapt and contextualise the African spirituality ensures psychological health and wellbeing. It promotes resilience and acts as a life force that energizes and connects Africans to the rhythms of the universe, nature, the ancestors and the community.

African spirituality however, has been a deeply contested issue, the challenge being in the use of the word 'African' (Amanze, 2011). It is argued that Africa has been influenced by various colonial influences that it has encountered (Insbergen nd cited in Amanze, 2011). Insbergen argues that based on this, African spirituality is a contrived term that is politically motivated to create an identity and remove themselves from the subjugation experienced from the colonialists. Hence an African understanding of spirituality is not authentically African, but is influenced and structured by the tenets of Christianity and Islam, which are 'imported' influences.

Although one cannot oppose this fact that other spiritualities have permeated Africa stated by Insbergen above, it has been challenged by other schools of thought which assert that

spirituality is not beholden to any particular group. It is intimately embedded within the rules, beliefs and regulations of particular people or groups of people or religious institutions, (Anon, 1992; Coleman, 1997; Amanze, 2011; James, 2015). For African people, this would be the African traditional religion. These traditions are also referred to as African indigenous spirituality which contain the directives in them that act as instruments for understanding, interpreting, reaching consensus and expressing the spirituality of a people. Hence spirituality is contextual.

Wheeler, et al., (2002) argue that context and culture define spirituality. Wheeler et al. cite Eriksson's cross-cultural analysis of how people go through the adult life cycle. Based on this life cycle analysis, western theories often do not apply to people of African descent anywhere in the world because of the difference in worldview, hence Africans could not have thrived based on western philosophies, but only on their own philosophy (Wheeler et al., 2002). Certain African spiritual practices have existed and survived over centuries in spite of contact with the colonialists who have often sought to subjugate most African practices (Mbiti, 1970; Waldron, 2002). This proves that there is an African spirituality that exists (Wheeler et al., 2002). Amanze's assertion of the existence of different kinds of spirituality, and how spirituality differs according to context, would also support the existence of an African spirituality.

Although colonised Africans were forbidden from practising their traditional spirituality and belief systems foreign to them were imposed on them (Ross, 2010), Africans around the world, depending on where they have lived and existed have expressed some unique spirituality. They have also quite remarkably, always recognised and acknowledged their African roots by adapting the African traditional religion based on their context and experiences (Maelene, 2002; Lidell, Barrett & Bydawell, 2005). This point then opposes the statement by Insbergen cited in Amanze (2011) that African people do not have their own spirituality. Wheeler et al. posit that African spirituality exists, but has simply been adapted to the context and experiences of the people. Examples of this adaptive quality can be seen in the republic of Haiti, where Africans transformed their traditional religion into Voudoun spirituality, and in Brazil the candomblé was developed. In Cuba the African religion evolved into Santería while in North America the Black church grew and became significant. The ability to adapt and evolve is necessary for sustainability and survival. Thus in adapting within a diversity of circumstances and contexts, the tenets of African spiritual beliefs endured, especially in the face of the historical processes of Christianizing Africa (Mbiti,

1970). Separated from their understanding and practice of spirituality, Africans struggled and certain communities saw themselves as being in an unwell and weak state because of this disharmony in their lives.

Having and maintaining a harmonious connection to spiritual beliefs and practices promotes a sense of belonging and wellbeing, influencing people's characters and their sense of commitment to their societies and communities (Arthur, 2011). There is a groundedness that communal interconnectedness and collaboration bring to bear. On the other hand, people who show a decided lack of spiritual belief system and practices often experience the opposite and often exhibit a sense of a greater level of detachment from the influence of their communities and societies (Arthur, 2011). Culture is embedded in the spirituality of the people and also influences self-actualization and self-worth; a positive cultural approach can influence people's behaviour and consequently, their wellbeing. African spirituality represents an authentic freedom, dignity, meaning and power. All the activities that they perform are an expression of a shared spirituality which contributes to the building of their community (Paris, 1993).

2.5. Expressions of spirituality

African spirituality has some common features across the continent, although expressed in various ways, with different communities calling God by different names, having different festivals, rites and ceremonies. However, the basic tenets are similar (Ubah, 1977; Awolalu, 1999; Ekeke, 2009), in that Africans believe in one supreme being, the divinities or spirits, and the ancestors. The role of African spirituality is absolute in the life of Africans and one cannot understand African spirituality without understanding the people who practice the spirituality (Awolalu, 1999). This pivotal and central role of spirituality is also seen in the understanding and interpretation given to Ubuntu² and the caring relationship that it enshrines as core to the expression and practice of spirituality (Kamwangamalu, 1999).

²Ubuntu as a concept is an African ethical tradition or philosophy and more particularly a (living) tradition of values, norms and practices that although originated in Southern Africa, is expressed in other parts of Africa. Ubuntu is an Nguni word consisting of the "augment prefix u-, the abstract noun prefix bu-, and the noun stem -ntu, meaning 'person' in Bantu languages. It also means that my humanity is inextricably bound up in the humanity of others. We say, "a person is a person through other people" (in Xhosa *Umntu ngumntu ngabanye abantu* and in Zulu *Umuntu ngumuntu ngabanye*). I am human because I belong, I participate, I share (Dreyer, 2015).

Spirituality is 'lived' through practices and a 'way' of knowing, feeling and sensing (Chuengsatiansup, 2002; Ferrer, 2011). This sensing and feeling are believed to open people up to make a spiritual connection or receive messages that can influence their physical existence as seen within the practices of various African tribes. Examples being the amaXhosa people of South Africa, the Yoruba people of West Africa and the Shona people of Zimbabwe. Dreams and visions are seen as one of the spiritual pathways of receiving messages that influence their wellbeing (Mtuze, 1999; Mazama, 2002; du Toit, 1998). Messages are also received through totemic animals³ and guiding spirits (Chilisa, 2012).

Spirituality is sometimes expressed through an affiliation to various religious institutions, although spirituality itself predates religion (Chile & Simpson, 2004). Within indigenous spirituality the whole of nature including the body, what we do, what we wear and who we are is part of spirituality and the context of its expression. On the other hand, particular places or buildings of worship are usually designated by religious institutions for its adherents and these religious institutions provide some guides and rules on the practice of the spiritual beliefs of its members. For instance, Wheeler et al. (2002) posit that the practice of spirituality among Africans is greatly influenced by the African traditional beliefs that there is no separation between theology and spirituality. Hence for indigenous peoples including Africans, spirituality is seen as a way of life and practised holistically (Chilisa, 2012; James, 2015; Posey, 1999). Spirituality is lived and expressed through word, song, music, dance, art and drama (Paris, 1993) within diverse communities. The creation of sacred places for spiritual expression and the support of culture and spirituality is seen as an essential aspect of every development, and is increasingly seen as a positive rather than a negative influence on development, as previously propagated (Afshar, 2005).

However, some Africans have a mix of beliefs, combining both indigenous and Christian practices, sometimes practised in secret as the advent of western theology and its tenets within Christianity rejected almost all African spiritual knowledges (Mbiti 1980). This rejection has been identified as one of the most influential factors that have impacted negatively on the progressive unearthing of African spirituality (Anon, 1992; Mtuze, 1999). Christianity in itself is not the sole preserve of Euro-western knowledges, as Europe and the

³ Totemism is a complexity of ideas, practices, legends, fears and kinship patterns which refer to the connection between human beings and animals and plants. It is the practice of taking a particular natural object or animal and making it the symbol (totem) of a particular special group/clan (Guma et al, 2012)

Americas also have their own knowledges that existed before the advent of Christianity (Waldron 2002). They inculcated Christianity into their practice and knowledge systems, appropriating Christianity for their own agenda (Mbiti, 1970).

2.6. Indigenous knowledge system and Christian knowledges

Christianity has had a history of often shaping, defining or redefining and impacting on how social structures and movements are formed wherever it has existed (Adelekan, 2011), irrespective of any pre-existing knowledge. The advent of Christian theology in Africa arrived embedded with western knowledges and 'civilisation' which aimed to bring enlightenment to the continent. In this process of achieving 'civilisation' for the natives, knowledges were separated, painting African spiritual belief systems and knowledge as inferior and demonic (Mbiti, 1970; Mtuze, 1999; Masango, 2006). A total rejection of African narratives and spiritual belief systems was deemed necessary for the acquisition of this new belief system, hence Christianity is perceived to be exclusionary (Bakker & Snyders, 1999). One of the biggest roles of Christianity which often runs parallel with its focus of preaching the gospel has been about educating people, which was done in a way that further alienated people from their communities and ways of knowing as this education was geared towards western culture and knowledge systems (Louis, 2007; Khupe, 2014). In spite of this, Amanze (2011) stipulates that compared to other regions, Africans responded positively to the call for pastoral and theological training. This he stipulates is deeply influenced by the African peoples' indigenous spirituality which they already possessed (Mbiti, 1970; Mbiti, 1980). Research by George Thomas which was carried out in South Africa and 18 sub-Saharan African countries in 2010, showed Africa to be the "most religious place on earth" (Amanze, 2011: 5). Approximately 60 per cent of Africans are Christians, with a potential for the number to continue to increase (Amanze, 2011). This notable statistic is attributed to the already existing beliefs and practices of spirituality, which the Africans had. This belief system rests completely and totally on faith and reliance in the Supreme Being who is God.

On the other hand, Amanze (2011) and Mbiti (1970) posit that Christian spirituality would have fared even better if it had been grounded on indigenous African spirituality, especially with regard to understanding healing practices as a spiritual process. Amanze and Mbiti argue that Africans are already deeply religious people, eschewing materialism and content with what they have. They have a deep respect for others, their ancestors and God. If the Christian missionaries had taken time to get to know the people, then they would have rather built on

what indigenous Africans already knew and practised, rather than impose Christianity on them. The ability to understand a peoples' spirituality outside of its total context is impossible (Awolalu, 1999) and Christianity did not seek to understand and learn from the context first (Mbiti, 1970; Maluleke 1998; Adogame 2004). This means that psychological, historical, anthropological, sociological, philosophical, linguistic, environmental and ecological factors all give shape and texture to one's spirituality as much as "... Theological and religious attitudes do" (McCarthy cited in Amanze, 2011:11). In the bid to understand the spirituality of a community, one must be critical and not just focus on areas that resonate with or are aligned with one's own objectives. Otherwise spirituality becomes exclusive, much like the Christian theology. An understanding of spirituality must engage with the local ways of knowing and knowledge production first, and then one can build on this knowledge collaboratively in an altruistic manner. This Amanze refers to as authentic spirituality.

2.7. Indigenous African belief system as authentic spirituality

Authentic spirituality acts as a bridge between knowledges and spiritual practices (modern and indigenous) which may be seen as binaries but can actually be combined to give the best way forward (Mbiti 1970). This type of spirituality builds trust. Trust is seen in human connectedness and solidarity and is a necessary ingredient for building the collective (Amanze, 2011). The commitment to building trust in community processes will contribute to a collective agency built on an authentic spirituality that will move the collective forward (Adelekan, 2011). McCarthy's theoretical framework on spirituality is used as a hallmark for authentic spirituality (Amanze, 2011), namely: contemplative awareness, effective action in the world, emphasis on community, a disposition to openness, non-dualistic thinking and discernment.

There are certain factors and characteristics that all authentic spiritualities have in common. These commonalities are key and can be assembled to contribute to a collective spirituality framework that can unite, rather than divide. Authentic spirituality can be defined as "an integrative, holistic response to the command to choose life" (Amanze, 2011:2); indigenous spiritual practices as well as Christianity celebrate life (Mbiti, 1970). These hallmarks of an authentic spirituality are of particular interest in this study because they highlight certain universal principles that apply to spirituality as a collective and have the capacity and potential to heal and bring communities together, thereby contributing to the resilience and wellbeing of communities. In exploring this concept of an authentic spirituality, one finds

that the influential factors are aligned with a positive, resilient outlook that supports altruism and the greater good. Authentic spirituality upholds the relational, opening up the connectivity of the individual to the collective. The defining features of an authentic spirituality are discussed further below showing how they are demonstrated within indigenous African spiritual belief systems and practices.

1. **Contemplative awareness** – stillness, receptivity and silence; being tuned inwards to listen is necessary. This enables us to hear from God, and opens us up to an opportunity to truly see the divine, ourselves and the world around us. African spirituality conforms to this belief in one ultimate creator of life which we should appreciate, and the existence of spiritual beings in the form of ancestors (much like the communion of saints in Christian belief). A connection to these beings through the ancestors is primary to wellbeing. Edwards (2011) in his discussion of an *indigenous psychology* or *perennial psychology*, which for indigenous Africa includes ancestral reverence, refers to the fact that the reverence of ancestors often involves a lack of noise (*umsindo ekhaya*) and peace and silence (*ukuthula*).
2. **Effective action in the world** – Authentic spirituality involves immersion in our immediate circumstances and in the world as a whole, not a separation and disengagement. We see and note the everyday struggles and successes of other people and work towards the healing and wellbeing of the society and a caring stance is a motivation for action. Indigenous African spirituality and cosmology is holistic, with the divinity and humanity seen as connected, seeing the divine in the created. Even in death, one becomes part of a greater collective (Ross, 2010). With this connectedness comes the responsibility for the care of the whole environment – water, land, plants, animals and one another; all aspects of life are sacred. Dance and rhythms, music, songs, dreams and so forth further establish communion with the collective (Edwards, 2011).
3. **Rooted in community** – Authentic spirituality is communal, not individualistic. It is community based and the community is the holder of that space, ensuring the continuity of traditions and charisms which are passed on from generation to generation. This interconnectedness enables these traditions to live on and contributes to the resilience of the people. The efficacy and strength of the spirituality is in its location and groundedness within a particular community. In indigenous African

spirituality, the community is put first, but in spite of this, individual responsibility is not sidelined. People have a responsibility to be hospitable and show kindness to one another, to ensure the promotion of life and wellbeing of the community. Collective solidarity is a hallmark of indigenous African spirituality and individuals contribute to this collective spirituality (Amanze, 2011).

4. **Openness** – This characteristic means that we must let go of our preconceived notions and perceptions of what must be and what is familiar, and be open to new experiences and dialogue, in other words, an ecumenical approach. Indigenous African spirituality is very open to a co-existence with other spiritualities. It is open to Christianity, Islam, Buddhism and others. It is ever assimilating, adapting and changing accordingly, and this ability is the hallmark of resilience within African communities (Amanze, 2011). This occurs as Africans never really let go of their interpretation of their own spirituality, but continue to build on it and enhance it.
5. **Non-dualistic thinking** – Authentic spirituality is not segregated into compartments, but is holistic and integrative of all that is life and life giving. Hence it encompasses all the attributes given above. In indigenous African spirituality, there is no separation between the spiritual and the physical, both worlds remain constantly in interaction. The spiritual world determines what occurs in the physical and oversees all aspects of being, doing, knowing and becoming (Amanze, 2011).
6. **Discernment** – authentic spirituality leads to defined markers or procedures for practice and expression as a necessity – prayer, reflection, meditation, and other spiritual practices and expressions. It leads us to obedience and connection to something greater than us which is God. Spiritual expressions are shown in libations, prayers, dramatic presentations of spirituality and ornate forms. All these markers of spirituality inform the understanding of spirituality that indigenous Africans possess and practice. Although it has a different ontological root or formation from the western understanding of spirituality (Ross, 2010), it also shows certain similarities (for example, meditation, prayer, acts of kindness and connection to other than self). These tenets will be further contextualised by exploring the belief systems regarding the concept of spirituality and wellbeing within the South African context.

2.8. Spirituality and wellbeing in South African indigenous communities

Within indigenous South African communities the practice of spirituality also permeates all aspects of life, birth, marriage, health and death. Spirituality influences human interaction and all existence (Mtuze, 1999; Shield 2009; White 2015). Spirituality is seen as inextricably linked to health and wellbeing (Pinkoane, Cur & Cur, 2005). It has been estimated that due to their culture which is deeply rooted in their spirituality about 80 per cent of black South Africans go to the traditional healer before going to the hospital (Setswe, 1999; Pinkoane et al., 2005), especially in the area of HIV/Aids and mental health (Moshabela et al., 2016). This creates an environment where medical pluralism thrives. Medical pluralism refers to the different ways that people perceive health and wellbeing, and how this knowledge influences their health-seeking behaviour (Moshabela, Zuma & Gaede, 2016). As mentioned in Chapter 1, this perceived difference between the formal healthcare system and the indigenous healing system (Ross, 2010) has played out within communities and impacted on connectivity to pathways of healing.

The belief system of connectivity and interdependence of the person with nature and the cosmos is integral to existence (Bakow & Low, 2018; Ohajunwa & Mji, 2018), and becomes evident by the way in which the traditional spiritual healing practices and healers exist and operate. Four main types of traditional healing systems that exist within indigenous communities in South Africa are identified by Setswe (1999):

The first is the traditional doctor or herbalist (*inyanga*): His or her expertise lies in the use of herbs, certain extracts of animal origin and various medicinal plants to treat diseases and sicknesses. These treatments can be curative or preventive, and can involve making potions for luck or fidelity, for instance. According to literature, these positions are mainly filled by male members of the community who practice traditional healing (Karim et al., 1994, cited in Setswe, 1999).

Next is the diviner (*sangoma*): The person who divines an illness through spiritual means. The sangoma is usually a woman (but could be male as evidenced in this study), and traces the root of the sickness a person presents within the cultural, familial and historical context. They act as a link to the ancestors and the supernatural world, passing and receiving messages between the spiritual and physical world. The sangoma practice is not done by choice, but a person is called and chosen by the ancestors to become a sangoma. After training for a period with another sangoma, the person goes through a traditional spirit

possession ceremony (*ukuthwasa*) to actually become a sangoma (Karim et al, 1994, cited in Setswe, 1999; Bakow & Low, 2018).

Then there is the faith healer (*umprofiti or umthandazeli*): These are usually people who profess Christianity and belong to and attend a church (mainly missions and African independent churches). They make use of holy water, various remedies, herbs and ash as part of the healing process which often occurs as the faith healers get into some kind of trance. This trance is believed to be brought on by the Christian Holy Spirit or the ancestral spirit, or a combination of both, helping them pray for people and leading them to the causative problems of the challenges people have (Karim et al, 1994, cited in Setswe, 1999).

Lastly, there is the *traditional birth attendant*: These are normally elderly women with expertise developed over the years on issues related to pregnancy and childbirth. There is often a requirement that any traditional birth attendant should have had at least two children of her own so that she is appreciative and can understand and empathize with what her client is experiencing. The birth attendants are responsible for teaching pregnant women appropriate behaviours to support them and their child's wellbeing, the rituals associated with placenta disposal, traditional bathing and massaging of the mother, and administration of various medicinal herbs as needed. The training for this is known to go on for as long as 15 to 20 years.

These four categories of healers highlighted above, are the hallmark of the indigenous spiritual practices and healing systems within indigenous South African communities (Setswe, 1999). There is a strong belief in the intervention of ancestors as can be seen within these healing practices and the performance of various rituals and cleansing to ensure wellbeing (Winkel, 2010; Ross, 2010). However, most of these indigenous healing systems have not featured largely within formal health care in South Africa, aside from the traditional doctor (medicine man) who has been given some small measure of training by the formal healthcare system in some cases. Due to the strong presence of medical plurality in South Africa as stated above (Setswe, 1999; Moshabela et al, 2016) the South African national Department of Health (NDoH) has pushed for the official recognition and respect for the practice of traditional healing and medicine. Led by this action, a directorate of traditional medicine has been established within the NDoH, and a Traditional Health Practitioners Act (22 of 2007) has also been enacted to further this aim. The challenge facing the integration of traditional medicine within formal health care has been attributed to the difference in the

ontological and epistemological stances of the two systems (Moshabela, Zuma & Gaede, 2016).

2.8.1 Spirituality of the AmaXhosa

The categories of healers mentioned above are seen in the practice of spirituality of the amaXhosa, of which the amabomvane are a part, and stem mainly from three main entities – the deity, the benevolent spirits and malevolent spirits (Mtuzze, 1999). The family (plus extended family) form the clan and kinship is a deeply valued concept for the amaXhosa. The amaXhosa as far as is known, originally had no gods. This however, is a contested issue, as some writers believe that the amaXhosa have no concept of a Supreme Being (Alberti, 1807 cited in Hodgson, 1982) while other scholars posit that the amaXhosa believed in some sort of great being who created the world (*Qamata*). *Qamata* was originally worshipped as the great creator and benefactor before the amaXhosa migration and involvement with other tribes, especially the Khoisan tribe (Alberti, 1807 cited in Hodgson, 1982). Some scholars still attribute this knowledge of a Supreme Being to the influence of Dutch farmers (Campbell, 1813, cited in Hodgson, 1982). It has been asserted that the closest equal to this Supreme Being are the ancestors who are seen as benevolent beings (not spirits), hence the Xhosa spiritual beliefs are very concerned with the ancestors. The aim of these beings is to bless and reward people, but they were also liable to punish people for any misbehaviour or when people go against any social or morally acceptable codes (Hodgson, 1982; Mtuzze, 1999).

The amaXhosa believe in the afterlife, and certain actions taken during the burial of the heads of households show this. Heads of households are usually buried with various food stuffs, their favourite weapons and so forth, to ensure that the person can continue to live as they did when they were within the earthly sphere (Mtuzze, 1999). The *ukukhapha* is performed to send the departed to their ancestors, and another ritual is performed after a few years to bring the person back home (*ukubuyisa*) to take care of and protect his family. Hence spirituality eliminates the divide between life and death, as these two contexts are believed to interact freely and inform the physical life of individuals. The *imbeleko* ceremony is another example of this lack of separation of the physical and spiritual world within amaXhosa spirituality. When a woman gives birth, this ceremony is performed after a few days to introduce the new family member to the living and the non-living members of the family. This is also done for the protection of the child as the amaXhosa believe strongly in the protective ability of the

ancestors, as they are aligned to Qamata (the Supreme Being), who is able to protect and deliver them from all kinds of evil (Mtuze, 1999). For the Xhosa there is nothing like chance, everything has a cause and effect, and all happens for a purpose (Hodgson 1982).

These protections can and often do come by means of visions and dreams. The amaXhosa believe that the dream is one way of communication between the living and the living dead hence ancestors send messages through dreams to their family members, telling them what ritual to perform to ensure wellbeing or to address a particular situation. The legendary story of Nongqawuse's dream (See Chapter 1) for people to slaughter all their livestock portrays the power inherent in the perception of dreams and visions for the amaXhosa (Mtuze, 1999).

The amaXhosa further belief that spirituality is part and parcel of nature, and that the creator is in everything that was or is created. This ensures that solutions are commonly sought within or around, plants, animals for sacrifices, rivers and forest (Mtuze, 1999).

2.8.2. Spirituality of the amaBomvane

The amaBomvane, or the red blanket people, as they were sometimes referred to because of the clothing they wear, being a part of the Xhosa tribe have a similarity of beliefs related to spirituality as outlined above. Like the rest of the amaXhosa, amaBomvane spirituality is very tribal and primarily focused on the ancestral veneration. The belief in a Supreme Being has been somewhat vague, and this is seen through the history of how various other cultures have influenced their understanding of the Supreme Being (Jansen, 1973). It is believed that the Bomvana names given to God were borrowed from various tribes and certain external influences they met during the Xhosa migration and as new communities arrived within their context. Jansen (1973) suggests that the main name to denote the Supreme Being (*u-Thixo*) seemed to be modified from the old Hottentot word *Tuiqua*; the Zulu language informed the term *nNKulu—nkulu* (the Great-Great-One), which is used to refer to God or the Supreme Being. The Bomvana also borrowed *um-Dali* (Creator) from the Mpondo tribe who were their neighbours. The most generally used term to describe the Supreme Being by missionaries who worked in Bomvana land was *u-Thixo*.

Various traditional rituals are performed similar to those discussed above throughout the lifespan of a person, to ensure the wellbeing of the community and support resilience building as a collective. Jansen makes an example of the *izivivane* ritual which is when a traveller on a difficult journey passes a heap of stones, he or she would add a small stone to the pile and spit while praying *Thixo ndincede* (asking for God's help on the purpose of the

journey). Throwing of something valuable like a piece of jewellery into the river for the river spirits to allow them safe passage (*uku-ruma*) is another spiritual practice. Here one sees the embeddedness of the individual to the collective as although this is practised by the individual, it ensures the wellbeing of the entire community. Consequences arising from the individual not performing their obligations affect the community as a whole (Jansen, 1973; Mtuze, 1999). The entire tribe come together for rituals to address any challenges the community faces (Jansen, 1973).

Rituals and sacrifices are an integral practice of Bomvana spirituality. This mostly happens or begins in the cattle enclosure (*Kraal*) and is patrilinear. Only the male members of the family are involved in most of the rituals to invoke their ancestors who are also male, with few exceptions such as the *igqithi* – the practice of cutting off a piece of the child's little finger for their wellbeing and protection (Jansen, 1973). Sacrifices ensure rites of passage, establish connection of the living and the living dead, and are based on the principles of reciprocity. So while sacrifices are being made, a request or an expectation is put out, even when the main aim is thanksgiving, the ancestors are implored to continue taking care of the households as they receive the sacrifices. There are however, no visible symbols representing the ancestors in clay, paintings or wood as seen in certain parts of Africa, and this is attributed to the constant migration experienced by the amaXhosa.

The Bomvana live under the rule of *amasiko* (the tribal customs), which are the principles that guide the interaction between the Bomvana and their ancestors (Jansen, 1973).

Conformity with this expectation is the foundation of the Bomvana moral-religious codes.

This is often used to explain why certain actions are performed like the ritual discussed above of cutting off of part of the little finger of their child for the child's wellbeing. *Amasiko* refers to long-standing customs that cannot be undone; that have always existed and will continue to exist (Jansen, 1973). Neglecting to perform a custom brings up feelings of guilt and uncertainty for the Bomvana in the face of a crisis and often implies broken relationships, continuity or connectivity somewhere. The diviner is then consulted who plays an important role of communing with the ancestors to find out where the connection to either the living or living dead has been broken. The omitted custom or certain rituals are then performed to heal this gap. The spirituality of the Bomvana is practised by individuals but expressed and experienced as a group. This understanding of a collective spirituality has often been a challenge for formal healthcare practices within indigenous communities.

2.9 Spirituality within formal healthcare systems

Within modern western health practices spirituality is becoming more recognised as an aspect of health that can no longer be relegated to the backseat. The inclusion of spirituality in healthcare is very important, as evidenced by the increasing amount of literature on spirituality in this sector. A search on the word 'spirituality' that was carried out in CINAHL for the period 1981 to 1999 showed that articles related to the term increased from 1 to 57 by 1999. Other authors have also reported an increase in literature on spirituality from the early 1970s to the 2000s. Spirituality research emanated from psychology at the start of the twentieth century, but the investigation from a healthcare viewpoint began in the last three to four decades (Chiu, Emblen, Van Hofwegen, Sawatzky, Meyerhoff, 2004). In an article which reviewed literature about various conceptualisations of spirituality within healthcare, Chiu et al. (2004:5) recommend that there are four main understandings utilised in the conceptualisation of spirituality within formal healthcare practice, namely, existential reality, transcendence, connectedness, and power/force/ energy as outlined in Table 1.

Table 1: Table showing four main understandings of spirituality within healthcare

Understanding	Related concepts
<i>Existential reality</i>	Personal experience, a journey of growth ; meaning-making and the search for purpose; hope which influences spiritual and physical wellbeing (Fryback & Reinhart, 1999) .
<i>Connectedness or relationship</i>	Self-actualization and finding inner balance; authenticity, commitment and openness; building trust, sharing and a caring regard for others; person-environmental integrity ; connection to God, the Universe, or higher power; religious practices, belief and faith (McColl et al., 2000; Tongprateep, 2000) .
<i>Transcendence</i>	Beyond the present human existence; transcending time and space; beyond the immediate physical and material world; an opening to life (Chiu, 2000).

<i>Force, creative energy and motivation</i>	Life-giving, unifying force; the will to survive; a sense of wellbeing even when undergoing physical illness (Walton, 1999; Sherwood, 2000).
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Table 1 above shows an understanding of spirituality within healthcare that goes beyond individual internalization and meaning-making to open up to something more. Spirituality is positioned as an opening to life (which would include all that life represents), even in the face of physical illness.

Spirituality is believed to impact positively on health outcomes, influencing the wellbeing of patients in the areas of cognitive mediation, emotional and social support, and the appraisal of meaning (Sullivan, 1993). Even considering these understandings above, there are certain challenges that still occur in trying to incorporate spirituality into the more rigid and reductionist model utilised within the biomedical practice of health care.

Historically, even within western practice there was a merging of knowledges (Ferrer, 1998) so spirituality and wellbeing were not separated from each other. Religious leaders regularly provided for the health needs of communities. But through time, the two institutions have become separated so that now Christian spirituality and formal healthcare operate separately from each other (McGuire, 1993; Vellenga, 2008), and the biomedical approach became more prevalent within the practice of medicine. There is evidence that the biomedical perception of health and wellbeing is still prevalent in how healthcare professionals work with indigenous communities (Ross, 2010), by ignoring the role of social and cultural influences on wellbeing and care.

The alienation of beliefs is highlighted in an article on indigenous social work. Indigenous knowledges are being marginalised by social workers who still follow the western approaches to health care work in diverse communities (Coates, Gray & Hetherington 2006). Nurses were cautioned as to the critical need of being culturally competent in their practices (Coates et al., 2006; Pesut, 2009). The importance and potential benefits of shared knowledges and the need to ensure that there is a genuine opening up of practice and education to indigenous knowledges is emphasised. This lack of culturally acceptable and appropriate practice continues to propagate colonial values and impositions on indigenous communities. Through

these practices of intellectual and cultural domination, traditional beliefs and practices are replaced with secular modernist approaches (Coates et al., 2006).

Cultural sensitivity and competence should be about operating from the frame of reference of the indigenous people by truly seeking to learn, understand and critically engage with practice from this learning. Western knowledges are often regarded as the 'universal' knowledges, which immediately alienates and marginalises 'other' knowledges (du Toit, 1998). Globalisation helps to push this 'universally' accepted knowledge in its bid to standardise systems of healthcare across all cultures. The author asserts that true and authentic change can only occur when professional knowledge is not separated from lived experience, so that the local knowledges that exist are validated and seen as legitimate knowledge.

Primary healthcare within South Africa (Kautzky & Tollman, 2008) advocates a patient-centred healthcare delivery system where the narratives of the clients are elicited and taken into consideration. The patient is an active participant or collaborator. The opposite however, has often been the case with formal healthcare practice within the indigenous contexts. Hierarchical structures and top down approaches where the doctor is positioned as the 'holder of knowledge'; the dominance of the biomedical model; a lack of control by the patient; and no shared knowledge and understanding between the healthcare practitioner and the patient are some of the well-known barriers to effective and sustainable healthcare within indigenous settings (Sherry, 2016). Health care interventions are often not based on indigenous perceptions, needs and understandings. The western worldview often focuses on pursuing the perceived health needs of the individual client, and the family is not involved. This is in opposition to the indigenous worldview of health which posits that one cannot treat an individual without the family being a part of it. The traditional healer operates from a holistic viewpoint and seeks to re-establish connectivity through the healing practices (Karim et al., 1994, cited in Setswe, 1999). The family and sometimes greater community are a part of the healing process.

Also, the traditional healer understands the worldview of the indigenous client and makes the client feel validated, while the indigenous people often feel misunderstood and disregarded by healthcare practitioners within the formal health systems (Waldron 2010; Coates et al. 2006). The primary health care approach would address these barriers and support through its principles which is to enhance holistic health and wellbeing for all. Wellbeing is not just the

absence of disease within the indigenous framework of health, but the ability to participate in the daily activities of life at the personal, familial and community levels (Colomeda & Wenzel, 2000; Rico, 2016). For indigenous people, a vast amount of significance is placed on the spiritual and cultural aspects of wellbeing which are seen as being as important as physical health. Understanding the indigenous knowledge approach may not only enhance communication between indigenous people and healthcare professionals, but will also contribute to policy formation and improve service delivery to communities.

Spirituality is a resource for healing for individuals and communities, promoting a sense of self and belonging, and considered to contribute to meaning, morality and community as related to therapy. When discussing the relevance of spirituality in therapy practice in the United States, Aponte (2002) specified that spirituality is the heart of therapy, encompassing values, morality and faith as elements which he sees as inherent in every human being. In the current world situation where individual self-reliance and decision making is being upheld above interdependence and consensus, the landscape of therapy within healthcare is changing (Louis, 2007). Healthcare professionals are now also dealing with issues of clients' confusion over the pertinence of their choices and thoughts, morality and values, reacting in various ways to their clients' expression of spirituality. Healthcare professionals do this by either showing approval or disapproval of their client's intended health-seeking behaviour related to spirituality, or they make certain suggestions that they feel might be a better option for their clients to follow. Either way, the issue of spirituality has become a more pertinent issue that healthcare professionals have to deal with increasingly with regard to their patients' wellbeing (Aponte, 2002). Hence, therapists in formal healthcare settings must not only look at family history and individual psychological issues, but also explore and try to gain an understanding of their client's worldview and moral context. Spirituality is seen as a potential resource to draw on for possible solutions to these diverse situations (Aponte, 2002). On the other hand, when therapists do not consider the validity of a spiritual perspective or respect the values of spirituality different from their own, it impacts on their ability to understand the spirituality of their clients. This can potentially create a contentious experience of healthcare delivery for clients and healthcare professionals (Aponte, 2002).

Alternatively, an understanding of spirituality could help healthcare practitioners engage with the spiritualities of their own clients. It can also help them know their own places of challenges and difficulties, helping them cope (Freimond, 2016) and see their own vulnerability. This knowing gives them an insight into incidences that might have caused

these difficulties in their own lives and this unearthing of their own spirituality and culture should be embraced (Bakker & Snyders, 1999). This same insight would come into play to help them to identify with the struggles that their clients might be facing on a daily basis. Therefore, health professionals can "afford the personal closeness to the client necessary to understand and impact the client without infringing upon the boundaries of the client, and not allowing their own boundaries to be trespassed" (Aponte, 2002:21). This, then, points to the fact that workers who work with these communities will likely subscribe to their own belief systems regarding spirituality as well. Spirituality is tied into psychological development and many people insist that spirituality is actually integral to self-actualization. A connection to spirituality helps us self-identify and position ourselves in relation to the world; this speaks to issues of health, both mental and physical (Edwards, 2011). The most important factor to realise is that no matter the diverse belief systems, community development work should be based on respect and consideration for communities and the environments (Chile & Simpson, 2004).

Studies have recorded the impact of patient belief systems on their recovery and results show that the spirituality and belief system of the patient has a direct impact on their sense of wellbeing (Tanyi, 2002). In a different study that explored the perceptions of 125 Thai women regarding the causes of their ill health, spirituality was paramount in influencing their belief about the cause of their ill health. Associated with this experience is the fact that nurses who have a good understanding of spirituality or a strong spiritual belief system themselves would be in a better position to assist their patients with spiritually sensitive care than those who are not. The necessity of nurses ensuring that they learn how to be sensitive and give appropriate counselling to their patients in terms of their spirituality is overwhelmingly endorsed (Mcsherry & Jamieson, 2013).

An adaptation in the conception of healthcare delivery and what this shift might mean in terms of the western scientific and more metaphysical approaches becomes imperative. While scientific knowledges have been able to grapple with the cognitive aspect, the relational spiritual aspect of wellbeing is still very much seen as a challenge to work with in the formal healthcare system. In spite of this push to improve an understanding of the role spirituality plays in healthcare delivery and ultimately wellbeing, there are certain hindrances experienced in implementing this understanding of spirituality which are discussed below.

2.10. Challenges to the inclusion of the indigenous perspectives of spirituality in formal healthcare

Bringing in the indigenous perspective of spirituality into the formal healthcare system is currently a very challenging process. In a study that was carried out in Kwa-Zulu Natal in South Africa, which included formal healthcare practitioners, traditional healers, Non-Governmental Organisations and service users revealed that a major part of the black African population in South Africa still use traditional and culturally embedded healing systems, which include medicine men or herbalists, diviners and faith healers (Campbell-Hall & Petersen, 2010). It is deeply embedded in the practices of the African people. The challenge inherent in behaviour associated with switching from one treatment modality to another, is the risk of taking drugs that do not work well together and present the problem of complying with two different treatment regimes.

Historically in South Africa, the apartheid government never supported nor did they give any recognition to traditional healing practices. These practices have been sidelined by the formal health systems, although the traditional practitioners continued practicing their vocation. Then the Traditional Health Practitioners Bill was introduced in South Africa in 2003 and was passed into law in 2007 in a bid to begin to acknowledge and formally regulate this sector (Richter 2003). However, the challenge of how to begin to combine the traditional and western health practices is yet to be resolved. This challenge according to Campbell-Hall et al. (2010) is mainly embedded in the fact that both health systems are powerful. Each has been practised for centuries in their own respective communities and are deeply embedded in their own different cultural and ontological philosophies. Despite this, the biomedical approach has been utilised effectively in Africa, the main challenge being that where biomedicine has come in, indigenous practices have been subjugated. The biggest obstacle to overcome is to ensure that one health system is not foisted upon the other, and to ensure that the knowledges entrenched within that context lead the way.

There is a need to utilise a framework that allows for the particular unique traits or hallmark of each practice to come through so they retain their originality and impact. Studies suggest that although guarding against exploitation, the traditional healers are more accepting of the idea to collaborate than the formal health practitioners are. Some previous attempts have been made to foster collaboration but this has mainly focused on getting the traditional healer to comply to the standards of the formal health system. There has been no collaboration in the

true sense. Any collaboration attempt must have a framework that respects both healing systems (Campbell-Hall et al., 2010) .

Policies that should facilitate this collaboration are lacking as there is inadequate understanding of the language of spirituality itself by both healthcare professionals and policy makers. Even within the current White paper on National Health Insurance (NHI)(NDoH, 2015) there was a glaring absence of indigenous health in the strategy for the improvement of biomedical health systems of South Africa. Coupled with this is the fact that most cultural and traditional languages used in relation to spirituality are often clothed in ambiguity and are not usually clarified in a 'rational' or scientific manner. In fact, there seems to be a constant challenge with finding the right language to express or verbalize a spiritual experience. The rituals involved are often mysterious and quite perplexing, seeming to elude all rational thinking, which further supports the notion that spirituality occupies a completely different philosophical stance than biomedicine (Agrawal, 1995; Chuengsatiansup, 2002;). This is the main difference between the two paradigms, leaving a gap in biomedical knowledge that is yet to be filled.

The spiritual dimension of health stems from the holistic paradigm, a science of complexity that posits that for every living organism or social or ecological system, the whole is more than the sum of its parts (Capra, 1997, cited in Chuengsatiansup, 2002). There is more to life than the physical side. Stories from people recovering from conventional medical treatment have illustrated this. Spirituality gives purpose to life and life's experiences, helping one to make meaning of one's existence. Spirituality is the 'why' of life, which helps us build resilience to survive challenges, including health challenges (Chuengsatiansup, 2002). There needs to be a mind shift, a cross-paradigm discussion that merges the philosophy of spirituality with the very different philosophy that guides the understanding of health within the biomedical framework.

Certain factors could facilitate spiritual inclusion and experience with community practice, like spiritual infrastructures (basic cultural elements that support spiritual practices) and a conducive environment for spiritual health- (these are the infrastructures that contribute to creating a framework for engaging with spirituality). In the practice of spirituality, there are often particular places of conscious or evident spirituality and also communal places where the embodied knowledges are passed on to generations. An example would be particular ancestral lands or bodies of water that communities have identified as having spiritual

significance, hence ceremonies are held in these places. Policies and projects need to be negotiated with communities so that sacred places of worship and spiritual sanctuaries are not compromised. For indigenous people, a conversation about their spirituality, is a conversation about their land, culture and all nature; and it is a conversation about their health (Colomeda & Wenzel, 2000). Equally, the fulfilment of physiological needs for communities can only enhance the expression of spirituality by establishing a multi-generational presence, building community spirituality by consciously strengthening a connectivity that is rooted in community. Encouraging a sense of pride and support for cultural heritage, traditions and idioms enhance spiritual education and a collective support of spiritual traditions.

To ignore people's knowledge and tradition is to almost ensure failure in development (Agrawal, 1995) and health professionals would rather draw from western ideologies. Health workers are alienated from the spiritual and traditional practices of their clients and must become aware of the different knowledge systems that are in opposition, recognising the power dimension of all knowledge (Bakker & Snyders, 1999). Power and knowledge are inseparable; power is circulated through knowledge. Hence, when knowledge is subjugated, people are equally subjugated. Spirituality and ecology both value alternative perspectives, giving voices to marginalised knowledges. The recognition of alternative voices and belief systems within practice often helps us to understand the connectedness of humanity and other living things in a compassionate relationship. This ability to transcend a self-focused perspective and show care beyond oneself ensures wellbeing is not just for the individual, but for the community as well. This is because individual wellbeing is achieved in conjunction with community wellbeing. This relational aspect of indigenous knowledge practices is believed to be one of its main differences from secular modern knowledges.

Western knowledges have been validated and legitimised and negative implications have been recorded due to the fact that most therapists and other healthcare workers still operate under this framework. One set of knowledge cannot and should not be validated by the values of the other. This Achebe (cited in Airhihenbuwa, 2007:31) refers to as "entering your house through another man's gate", which would imply the every phenomenon should be grounded within its correct philosophical understanding. Especially within health practices. The very difference between African indigenous and western paradigms has been one of the sources of tension and has impacted on the process of finding a common understanding of spirituality that influences wellbeing. Therefore, it is relevant to unpack these two identified knowledge

origins as given in literature, highlighting their influences on the understanding given to spirituality and wellbeing.

2.11. Knowledge foundations of indigenous knowledge system and western knowledge system as an influence on the understanding of spirituality and wellbeing

Kuhn (1970), in his book about the structure of scientific revolutions, posits that every knowledge, science included, is enshrouded in a set of beliefs. Kuhn also sees a paradigm as something that sets the standard for the scientific society, especially as more people accept it. It becomes the exemplar. This exemplar continues being used and seen as the standard until it reaches a 'crisis' and is incapable of explaining a new phenomenon (Chuengsatiansup, 2002). When this occurs, new paradigms are introduced, tried and tested and whichever responds best to the situation and gains the attention of the scientific community becomes the 'new dominant paradigm'. This, Kuhn sees as revolutionary because each new dominant paradigm is of necessity, based on completely new and different ontological and epistemological foundations. Hence, theories can and do change, and theorists can change their mindsets as well (Gelatt, 1989). Pertinent to this is the realisation that any worldview held by people is just one worldview. It is as real to the holders as any other worldview is equally real to its own holders, consequently imposing a particular worldview as a 'standard' is absurd (Chuengsatiansup, 2002). Hence a new paradigm that includes an indigenous knowledge system worldview of spirituality becomes necessary.

Capra (1982, cited in Chuengsatiansup, 2002:4) extended this thinking to the construction of social paradigms. He defines social paradigms as "a constellation of concepts, values, perceptions, and practices shared by a community, which forms a particular vision of reality that is the basis of the way the community organizes itself". Creating a space for shared knowing and meaning is the cultural foundation of life (Lundskow, 2005). By this definition the paradigm influences how societies think and act at any particular time. Each worldview legitimises knowledge for itself, and what lies outside of a dominant worldview today, might become central to a new dominant worldview tomorrow. Knowledge at any particular point often represents 'best practice' for that time and will be modified once more evidence or experience is unearthed (Showers, 1996). This flags the importance of applying caution about labelling phenomena or knowledge as unacceptable to science, and indigenous knowledge systems often fall into this category.

In a bid to deconstruct historical influences that impacted on the positioning of knowledges as discussed above, the role played by early colonialists cannot be ignored. With the aim of 'developing' an 'undeveloped' world, colonization began with the influx of western perspectives which were seen as 'better' and more progressive than local indigenous cultures (Mazama, 2002; Louis, 2007). Hence indigenous or local knowledges were not only unsupported, but actively discouraged among their practitioners (Marks, 2006). So much so that even when related to fundamental discussions about the human stages or cycles of life, theorists judge non-western viewpoints from how similar they are to or resemble the western practices. So the farther away they felt the culture was from western practices, the more inferior it was. Western knowledge and belief was by default, 'the standard' that could be demonstrated with 'scientific' methods (Louis, 2007). These 'scientific' and 'objective' methods are given by these scientists to be the reason why the western culture is 'superior'. This reasoning does not come as a surprise, especially noting that these concepts are an aspect of European culture (Wheeler et al., 2002). The historic oppression of African people has been 'validated' and facilitated in the name of scientific theories and so a distrust has grown within Africa of the philosophies that emanate from the western world (Wexler, 2006; Simonds & Christopher, 2013; Allen et al., 2014). The evidence of this distrust is still being experienced among the Bomvana people as they are wary of outsiders due to historical exploitations.

The western modernist discourse is mostly used in knowledge construction, marginalising and sometimes excluding of other knowledges (Mtuze, 1999; Agrawal, 1995; Leininger, 2002; Campbell-Hall et al., 2010; Chilisa, 2012). Even knowledges that concern indigenous people are often approached from the framework of the western, modernist discourses (Owusu-Ansah & Mji, 2013). Although strength-based theories have emerged that emphasize the relevance of building agency and self-determination, these theories usually will not highlight and address how a conglomeration of socio-economic, environmental, cultural and political disadvantages of the colonialist ideology disempower marginalised populations. Spiritual and religious beliefs influence peoples' sense of self and a collective identity (Some, 1994; Mazama, 2002; Bennet & Liu, 2017). Indigenous peoples lost their sense of self and identity which resulted in a lack of confidence in themselves (Arthur, 2011). This structural marginalisation needs to first be deconstructed, before the issue of engaging with communities and their ways of knowing can begin, which will then be aimed at empowering peoples and communities (Coates et al., 2006).

Related to issues of positioning knowledges as discussed above, Agrawal (1995) raises the issue of *in situ* vs *ex situ* stances of knowledge gathering and dissemination. *In situ* is about the local preservation of knowledges in which insiders play key roles in both knowledge acquisition and dissemination, while for *ex situ*, knowledge acquired is archived, written down and disseminated through internet and other available media so that it becomes available to a global audience. Indigenous knowledge systems have been accused of not having the characteristics for *ex situ* dissemination mainly because of its alignment to oral tradition. In spite of this assertion, some proponents of indigenous knowledge systems see oral tradition as a philosophy and or a methodology which contributes to research (Louis, 2007; Mucina, 2012; Chilisa, 2012). There are many practices and resources within indigenous knowledge systems that can be shared globally, because these have been tried and tested for generations, in response to the ever evolving problems and conditions of both environmental and social demands. Warren, (nd cited in IK Monitor, 2004) states that studies have been carried out in indigenous knowledge systems which revealed that mechanisms for changing knowledge systems within indigenous knowledge is actually similar to those that also influence changes at global levels. Hence an indigenous knowledge system carries within its tenets, the ability to inform knowledge globally.

On the other hand the challenge to making indigenous knowledges - available globally also lies in its tenets (Agrawal, 2004). To provide indigenous knowledge systems information *ex situ*, it must of necessity be written down and disseminated so people can read it globally. However indigenous knowledge systems are location specific and tied in to certain people and their belief systems which is sometimes shrouded in secrecy and lacking a certain level of transparency (Owusu-Ansah & Mji, 2013). In issues of traditional medicine for example, one needs to be seen as worthy of carrying the knowledge with the right integrity, so expecting it to be shared on the internet for all, might be unrealistic (Kohler-Rollefson, cited in IK Monitor, 2004). Language use in indigenous knowledge systems is equally important as the meaning of concepts are often derived from the words or language that it is expressed with, consequently as argued by Agrawal, the very nature of writing it down could change it somewhat. *In situ* dissemination would give local people and knowledge carriers the room to decide for themselves what should be written down, and what should not be written down when mainstreaming the knowledge. In spite of these challenges, Agrawal posits that there is a need for collaboration between indigenous knowledge systems and western knowledge systems. Depicting indigenous and western knowledge as opposites seems to indicate that

there is no indigenous knowledge system in western knowledge, and that non-western knowledges have no scientific merit, which is not so (Köhler-Rollefson, cited in IK Monitor 2004). Historically, indigenous knowledge systems came out of the need to protect certain effective knowledges and practices utilised by 'natives' when early social anthropologists encountered these practices which were previously unknown to them. Kohler-Rollefson argues that there is nothing actually mystical about indigenous knowledge systems; just that the senses honed through the practical experience and application of an indigenous knowledge system are not normally done in a formal academic setting.

An indigenous knowledge system is learnt by doing. It is constantly tested and refined to suit its applicability, which differentiates it from the book knowledge of western origin that could simply exist for many years without ever being practicalised or validated (Köhler-Rollefson nd. cited in IK Monitor 2014). An indigenous knowledge system as practised is very relevant and fundamental for the practical survival of the people who are within its context, so any thought of doing away with the indigenous knowledge system will fail. There is a need to rather grapple with this concept and what that might mean for this time (Köhler-Rollefson nd. cited in IK Monitor 2014). However, indigenous knowledge system does not respond to all situations. So it is necessary to explore an integration of both knowledges, for instance in an incident of healing certain diseases. More collaboration should occur between academics to expose indigenous knowledge system to the academy and ensure that indigenous knowledge system practitioners are respected in academia. It should be a two-way communication (Köhler-Rollefson nd. cited in IK Monitor).

Examples of this collaboration are seen in studies carried out in Bolivia and Nicaragua about extensive livestock keeping which showed the relevance of combining both modern and indigenous knowledge systems (van 't Hooft, nd. cited in IK Monitor, 2004). The farmers identified clear differences in both systems. One advantage of the indigenous knowledge system is local availability of resources as opposed to modern scientific practices that often required cash, which is a challenge. This similar need for cash has caused much insecurity across various African indigenous communities, mostly influencing migration of persons and families from the rural areas to urban or peri urban areas which further exacerbated the trauma of the loss of cultural practices by indigenous communities.

However, western farming techniques could address needs at a large scale. While indigenous knowledge system cannot address every issue on a large scale, it can give directions that

scientific approaches could utilise (Owusu-Ansah & Mji, 2013), so knowledge within the African context is led by the pre-existing knowledge rather than being led by new entrances. Rather indigenous knowledge is often ridiculed (van 't Hooft, nd cited in IK Monitor, 2004). One suggested area where indigenous knowledge system could impact global trends, is in cultural and communicative competencies which are crucial when it comes to generating consensus and momentum for joint action (Freire n.d.; Agrawal, 1995) and since the achievement of consensus is foundational to indigenous knowledge system practice, this can be imparted to inform global knowledge systems.

Havekort, cited in IK Monitor (2004) has advocated that both western and non-western knowledge systems are inadequate in addressing all of the needs of humanity on their own and there is a need for a synergy between the two to address these issues related to health, business or any issues of development effectively. He posits that it is naive and unrealistic for any knowledge system to assume or presume superiority or higher relevance above the other. However, western knowledge has enjoyed a privileged position for quite some time, thus influencing discourses (Wen, Lau, Cheng, He, & Qiu 2010). Over time, effort has been put into unearthing the tenets of western knowledge, refining and redefining it, and this time and space needs to be given for other knowledge systems because they require this as well. Other alternate knowledges also require time for unearthing, questioning, defining, refining and realigning of definitions and conceptualisations. This will begin to address their sustainability and concretise their contributions to the sphere of knowledge (Havekort, cited in IK Monitor, 2004). Making evident the difference between the two knowledge systems is very important for finding complementariness between them as well; emphasising the need to raise these questions and unpack what this could mean for the construction of knowledges globally (Dialla, cited in IK Monitor, 2004).

It is evident that spirituality has often not been included in knowledge creation within academic discussions and is definitely absent from science and development discourses (Rico, 2016; Negiş-Işik & Gürsel, 2013). Since this is the basis of African culture and beingness, Africans are then very effectively silenced and sidelined, and what cannot be seen, cannot be supported. Africans then "forget" who they are to survive. Wheeler et al. (2002) premise that the use of 'forget' is consciously done, knowing and understanding that Africans do not 'forget' as literature has shown, when it comes to spirituality and how this impacts on wellbeing. African perspectives remain similar wherever they live and exist.

Western knowledge system on the other hand, has its roots embedded in the rational self-imagery given by western philosophers. While being a legitimate knowledge system, it is focused on individualistic pursuits and achievements and is often perceived as having the capacity to represent all cultures (Bakker & Snyders, 1999). This representation has upheld cognition and rationalism as scientific and observable, therefore the ‘truth’. However in recent times, there is a new reach by humanity for something more (Havekort, cited in IK Monitor, 2004). The western knowledge system is focused on the systematic formal, often written knowledges as stated above, but Nonaka & Takeuchi (1995 cited in Khupe, 2014 :53) refer to this type of knowledge as the ‘tip of the iceberg’. Knowledge as viewed by them is embedded within the practices and experiences of people, directed by values and belief systems, sometimes emotional and unexplainable. This is where the potential contributions from other knowledge systems should begin to be recognised especially as related to spirituality and its influence of wellbeing.

2.12. Contribution of spirituality to care, resilience and wellbeing

This section discusses the concepts of wellbeing, care and resilience, highlighting the understanding given to these concepts within the indigenous and western knowledge systems, beginning with the definition of health and wellbeing.

2.12.1. Defining health and wellbeing

The people in the Madwaleni study stated that health is not just about lack of sickness, but is more about relationships and connectedness, which expresses care and impact on the functional status of the individual. This is quite similar to the definition of the World Health Organisation (WHO, 1959) which states that health is “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”. This definition does not foreground the spiritual aspects of health and wellbeing. The international classification of functioning, disability and health on the other hand, has identified the significance of incorporating an understanding of health that includes contextual, cultural and spiritual aspects of human existence as perceived within indigenous communities (Alford, Remedios, Webb, & Ewen, 2013). Wellbeing as a concept has been defined as the positive feeling that accompanies a lack of ill health and wellness, and is associated with the achievement of personal goals and a sense of being well and feeling good (Alford et al., 2013).

2.12.2. Indigenous people's understanding of wellbeing

Indigenous communities across the world understand wellbeing as cutting across and beyond the physical to socio-spiritual aspects of existence. In Thai medical pluralism, health is defined as a “dynamic state of physical, mental, social and spiritual wellbeing.”

(Chuengsatiansup, 2002:4). Within certain indigenous communities in Canada like the Cree of north eastern Canada, health is the ability to live off the land and also relate to other people and establish cultural identity; the Whapmagoostui Cree see health as “being alive well” (Parlee et al., 2005:127); the Anishinaabe (Ojibwa), refers to land as mother and sustainer of life, as it is perceived to give sustenance to its children. Many times when indigenous people describe the term used to refer to land, it is often just translated as ‘land’ in various literatures, but Parlee et al. (2005) argue that it is often much more and has a much deeper meaning than the translation accounts for. Often when the indigenous people refer to land, that reference often carries with it, the connotation of land as linked to people, heritage, culture, ancestors, animals, plant and water that rests on it, they speak about the more than just a piece of earth and soil, it is about the entire ecosystem. Like saying ‘ahupua’a in Hawaii, ‘vanua’ in Fiji, ‘aschii, Teetl’it Gwich’in Dene, the land is nan or nan kak, also in the Americas, Australia and Pacific islands and New Zealand which refer to not just the soil, but many aspects and levels of existence at the same time when they say land. This is what Parlee et al. refer to as social-ecological health (Parlee et al., 2005:128). However, ongoing displacement, acculturation, resource extraction and land rights dispute have enforced the experience of negative health outcomes for indigenous communities (Louis, 2007). This was the case reported in a study of resilience which focused on the elders of the Anishinaabe communities in Ontario, Canada, as the elders declared that their health and wellbeing outcomes have been impacted by these practices emanating and perpetuated from a modernist ideology. Land dispossession and chemical dumping in the Mohawk community of Akwesasne is given as an example. Not only were the indigenous people separated from their land, but mothers who ate fish from the river could not breastfeed their children. This was seen as an even deeper separation because of the perceived impact of the severance of the connection that breastfeeding brings to mother and child.

The issue of land dispossession affects the practice of culture and hence the identity of the indigenous people, resulting in higher morbidity and earlier deaths (Gracey and King, 2009, cited in Tobias & Richmond 2014). In addition to this is the displacement of children from their homes to non-indigenous families, which have affected health outcomes with a high rate

of substance abuse, depression and suicide recorded; Australian indigenous children being an example (Hunter, 2002, Vicary and Westerman, 2004, cited in Tobias and Richmond, 2014). The impact of dispossession and displacement is not something of the past, but still shapes and influences the health and wellbeing of indigenous communities. The specifics of the experience of ill health may vary based on the different contexts where they exist, but the principles remain the same even within the African context.

2.12.3. Indigenous African understanding of wellbeing

This understanding above is in agreement with the pervading ontology of ancient African healing; as within the indigenous African belief system, spirituality is linked to wellbeing. It is a belief of a wholeness of the spirit and material, merging with an all-encompassing energy source or spirit that sustains all life (Louis, 2007). In harmonizing all energy and restoring balance, wellbeing is restored (Joseph, Linley & Maitby, 2006). Historically Egyptians for example have believed in an integrated universe that is suffused with the energies of the divine from the sun god *Ra*, in Nigeria the Yoruba believe in one Supreme Being – *Orisa*, while the Igbo tribe refer to God - *Chukwu or Chineke*, and in Ghana the Ashanti also believe in one Supreme God (Awolalu, 1999). In South Africa the reverence of ancestors in healing practices, is attuned to as an endless and positive source of energy that emanates through the Supreme Being. Evidence of ancient writings on rocks in many caves highlights this belief and practice. Kenya reveals similar beliefs (Gumo Gisege, Raballah , & Ouma 2012) Communal spirituality is usually invoked in indigenous contexts in this process.

Ill health within the indigenous African cosmos is traced beyond the physiological, psychological and biomedical roots and linked to spiritual or ecosystemic disharmony or imbalance. This disharmony is caused by separation from their land, erosion of belief systems which impact on family structures, and on their collective spirituality. Added to this is the effect of colonisation which has both historical and cultural implications, all these have impacted on their social determinants of health (Parlee et al., 2005; King et al., 2009; Tobias & Richmond, 2014).

More than 14.2 million self-identifying indigenous people live in Africa (Ohenjo, Willis, Jackson, Nettleton, Good, Mugarura, 2006: 1938) hence the marginalisation of knowledges equates to the marginalisation of whole populations, and the mere fact that the perennial knowledges held by a people for centuries are disregarded and not recognised is a cause of ill health (Coates et al., 2006). Although the poor health status of indigenous communities has

been recognised and is frequently a frame of reference when referring to indigenous communities, the socio-political narratives and contexts that influence these negative health outcomes have consistently not been highlighted (Ohenjo, et al., 2006). The Sustainable Development Goals (United Nations Development Programme, 2015) cannot be said to have been achieved without addressing the health inequities experienced by indigenous communities around the world, and an understanding of their interpretation of health and wellbeing, including how these are achieved is key to this process (Ohenjo et al., 2006). More important is the need to further identify what contexts supports resilience building for these communities so that certain enabling frameworks can be collaboratively developed to address sustainable wellbeing for indigenous communities (Ohenjo, et al., 2006). For indigenous communities, an opportunity for cultural expression denied is a cause of ill health because this means a denial of spiritual expression.

2.13. Care, wellbeing and spirituality

To exist in good health, the interconnectedness between the individual, other people within the community, the land, flora and fauna, animals and ancestors is maintained in a caring relationship, this balance is vital to wellbeing (Some, 1994; Bakker & Snyders, 1999; Chuengsatiansup, 2002; Marks, 2006; Ohenjo et al., 2006; King, Smith & Gracey, 2009; Chilisa, 2012; Rico, 2016). Spirituality informs health and there cannot be any wellbeing when there is no harmonious existence with neighbours and nature. The spiritual aspect of life is fully recognised as essential to achieving wellbeing (Yang et al., 2012). The indigenous African philosophical worldview of Ubuntu is about care (Wanless, 2007). Caring for the other as you would for yourself, raising another person's child the way you would raise yours, taking care of another person's animals the way you would yours.

Care is shown in respectful relationships to the land, plants and animals so that it can be preserved for the generation to come as indigenous Africans see themselves as custodians of the earth, seeing nature as nurturer and mother (Chimhanda, 2014). This stance of care is important not just for the individual wellbeing, but for the existence of the community as a collective. Indigenous Africans believe that as long as harmony is maintained, with the living and non-living in a respectful caring relationship there will be wellbeing, and where there is not, it can be remedied (Awolalu, 1999; Taringa, 2006; Adamo, 2011). This relationship is often maintained through the offering of sacrifices and various acts of restitution (Mtuze,

1999; Ross, 2010). The conceptualisation of care is integral to the belief system within the practice of African indigenous spirituality and at the heart of a collective spirituality. Through the practice of care, resilience is built which contributes to wellbeing.

However, this conceptualisation of care is being threatened by patriarchy and an increasingly globalised world. The cultural, political and economic impact of an increasingly globalised society is impacting on the notion of a collective spirituality, individuals are being compelled to focus more and more on defining and conceptualising their own spiritual identity, which creates an individualistic stance. This can potentially alienate people and put societies at risk of losing their wellbeing due to the lack of collective markers of understanding and expression given to the practice of spirituality (Gray, 2008).

Although teachings on faith, spirituality and religion have shaped most civilisations and human development, issues of spirituality are still being completely avoided in issues of development (Ver Beek, 2000). Modernity has frequently shunned the metaphysical aspect of spirituality of which care is integral, even though science and its processes are totally inadequate to explain or completely understand and interpret the experience of humanity (Afshar, 2005; Boynton, 2011;). Studies on spirituality are trying to find a way to breach this gap. In spite of this, the metaphysical nature of spirituality does mean that researchers in the area of spirituality are often challenged to come up with practical and precise ways of testing or implementing an understanding of and practice of spirituality. In an article that explored the spirituality of children, Boynton (2011) asserts that as one ages, the practice of publicly obscuring spirituality in an increasingly secular society that is often based on a westernised culture can have the ability to “generate spiritual damage or pathological consequences” (Boynton, 2011 :120). Recognition and acknowledgement that culture contributes to a sense of belonging, and the adoption of Afrocentric approaches which help people understand how Africans, no matter what part of the world they live in, apply their timeless knowledge to their lived experience in modern times is required. This will link traditional cultural African practices and understandings to current context.

2.14. Unearthing indigenous African narratives...bridging the gap

It is noteworthy that the relationship between the indigenous and western knowledges is seen as unequal, with indigenous knowledges being the undervalued knowledge (Adamo, 2011). In spite of this, the advent of western, scientific knowledge has run the gauntlet between being completely accepted or being out-rightly rejected within indigenous African

communities. Africans are now positioned in a space where they are beginning to put forward their own narratives and the truth of their realities out there (Louis, 2007) with whatever imperfections it might possess. African philosophers like Senghor were the first to begin to write narratives which attempted to claim back the indigenous African ways of knowing and worldviews as relevant – this was called Negritude. Although this Negritude was later challenged by other African writers and philosophers as elitist and unable to challenge western European authority, it gave birth to other similar narratives that began to address the marginalisation and negation of African narratives and understandings; examples are the writings of Fanon and Memmi. This reach for reclaiming the African spaces has not been helped by the fact that Africans “live in a diffused, marginal space, an in between world that cannot be classified into generalisations such as western or indigenous” (Bakker & Snyders, 1999:146). In addition to this, Maslow (1965) and Chuengsatiansup (2002) expound on how society often sees things as mutually exclusive, not having an ‘in between’ space in which to merge learning. He uses the anecdote of a mother who buys two ties for her son. When the son proceeds to put on the first tie on to show her how it looks, she sadly looks at him and asks him why he hates the other tie? He calls this approach short sighted and immature.

Rather than going on about how both knowledges are different, it would serve better purpose to rather accept the diversity within each and the similarities across both. This will help to bridge the gap while still acknowledging and maintaining the uniqueness of each knowledge system. The fact that western knowledge is often seen as scientific implies that indigenous knowledge systems are not, meanwhile research carried out in the Philippines proved that there is scientific significance in practices carried out by indigenous people. For instance, in farming and environmental preservation, ecological science was present (Los Banos, cited in Agrawal, 2005) even though these practices and knowledges might not have been written as eloquently in the formal sense. However, Agrawal argues that knowledge is knowledge. However, knowledge often serves particular interests of specific groups over other groups, depending on how it is generated and for what purpose? He also states that classifying into western knowledge systems and indigenous knowledge systems is counterproductive. Only when we step away from that separation and labelling and rather begin to see multiple domains of knowledge, types and different ways of knowing, that we begin to have a productive dialogue in spite of current challenges. That there are challenges experienced by African countries in a myriad of issues cannot be denied, also the fact that there are well meaning Africans and non-Africans who have attempted to contribute to the alleviation of

these problems is evident. However, the challenge is the framework of thought through which Africans and their issues are perceived. As far as the global west is concerned, this is more often than not, a negative perspective especially as related to health and its outcomes, which has implications for issues of identity construction and its impact on wellbeing.

12.15. Health as identity

Issues of identity and social construction are not analysed as issues of ill health for the most part, but rather as political and sociocultural phenomena that impact on global health outcomes (United Nations 2006). The entrance of western religion and health practices has not supported the traditional practitioners to practice their indigenous knowledges on the one hand, but on the other hand they were still not fully taught the new western health practices (Mji, 2012). The community is stuck in between, not being western or fully indigenous (Bakker & Snyders, 1999). This supports Agrawal's (2005) and Bakker & Snyders's (1999) assertion that classifying into 'indigenous and western' does not capture the complexities involved. There are cultural assumptions aligned to every knowledge and no matter how it is globally applied (Kuhn, 1970), it stems from a local context. This helps to bring clarity to the cultural assumptions made with regard to that particular knowledge. Society must first understand the local, to understand the global in a meaningful way (Airhihenbuwa, 2007), or else there is often an identity crisis which can impact on wellbeing. An epistemological vigilance is advocated, which is about critically examining the assumptions that underlie or inform the theories used within communities. Some theories for instance like anthropologisation, embrace African culture, but simplify and homogenize these cultural contexts, seeing culture as unchanging, while in psychologisation the individual is focused on, ignoring culture and context. The fact that studies on Africa have mostly emanated from a deficit approach has not helped with the situation. Africa and its people are frequently seen in terms of a disease-ridden, socially-inept people, who cannot help themselves, but need 'others' who are in a 'better' position and well informed, to save them. Scholars who study Africa often fit their approach to suit this model and bring in the challenge of misrepresentation (Airhihenbuwa, 2007; Ndlovu-Gatshen, 2013) and negative construction of identity.

The identity and frame of reference of the researcher as an actor in the process plays a role in whatever investigation the researcher is involved with. To advance a model or framework based on indigenous African ways of knowing is to "locate human experience within African

cultural logic" (Airhihenbuwa, 2007:38). Solutions proposed to address these challenges must not exclude the identities of the people and context as these are key factors in understanding how best to address a problem. This is more helpful to the community and contributes to resilience building and wellbeing. This places the process of theorising about Africa within cultural contexts, as socio-cultural contexts nurture certain behaviours and outcomes, these should influence theorising. Locating the African theoretical 'gate' should be central to any research that wants to ensure health and wellbeing within African communities. The three main considerations for researchers should be to answer, i) Is the research anchored in culture?, ii) Will the research have any impact on policy?, and iii) Will the research methods produce results and meanings that will be African? (Amanze, 2011). McCarthy advocates the use of a hermeneutics of restoration. This provides a means of only engaging meaningfully with spirituality that has authentic transformative powers that is still influential even in today's world.

The importance of first disengaging from western concepts, and going back to re-discover the indigenous concepts that were lost, is paramount (Airhihenbuwa, 2007; Chilisa, 2012; Adamo, 2011). In this process a sifting happens through which indigenous peoples determine what knowledge they want to modernise or not (Agrawal, 2004). Not all aspects of a culture should be carried forward, as cultures evolve and new ways of knowing happen. Certain aspects will be dropped, while some aspects will continue. However, the custodians of the culture should be the ones who determine this change, it should not be imposed by an external power, as this impacts on sustainability. This process of letting the custodians of the knowledge lead, will address power dynamics and lead to a process of knowledge collaboration referred to as the transcultural approach (Jansen, 1973). Within the transcultural approach, the core of each knowledge system remains, while certain areas are identified to be integrated with the other or left behind. However, key to this process is the meaningful deconstruction of existing patterns of dominance so that this approach is successfully carried out. Based on this review of literature, certain critical issues emerged which are pinpointed below.

2.16. Critical issues emanating

This dichotomy of different spiritual belief systems has impacted on the lived spirituality of African indigenous communities. It becomes evident that as valuable as western knowledges have been in certain areas of human endeavour, it is inadequate as a response to all human

challenges. At no time has this inadequacy been more apparent than now, showing that there is a need for something more, especially in terms of health and wellbeing.

Certain scholars are beginning to advocate a more post-modern approach that opens up other ways of knowing to enrich human experience. However, there is a dearth of literature on how this partnership between both knowledges might occur, and even less on how an understanding of spirituality and its contribution to wellbeing might contribute to this process of a shared framework in terms of healthcare practices within communities. Before these outcomes are achieved, there is a need firstly, to open up and explore the rich knowledges and diverse understandings embedded within indigenous cultures. This becomes especially critical as related to spirituality which is the foundation on which all other practices emanate within African indigenous communities. This study is situated in a space to contribute to this gap of firstly unpacking these rich marginalised knowledges, and secondly, identifying tenets that could contribute to the creation of a shared spiritual framework that impacts positively on wellbeing and healthcare practice.

2.17. Chapter summary and conclusion

The review of literature above has given an account of the two main ways in which the concept of spirituality is understood and defined. One of the main reasons driving spirituality research is the sense of disconnect experienced within our societies in recent times.

Mainstream understanding sees spirituality as a personal search for meaning mainly, without necessarily connecting to a higher being. On the other hand, although spirituality is perceived within secular society as having the potential to support wellbeing, the framework in which spirituality is enshrouded is often seen as problematic. The indigenous understanding sees spirituality as collective, a connection to God and nature, spirituality that is fundamental to wellbeing. Various indigenous tribes all over the world have shown similar understanding of spirituality, which has influenced their perspective of how they receive health interventions, including the amaXhosa and amaBomvane. However, both the individual and collective perspectives show some alignment in understanding of spirituality, although they remain very different in terms of expression.

There is a marked difference between the practice of indigenous and western healthcare, and the belief systems that influence these practices have different epistemologies. The historical influence of the Christian religion on the understanding of the indigenous African spiritual pathway and the resultant impact of this on self-identity and belonging, which in turn impact

on health and wellbeing, was highlighted. In spite of these complexities, the enableist theoretical framework of Ubuntu and resilience will be put forward as a vehicle that could possibly move this collaboration forward with a transcultural approach, and is further discussed in the next chapter on theoretical framework.

In chapter two I have defined the concepts of the study and various viewpoints of spirituality and wellbeing within literature is discussed, narrowing down to African indigenous understandings of the concepts. I pinpoint the influencing philosophies that have historically influenced these viewpoints as related to western and indigenous knowledge systems and practices. I have also highlighted how these concepts are positioned in particular ways that enhance value placement on certain knowledges above the other, which impacts on meaning making and the experience of wellbeing for indigenous peoples.

Chapter 3 is the following chapter below, and defines and discusses theories that influence this study, which are Ubuntu and resilience. The interaction of the theoretical framework with the concepts of the study discussed above is given.

Chapter 3: Theoretical and conceptual framework of the study

“Our roots, our culture makes us strong. That is resilience.” (Wexler et al, 2014 : 695)

3.1 Introduction

This chapter contextualised the study within the conceptual and theoretical frameworks of resilience theory and Ubuntu. I highlighted the key tenets of each philosophy and concluded with a summary of the key ideas of this chapter.

The preceding chapter unpacked various understandings of the concepts utilized in this study. In this chapter, a discussion of resilience theory and Ubuntu was presented, unpacking the critical elements. Both philosophies are linked to the concept of spirituality and wellbeing and it has been shown how they interact to inform the study focus. In utilizing two philosophies that emanate from the western and indigenous knowledge systems respectively, the study in its processes, goes through the ‘lived experience’ of merging both belief systems.

3.2. Background to resilience theory

Resilience theory is informed by a Eurocentric epistemology (Ungar, 2008) and emanated from positive psychology – psychopathology in particular (along with theories like motivation theory and self-determination theory) – starting in the 1970s with the study of children’s survival (Masten, 2001). Various social scientists noticed that some children who were at high risk of susceptibility to adversity due to genetic or circumstantial factors were thriving against all expectations. This study of resilience gave a positive spin to previous assumptions and deficit representations given to marginalised children, and by default, marginalised populations around the world (Masten, 2001).

Early work on resilience implied that there was some kind of special ability these children had, but as time went on, this has proved to be wrong. Writings and studies from the 1970s until the 1990s still carried this perspective until it was established that resilience is not some extraordinary phenomenon, but a basic component of being human. It was simply the ability to adapt in the face of adversity, and related to good outcomes in spite of threats to adaptation

(Maslow, 1943; Masten, 2001; Ungar, Brown, Liebenberg, Othman, Kwong, Armstrong & Gilgun, 2007; Ungar, 2008).

3.3. Defining resilience

The definition of resilience is problematic and it has been difficult to find a universal definition (Georgiadis, 2016). The understanding of resilience is impacted by context at any given time, resilience as a concept is socially constructed and is influenced by the dominant belief and practices in whatever culture and context it is situated (Wexler DiFluvio & Burke, 2009). Consequently the definition is constantly refined and redefined through certain premises which underlie the functioning of resilience theory as a multi-dimensional construct (Masten, 2001; Luthar, Sawyer & Brown 2006; Ungar, Brown & Liebenberg, 2007; Ungar, 2008; Wu, Feder, Cohen, Kim, Calderon, Charney & Mathé, 2013; Allen, Hopper, Wexler, Kral, Rasmus & Nystad 2014; Prado, Seixas & Berkeset, 2015). Two main inferences featured prominently within the general understanding of resilience. The first assumption was that an individual cannot be considered resilient unless they have previously experienced an adverse situation or risk factor that threatened their developmental pathway, or are currently undergoing a particular peril that has the potential to thwart their development trajectory (Masten, 2001).

The second inference that was associated with resilience is about the criteria for assessing successful adaptation. The criteria for assessing whether the quality of the adaptation (Lyon 2014) is good or not has raised debate related to who is best qualified to do this assessment and what standards should be used.

Certain scholars posit that it is important not to apply universal standards to all experiences of resilience (Ungar 2012). Caution must be shown about parameters utilized to judge successful versus unsuccessful adaptation (Ungar, 2008; Luthar, Cicchetti & Becker, 2015). An example is given by Ungar (2008) of a boy in India who joins a paramilitary brigade to defend his community and fight against the effects of colonisation. In joining this brigade he experiences a sense of belonging, earns a vocation and expresses his identity which is all part of healthy functioning. This action can be defensible as it is not much different from other young men who get conscripted into the army to fight for the country's right to self-autonomy and way of existence. However, when this action is examined through a certain mind-set, the action of the Indian boy might be seen as deviant, even though this very action has contributed to his wellbeing. There are universal as well as culturally specific health

determinants across various populations and communities, and the populations concerned should be the ones who define what healthy resilience is for their communities. As this has not been the case, it is impossible to make a call on what is successful adaptation or not.

Masten (2001) agrees that the determination of appropriate adaptation rests within a given context, culture and people. Traditionally the approaches for defining resilience have either been based on the use of external adaptation (adaption) criteria (factors that exist outside the person that indicates resilience, for example safer environments), or internal adaptation (adaption) criteria (factors inherent in the person like psychological wellbeing) or both (Masten, 2001; Allen et al., 2014; Wexler, 2014). Due to the fact that resilience has come out of western thinking and epistemology, these early premises by Masten (2001) have been mainly individualistic and driven by middle class European society. This conceptualisation stresses individual relationships, especially relational contexts of child and parents or caregiver (Ungar, 2008). This stance presupposes a particular view of resilience, as discussed by Ungar above and as seen in Masten's example of parenting as a causal factor.

Notwithstanding, it is agreed that culture and context play a role regarding the understanding and outcomes of resilience (Masten, 2001; Wexler, 2006; Ungar et al., 2007; Ungar, 2008; Wexler et al., 2009; Allen et al., 2014;). Resilience has been defined as the ability to bounce back from trauma, or coping in the face of adversity (Dreyer, 2014; Hutcheon & Lashewicz, 2014), and positive development while experiencing trauma (Masten, 2001; Ungar, 2010). Resilience considers how people cope in the face of difficulties and challenges. "Resilience, then, is patterned according to traditional cultural understandings and practices, and reflects innovation, creativity, and adaptation" (Wexler et al., 2014:695).

3.3.1. Resilience as a multi-level process

The need to shift from an individual perspective to broader cultural and political understandings of resilience is reiterated by Wexler et al. (2009). Masten (2001) posits that resilience as a personal trait is different from resilience as a multi-level process. The human context which includes all aspects (culture, community, kinship, and family) is seen as a multi-level factor that shapes the development of resilience (Ungar 2011). This argument is based on the fact that one of the main strategies for understanding resilience comes with an understanding of community resources that can be utilized to address specific challenges experienced by the community (Allen et al. 2013; Allen et al., 2014; Theron, 2015).

Resilience is equally affected by the meaning attributed to these resources and processes, which differ according to different contexts.

Ungar (2010) provides support for the definition above as he puts forward an alternative conceptualization of resilience which has been used to frame this study, stating that there is a lack of studies that contextualize the discourse of the individual to that of social ecology. He discusses the notion of a collective resilience, taking the conceptualization of resilience from individualistic to a collective understanding of resilience. Resilience here is presented as a social ecological construct, where the individual is not centralised as the focal point, but rather the individual's interaction with cultural and contextual factors is focused on. This is a collective and relational resilience which posits that people need to be supported systemically to develop resilience in culturally relevant and appropriate ways.

This practice reinforces their sense of identity and grounds their thinking in their culture and the various meanings they co-construct regarding their existence. This equally influences their self-determination and choices made regarding their future. This collective resilience advocates and facilitates an interdependence and social bonding, acknowledging the homogeneity and heterogeneity of all cultures because while some traits are similar across all cultures, there are equally traits that belong with and are unique to certain cultures (Masten, 2001; Wexler et al, 2009). This notion of a resilience of social ecology aligns with the world view of indigenous people who see the world and one another as connected.

Consequently, there is a need to not only identify, but be sensitive to and aware of which aspect of resilience would work best in which particular context, and approaches should be multi-dimensional and holistic (Bottrell, 2009). This is another reason why the study of resilience should not just focus on the individual and his /her immediate circumstances, but should be broad, looking holistically at the individual, familial, internal and external communal resources or assets that influence or have the potential to influence positive outcomes for the individual and community. The experience of resilience has two main aspects – the ability of individuals to interact with, identify and access resources that contribute to their health and wellbeing, and the community and culture's ability to provide these resources in ways that are culturally meaningful and acceptable. This will build up the protective factors (Luthar et al. 2006) and lower the risk factors (Masten, 2001).

Risk factors generally include socioeconomic circumstances, substantial community trauma and many other challenging human conditions. These risks usually do not happen in isolation and are recurrently linked to numerous other risks that might have been created simultaneously or one after another. An example of linked risk factors in Bomvanaland

would be the migrant labour system where men leave their families behind in search of paid work. Young children are left without adequate leadership and young boys lack people to mentor them, which contribute to various social ills, including drug and alcohol abuse. So it becomes necessary to be aware of this multiplicity of factors and the complexity it creates in working with resilience (Masten, 2001; Perez, Jones, Kristjanson, Cramer, Thornton, Förch, & Barahona, 2015). As a result interventions that seek to achieve positive health outcomes regarding marginalised populations must as a necessity focus on the local peoples' experiences for their understanding of resilience.

Very little is known about what factors influence resilience for marginalised populations across the world (Ungar, 2008). In a mixed methods research project across five continents that worked with over 1500 youth from various communities, the results showed that even when faced with similar challenges or threats, people coped differently based on their context and culture, proving again that culture and context play a big role regarding the outcomes of resilience (Ungar, 2008). However, three main influences in the study of resilience have been identified and are known as the waves of resilience, discussed below (Richardson, 2002).

3.4. The waves of resilience

There are three major movements in the development of the study of resilience. The first movement centres on the traits and attributes of resilient people, the second movement concerns how people identify opportunities that contribute to building up resilience, and the final movement focuses on the concept of resilience theory itself, and the factors that make it thrive (Richardson, 2002; Dreyer 2014).

The first wave of resilience theory emerged out of the study of key characteristics of people who survive and thrive amid risk factors or adversity, as opposed to people who give in to a negative experience of adversity (Richardson, 2002). There are certain internal and external qualities that help people cope, and the first wave of resiliency research focused on this; hence resilience was defined by these qualities. So rather than focus on causes or issues that make people spiral into psychological problems, the focus changed to rather identify what traits in individuals aided their recovery. Resilience does not only apply to only individuals, but to families and communities as well.

The second wave aimed to identify the processes through which resilience was acquired or learned. This saw resilience being identified as a process of coping with change, in a way that utilises opportunities and choice to enrich the experience of resilience (Richardson, 2002). This wave is about the process of reintegration after a disruption has occurred in the lifespan of the individual or community. Disruptions are outcomes of interactions between life prompts (events that occur in a person's life) and the protective factors (factors used to respond to life's events) that contribute to resilience. The reintegration process often results in growth and a better understanding of one's self which again supports and strengthens resilience to restore homeostasis. Homeostasis is a place where the issues of wholeness and interconnection between bodies, mind, spirit is at a perfect balance (Maslow, 1943; Richardson, 2002;). This signifies a state of full adaptation. Then disruption or stressors occurs again, and this state of homeostasis is disrupted and the individual begins to go through the process of reintegration all over again.

The expectation is that people learn coping skills during the first disruption that assists them lessen the impact of the disruption second time around. The inability to develop the coping skills that build resilience frequently results in the experience of chronic stressors.

Disruptions at any time of a lifespan means that the person's worldviews are about to change in some way, and the impact can be positive or negative. Life prompts are events that occur in a person's or community's lifespan which cause certain disruptions. These life prompts even when planned for, (going to school, looking for a job, and running for any office, etc.) and personally initiated and anticipated, still changes or shifts the worldview somewhat, which is a disruption even at the mildest level. Sometimes unplanned and undesired prompts might occur (an accident or a fight) which causes reactive disruptions. No matter the disruption, Richardson (2002) argues that almost all disruptions have a potential to inform growth. Resilient integration is about identifying what works and has the potential to contribute to recovery, then one focuses on that. This discussion above however, has been termed as linear and simplistic by certain proponents of resilience theory, as every case and experience of resilience is not the same (Masten, 2001; Ungar, 2008).

Despite this statement above, the theory of change also aligns to resilience with regard to a person's ability to adapt successfully. The theory of change assert that people and communities can adapt and evolve at multiple levels, without losing their connection to their authentic selves (beisser, 1970). Spirituality, care and relatedness within Ubuntu hinges on this authenticity or humanness. In this manner resilience is supported (Bessier, 1970).

What the third wave of resiliency sought to capture, is to identify the energy source that leads to resilient reintegration and where this energy can be found. Numerous disciplines attuned to the theory of resilience have offered different understandings of what resilience is and how it emanates. According to Richardson (2002) within this third wave of enquiry, three main areas of conceptualization of resilience have been identified from various viewpoints.

3.4.1. Resilience as energy

These viewpoints include physics which alludes to a central driving force that controls the universe, and when balanced through establishing alliance, it is a force for resilient integration (Richardson, 2002). An example of this is when someone is experiencing a mild pain or headache and the unexpected presence of a loved one makes them feel better instantly, or receiving some wonderful news can bring instant healing to the individual. The presence of this desired life prompt has stimulated an alliance between the flow of energy and the person. In Eastern medicine and healing practices, this flow of energy or life force is called *Chi*. Chi is in and all around humanity and all existence, and only when one reaches a place of peace within oneself (homeostasis) can one flow simultaneously with this life force. Any flow against Chi causes a disruption in life internally and externally. From theology, the grounding of faith and belief in God or a Higher Being is a resilient factor, a belief in some kind of absolute.

3.4.2. Resilience as transpersonal

The area of transpersonal psychology refers to the soul. The soul in resilience theory, is seen as the whole integrated being of the person with the person's spirit as a guiding force. According to Richardson (2002), scientific evidence shows that thoughts and feelings are picked up by cell receptors. The cell receptors carry messages that result from those thoughts and feelings to the body, mind and spirit. Hence systems theory prove that all systems of human existence are interconnected both personally and as part of a community (Richardson, 2002).

3.4.3. Resilience as a spirituality and essence of life and healing

Spirituality within resilience is perceived as the essence of humanity and, in medicine, might explain why some people with similar ailments will heal faster than other people experiencing the same ailment. Studies in psychoneuroimmunology has shown that when people are hopeful, optimistic and committed to a particular cause which keeps them busy and fully functional, they have a much better immune system than people who do the

opposite (Richardson, 2002). One's personality traits and outlook in life impact on a person's healing process and overall wellbeing. Alternative therapies that provide hope, faith and a positive outlook in life result in much better wellbeing and health outcomes. In biology, the life force can be likened to instinct, which is perceived to be fundamental to the survival of certain species, as this instinct often guides or influences the actions taken by these animals in the face of any kind of change. Socrates refers to the 'daimon' which is an inner guide, Jorge (1998) discusses Wilbur's reference to the marriage of sense and soul. In academia, while there are some form of variance in terms of connotation, there is generally an agreement that humanity possesses an innate quality called resilience, Chi, spirituality, human essence, daimon, energy, motivational force, or neuropeptides, whatever it is called (Richardson, 2002).

3.4.4. Resilience as a moral code

Resilience theory, in opposition to many other perspectives, postulates that all human beings have an innate love for others, which operates within our moral code (honesty and integrity, kindness and reciprocity, altruism and so much more). The acquisition of a moral framework in life is attributed to intuition and when people live within their moral code, they flourish; when they live outside of their moral code, their energy is depleted (Richardson, 2002). This moral framework and intuition gives guidance in life and is often perceived as a spiritual source of strength. To fulfil one's resilience yearnings, there are certain needs that must be met which are called nobility. These include the need for self-esteem, self-worth, freedom, order, and a purpose in life, which can relate to the essence of life referred to by Maslow (1943) in his discussion of the theory of human motivation.

From all the discussions above, three markers of resilience are identified which include – the realisation of better outcomes than what was expected after experiencing adverse situations; the ability to cope or being competent while experiencing stressors; and seeing a positive adaptive behaviour which would indicate a recovery from a stressor (Ungar, 2008). The commonality among them is the existence of adversity. Another fact realised is that how individuals interact with their surroundings and ecology often influence the outcomes of resilience (Seccombe, 2002). The women of Bomvana community bury the placenta after birth behind the compound, so that when it rains the afterbirth is washed into the valleys to nourish and fertilize the soil and produce medicinal plants that help heal the community when there is sickness (Mji, 2012). In this way the individual interacts with the environment,

facilitating community resilience. Seccombe (2002) states that the study of resilience must as of necessity not only involve the individual level, but also the family, community, and structural and policy formations that enable or obstruct their ability to grow resilient. She refers to the act of 'changing the odds' rather than resourcing individuals to 'beat the odds', which refers also to the political factors that shape resilience (Perez, Jones, Kristjanson, Cramer, Thornton, Förch, Barahona, 2015). There are certain premises on which the understanding of resilient processes is built, they are discussed below.

3.5. Premises of resilience

Everyone will go through stress at one time or another in their lives, and knowing how to enhance factors or influences that help us cope with life stressors, or even reducing potential risk factors that could contribute to a lack of wellbeing is very important. It is important to ensure that the adaptive system is well protected and developed appropriately in the face of risk factors. If the adaptive system is not in good working order, then the people will be maladaptive (Wu et al., 2013). On the other hand, Dreyer (2014) insists that resilience can be developed through knowledge and practice based on certain acceptable premises.

The four premises given by Ungar (2010) as related to resilience theory are highlighted below in Table 2.

Table 2: The four premises related to resilience theory

Premise 1	Resilience has global as well as culturally and contextually specific aspects. This refers to the fact that while there are some universal identifiers of resilience across all cultures, local cultures have some specific and unique ways that they experience resilience.
Premise 2	The influence of various aspects of resilience is differentiated, based on the specific context in which resilience is developed. Resilience is impacted by different aspects like the cultural and contextual contexts, which can also be components of individual inherent abilities, relationships, community, and spirituality.
Premise 3	Aspects of resilience relate to one another in various ways across numerous cultures and contexts.
Premise 4	How tensions between individuals and their cultures and contexts are resolved will affect the way aspects of resilience group together.

These premises now lead on to a discussion of the attributes of resilience as follows:

3.6. Tenets of resilience

Certain traits are identified as very important characteristics of resilient people. In a series of studies that was done among children living in high risk areas, factors like close and warm supportive relationships (which gives a sense of belonging), gaining an understanding of self (having and owning one's identity), a positive outlook, and caregiving both within and outside of the family, were key contributors to resilience (Dreyer, 2014). This is in addition to the postulates of resilience as given in positive psychology, which are -faith, happiness, subjective wellbeing, self-determination, excellence and creativity. Meanwhile social and clinical psychology included morality and self-control, gratitude, forgiveness, hope and humility as necessary ingredients of resilience in individuals. However, with time it became clear that knowing the characteristics of resilient people was not enough; there arose a need to begin to explore how these survival traits were developed by a community. In public health, resiliency is seen in terms of how individuals respond positively to stress and adversity. Here resilience is an individualistic set, definitive outcome that can be measured. However, resilience can be conceptualized as a process as well (Hendrick & Young, 2013), which relates to community, looking at available resources which the community can draw upon to overcome a disturbance (Tobias & Richmond, 2014) and spirituality is one such resource.

Within a faith community for example, the performance of rites and rituals render a sense of connection with other people while playing a major role in ushering people through life's transitions (Mtuze, 1999; Imber-black and Roberts, 1998/2004 as cited in Dreyer, 2014). These faith practices contribute to the resilience of people in the face of rapid change or trauma. Building a caring relationship with God and other people is a key contributor to spiritual and physical wellbeing, especially when experiencing collective trauma. Close relationships with parents who monitor what their children are involved in has been a contributor to resilience. One sees the impact of the multi-dimensional nature of resilience in a study by Theron (2015). The study looked at the influence of mother-child connectedness on resilience. In America this connectedness between mother and child contributed to resilience among poor black youth, but in Hong Kong and Hawaii, the different culture and contexts produced different results, there was no marked link to increased resilience. Hence

the same traumatic conditions between mother and child interacted differently with the environment to give a different experience of resilience.

Trauma always heralds a sense of loss, of broken trust in the larger societal system. The people experiencing trauma see that their view of the world challenged and being proved wrong (Dreyer, 2014). For indigenous communities, this has historically been instigated by colonialism and its inherent globalization and cultural changes (Mbiti, 1997; Du Toit, 2006;; Coates et al., 2006; Allen et al., 2014). However, the impact differs according to each context where it happens and the people involved (McCrea, Walton & Leonard, 2014; Theron, 2015). Some communities have experienced such rapid change that their realities as they know it have been completely taken over by different knowledge systems, creating major problems within these contexts (McCrea et al., 2014). The area of health and wellbeing is one of the most affected areas, evidenced by various social ills and substance abuse which have become predominant within the community, so that their cultural pathways are affected (Allen et al., 2014).

3.7. Resilience and culture

Resilience has many times been viewed and linked to culture by researchers mainly in terms of risk (adverse circumstances experienced by a collective); vulnerability (in terms of history, practice, or circumstance that heighten risk); and protection (factors that reduce risk or reduce its effects) (Luthar et al., 2006). Wexler et al. (2009) posit that culture has previously been positioned as a negative or deficit, often being categorised as a risk factor, but there is a need to begin to understand that meaning-making, even within cultural systems differ according to place and circumstance. This knowledge is imperative for any research seeking an understanding of how people whose culture is not the dominant culture attribute meaning to their experiences. To better understand how context interplays with the individual in the process of resilience, Ungar (2011) cited four main areas: decentrality, complexity, atypicality and cultural relativity. Decentrality refers to the need to begin to shift our thinking and not just focus on the individual, to a broader social-ecological perspective of resilience. Complexity recognizes the relevance of ensuring that resources match the aptitude of the actors, while recognizing that the actors are not static, but ever evolving and adapting to change. Atypicality is aligned with the belief that something that may be seen as 'unusual' or 'strange' to an outsider, may actually be very relevant for the context in which it occurs or is practised. Cultural relativity alludes to the fact that there is a need to understand resilience in

terms of its context, hence indigenous communities often resist the homogenization that happens within globalization, resisting the impact of colonisation and trying to hold on to aspects of their culture that are integral to their identity.

These issues above generally inform the social determinants of health and wellbeing. Issues of racism, discrimination, identity, social discourses and media representation of the indigenous people and policies that do not take note or cognisance of their connection to the land and animals continue to corrode their identity resulting in a lack of wellbeing (Allen et al., 2014; Bottrell, 2009). Literature identifies cultural disruption as contributing to ill health while cultural continuity is a contributory factor to wellbeing. Cultural continuity is influenced by a resilience that sees systems as maintaining the same function despite challenges and disturbances. This is the indigenous worldview. Systems would involve people, events and settings, and for processes there are factors like family relations, oral traditions and storytelling, connection to the land, traditional healing practices, and spirituality and ceremony. Related to cultural identity are knowledge, continuity, and finally collective and political agency. Most of the distinct elements of resilience are found at the collective or community level (Allen et al., 2014). Being attuned to one's culture not only contributes to resilience, but offers avenues for innovative responses to problems that are carried out with ease in very resourceful ways. Culture, is defined here as a framework in which individuals can locate themselves in relation to others, to a larger shared context, and to history (Wexler et al, 2014: 696).

The building and maintaining of connections and relationships contributes to identity construction which impacts on resilience (Hammack, 2010). This process is influenced by social interaction and social practice, shared ownership, respect for land and other community resources (Ohenjo et al., 2006; Tobias & Richmond, 2014).

3.8. Resilience and community wellbeing

Resilience at community level is often about processes. The understanding of the collective and cultural underpinnings of the practice of resilience that impacts on health only became the focus of research in recent times, thus resilience is also attributable to a community (Dreyer, 2014). One dares to state that a resilience where only the individual is focused on is ineffective, as the context and supporting structures are important to sustain wellbeing.

The study of wellbeing has yielded certain definitions at the individual and national levels, but defining wellbeing at community level has been hard to achieve (McCrea et al., 2014);

hence studies are often vague when discussing community wellbeing. One reason given is the diversity that exists within various communities, which makes wellbeing more challenging to define, so studies have equally used words like quality of life, happiness and life satisfaction interchangeably with wellbeing (McCrea, Walton & Leonard, 2014). For this study the definition of wellbeing as “a state of being with others and the natural environment that arises where human needs are met, where individuals and groups can act meaningfully to pursue their goals, and where they are satisfied with their way of life” (Armitage, Béné, Charles, Johnson, & Allison, 2012; Brown & Westaway, 2011, as cited in McCrea, et al., 2014: 271) is adopted. This definition is focused on sustainable development and embeds the individual wellbeing within a wider socio-economic system. This is compatible with the indigenous worldview of wellbeing. The definition looks at three main areas, - namely, the use of material aspects like income, physical health and environment to meet up with more than just basic human needs; being empowered to utilize the resources available by collaborative collective actions; and lastly, realising that the concept of wellbeing is not universal but often a subjective experience that might reflect different norms and belief systems (McCrea et al., 2014). This implies that the understanding of wellbeing is socially constructed, so should embody the values and norms of whatever community it concerns at that time. Further to this, wellbeing is given here as the state, and resilience is the process. Thus wellbeing is about the state of the community at *a particular time*, while resilience speaks to the process of enhancing, community wellbeing *over time*. A community that adapts or transforms itself to deal with change or life stressors is resilient.

Resilience can also include resisting change, which can be good or bad for the community, depending on the circumstances, which is witnessed within the Amabomvane, as some community members have resisted the change from new entries (i.e. Christianity and Healthcare). However, for mere resistance to be termed resilience, it must be geared towards the immediate or future wellbeing of the community, because resilience is a process achieved over time as stated above. To be resilient, a community needs to engage actively with resources available, and practice self-determination, but even this ability to decide for themselves depend on their social, human and cultural capital. The other side of community resilience is that there might not be a consensus on what factors precisely constitute wellbeing and this confusion is endemic within rural African communities that are flooded with various developmental issues imbued with western knowledge that can be divisive.

Resilience can be built in diverse ways as people react differently to the experience of traumatic events. Dreyer discusses three main areas of impact of trauma which include;

- Psychological level – this is to do with the perception of self and others;
- Physiological level – brain networks that informs the physical wellbeing can be disturbed; and
- Spiritual level – this is the impact of the traumatic experience on how they perceive the meaning of life and the role their existence plays in the world. In Maslow's (1943) paper on the hierarchy of human needs, the desire to find our purpose and meaning to life is right at the top. The need to be all that one can be, is seen as essential to life and being human, and is a contributor to wellbeing.

3.9. Resilience and spirituality

The human need to be all that we can be as given by Maslow above is spiritual (Maslow, 1943) , relating to the spiritual aspect of resilience. In fact, the spiritual aspect, like the unconscious motivation as stipulated by Maslow, is the biggest motivation that influences resilient reintegration (Maslow, 1943; Ungar, 2008;). Some spiritual predictors listed include purpose and meaning in life, locus of control and belief in a higher power. Through this, some people who have experienced trauma have not only found a way to overcome the impact to their existence, but also were able to identify some positive outcomes and lessons learnt from the process of survival. This survival depends on inner and outer resources and support which comes from the individual's personal human spirit, and includes relationships within family, community, culture and religious beliefs (Southwick Litz, Charney & Friedman, 2011). Optimism is also identified as one of the most important factors of resilience; it creates a 'possibility' vision that enhances the rate of survival.

According to Richardson (2002) the spiritual belief in and connectedness to God impacts positively on physiology, and is one of the most positive influences of resilience; it contributes to the wellbeing of the individual and community and gives a sense of hope. In spite of this, religious beliefs can also influence certain attitudes and traits that can impact negatively on the individual and community (Dreyer, 2014). Examples of this negative spiritual adaptation with very harmful practices and abuses people experience at the hands of certain supposed faith healers in the pursuit of wellbeing permeate the media in South Africa.

These include the individuals and communities being convinced to eat reptiles ⁴(and use insecticides on themselves⁵) among many such abuses.

People need a healthy community to be maximally resilient, and the community equally need people with the resolve to build resilience (McCrea, et al., 2014) and resist unwelcome disruptions like the examples above. Faith is a strong contributing factor of resilience. It often exists in the midst of adversity and is bred by the belief in and interconnectedness to God or a supreme being. This faith and hope is grounded in community. This is because the focus on self alone will not lead to authenticity of a fulfilled life, but truth and authenticity is found in our connectedness, moving from 'I' to 'We' (Dreyer, 2014). This leads to an authentic community resilience and the identification of resources to draw upon in time of stressful disturbances (Hendrick & Young, 2013; Tobias & Richmond, 2014). Spirituality is one such resource.

3.10. Resilience resources

Besides spirituality, shared historical identity, a strong caring relationship with the land, an ability to participate in ceremonies, traditional food cultivation, language and traditional knowledge transference to the next generation were cited as key contributors of resilience by the Anishinaabe indigenous community in Canada (Tobias & Richmond, 2014).

Using traditions to ensure and build up cultural identities is a major contributor of resilience (Wexler et al., 2014). In an explanation of how culture and traditions anchor a person /community, an Inupiaq youth in a study carried out by Wexler et al. (2014) where they studied the factors that contribute to resilience, compared the influence of culture and tradition to how a willow tree is supported by its roots. The youth identified a particular tree that although it is hit by gale force winds and bent over, it is held down and grounded by its strong roots. This is compared to the manner in which culture and tradition grounds the community in the face of difficult changes and challenges. Cultural rootedness is important for resilience. The research shows that practicing expressions of culture not only contributed to learning, but enhanced wellbeing of the people and community (Wexler, 2014). Strength,

⁴ <https://citizen.co.za/news/south-africa/423976/pastor-mnguni-makes-congregation-eat-snakes/>), drink dangerous chemicals (<http://www.dailymail.co.uk/news/article-4211320/Christian-pastor-tells-congregation-drink-RAT-POISON.html>),

⁵ (https://www.youtube.com/watch?v=PxI-6rM_2E0)

survival, calmness, and wellbeing were attributed to the ability to be able to access, acknowledge, live, and express one's heritage.

Resilience theory discourse is framed around the disruptions and the response given to them in return by communities whose heritage is threatened. Communities are intruded upon by development workers who after they are done, often leave behind a plethora of disruptions which the community is left to deal with (Bottrell, 2009; Magis, 2010). Communities have to use available resources to address and respond to this change, with the capacity to use available resources impacted on by not only internal factors, but external factors and the community's innate ability to respond and thrive. The process of building resilience takes a conscious effort to learn and practice a personal and collective capacity that influences and sets the community on the right trajectory (McCrea et al., 2014).

The issue of an imbalance of power is a factor that works against resilience building, and policies can address some of these challenges. Unfortunately, however, most policies, even within the African context are mainly influenced by western values and global political trends. The necessity of including resilience as a factor in education and policies that are sensitive about cultural norms and practices when working with disadvantaged or marginalised communities is becoming increasingly evident (Bottrell, 2009).

Communities will need to collectively and strategically draw on internal and external resources to build resilience and respond, rather than react to change (Richardson, 2002; Smit & Wandel, 2006; Magis, 2010). These resources can be social, cultural, natural, political and built resources which will be discussed further below (Daniels, 2004; Emery & Flora, 2006; Donoghue & Sturtevant, 2007). Building resilience adds to the community's capacity to develop in a dynamic way that helps them to thrive in the likely event of unpredicted change or difficult circumstances (Walker Holling, Carpenter & Kinzing, 2004; Adger, Hughes, Folke, Carpenter & Rockströmet, 2005). Intention and conscious choice is required in the development of their personal and collective actions which increases their capacity to adapt to and make positive changes from the disruption they are experiencing. However, people and communities do show more resilience in certain areas of their lives, while in other areas of their lives, they show less resilience (Southwick et al., 2011).

Communities learn to live with constant change by adapting and building their capacity to respond to these intermittent disruptions. Resilience can equally be developed through a decision to survive change, strategic planning, innovation, collective action and learning.

Communities need to come to a place where they realise that resilience is a choice to be made, followed by certain relevant actions towards this goal. Next is active engagement of all these forms of community capital, leading to a constant learning and growth of their capacity to be resilient (Magis, 2010). When resources that are shared by all and invested into community enterprises for the benefit of all, the resources grow and become community capital. Too often community resources are measured in terms of economics; the dominant use of an economic paradigm to measure community capital is not necessarily the best way, as communities often have other means at hand to build capitals like the social, spiritual, cultural and political resources.

Natural capital are resources from the ecosystem which are naturally given, these include human capital which is used to both access resources and develop the community. Human capital refers to individual capacity, training, skills and knowledge (Goodwin, 2003).

Cultural capital refers to people in social groups; it reflects the ways of knowing of the people, their worldviews and values. Culture sets an understanding for how communities engage with the world, creating social norms related to power and influence within communities (Emery & Flora, 2006). The belief in the ability to protect communal wellbeing is one very important offshoot of cultural capital. The second is the belief communities have in their capacity to adapt and develop the traits for resilient integration. *Financial capital* is about the financial resources required to adapt by measuring the financial situation of the community. *Built capital* is about infrastructure and physical assets. *Political capital* refers to the community's ability to access resources. It also refers to issues of power and the brokering of power and political will to express themselves and be active agents in their communities. *Social capital* is the coming together of the community to participate and engage with community initiatives to usher in positive change and enhance the community's protective factors which builds the community's resilience.

Community capacity and community resilience are two different concepts. Community capacity speaks to the interaction of human capital, organizational resources and social capital in a particular community for the collective benefit of all which is aimed at improving community wellbeing (Chaskin et al., 2001, as cited in Magis, 2010). Community resilience on the other hand, emanates from systems theory and socio-ecological studies that focus on change. Therefore while community capacity can be developed to address any situation that arises within community development, community resilience is specifically targeted at building capacity for change (Magis, 2010), hence a capacitated community does not

necessarily mean a resilient community. However, both community capacity and community resilience are about collective action and believe in the community's capacity to enhance their protective factors for their own good, and are both connected to literature on social movements. Both concepts also employ the strategy of enhancing and making use of community resources for collective wellbeing. The shared resources of soil, forest and water, even a shared ancestry contributes to the sense of a collective continuity that contributes to resilience. Another example is the guardianship and passing on of knowledge to the next generation which the Bomvana believe contribute to their collective resilience. Hence for this study, resilience is positioned as a collective and defined as both a process and an outcome, related to the capacity of a community to both provide resources, and to be able to utilise those available resources to support and sustain positive adaptation to change. The discussions above point to the acknowledgement that more sustainable change is achieved as a collective than as an individual entity, which leads to the second influencing philosophy, namely *Ubuntu*.

3.11. Conceptualising Ubuntu

Ubuntu is an Nguni term which translated in its simple form, means 'personhood' or humanness, but in its more complex form, is quite multidimensional (Kamwangamalu, 1999). It has become a current day phenomenon, approached and understood from various perspectives not limited to, but including business, academia, theology, ethics, philosophy, social science, medicine, environmental sciences and other aspects that draw from this concept (Kamwangamalu, 1999). Ubuntu is about collective sharedness, obedience, humility, solidarity, caring, hospitality, interdependence and communalism (Keane 2008; Gianan 2011; Mohale 2013; du Plooy 2014; Ramugondo & Kronenberg 2015; Berghs 2017) and shows that despite the diversity of cultures within Africa, there is a compatibility across the belief systems, values and socio-political institutions that exist within various African societies. The individual owes his or her existence to the group (Kamwangamalu, 1999; Murithi 2006). This has been cited as different to “low context” cultures (Kamwangamalu, 1999 : 30) , for example in Europe, which emphasise more the independence of an individual as the relevant, expected outcome.

Culture as defined by sociologists, is about norms, values, beliefs or expressive symbols. Norms are the expected manner of behaviour, belief is about the people's worldview, a value system is about what is very important and relevant to their existence and expressive symbols

are often representations of the beliefs, norms and values (Griswold, 1994, as cited in Kamwangamalu, 1999). Values which are context bound and belief systems are usually expressed through a variety of ways but one very significant way is through the language as a medium of expression.

Ubuntu as defined in this study is very focused on an African understanding and interpretation of the collective related to spirituality, and concerned with relationships between the living and non-living. It is a contested notion both in discourse and its practical use. One says 'practising' Ubuntu, not just Ubuntu. Ubuntu is an African ethical tradition, a living tradition of values. This was greatly promoted by the manner in which Archbishop Desmond Tutu employed the understanding of Ubuntu as an ethical and moral philosophy that requires people to forgive and contribute to building each other up, rather than tearing down (Dreyer, 2015). In post-apartheid South Africa Ubuntu became instrumental in nation building and moral regeneration movement and reconciliation.

Ubuntu has been given two main understandings over the course of time, the first being that Ubuntu is attributed to the moral, benevolent quality of a person, and the second sees Ubuntu as a philosophy (Gade, 2012). Ubuntu made its appearance in literature as early as 1846, with its only authors being people of European descent. By 1950, the first publication on Ubuntu by a black author of African descent was released (Gade, 2011), and the early understandings of Ubuntu was as a human moral quality. It is seen as a multi-faceted concept which includes being generous, hospitable, friendly, caring and compassionate. It is also seen as a 'soul force', which alludes to a spiritual concept, a divine element; it is empathy; the capacity to realise one's connection to other people; the ability to forgive (Gade, 2012).

After more than a century of publications and discussions of Ubuntu as a human moral quality, the conversation began to change. After the 1950s, another understanding of Ubuntu began to emerge in literature, one in which it was beginning to be perceived as a philosophy, a worldview, ethic and as African humanism (Gade, 2011). Its foundational worldview is altruistic, positioning the importance of interdependence, community and solidarity, and stating that we can only realise our true potential in partnering with other people in a caring relationship. Our humanity is reflected in the humanity of others around us, hence we cannot be human, if the people around us are not considered to be human by us. To be truly healed, the community must be healed too (Gade, 2012); the collective or communal harmony is sought after.

Certain ceremonies, rituals and rites of passage need to be carried out in which the individual participates in order to be incorporated into personhood. This understanding is premised on the belief that Homo Sapiens can act in ways that can portray them as inhuman, rather than human, hence there is a need to evaluate the behaviour of a person to determine his personhood or humanness (Gade, 2012).

This can go as far as to state that when some people behave in ways that are outside of human acceptance, they actually are labelled as inhuman and once this level is attained, the community rejects and repels the individual. Hence it has been argued that the understanding of Ubuntu as personhood can be inclusive or exclusive. The exclusive understanding of Ubuntu could be a binding force that holds groups of people together in a compassionate relationship to with one another; it also provides impetus for a collective action as a group aimed at building resilience to overcome a threat or trauma (Maathai, 2009; Chilisa, 2012). Alternatively, Gade (2012) also put forward that the inclusive view of Ubuntu where all are brothers and human can sometimes unintentionally undermine safety as it could rather pacify actions intended to protect the collective against harm.

Spirituality is the bridge that links Ubuntu and resilience, as most African communities do not just believe in, but live the practice of their spirituality (Posey, 1999) Be that as it may, the stance of Ubuntu which supports community differs very much from the dominant western viewpoints. Ubuntu is not positioned here as a physical community (although care within Ubuntu covers the physical community); in this study Ubuntu is seen as caring relationships and connectivity, to ourselves, others and all of nature. This care and connectivity makes us recognise our accountability to the divine, to each other, the animals around us and all of nature (Cobasi, 2006; Keane, 2008; Bell & Metz, 2011; Gianan, 2011; Waghid & Smeyers, 2012; Mucina, 2012; Berghs, 2017). Ubuntu imparts a sense of a shared responsibility that influences how we engage with all around us.

3.12. Varying perceptions of community within Western and Southern worldview

One of the major points of departure between African philosophy and Western philosophy related to this study is that for the African way of conceptualization, community comes first and the individual is centred within the collective. Meanwhile for the Western understanding, the individual comes first and moves on to the community, even if with a bit more complexity than can be discussed here. It does not in any way mean that a group of people in

the West do not come together to achieve something. Usually a group of people who have a common interest in an issue can come together because they realise that this can be done quicker as a group than if they went individually to achieve that outcome. However, the 'we' used in Ubuntu is much deeper ontologically and epistemologically. The individual within this 'we' in Ubuntu sees himself as human or a man or woman only in relation to his rootedness in community, which can be seen as an indication of shared spirituality. The community defines who a person is (Magis, 2010; Kamwangamalu, 1999; Tshabalala, 2014). Community is of paramount importance to self-identity (Battle, 2010). Hence within this thinking, the individual must as of necessity establish his link to place, people and language to know himself/herself. To quote from Archbishop Desmond Tutu - "*just as the navel points men to umbilical linkage with generations preceding them, so also does language and its associate social rules point them to a mental commonwealth with others whose life histories encompass the past, present, and future*" (Battle, 2010:406).

There is much learning to be done by the West in terms of the concept of Ubuntu, as realised in recent years (Battle, 2010). The current events – global warming, wars, economic crisis at an unprecedented level have shown once and for all, that the answer is in community, supporting each other's struggles and challenges and it is time for the Western hemisphere to accept this fact (Battle, 2010). The measurement for referring to Africa as 'backward' among many other associations has primarily been informed by economics and affluence. The current economic crisis in the West has shaken the foundations of this confidence and proved what Africans have always known for centuries which is the relevance of establishing connectedness and community- no one can be human alone (Battle, 2010).

Within the Ubuntu philosophy the individual cannot be in good health unless the community is in good health. It is a collective consciousness and solidarity for the indigenous African people where the self is indelibly linked to others in an interdependent, caring relationship (Posey, 1999; Mabovula, 2011; Boucher & Chisale, 2012). A person's identity and true sense of humanity is established through community and serves as the "spiritual foundation of African societies" (Dreyer, 2015: 197). However, this all-giving conceptualization of Ubuntu is being challenged, in a more globalized world, where there is the pursuit of individual happiness and meaning in life. Ubuntu critics equally perceive the espousing of the tenets of Ubuntu as the past, not current effective phenomena (Dreyer, 2015). People who propagate Ubuntu's values are seen as having somewhat unrealistic expectations of Ubuntu, as they believe that it is unable to address the inequalities of the past, and trusting it to do so is futile.

This utility is regarded as embedded in its threat of conformity to the collective above the individual. Nonetheless, Dreyer (2015) insists that since the values of Ubuntu are embedded in culture and context which are different for different places, the individual is not ignored. The individual is given room for expression of his own sense of 'good', the person is distinctive while valuing and acknowledging one another through shared engagements and cultural integration (Nussbaum, 2003; Wanless, 2007). Indigenous African belief systems and way of life is very communal, but that does not ignore the individual as may seem.

Normally across indigenous African cultures, decision-making is carried out collectively, where everyone has a chance to speak and be heard, and then a decision is collectively reached by instituting a clan or village meeting; in this way voice is given to individuals. Even within the family system, the extended family often replaces the ideas of the 'nuclear' family. Many children within African communities grow up without any sense of differentiation related to identifying "levels" of family, as older members of the family (including neighbours) are all seen as playing a role in raising the child. Another marker of African communalism is reflected through ancestral veneration (Wanless, 2007; Battle, 2010). The connection to the ancestors is maintained because one is lessened without the connectedness, one *is*, because the ancestors *are*. Since all the world is seen as sacred, there is no separation of the physical world and the spiritual, hence the ancestors are as much a reality as the land, plant animals and everything within the community, all life and existence are connected into a whole. This perception of life as sacred filters into daily living activities where every encounter or meeting is treated with the reverence it deserves. There is no particular day of worship like in the Western religious practices, everything and everyone has a divine worth and coming together is done to celebrate belongingness.

Ubuntu as a philosophy shows the person as both existential and ethical, which is an important contribution to mainstream thinking. It is universal philosophy that is replicated in other cultures, although with different names or concepts applied to it. An example is the term "*Sankofa*" (reconnection) is a transpersonal philosophy from the Akan adinkra cosmology from West Africa. The universalizability of Ubuntu lies in this value placement on these terminologies. Mabovula (2011:41) further describes *Ubuntu* as "African humanism" which builds harmony within the families in particular and communities as a whole.

Communities must be treated with value, dignity and respect, Ubuntu rejects a depersonalisation of people, and espouses the value of self-offering, going above and beyond

for the other. The concept of care is taken to another level where the other is cared for, in such a way that affirms the humanity of the person. The onus is on the other to also reciprocate selflessly and give of themselves, truly recognizing oneself in the other person. In this way the communal is established. The person is a part of this community in such a way that their validation comes from being embedded and participating within community process (Gianan, 2011). If denied participation, the person becomes dehumanized in a sense. Hence one sees that within some African communities (West African communities for instance) people are denied participation and chased out of their communities as a form of dehumanization when they have committed what is considered an 'abomination' which is usually some form of nefarious atrocity like murder or adultery (Pers Comm, Chukwukadibia Akpom, 2005). Hence being human is achieved and not attributed simply because one is born (Kamwangamalu, 1999).

Notwithstanding, there is always the danger that the tenets of Ubuntu can be thwarted and abused by certain people who possess a wrong sense of morality and twisted values. The application of the Ubuntu philosophy has the potential to release a certain human ability, that has implications for not just other humans, but a caring relationship with the earth itself (Gianan, 2011).

3.13. Ubuntu, care and the impact of Christianity

Care is shown through the guardianship and transfer of knowledges as people grow up and they learn to become teachers themselves. Through Ubuntu the elderly pass on what they know to the next generation. The manner in which younger people revere and greet the elderly also manifests this caring relationship. Within this framework of Ubuntu, the indigenous African sees the divine in the other and since the divine is respected and honoured, the same is accorded to each person (Masango, 2006). People sometimes put away Ubuntu for their survival and to right a wrong, for example the South African society during apartheid. Alternatively the actions above could also be interpreted as showing Ubuntu to self, in order to build resilience for survival. After the struggle against apartheid rule, indigenous South African communities have been trying to find its way back to what it knew before, to its historical and spiritual beingness and humanity. Despite this attempt at journeying backwards to re discover what was lost, one area where there has been some particular challenges has been in the area of Christianity and spiritual beliefs and expression. The African community is currently experiencing the impact of the colonial heritage of Christianity and the division this has caused within families (Masango, 2006; Mji, 2012).

This is because while some people became influenced by the Christian doctrines, others remained with their traditional practices. Some people decided to practice both belief systems, however there is still a lot of uncertainty and confusion regarding this dualism as is witnessed with Amabomvane.

Christianity was seen as the good spirituality and the African belief systems, the bad spirituality by default (Mtuze, 1999; Masango, 2006). This separation of beliefs was practically implemented even when people died, as the Christians separated the graveyard into three sections- Christians, non- Christians and Catholics (Masango, 2006). This not only created a division between Christians and non-Christians, but equally among Christians themselves. Indigenous Africans were told to leave their indigenous belief systems and their entire way of life as they knew it. They were required to embrace the western way of life as the normative, and a good way to live. Despite this urge to forget their beliefs, the singular action of separating the dead made some Africans revert to their own indigenous belief systems once again (Masango, 2006). This retraction back to their belief systems is informed by certain persuasions regarding ancestral linkage.

The belief of the indigenous African firstly is that when someone lives a good life and dies, they will become a good ancestor, secondly the ancestor is in another world so can connect them to God and speak on their behalf, thirdly, they believe that ordinary human beings cannot speak to God, so a mediator was seen as integral to spirituality (Masango, 2006). A mediator is always sought when communicating with someone perceived to be higher than one within African communities. When Christianity was imposed without regard to first unpacking their belief system, Africans firstly struggled to overcome this sense of hierarchy and learning to approach God directly themselves as given within the Christian tenets. Hence in separating people in death, their connection to their lineage is affected (Masango, 2006).

Masango further clarifies that death for the African, is not the end, but a change of place, a transition from life in the physical to life in the spiritual realm. Only elders who lived good lives however, become ancestors. Sometimes the process of becoming an ancestor actually begins before the elder dies when he has attained a great level of maturity and spirituality in life, and also based on the legacy they have built up through sharing their knowledge and wisdom, they can become living legends, and then be seen as the image of God after death. Indigenous African spirituality is expressed in Ubuntu because none in the community is allowed to live their lives alone, that is why people would correct each other's children and

look after each other's livestock as theirs (Battle, 2010). Examples of a spiritual marker are various initiation rites that are carried out to show maturation and in which the person openly declares their alignment with the values of the community. The elders also get to share their knowledges during the processes. Other examples are marriages, funerals and other ceremonies, the spiritual belief system that underlies these practices is harmonious, not just among people, but with nature, this is a precept of Ubuntu. Consequently, the spiralling effect of separating Africans from their spirituality hit at the very core of their existence, which is community, and the move back to what was previously known, will require some resilience.

3.14. Indigenous understanding of community

There is a need to unpack the various understandings of community, before exploring the connotations of these definitions for the African theology. This is relevant to understanding the vital role of community or the collective in African spirituality, and its centrality within indigenous perspectives. Social groupings can be perceived in three different ways- as *collectivities*, as *constituted groups*, or as *random collection of individuals* (Battle, 2010: 417). The African perception of community is the *collectivities*, the view of personhood as contextualised by community and natural environment. Humanity is seen as existing in a social whole, rather than a multiplicity of individuals. When individuals participate in the whole, then their personhood is defined by whatever position or space they fill within that whole (Battle, 2010). There are concerns from some schools of thought that the individual is marginalised in favour of the communal within the Ubuntu philosophy. This concern is worthy of note, but Battle (2010) warns of the need to align context with practice, giving an example of the Nuer tribe in Africa, who leave their children by the river for the hippopotamus to take care of if they are deformed at birth. This is informed by the sincere belief that the deformed child is not human, but a hippopotamus, hence it would be unfair to keep the child away from its kind (Battle, 2010). Now to people of a different worldview, that is a terrible crime but to the people from this place, this is an act of benevolence. Therefore, the author cautions that there is a need to examine what lens is used and try to understand the intent behind the actions before ways can be found to address them effectively with care.

This sense of seeing personhood as earned also impacts on the seeming 'injustices' that can be carried out to people. When an individual within a community has not grown into becoming the person he should be within the collective (in the case the baby), or has committed certain acts that are considered inhumane as discussed earlier, the community is

required to mete out what ever appropriate punishment is required, irrespective of how harsh it might seem. This and the fact that that women are not part of the ancestral realm, has been questioned as to how it sits with an inclusive philosophy like Ubuntu (Battle, 2010). These are some areas of contestations that should be acknowledged, but can only be addressed when space and time is allocated to this pursuit, instead of marginalising and pushing the African indigenous knowledge aside.

Nussbaum (2003), gives three main reasons for this marginalisation. First, Africa's traditions and knowledges are passed down through oral tradition, not written down like in the West, it is lived. Secondly political leaders in Africa have abandoned the underlying value systems of African culture and traditions, smearing the image of Africa before the rest of the world. The third reason is that news and media often identify and focus on mainly the negative occurrences in Africa, feeding the rest of the world a distorted view of Africa that is filled with images of destruction, suffering and famine (Nussbaum, 2003). The reciprocity that is evident in the manner of engagements and governance that exist within the communities are rarely reflected. In decision making, the chief will reach consensus with his people before a decision is made, reinforcing the notion of community. Community is positioned in this study as both the physical geographical space, and the people located within that space, including the holistic systems and structures that support them to thrive.

3.15. Locating spirituality within Resilience & Ubuntu

Both tenets of resilience and Ubuntu are underpinned by community, spirituality, faith, belief in something larger than oneself, and ability to make meaning of one's life in spite of challenges or adversity. Resilience and coping occur across the lifespan of the individual, families and communities on particular paths of development. Researchers believe that if professionals could understand what helps people thrive and be in a state of wellbeing after adversity, it could be incorporated into practical strategies for professionals to improve professional competence to deliver support and care (Greene et al., 2004) to the individual and community. Literature on resilience theory has focused on certain areas as key to discussing the spiritual dimension and its ability to influence positive outcomes and promote health and wellbeing. Seven main areas identified where spirituality acts as a source of resilience are: close relationships, social support, moral conduct, personal growth, adaptive coping and development of meaning and purpose in life (Pandya, 2015).

Spirituality, socio-cultural relationships and interconnectedness is inexplicably linked to wellbeing as described earlier (de Souza, 2009; McCrea et al., 2014). Wellbeing “is about having meaning in life, about fulfilling our potential and feeling that our lives are worthwhile” (Eckersley, 2005, as cited in de Souza, 2009:181) and resilience theory is used to study the biological, psychological, social and spiritual factors that might facilitate an individual’s (or community) wellbeing (Kubilien, Chung, Kumsa & Burma 2014). Resilience is a complex and dynamic concept influenced by spirituality, culture and context (Theron, Theron & Malindi 2012) which is another reason why it has been proposed as a framework for this study. Spirituality is identified as a core characteristic in resilience and for the African indigenous peoples spirituality is embedded in their context and culture (Theron et al., 2012). The experience and development of resilience happens within a social ecological system that is driven by culture and context at any given time, hence the relevance of Ubuntu within this study. Ubuntu provides the contextual and cultural grounding that aligns resilience as used in this study, to the indigenous African belief systems and philosophy, and this is based on the spiritual. Ubuntu is a concrete manifestation of a lived spirituality (Venter, 2004) and establishes a complex spiritual connections between people, communities, nature and God and, as has been stipulated in literature, has the potential to influence authentic engagement within a transcultural approach that support resilience.

3.16. Bridging knowledges and practices through Transculturality

Transculturality refers to the merging of cultural diversity, ethnohistories in multifarious societies, identifying and working with similarities and differences among cultures and worldviews. It is aimed at bridging the gap between various knowledges and practices to facilitate collaborative use of these knowledges to promote health and wellbeing. Within healthcare, this concept is aimed at providing culturally congruent, safe and meaningful care to people (Leininger, 2002:190). Whether in health or development, the main feature of the transcultural approach is focused on seeking to overcome the difficulties of working with contrasting belief systems towards creating a system of knowing. This system identifies commonalities and positive influences that enhance wellbeing across diverse cultures, while leaving the unique tenets of each culture and belief system intact (Jansen, 1973). It seeks to create a shared relationship rather than an imposition as has traditionally being the norm.

Afshar (2005) refers to this norm when he discusses the western versus southern development frameworks, stating that there is a relationship that currently exists which has implications for

development, for the global north and the south. He calls for a broadening of the traditional scope of just focusing on exploring development needs in the south to also encompass issues of development in the north, identifying links between the two systems. Especially in terms of wellbeing, the focus should be on determining how the north can change their frame of reference to become the solution rather than being part of the problem (Afshar, 2005). The north is usually seen as mostly secular and the south as more spiritual, hence international development is at times particularly concerned with human and ecological development. This is because vulnerable people and places as these are the areas of interest to the north. Issues of spirituality, wellbeing and happiness are rarely considered, even though research has shown that the south is very involved in these processes, because they have not been a priority for the north in the past (Afshar, 2005). Subsequently, issues become a global priority only if it is a priority of the north. Afshar further discusses the notion of centred development which is akin to the concept of transculturation.

Centred development is a balanced approach that takes note of concepts of interest in both the north and the south. It levels the North and South debate, showing the vulnerability and interdependence of each, (Not only the South 'need' development) and will better influence the future, contributing to a collaborative development framework. A centred development starts to make evident the somewhat flawed aspects of the traditional framework and lens used to identify areas of development (Afshar, 2005). The traditional approach of needing to be the 'saviour' of the South has often been known to sometimes cause more damage to the people it aims to 'save' in the South than good. However, when the lens for viewing development is more centred, one discovers that; both areas need to be interdependent and learn from each other; some criteria within these lens might actually reveal the South as faring better than the North in certain aspects; the impact of realising the possibility that the South can fare better in some areas will change the frame through which the global South is viewed, which is often as needing to be 'patterned' to the global North (Afshar, 2005). An example is the holistic approach to wellbeing that indigenous communities practice, where the individual's relationships are centred as part of wellbeing.

This perception of the South as actually faring better in certain aspects is creating a margin for discussions on the complex multi-level models needed to begin to interrogate how both knowledges could to speak to each other and possibly find some commonalities. This study aims to take these discussions further by bringing in the African voice and exploring understandings of spirituality that can influence collective wellbeing. This is especially

relevant for the Bomvana context, where the community has been divided by their different belief systems, impacting negatively on wellbeing and resilience.

3.17. Chapter summary and conclusion

Resilience is seen at all aspects and levels of society, but has been challenging to define, especially community resilience which has been defined quite vaguely in literature. This is attributed to the fact that various communities build resilience in different ways, and understand wellbeing in particular ways that suit their world view. However, these various understandings have not been explored enough, especially among marginalised communities and knowledges, to understand what resilience and wellbeing means to them. Community resources play a major role in building resilience and every community must identify and determine what resources they will use collectively to enhance wellbeing, a community can only be as resilient as the resources they have access to, of which spirituality has been identified as one. Spirituality is foundational to the achievement of resilient outcomes, as well as a key ingredient in Ubuntu, hence should be explored as a resource for resilience and wellbeing for communities. This study focuses in this area and gives the chapter concluding statement after the conceptual framework graph below.

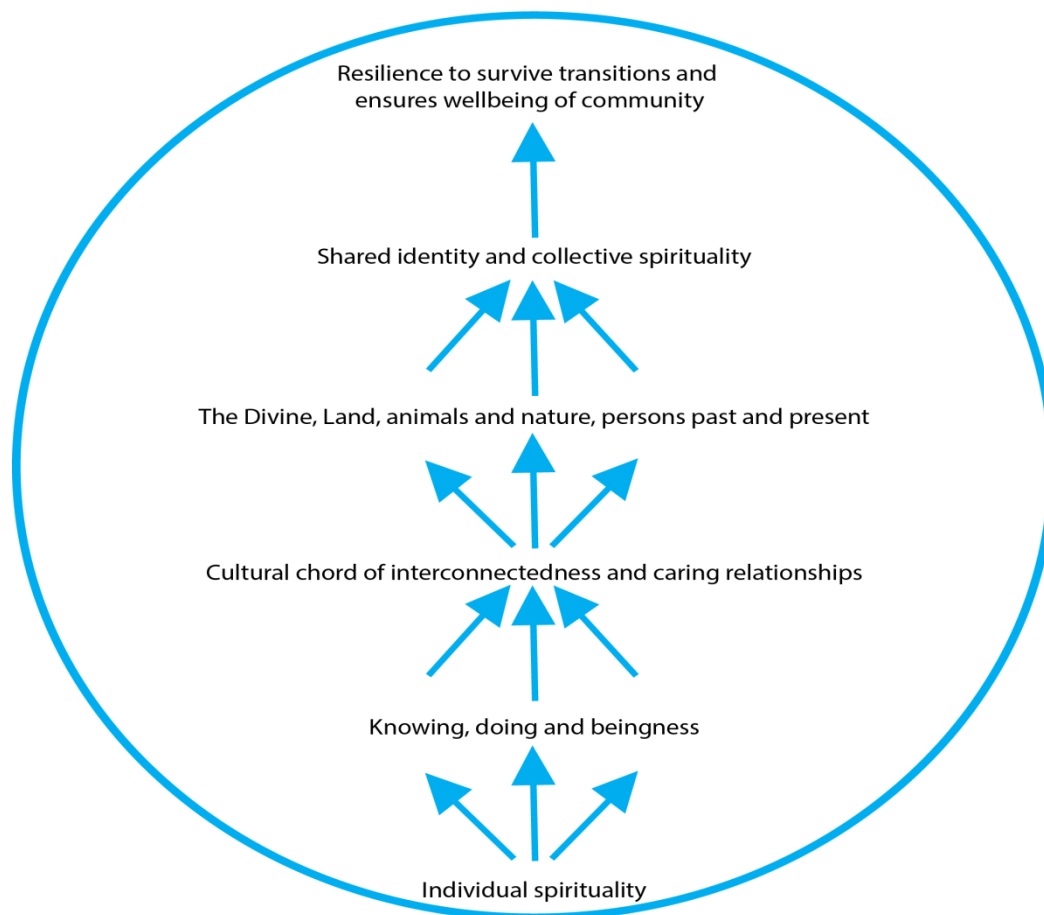


Figure 3.1 above shows a graphic representation of the conceptual framework of the study

This chapter has explored the development and understanding of the conceptual frameworks of resilience and Ubuntu, aligning to the notion of a collective resilience that speaks to community. The notion of community wellbeing as a state of being, while resilience as a process was discussed, pin pointing community resources as necessary for building resilience that contributes to wellbeing. Lastly the positioning of spirituality within the theoretical framework is discussed. The relevance of Ubuntu as an African worldview that can influence the notion of a transcultural approach that can inform an integration of knowledges is given. This is related to spirituality and its capacity to influence resilience and collective wellbeing. The next chapter 4 is the methodology and will discuss how the study was carried out within the communities guided by the conceptual framework, also discussing issues of data gathering, management, analysis and ethical considerations.

Chapter 4: Research methodology

Though those in medicine might like to bracket the spirit or the soul from its purview, to speak of persons requires that we consider those qualities that spark within each human and make them more than just meat and bones (Determeyer & Kutac, 2018: 1688)

4.1. Introduction

This chapter presents the study methodology, discussing the positionality of the study and its influencing philosophies. The study design is discussed, giving the justification for the design adopted for the study. The research process is presented – community entry processes, sample strategy, data gathering planning and process. The structures that were put in place to ensure reliability and trustworthiness are described and in the end, a conclusion is given which pulls together all the key issues discussed within this chapter. Table 3.1 gives a snapshot of the philosophical and methodological approaches of the study, and how they contributed to the study process:

Table 4.1: Summary of philosophical and methodological approaches

Positioning of study	Social constructivist, Emancipatory (Denzin and Lincoln, 2005; Noor 2008;. Yin, 2009)	Allowed for expression of multiple realities and co construction of the understanding of phenomena; Emancipatory in terms of unearthing new marginalised knowledges;
Paradigm	Qualitative interpretivist (Denzin and Lincoln, 2005; Maxwell, 2013).	Allowed participants to describe their own understandings of the phenomena, and allowed interpretations of their narratives;
Conceptual framework	Resilience theory and Ubuntu (indigenous framework)(see Chapter 3) (Mertens, 2009 ; Chilisa, 2012).	Assisted the study navigate both worldviews and seek a common space to address the study focus.

Research design	Exploratory Case study (Yin, 2009)	Supported the relevance of finding out the meaning of spirituality and wellbeing as lived by the participants.
Methods used for gathering data	Ethnographic (Denzin, 1988):key informant interviews, focus group discussions (focus group discussions), participant observations, one-on-one in-depth interviews, reflective journals, photography and unplanned opportunistic conversations (Chilisa, 2012; Mji, 2012)	Ethnography created space for me to be part of the collective, understanding my positionality and what that means for the study. The different data gathering methods were compliant with the case study approach, and supported a holistic approach to data gathering. It also contributed to rigour of study.
Analytical strategy	Theoretical propositions and connecting strategy (Yin, 2009; Maxwell, 2013).	Aligned the study to the process of data analysis within case study research.
Rigour	Credibility, transferability, confirmability and dependability (Chilisa, 2012; Maxwell, 2013).	Helped ensure that the study processes conformed to rigour.
Ethical considerations	Autonomy, Informed consent, Confidentiality, Justice, Beneficence, Non-Maleficence (Denzin and Lincoln, 2005; Chilisa, 2012).	Helped protect the study participants to ensure they experienced no harm from participating in the study.

4.2. Description of the influencing philosophical frameworks and research design

Philosophy is defined as the use of abstract ideas and beliefs to inform research (Creswell, 2013:16). The study research design is influenced by two theoretical worldviews, in particular, which impacted on the methodological processes of the study. The two

frameworks used in this study are related as they both enshrine the understanding of interdependence of all as core to existence and wellbeing.

4.3. Research frameworks and design

Resilience theory is strength-based and concerned with bringing out narratives from marginalised/vulnerable groups on how wellness is achieved in the community in spite of challenges or rapid societal changes. Resilience theory can be used to study phenomena in context, and the interaction between person, family or community. The context is very important when carrying out a case study and also as related to African spirituality (Kwon, 2008). It is impossible to understand spirituality and how it is practiced outside its context, hence utilising resilience theory supported and necessitated a rich exploration of the people, their context and knowledges which included-physical, cultural, spiritual, lifestyles, relationships and beliefs (Theron et al., 2012).

The core spiritual values (Pandya, 2015) (See Chapter 3, page 96) were also considered when designing the interview guides used for the study, although the same words from literature were not utilized. Justification for the use of *Ubuntu* as an influencing indigenous framework is discussed in the next paragraph.

4.3.1. Ubuntu as an indigenous framework

Ubuntu has been presented as a philosophical influence of this study in the previous chapter (See chapter 3, page 84). In this chapter Ubuntu is positioned as an indigenous research framework that is presented here as a post-colonial space that not only recognises the struggle of marginalised and oppressed knowledges and the relevance of unearthing these knowledges, but also the potential to create spaces for new knowledges that integrate the past and present as a “continuum for the future” (Chilisa, 2012:12). The methodology of the study is influenced by the need to consciously respect and inculcate indigenous practices that inform the fabric of life and existence of the people within the study contexts. Thus endeavouring to establish connectivity embedded within *Ubuntu*.

It is important to utilise a framework that emanates from the people, within whose context and worldview the study phenomena are grounded. The application of the tenets of *Ubuntu* influenced the research process in a way that gave voice to the participants and welcomed their contributions with gratitude and humility. In this sense both theories worked together in guiding the research process.

4.3.2. Relevance of Ubuntu and resilience theory to this study

In carrying out research, an indigenous worldview can be utilized on its own, or can be complemented by a more Euro-western framework (Mertens, 2009; Chilisa, 2012). Utilizing the frameworks of *Ubuntu* and resilience contributed greatly to the expostulation of a moral viewpoint which has the capacity to heal a community (Tshabalala, 2014). This straddling of the study is significant especially as related to the space the study had entered into. The study was carried out in a contested space, in a context where two different knowledges try to co-exist, hence the fact that the study has been influenced by two theories that relate to both knowledge systems, that have given a more holistic approach to understanding the study interest, and helped in bringing focus to the complexities and sensitivity required to navigate this space during the research process as discussed further below.

4.3.3. Building working relationships: The backward and forward movement of knowledges

One of the key informants in this study (Chief TP), during community entry and the development of community partnership, recommended a development strategy to be used when exploring an unfamiliar concept. He said, before its implementation, that there was a need to connect the new, unfamiliar concept with the older traditional concepts to determine what should be integrated and what should be left behind, because of lack of relevancy to current development. The informant referred to this as '*the backward and forward movement*', and saw it as a way of eliminating gaps that undermine development (Mji, 2012; Chilisa, 2012). This movement starts with building working relationships that enhance social justice. This is part of an indigenous methodology that seek to be responsive and accountable to its context, beginning in an explicit positioning of the researcher (Nuwagaba & Rule, 2015) especially within a qualitative research paradigm (see Chapter 1, Page 20). Here the processes of building community relationships are briefly discussed below, highlighting how this study was conceptually and methodologically influenced by these researcher responsibilities to build relationships. Chilisa advocates that data gathering can only begin after one has explored the culture with its unique cultural expressions. This would involve interacting with the context and people in a respectful, open and caring attitude, which was the aim of the initial community entry, and are presented further below. Other factors that facilitated good relationship with the community according to Chilisa (2012) included:

- a) Employing the worldview of the indigenous communities that I worked with- I was aware of and contributed to creating a space to respect and validate the duality of knowledges and cultural processes involved in this research through observing the community entry processes.
- b) Envisioning research methodologies that are built on worldviews of human connectedness and the cyclical nature of human experiences – *Ubuntu* also influenced the approach of the study methodology in that I recognized the interdependence that existed between me and the Amabomvane in the research process, making me realise the importance of the *I/We* connection (Chilisa, 2012; Dreyer, 2014).
- c) Assuming transformative roles- as I dialogued and conversed with the community, ideas and ideals were shared and a “knowing” of each other occurred as I was also questioned about who I am, my clan and what purpose I have entered their community.

I have already positioned myself in the first chapter, and will present the stance of the study below.

4.4. Positioning the study

The positioning of this study is within the resilience theory which is aligned to the social justice interpretive paradigm (Mertens, 2009; Creswell, 2013), constructivist interpretive paradigm in particular (Denzin & Lincoln 1998; Denzin & Lincoln 2005; Lincoln & González 2008; Chilisa, 2012) and informed by Ubuntu, as an indigenous research methodology. The reasons why this paradigm was proposed for this study are as follows:

- The paradigm is aimed at understanding specific issues and topics.
- Participants can describe their experiences and construct their own meaning of the issue.
- These meanings could have been influenced through the process of interactions with other persons, so meanings are subjective.
- The contexts where participants live are included to gain an understanding of the historical and cultural settings of the participants (Creswell, 2013).
- This paradigm allows for multiple realities, as this study posits that the truth is constructed and so each reality is as valid as another.

This outcome of the constructivist approach supported the exploration of the different interactions and understandings of the study concepts between the participants of this study

(Mertens, 2009) as I interpreted and co-constructed reality from their understandings of their own worldviews. Therefore, the use of a social constructivist interpretivist approach was seen as aligned to the aim and over-arching positioning of this study.

4.4.1. Qualitative paradigm

The qualitative paradigm was deemed appropriate and utilized for this study (Denzin & Lincoln, 2005; Guba & Lincoln; 2008Mertens, 2009). A qualitative interpretive paradigm seeks to understand the meaning participants make of an issue or phenomena, exploring the nature of reality as a social construction (Denzin and Lincoln, 2008). The qualitative study is an interpretive, naturalistic approach that study phenomena within its natural context, also situating the researcher within the study context (Creswell, 2013) which made it appropriate for this study. Findings from this kind of study are not aimed at being objective, but aim to represent the multiple understandings of truth as portrayed by the study participants. Within the qualitative inquiry, case study was utilized.

4.4.2. Case study method

An exploratory ethnographic case study approach was deemed appropriate for this study. The case study allowed for the study of a phenomenon of interest within its context and is defined as a “systematic and in depth investigation of a particular instance in its context in order to generate knowledge” (Rule and John, 2011: 4). Yin (2009) and Rule & John, (2011) state that research questions can be investigated with a case study approach when they include questions that are framed with a “how” or “Why” and focus on contemporary events. A case can be an event, individual/s, an entity or a unit of analysis (Denzin and Lincoln, 2005; Noor, 2008). These reasons applied to this proposed study. This study was about a current ongoing phenomena that exists within a cultural and historical context which is of relevance to understanding the phenomena of interest.

In addition to the points given above, case studies are used to explore, describe and explain an issue of interest wholly and holistically allowing for a meaningful, contextual understanding of a phenomenon. The researcher has no control and cannot manipulate the behaviours of the participants (Yin, 2009) and the study is iterative and flexible so the researcher can revisit any aspect of the research design as the need arises. The case study is supported by an ethnographic approach because the researcher aspired to build an understanding of the phenomenon of interest in its natural context and culture (Denzin & Lincoln 2005; Guba & Lincoln 2005; Denzin & Lincoln 2011). Ethnography provided a deep

understanding of an issue within its context similar to an indigenous knowledge system which “exist in a local context, is anchored to a particular social group in a particular setting at a particular time” (Agrawal, 1995:3). Indigenous knowledge exists in a bounded system, which makes a case study most appropriate. However, case study as a methodology has received some censure from certain schools of thought.

One critique of a case study approach is that it is not necessarily generalisable to other populations. However, Yin (2009) and Mertens (2009) assert that a case study can be generalised, however generalisability in a case study approach refers to analytical generalisation and not generalisation to another population necessarily (Yin, 2009). Noor (2008) asserts that the holistic well-rounded outcome of the case study because of the multiple sources of evidence used is a unique advantage of the methodology. Mertens (2009) agrees with this, stating that with the thick description provided in a case study, it is up to any person doing the research to identify and replicate the research their own way. Stake (1998) however argues that the aim of case study is not to represent the world, but to represent a specific case.

Another critique is that the case study is not rigorous. Yin (2009) rather posits that all other kinds of research experience the challenge of rigour, and the fact that some case study researchers are not rigorous enough does not make case study less rigorous than other research. Also referring to the critique that the case study approach is often biased towards the particular outcome desired by the researcher, Flyvbjerg (2006) makes it clear that a case study approach does not have any more risk of bias and subjectivity than any other methods in research. In the next paragraph I elaborate more on the process of the initial community entry.

4.5. Initial site access and community entry

In this case, community entry took place from 28 November to 4 December 2015. This was a very significant aspect of the methodology as the community entry was done for three specific reasons- to introduce the study and researcher to the community; to ask for permission from the various chiefs of the communities to conduct the study; as well as to pilot certain key questions and share the concepts related to the study with the people of the communities and gain an understanding of their perspectives which influenced the design and process of the research. Engaging in community entry processes is very much aligned to the social justice approach of ensuring that research on marginalised groups carries the

understandings of the people and their value systems into the research design and process, giving them voice (Mertens, 2009; Creswell, 2013; Kalenga 2015). The communities identified for the research were four village clusters within the Gusi area.

4.5.1. Description of study setting

There were two main reasons why these villages were selected - the four villages are strategically positioned as related to contact with external influences and the diversity of belief systems that exist in this area. In the need for anonymity, the villages have been labelled A, B, C, and D including the indigenous names that embodied my perception of each community.

4.5.1.1. *Ukuzola* (A space of serenity) Village A

This community is the farthest from Madwaleni hospital and was also the most rural of the four study communities. The village is encased within beautiful hills right next to the sea. The village cluster has a small population, with no formal school, church or clinic in that area. The community was the least in contact with external influences. There were no tarred roads and one finds that both animals and the villagers live in very close proximity.

4.5.1.2. *Ndiziva ndonganyelwe* (An overwhelmed space) Village B.

This community is more populated than Ukuzola and had more contact with external influences. One finds a mix of belief systems. The community has a number of primary and secondary schools and one tertiary education institution, churches and a secondary hospital. There was more density of houses and little forestation in the village itself. Also one could see a diversity of people from various places who work at the hospital, and also seeking consultations. There is a sense of encroaching modernity here evidenced by some gas fumes, empty beer cans from the taverns (drinking parlours) and plastics lying around.

4.5.1.3. *Ukudibanisa* (A mixed space) Village C.

Village C was a combination of villages A and B. The community is closer to village B, has tarred roads and certain development agencies are situated within this village, so one sees people from various other countries coming into the village for various reasons. Village C also had a small clinic, a secondary school and various churches as well as local taverns (drinking parlours). Despite this, one still got a sense of the rural setting as the houses and huts are quite spaced out. The traditional healers practice their healing and the animals roam freely.

4.5.1.4. *Ukungxamiseka* (A rushed space) Village D.

This is the very first community that one encounters when entering the area and has many more modern amenities. There are various government institutions located within this community, schools, a library, clinic, churches, traders with many market places, supermarkets, public transportation and carparks that drive to the big cities. Many inhabitants live in other places but come in for work so there is a lot more traffic and the houses are quite close to each other. Here one could see areas that could be regarded as more of a slum as people were trying to find spaces to live.

4.5.2. Critical outcomes of the Community entry processes

The section below describes the outcomes of the community entry processes that was critical to the study (Chilisa, 2012). A summary of the key points that emanated from each village during the community entry is given below showing how it was taken into consideration during the study plan and design.

Table 4.2: Summary of key influencing outcomes of the initial community entry

Villages	Critical factors identified from initial visit	Methodological implications
<i>Ukuzola</i> (A space of serenity)	<p>My ‘adoption’ as part of a clan</p> <p>A lack of trust of outsiders due to bad precedents</p> <p>Ensuring follow through with the study to positive results</p>	<p>I felt validated as a member of the community by this experience. Within the indigenous framework, every person is seen as belonging to the community, as Ubuntu is expressed to strangers. I realised that as we engaged in conversations during the process of the research, I was being given custody of these thoughts, knowledges and practices. It became important to work with a methodology that allowed a co-construction of knowledges and respectful representation of these understandings and ways of being.</p> <p>This factor brought home to me how crucial my research assistant would be to the process of the study as she would be integral to the building of trust between me and the community. This issue of trust also made the use of an iterative and flexible process (Maxwell, 2013) necessary. This gave me room to be sensitive about leaving certain aspects of the study process and revisiting them later when enough trust has been built to revisit them.</p> <p>I had to take a critical look at the potential outcomes of the study in terms of what this would practically mean for the people of this community. It</p>

	Community no longer a safe space like it used to be	<p>contributed to positioning me methodologically within this space, and made me face the question of how realistic the expectations of the study that I put down are. It forced me to explore and negotiate issues of alignment to community expectations. Also to be honest and transparent with regard to how much I can achieve as a researcher while showing that the start is the qualitative enquiry, but some of the work they too will have to tackle e.g. reconciling the two belief spheres.</p> <p>This outcome of this critical factor is same as the outcome directly explained below</p>
<i>Ndiziva ndonganyelwe</i>	Community perceived as a place of confusion	Both comments above about the community further supported the relevance of my proposed study. The conversations from these comments contextualised and ground my study in the experience of the community. This background

(An Overwhelmed space)	<p>Community spirit portrayed as sick</p> <p>Incompatibility of the two knowledge systems</p>	<p>knowledge was very helpful in developing the proposal, which was influenced by their unique understanding of their context and lived experience.</p> <p>Situating my study within the body of literature was aided by this belief some community members had that indigenous and western knowledges cannot find commonality. It also further problematized my study in terms of both literature and community experience.</p>
<i>Ukudibanisa</i> (A mixed space)	<p>Showcasing the positive nature of their culture</p> <p>Ensuring follow through with the study to ensure positive outcomes</p> <p>A lack of trust of outsiders due to bad precedents</p>	<p>This expression of need validated the influencing theories of this study as relevant for this space and time.</p> <p>Same as above</p> <p>Same as above</p>
<i>Ukungxamiseka</i> (A rushed space)	Absentee leadership. The current chief resides away from the village	This made me adjust my planning in terms of time. More time was allocated for phone calls and messages to the chief, while waiting for his response to each query or request. This made me plan ahead for unexpected delays for each place visited just in case. I realised that certain processes (like first

	<p>The reluctance of healthcare staff to discuss traditional spiritual practices and the negative connotations they give to it</p> <p>A lack of trust of outsiders due to bad precedents</p>	<p>gaining permission from the chief) must be adhered to before anything can be done.</p> <p>This further problematized my study focus and informed the methodology of training my research assistant. I realised the importance of managing any power dynamics between my research assistant and me in such a way that he or she could be open about her thoughts on spirituality and wellbeing in case he or she too had any negative connotations about the traditional understanding of spirituality. It also made it crucial that my study assistant comes from the Gusi villages. I had to abandon the previous plan of working with someone my colleague had worked with previously who was from a different context although from the same general area in the Eastern Cape. The healthcare practitioners' attitude made me realise that I absolutely had to make clear that I had no bias against their beliefs whatever they are. Also to ensure that they understand that their identity will be protected, this was crucial and helped them open up more during the actual interviews.</p> <p>Same as stated above</p>
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General	Observations	<p>Being in the physical context I could see that issues of transportation, distance and proximity to certain places for participants would be a challenging factor in conducting focus groups discussions for instance. Hence the possibility of some people having to participate in a one-on-one interview rather was considered. I also had to consider a reimbursement and a token of appreciation given to each community we entered.</p> <p>Issues of resource constraint was evident, so I identified the need to support any family/families that have agreed to host me or welcome me into their home for any length of time while I am in their village (Kalenga, 2015). Also the distance between each village and between residences which were not often within walking distance was considered. For instance, to refill the car, the petrol station was an hour's drive away. This consideration influenced confirmations for meetings, interviews and focus groups. These learnings had certain implications for budgetary projections in planning for study implementation.</p>
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Based on these outcomes of the initial community entry, the study design was reviewed, the training manual for the research assistant developed and ethics approval was obtained from the relevant authorities and the actual study commenced. Certain principles advocated by Larkin et al, (2007) guided the training of the research assistant.

4.6. Identification and training of the research assistant

As highlighted above, a training manual was developed to introduce the research and its focus to the research assistant (See appendix 3). The training manual and interview schedules were developed in English, and then sent to an independent translator who translated them to isiXhosa. Then the research assistant reviewed both documents. The interview schedule was divided into four parts, with each set of questions derived from an objective of the study. The questions were the same for both individual interviews and focus group interviews, with the main questions focusing on why they are called Amabomvane, how do they practice being Amabomvane and what do the concepts of spirituality, wellbeing and Ubuntu mean to them. The participants were also asked about their spiritual expressions and what this means to them. The development of the training manual and the selection and training of the research assistant was informed by the processes undertaken in a cross cultural study by Larkin de Casterlé & Schotsmans (2007) which included: recruiting a research assistant who is a member of the community; building trust; and ensuring a balance between language proficiency and cultural knowledge. Seeing the research assistant as a co-researcher with nuanced understanding and lived experience of the context was crucial to the data gathering and translation process; visibility of the research assistant rather than just being a 'vessel' for translation (Larkin et al. 2007).

The research assistant was recommended by a local member of the community who is a community healthcare worker. Training focused on the epistemological and ontological stance of qualitative research methods, philosophical and conceptual frameworks that influenced the study. The research assistant also reviewed both source and target languages in the interview guides in terms of conceptual equivalence and meaning (Larkin et al., 2007). This is because although the language is isiXhosa, there are many dialects within the language. She made further editing modifications to the interview guide and training manual, and kept a journal of her observations as a reflection of the study process.

4.7. Implementing the study methodology

The strategy for identifying the study participants and the processes that informed data gathering and analysis are discussed in this section.

4.7.1. Participant sampling

All participants are from the Bomvana community, 18 years and above. Participants were identified across all four contexts to ensure representation through purposive sampling (Creswell, 2012). Purposive sampling is relevant to identify participants that were obviously required for the study focus (e.g. traditional healers), so they were immediately listed as relevant to the study. Also chieftains and headsmen, traditional healers and medicine men, healthcare professionals and Christian leaders were immediately selected due to the study focus area. Snowballing was then utilised to identify participants further. Snowballing was utilised because community members could better identify people who they perceived as gatekeepers and holders of knowledges within their communities. The elitist older women and men were identified primarily through snowballing. These women and men were identified as elitist based on their high levels of knowledge and practices of the indigenous knowledge within their homes and families. Second, participants who could provide rich data about the study focus were also specifically identified and selected as aligned to purposive sampling (Yin, 2009).

4.7.2. Data gathering process

The process of data gathering is key in case study research and is usually influenced by how knowledgeable and prepared the primary investigator is. Yin (2009) suggests three areas that show researcher preparedness – 1) *seeking opportunities to train and practice to enhance their skill set* (I have been exposed to various data gathering techniques in the past through multi-disciplinary work); 2) *reading and analysing various methodological articles on various data gathering techniques* (I have been exposed to numerous literature sources on the case study approach); 3) *designing pilot studies that utilise different data gathering methods* (The dissertation for my previous degree utilised a case study approach with multiple data sources).



Figure 4.1: The photo above shows the research assistant training process.

The first round of data gathering occurred over three weeks as I immersed myself within my study context. Research within indigenous communities has cultural connotations that produce value laden outcomes, so the researcher should not be distanced from the research process (Mkabela, 2005). Research has often been carried out *on* indigenous communities rather than *with* them, so in espousing Ubuntu I had to make sure that I authentically valued their belief systems and ways of knowing (Khupe, 2014). A particular procedure was followed with every entry into each village and I showed sensitivity by grounding myself in informed compassion (Chilisa, 2012; Kronenberg et al., 2015) which occurs through seeking what is known as ‘community’ or ‘collective’ consent (Chilisa, 2012: 198).

Based on this principle, we started at the chief’s house in each community, as I arrived. When we arrived we spent some time engaging in “small talk” which gave us a space for learning about each other. The sharing of food or refreshments and eating together shows care and is seen as a sign of mutual acceptance, respect and recognition of relatedness (Khupe, 2014). These conversations were not rushed as other family members would join in so the process needed to be flexible and iterative (Maxwell, 2013).

Another example of the necessity for flexibility (Maxwell, 2013) and a certain ability to immediately reflect and respond to an emerging situation as Yin (2009) highlights, is the relevance of the researcher's ability to 'sense' an underlying factor that could potentially impact on the interview, and work with it than to see it as a threat. I conducted all the interviews where the participant could speak English language, while the research assistant conducted all interviews in the native tongue with me present at all interviews. Nomzamo translated immediately as she conversed with the participant so that I could identify cues for her to respectfully probe as necessary. During certain interviews I conducted, I observed that although the participant responded adequately, I sensed that there was more they were not saying. After I got this sense from a second participant, I decided to take action and gently prodded by letting them know that even when I ask a question in English, they were free to respond in the native language. This worked very well. The second participant opened up so much more after that. The breakdown of each participant group and data gathering processes are indicated below.

- 1) **Chief and chieftains** – Focus group discussions were planned in the chief's home for the chiefs and chieftains using an open-ended interview guide. However, it was difficult to find a mutual time for all the chief and chieftains in a particular village cluster to meet. Some chiefs preferred to just grant us the interview when they were available. One of the younger educated chiefs was so busy, he asked that we send him the consent form and interview schedule by mail and he would respond to us by filling it. There was no adverse effect experienced by this change beyond the need to give extra time for individual interviews.
- 2) **Elitist women** – These are women who possess rich knowledge of, and /or practised indigenous health knowledges at home. The women were identified through snow balling, and one-on-one in-depth interviews were carried out using open ended interview schedule (Kvale, 1996). One of the elitist women invited us to stay in her home for the weekend. This was very helpful in giving me a much more personal experience of our participants in a way that we could not have experienced otherwise. We participated in all the activities of her home, we cooked, dished the food, cleaned, played with the children and walked in the community, meeting, observing and chatting with community members.
- 3) **Elitist Men** – Another category of participants emerged during the study process that was not initially planned for at the start of the study. During data generation, a group

of men who were very knowledgeable about indigenous knowledges and /or western knowledges and its impact on their spirituality was identified by community members as key knowledge holders. These men were neither chiefs nor chieftains as anticipated in the study, hence the group elitist men were created. I had one-on-one interviews with some of the elitist men, while others joined in a focus group.

- 4) **Traditional healer and medicine men/women** – Individual in-depth face-to-face interviews were held with traditional healers (Sangomas) and medicine men as well as medicine women. They allowed me to photograph their spiritual artefacts which helped my grounding of spirituality as practiced within this context (Yin, 2009; Creswell, 2013).
- 5) **Christian leaders** – Individual one-on-one interviews were held with available Christian leaders from the four selected village clusters for the study through snowballing. The most rural village did not have a church, but a travelling pastor would come certain Sundays to hold service in one of their houses. I also ended up having an additional unanticipated focused interview within village B with a Christian leader because during the interviews this particular church was mentioned by most participants as very inclusive. Focused interviews are done to pursue a specific issue that might have arisen in interviews during a study (Yin, 2009).
- 6) **Healthcare practitioners** – I ended up having one-on-one in-depth interviews with the healthcare practitioners rather than the focus group interviews as initially planned. This is because of their workload and different times of availability, made it difficult to find a convenient shared time. I also had to adjust my initial proposition to only interview healthcare professionals from the study sites, as two healthcare professionals working in village C although not from the study context, were Bomvana. They had also lived and worked within the study context for more than 5 years. This decision to interview healthcare professionals that do not live within the four study sites had no adverse effect on the study processes. This is because the decision still conforms to the methodology, which was to identify participants who are amaBomvane. So although they did not live within the four sites, they live within the nine Bomvana communities and are Bomvana themselves.

Other data gathering methods include:

- 7) **Photographs of cultural artefacts and study context** - Photographs of cultural artefacts or symbols that have spiritual relevance for participants were taken with

permission during observations (Yin, 2009). Cultural artefacts embody or are receptacles of worldviews and a way of being of a people which often informs what they do and how it is done (Chilisa, 2012; Some, 1994). The spiritual artefacts identified included articles of clothing and colours that are significant, beads, Bibles, certain animals, particular places in the forest and rivers, church (photos were taken of all available symbols that were shown of their own volition). Initially there was no plan to take photos of people themselves, but some participants requested that their photographs be taken and included in the study so I had to oblige. I could not include their photos within the study for ethical conformity but they will be considered during the dissemination strategy according to participants' desired outcomes.

- 8) **Participant observations-** We were able to witness certain traditional rites and I walked through the communities meeting and greeting people, certain observations were made which have been included in the study reflections reported in the data analysis chapter (Crowe et al., 2011 : Chapter 5:132-166) .
- 9) **A journal** was kept by both my research assistants, the photographer, and I, making notes of particular events or personal impressions and non-verbal cues that we thought were significant. We had informal debriefing sessions at the end of every interview as we discussed the outcomes and processes of the interview. This included critical opportunistic conversations and events that occurred during the course of the study. Opportunistic conversations are unplanned, unexpected conversations that often occur in the rural contexts and are normally initiated by people within the community. I debriefed intermittently with my colleague during data gathering, and debriefed with my supervisor halfway through data collection, at the end of both rounds of data gathering.

Table 5: Participants per village and methods of data gathering utilized.

Villages	<i>Ukuzola</i> (Serene space)	<i>Ndiziva ndonganyelwe</i> (Overwhelmed space)	<i>Ukudibanisa</i> (Mixed space)	<i>Ukungxamiseka</i> (Rushed space)
Chief and chieftains	One-on-one in depth interview 1 participant	One Focus group 4 participants	One-on-one in depth interviews 1 participant	One focus group discussion 6 participants
Elitist women	One focus group discussion 8 participants	One-on-one in depth interviews 2 participants	One-on-one in depth interviews 2 participants	One focus group discussion 5 participants
Elitist men	One-on-one in depth interviews 1 participant.		One-on-one in depth interviews 1 participant	
Traditional healers and medicine men and women	One-on-one in depth interviews 2 participants	One-on-one in depth interviews 2 participants	One-on-one in depth interviews 3 participants	One-on-one in depth interviews 2 participants
Christian leaders	NONE	One-on-one in depth interviews 2 participants	One-on-one in depth interviews 1 participant	One-on-one in depth interviews 1 participant
Healthcare practitioners	One-on-one in depth interviews 2 participants	One-on-one in depth interviews 2 participants	One-on-one in depth interviews 2 participants	One-on-one in depth interviews 2 participants
Artefacts and spiritual emblems	The home, Bible, Clothing, beads, traditional medicines and	Bible, Clothing, beads, traditional medicines and herbs, specific colours and	Clothing, Beads, traditional medicines and herbs, specific colours and animals, forest, river,	Clothing, beads, traditional medicines and herbs, specific colours and

	herbs, specific colours and animals, forest, valleys, mountain, river, traditional religious rites, Xhosa beer	animals, traditional rites, cow dung	traditional religious rites, Christian religious rites, cattle Kraal, the home	animals, the cemetery,
Participant observation of expressions of spirituality	Traditional ceremony from girlhood to woman hood; lived with a family for 6 days, participating in their daily activities of spirituality and livelihood	Christian religious rites Casual conversations with community members	Initiates ceremony for young men; consulted with a Sangoma; meeting with the chieftaincy conclave; Casual conversations with community members	Touching and handling various traditional medicines and herbs
Total number of participants	14	12	10	16 n= (52 Participants)

4.8. Data management and storage

The interviews were audio-recorded; recordings were immediately downloaded and stored in my laptop computer and google drive with a password security. I created folders with the name of each village on each folder. The photographs taken for the day were also checked and edited. All data was appropriately saved under the relevant folder. At the end of data gathering, I kept the USB stick with the photographs to ensure the photographer did not end up with participant photos. Field notes and journals were typed up and saved on my laptop. All journals were kept in a locked cabinet in my home. All data will be stored for 5 years as allowed by my institution.

4.9. Data analysis

Data analysis was conducted throughout the data generation and observation process, from when I commenced training of the research assistant through to write up. As we categorised and saved interviews and photographs, we discussed certain highlights and aspects that stood out. For example, we had gone for data gathering in Community C (*Ukudibanisa* (Mixed space) on a particular day and while we were going through the photographs and saving them the research assistant stated that one particular picture represented the precise way that cattle kraals were built historically, explaining certain difference between more recent ways of building kraals versus earlier times. She explained that the leaves used were gotten from the valleys where the medicinal herbs can be found. This was noted for the study as cattle kraals are very significant spiritually. It gave a visual image of some kind of shift in spiritual expression which was highlighted as noteworthy.

The analytical strategy that guided analysis was twofold – an analytical strategy of theoretical propositions (Yin, 2009) and a connecting strategy (Maxwell, 2013). Theoretical proposition stems from the guiding proposition and research questions that inform the study which guide analysis to specify relevant codes (Saldana, 2009) and themes from the study. The analytical strategy brought out the participants' positions and understandings, while the connecting strategy related more to further interpretation that was given by the researcher. Yin (2009) stipulates that for a high quality analysis to occur, one must as of necessity attend to all the evidence, addressing and responding to *all* the key research questions. *Researcher interpretation should seek to use as much evidence as is available-* in choosing to utilize theoretical proposition as an analytical framework, all available evidence which consisted of participants' interview responses, focus group discussions, participant observations, photographs and journal excerpts were analysed. Second, the interpretation based on evidence must as much as is possible, *address any major alternative interpretations or explanations* of the phenomena, flagging any unexplained rival interpretations that may need further study. This aspect was addressed within the discussions as study outcomes were compared to literature, coming up with interpretations and identifying areas for further study. Third, researcher analysis must *focus on the most significant aspects* of the study, which is often the reason for the study in the first place. Above all, the analysis sought to answer the research questions and aims and lastly, the researcher should *not ignore his or her own prior, expert knowledge* of the study focus, informed by numerous current discourses and experiences in this area. I allowed my knowledge of the complex and transient nature of

spirituality and its interpretations from experience and literature to contribute to the richness of the analysis process, while ensuring as much as possible that my experience did not impose on the interpretation of the data set or cloud the voice of my participants.

Data preparation: The first level of data analysis began when each data set (interviews) was translated verbatim to English from the local language, then a different person translated the transcribed transcripts back to the local language. These translated data sets were given to my research assistant to compare and we both discussed the transcripts to ensure that all was captured and identified any omissions, while being cleaned (checked for mistakes and typographical errors) (Larkin et al., 2007; Creswell, 2013; Allen et al., 2014).

Data exploration and data reduction: As we went through the process, organisational categorising (Maxwell, 2013) was done through identification and initial grouping of certain units of meaning guided by my study objectives, noting expressions, reactions and responses by participants to relevant issues discussed. From these units of meaning the initial codification of data was done (Saldana 2009), which contributed to the reduction of the transcribed information to manageable and meaningful sets of data to help in understanding the phenomenon under study. Codes were then assigned to the quotes at a descriptive level which best accurately represent what the participants are saying.

Grouping codes to concepts

P2.1	P2.2	P2.3	P2.4	P2.5	P2.6	P2.7	P2.8
Red							
Spirituality as origin and belief The way one behaves and present themselves shows their belief system being spiritual is something you know, but cannot prove Traditional spirituality and Christian spirituality Your surroundings, who you are, your origin, guide spirituality and influence behaviour	Xhosa spirit/tribal is in us Both spirituality should be recognized as one One leadership of both spiritualities Conflict between the two spiritualities The spirits are not pulling in the same direction Different spiritualities A collective spirituality heals	Spirituality is change , of heart, mind and person Different spiritualities exist Spirituality brings positive change in person and the environment Reconciliation is key to spirituality Sickness of the spirit is addressed by spirituality	Spiritual connection through prayer brings relief Spirituality gives connection/relationship with God, relationship with God brings relief and help when needed (NTS-Cycle of relief) One God, different spiritualities.. The institution where spirituality is expressed is the difference Belief and witness from within that there is God The collective; a ceremony of recall to	A lived, directed, guided lifestyle that supports spirituality Expressed spirituality/help and giving Practicing both spiritualities as a Sangoma My spirituality began from Christianity, then I started searching for hidden things Sickness of the spirit is addressed by spirituality The visions already began in church and	Truth as good spirituality Spirituality as connectivity to the divine Desires fulfilled shows the truth/connection to the source Faith based healing occurs through prayer A collective spirituality process in receiving a Sangoma into church Sangoma spirituality as Holy Spirit working through the person The same spirit calls all whether pastors, Sangoma or prophet Obsession with money as bad spirituality God's Spirit passed down through generations is the righteous Spirit	Specific rituals to maintain ancestral connection wherever one is One God as source of all things Different spiritualities Spirituality is healing the sick Combining spirituality is an issue of personal choice Ubuntu as consensus Sangoma is based on spirituality	The collective spirituality shapes you, and gives identity Combined spiritual services accommodating and negotiating the space The collective A combined spirituality by choice Living in two worlds spiritually

1

Figure 4.2: Figure above shows an example of first level participant-driven analysis showing initial categorization of data set with descriptive codification

The second level of analysis is the connecting strategy (Maxwell, 2013). Connecting strategy takes the analysis to a further level of abstraction as I now began to search for higher order meanings and what interpretations could be made from these descriptive codes that emanated from the analytical process. At this level of analysis the codes were integrated and synthesized, identifying relationships between different data sets to come up with concepts, which were then further analysed and grouped into themes for each study site first. After collating themes for each study site, an analysis and synthesis of themes across all study sites (cross analysis) was done, also considering how they interact with the context of study. This aligned the data analysis with the design of this study, as the understanding of the physical and social context is relevant to giving a well- rounded understanding of the phenomenon of interest (Maxwell, 2013). Some themes across the four villages brought out new meanings from these data sets, while other themes became outliers and further immersion in the analysis process was required to categorise them. A pattern of meaning across the data set of the four villages was also identified as they emerge.

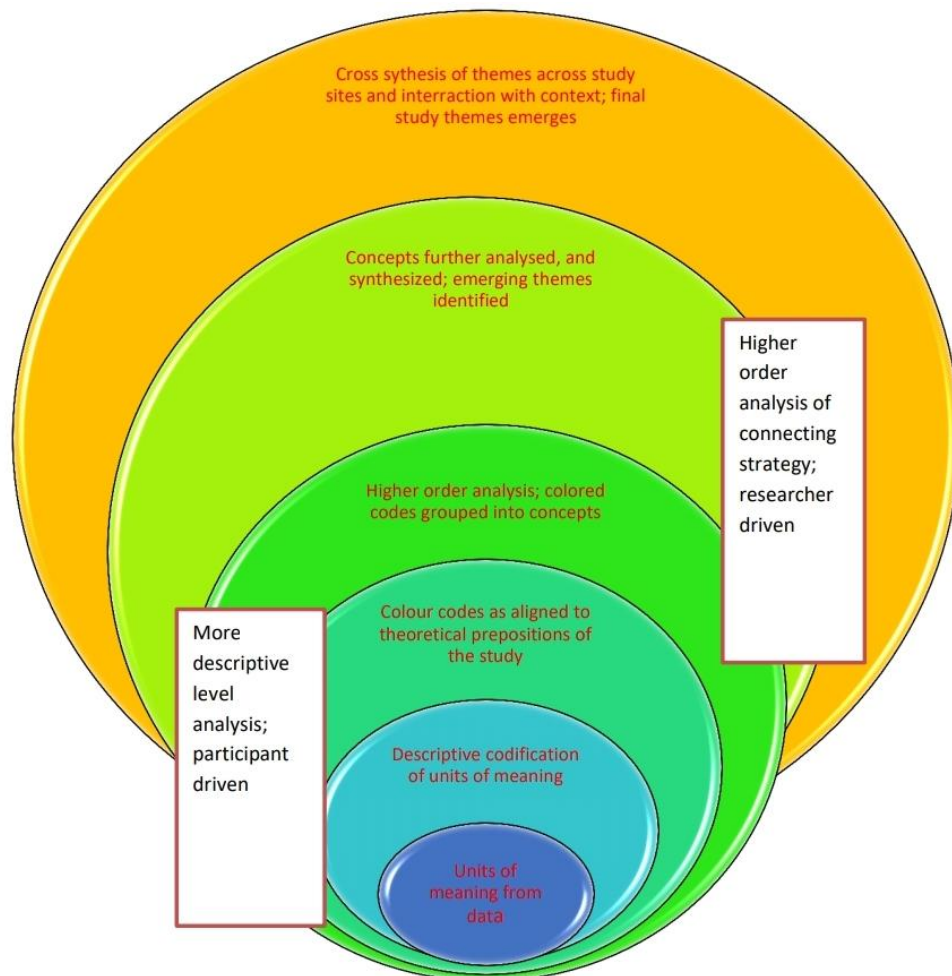


Figure 4.3: Data analysis diagram

4.10. Rigour

Certain key strategies have been identified in the literature and from key researchers for increasing the rigour of a case study (Guba & Lincoln 2005; Yin, 2009; Tracy 2010; Chilisa, 2012). For the qualitative study, rigour is generally achieved through four main factors, namely Credibility, transferability, confirmability and dependability.

Table 6: Rigour within the study

Credibility	The use of an informal member checking and epistemological reflexivity, ensured that the participant data was represented in a true and accurate manner (Chilisa, 2012). Informal member checking was done throughout the study as I had numerous conversations with participants regarding their interviews during my prolonged engagements with the community to build trust (Krefting 1991; Sherry, 2016). Member checking after all transcription was done over a two-week period (March 16 th –April 3 rd 2017) and one additional interview was conducted at this time. All information forms, consent forms, and interview schedules were translated and written in English and isiXhosa, and further oral explanations were given to participants for clarity as required.
Transferability	Provision of dense and rich background description of participants, study processes, study context and setting (Chilisa, 2012) made the study more transferable. The findings were described sufficiently in detail to allow for theoretical generalisations and an independently arrived at conclusion concerning the applicability of the data in other contexts to be made (Butt, 2010; Krefting, 1991)
Confirmability	Use of audit trail to maintain a chain of evidence (Yin, 2009) by maintaining accurate documentation of the procedure of the research (Chilisa, 2012) including actual sequence of data collection processes, aids specific conclusion drawing (Miles & Huberman, 1994). Methodological triangulation was achieved by comparing the data gathered from interviews, journaling, informal opportunistic conversations, photographs and observations to identify corroborations and points of departure between outcomes of data sets from the different methods.
Dependability	Audit trail and peer debriefing increased the dependability that the study outcomes were genuinely derived from the participants' responses. I used the code-recode system (Chilisa, 2012) to further enhance dependability. This was

	done by reading and coding data, and then I waited for about two weeks, then read and re-coded the same data to see if the outcomes are different or the same. This was constantly ongoing during the first aspect/level of data analysis.
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While most of these strategies that support a trustworthy research process are applicable to the indigenous context, there are certain unique incidents that differentiate these communities from more urban communities. Hence, in alignment with an indigenous worldview which this study is also informed by, Chilisa's (2012) discussions on how to interact with a rural African indigenous community in the process of establishing rigour was equally adhered to in terms of ethical considerations.

4.11. Ethical Considerations

The ethical issues that emanated from the study and how I worked with them while maintaining the best interest of my study participants is explained here. First, I applied for, received and was guided by the code of ethical conduct provided by the University of Stellenbosch's Health Research Evaluation Committee and the Ethics Committee, Faculty of Medicine and Health Sciences with Ethics Approval number:-/1`0, m6 S16/04/078 (See appendices 1 & 2)

4.11.1 Autonomy

Participants were informed that participation was not compulsory, they had the choice to withdraw at any time they wanted to without any consequences. Ensuring that participants know they are leading the process, this is their story to tell in a way that represents their own realities (Chilisa, 2012). Hence when the Chief from the third village (*Ukudibanisa*- Mixed space) indicated that he wanted to show me a certain aspect of their culture that he felt had been misrepresented to the world, I was happy to oblige. I also agreed with him and other participants that they had a right to indicate their expectations of our interaction and this research.

4.11.2 Informed consent

Within an indigenous community, informed consent is often a multi-layered event (Chilisa, 2012; Sherry, 2016). This is because after explaining the research intent and process, a space for deliberation and consultations was entered into to seek permission for community entry from the paramount chief and his chieftains. So the chief and his chieftains or with certain

gatekeepers of the community invited by the chief were approached for permission, observing relevant cultural sensitivity. After gaining permission from the chief, then I went through the whole process again, seeking permission from clan elders, family matriarchs and or patriarchs, before lastly the individuals being interviewed themselves.

The study was translated to isiXhosa, so my research assistant and I explained the information sheet and informed consent forms if the participant could not read, also giving them a chance to ask me questions about myself or the study. This helped build trust and contributed to an atmosphere that encouraged participation. The participants then signed the consent forms if they could, or if they had no formal schooling, were given an option to thumbprint on the page. Some participants indicated that they have been exposed to researchers in the area before and wanted to write X like they did before, and this I accepted. Two participants from the second village (*Ndiziva ndonganyelwe* - Overwhelmed space) refused to sign, stating that it was not necessary because they have given their verbal consent and did not see why they must sign a paper before they talk (I captured it on tape). While some participants insisted on having certain family members with them before granting any interviews, which I respected, coming back at a time suitable for them. So there is a need to understand and allow that within indigenous cultures, the collective is very important. The information sheet was left with participants after the interviews with my contact details on it.

4.11.3 Confidentiality

The concept of confidentiality was explained, letting participants know that they will not be identified in this research. Data was de-identified by removing all personal identifying information from each data set before being taken for member checking. The personal identifiers were removed and replaced with corresponding codes and pseudonyms for member checking. Chilisa, (2012) asserts that in an indigenous context, people often want to be identified as contributors of knowledge, and I experienced this during the study process. For instance, the chief of the first community (*Ukuzola* - Serene space) put on his chiefly regalia and asked that I take a photo of him and include in my write up. The Sangoma in the third community (*Ukudibanisa-Mixed space*) echoed this request. The Sangoma in the second community (*Ndiziva ndonganyelwe* - Overwhelmed space) equally requested that her daughter put on an outfit that she wanted me to include as evidence in the study, as they felt that including these photos showcased their practices which they were proud of.

Second to this, the interviews often took place in the home environment, which in itself was very challenging to establish confidentiality in the strict sense (Sherry, 2016) as daily activities of living (cooking, bathing children) were often carried on in the same space. Also the worldviews of the indigenous people of this area are quite inclusive, and so family members and friends often just strolled in, demanding the attention of the participant in some cases so we would pause to first respond to the need. Some visitors would inquire what is going on, and then joined the interview too if they wanted. An example is from the first community (*Ukuzola* - Serene space) when a guest of the home decided to join the focus group discussions. The participants welcomed his joining the group and we continued. It would be offensive and untrustworthy for me to ask the guest not to participate because he has not signed the consent form.

4.11.4 Justice

Participants were informed of their right to have their questions fully answered to the best of my knowledge, and I responded to their queries about the study and myself as a person with sincerity. It was very important that I had credibility with the community or else I would only have received evasive or superficial responses. On the other hand I also had to realistically let them know about my study limitations as there was a tendency to think that as researchers, we had monetary resources to hand out. I had to bring clarity on the fact that we were not paying for participation, but did contribute grocery packs to some participants and their families after the interviews. This was made clear with compassion and sensitivity. Three main contributing factors built trust during this process- 1) my supervisor's ongoing relationship with people in the study area; 2) The research assistant was from the second village (*Ndiziva ndonganyelwe* - Overwhelmed space) so some of the participants knew her which made them more comfortable; 3) Consistent openness and honesty in responding to the queries of my participants. I did not fabricate any unrealistic expectations and could relate to their experiences as it is replicated within my own context as well.

Another issue that was negotiated was that of power dynamics (Chilisa, 2012). By power dynamics, I refer to the utmost respect that must be accorded a chief and his council. Some of my participants saw me as holding more power with my level of education, perceived expert knowledge and interaction with the world. I consciously played this down by letting participants know that their contributions are valid and this study could not happen without them, which they found surprising. My perceived power was checked by this knowledge. I must emphasise that entering the study space with the indigenous and influencing worldview

of Ubuntu grounded me with a perception of not ‘different or better than’, but quite simply, a ‘part of’ the collective. I was also conscious of my seating so that I did not convey power boundaries (Chilisa, 2012) while respecting decorum. I knew that the community was observing me also as I observed and interacted with them, so I showed appropriate respect by what I wore, said and did. For instance, when we were invited into the home of a medicine man in the second village (*Ndiziva ndonganyelwe* - Overwhelmed space) for an interview, his wife prepared a local brew sometime into the interview which she poured in a cup and offered us all to share. I did not feel like having anything at that time, but accepted the cup and drank when it was my turn to do so. I could sense that this action was observed and appreciated by the family as a sign of respect for them, and there was even more openness to responding to the interview guide afterwards.

4.11.5 Beneficence

Interviews were carried out in a location that the participants were comfortable with as I sought to conduct a research that is culturally safe which is an ethical community-based research practice (Chilisa, 2012). Ethical community-based research practice is about understanding and valuing different cultural beliefs and practices, ensuring that these practices and belief systems are respected during the planning and implementation of my research. I was careful to ensure sensitivity to the participants’ cultural norms, acceptable protocols, needs of timing and space for the interviews and show respect for their views and opinions. The desired space was often the home for indigenous practitioners and for participants who work in a formal setting, time was given for them to identify a suitable space for the interview. In the fourth village (*Ukungxamiseka* - Rushed space) we sat down and waited for approximately one hour for a particular room to become available when we wanted to interview a participant in their workplace. This was because that was the only room they felt was isolated enough for them to talk freely. In the third village (*Ukudibanisa* - Mixed space) participants requested that we hold the interview in my car as they did not feel safe having it anywhere within the setting of their workplace. I respected and granted their request. The study gave participants an opportunity to get their voices heard and influence how community practitioners work with them, also to address the misrepresentation they felt was given to some of their spiritual traditional activities that was important for their wellbeing. The chief in the third village (*Ukudibanisa* (Mixed space) was also very upset at these misrepresentations and saw this study as a way to finally get their stories out regarding their indigenous beliefs.

4.11.6 Non-Maleficence

Member-checking was done with participants as discussed above, the transcription, analysis of the focus group and individual interviews and debriefing was ongoing from the first interview. This gave us an opportunity to revisit certain aspects of the interviews immediately and refer back to the participants for verification (Chilisa, 2012). Research findings will be disseminated in stages at the end of the study. Firstly, the results will be translated into the indigenous language of the communities in an easy to read format which will involve storytelling, photo story and a summarised report (Chilisa, 2012). Then the findings will initially be disseminated through four focus groups that will happen within each village cluster, in the Chiefs' homes or wherever the community decides, this will be for every member of the indigenous communities. The storytelling and photo story will be used in this space. This is the space where I will include the photos of my participants according to their request and to fulfil my promise to them. Furthermore, the findings will be disseminated at the secondary hospital and four clinics within each village cluster. All groupings of the community will be brought together in a research dissemination indaba where they can respond to the study outcomes and we discuss a way forward based on the study findings. I hope to be part of a multi-disciplinary team working with the communities to develop their vision of their communities and aim to use the study outcomes to enrich this process and contribute to more sustainable outcomes related to their health and wellbeing.

4.12. Chapter summary and conclusion

In this chapter the study methodology, positionality within the social justice paradigm and influence of resilience and Ubuntu theory are discussed. The processes through which I carried out the study have been presented, highlighting the critical events during the community engagement that influenced the design and process of the study. The positioning of the research assistant as critical to the methodology was highlighted, and the use of particular paradigms (Qualitative, ethnographic case study) which influenced the study and use of selected methodologies were justified. The data analysis process of analytical and connecting strategy was presented, observing rigour during this process, while including certain indigenous observances that influenced the ethical considerations of the study.

Chapter 5 presents the analysis of data emanating from the interviews, observation and reflection of the process. The study context and critical issues related to the study focus, based on the viewpoint and interpretations of the study participants are presented.

Chapter 5: Data Presentation and analysis

‘It was in the suitcases under the bed, it has been there for ages... amaBomvane will be coming up with their culture as improved and refined’ (EM CC: 61).

5.1. Introduction

In this chapter, I describe and present the data and analysis of the study as related to the study aims and objectives which were to:

1. Explore individual understandings and interpretations of spirituality that exist within the community.
2. Identify how people within the community express their spirituality.
3. Explore how these spiritual understandings and resources can help create a collective framework that unlocks human potential and enables community wellbeing.

This study was framed within the transformative, interpretivist social constructivist paradigm (Chapter 4:129) which pinpoints the relevance of context to understanding any phenomenon. The findings are presented in two sections. The first section describes the physical and sociocultural contexts of each study site. The description of the contexts is embedded with excerpts from my journal writings (researcher journal entry –*RJE*) giving a rich context and detail to aid understanding of the phenomena as aligned to the case study and constructivist approach, also in line with the humanist framework of Ubuntu. The description of each setting is followed by a presentation of sub-themes that are particular to that study setting. The second section presents cross cutting themes.

There are three main themes generated from the data, with sub-themes linked to the three main themes. The first section has one main theme “**Contexts of spirituality**”, with two unique sub-themes each that emanated from each of the four communities (*Ukuzola* (Serene space); *Ndiziva ndonganyelwe* (Overwhelmed space); *Ukudibanisa* (Mixed space); and *Ukungxamiseka* (Rushed space) which are presented for each community, describing how each community engaged differently with the study focus. The second section presents

crosscutting themes across all four communities with two main themes “**Us and Them** and “**Acceptable difference**” and two sub-themes from each of the main themes as given in the table below.

Table 5.1: Table of analysis showing relation of themes to study aims and objectives

Aims of the study	Objectives of the study	Main Themes	Sub –themes
<p>Aim One: To explore the understandings, interpretations and expressions of spirituality in an African indigenous community.</p>	<p>Explore individual understandings and interpretations of spirituality that exist within the Bomvana community.</p> <p>Identify how people within the Bomvana community express their spirituality and what specific avenues are utilised to express spirituality.</p>	<p>5.2.1: Theme 1: Contexts of spirituality</p>	<p>Sub-themes</p> <p>Community A -Ukuzola (Serene space) 5.2.2.1. Sub-theme 1: Spirituality as life and wellbeing – <i>“But that is how we live, spirit. To me, it is my well-being”(TH CA:5).</i></p> <p>5.2.2.2. Sub-theme 2- Flourishing spaces of expression</p> <p>Community B -Ndiziva ndonganyelwe (Overwhelmed space) 5.2.3.1. Sub-theme 1: A buffeted spirituality – <i>“Yes, if you could see the shrub when it is windy it does not stand together like this. We are just like that”(FGCH CB: 75-9/83).</i></p> <p>5.2.3.2. Sub-theme 2- An expression informed by duplicity</p> <p>Community C-Ukudibanisa (Mixed space) 5.2.4.1. Sub-theme 1: Spirituality as an uncovering- <i>“Spirituality to me means when you uncover yourself, it’s to uncover yourself. Get down into you, who is you, what is you, where is you in the whole world”(EM2 CC: 64/ 67).</i></p> <p>5.2.4.2. Sub-theme 2- Mediated expressions of spirituality</p> <p>Community D-Ukungxamiseka (Rushed space) 5.2.5.1. Sub-theme 1: Spirituality as gain and conflict- <i>“the missionaries, they confused us and we do not know what we should or not do about spirituality.... Especially today they say we must go back to</i></p>

			<p><i>our roots, that will be difficult because people are too far now” (CLR CD :1).</i></p> <p>5.2.5.2. Sub-theme 2- A lost pathway to expression</p>
<p>Aim Two: To identify how understandings of spirituality can contribute to the building of a collective spirituality framework that can influence care and wellbeing within the community.</p>	<p>Explore how these spiritual understandings and resources can help create a collective framework to unlock human potential and enable community wellbeing within the Bomvana community.</p>	<p>5.3. 1 Theme 2 Us and Them...</p> <p>5.3.2. Theme 3 Acceptable difference</p>	<p>5.3.1.1. Sub-theme 3: A spirituality of divergence <i>“So, even in these gatherings you will find not all of them are there, so there is not much interaction between us and them””(HCP CC: 125).</i></p> <p>5.3.2.1. Sub theme 4: A spirituality of convergence <i>“It could happen because a bird uses another’s feather to build its own house. They could learn from one another. We all say it is better for them to work together for the benefit of the people” (PP4.6: 151).</i></p>

5.2. SECTION 1 –Unique themes related to each community

5.2.1. Theme 1- Contexts of spirituality

This section presents the physical, political and socio-cultural aspects of each community, including excerpts from my reflective journal which form my impression and experiences of the interaction of *Nomzamo* (pseudonym for my research assistant) and me with the community, and my immersion in each community. I begin by introducing Community A *Ukuzola* (Serene space). I have chosen to present *Ukuzola* first because it is the closest to a representation or reflection of a serene and quiet spirituality that is very much embedded within its context, aiming to remain in this state.



Figure 5.1: Community A-Ukuzola - The serene place; and aiming to keep it so. The photo above shows the hills and sea bordering the community. Some medicinal herbs are located in the green vegetation seen in the valleys.

As stated in the previous chapter, this community is far removed from the other study settings, and is approximately a four-hour drive from the nearest study setting, which is Community B- *Ndiziva ndonganyelwe* (Overwhelmed space). The drive to the community is scenic, with a lot of greenery, rolling hills and lush valleys, with the sea right at the end when I entered the village. The roads are clear of litter and graded, with some rough patches that can be very slippery and dangerous to drive on when it rains. As we came over the last hill

before entering the village, we crossed a small bridge. This bridge is quite significant because it is a big factor in connectivity. When the rainy season comes, the river overflows the bridge and this community is effectively cut off from the outside world.



Figure 5.2: Photo of the bridge that leads into Community A. Once the bridge is flooded the community gets cut off from the other communities.

At this point we saw huts scattered across the tops and sides of the grassy hills, with children performing various play activities. Dogs, horses, ducks, cattle, sheep, goats, and chicken ran or walked all over and we had to stop many times to wait for a cow blocking the road. Trying to avoid huge piles of cow dung that could be seen dotting the landscape, we drove on to the home of one of the gatekeepers of the community.

I asked Nomzamo tonight why there was so much animal dung all over the place with children playing everywhere, because it is unhealthy, can't the dung be cleared and rather put on a farm so that the place is healthier and better? I understood that animals are obviously used for rituals, but questioned the cow dung that seemed to be everywhere. Nomzamo responded that everything I see there is related to their practice of spirituality and expresses care. She said that cow dung is also used for re-pasting the walls of the house and the fences, for cleaning the floors (ubulongwe) and for cooking (amalongwe – dry cows' dung). She said not everyone has a cow, so she believes that in leaving the dung where it is, people who do not have cows do not have to come and ask for dung when they need it, they can just collect and use as required. I am grateful that this conversation happened now, because it shows how I need to be completely open to this context and realise I can never presume to know.

(RJE 1: 27 June, 2016:07:16)

The gatekeeper accompanied us to the chief's house and introduced us to the chief and his family. The chief had one wife, and lived with his family about four kilometres into the community. Most of the houses within the community are roundawels (round shaped huts) built with mud and thatch roofs. However, the chief's compound also included a small new house which was in the process of being built with cement bricks and corrugated roofing sheets, and this is where I held some of my interviews later on. The initial meeting with the chief was held with all of us sitting outside on the grass and on makeshift chairs, with two of his sons, one sangoma and two of his kinsmen, as he declined to meet with us on his own.

Apart from a few interviews, I have noticed from last year that most people do not want to grant interviews or have discussions on their own. They always invite a brother, wife or trusted other. I wonder why? Is this about the collective thinking or an issue of not being completely sure they can trust me to represent what was said accurately? Am I in some way causing some sense of distrust? I will ask about this to ensure that I am not creating distrust in any way (RJE 1: 20 February 2017:13.04)

I have asked chief H today about this process of inviting people to interviews, making it very clear that I do not mind at all, but worried that I may be conveying distrust somehow. The Chief assured me that it is the way of things here that when you have nothing bad to say or your intentions are clean, you can bring witnesses to hear you. I have learnt that the collective validates the process, giving it authenticity.

(RJE 1: 23 February 2017:21.00)

At night there is only the light of the moon to guide your way as people often go to bed early and there is no electricity. This was the only study setting without electricity. The almost complete silence, except from the occasional sound of the wind creaking through the thatch roof was also very profound and still amazing to me. It was a profound setting, a place untouched by the socio-political upheavals of our current world. During the day people walked everywhere, in an unhurried manner, doing their daily chores and performing their functions of livelihood. The air was clear, clean and crisp, and I could see the confidence that the people had regarding their place.

The children in this community previously did not have a pre-school programme. They had to travel to another community when they attended school because, as stated earlier, the community had no school, church or clinic. There was no church, but our host practised both the Christian and indigenous belief systems, so she opened up her home to a visiting pastor who would come and hold services on Sundays for the community. However, this did not happen every Sunday, as the pastor would cancel the ceremony sometimes based on how many other commitments he had. Also the season created a barrier as there were more challenges to transportation when it rains. This was the case when I was there; the service was cancelled that Sunday because the pastor was committed to preach elsewhere. The community seemed to accept this as the process and would continue with their daily routines

if the pastor did not come. This acceptance could be informed by the fact that for indigenous people every action is linked to their spirituality, so a pastor coming in to pray one day or the other did not really matter to the community as their spiritual expression was not bound to one day of the week.

This study setting was also one site where I was able to hold a focus group discussion without difficulty as they live in a close-knit community and could simply remind one another about the meeting after participants had been identified and informed. Some insights emerged that were either particular to this community, or although noted within other communities, came out in such a strong way in this community that it stood out. Although this community was certainly not unaware of the turmoil threatening other communities close by, there was still a strong sense of acceptance of oneself and others in this community. I identified activities that I could be involved in for each community as indigenous rites were occurring simultaneously across the villages. For this community, I witnessed the singing and dancing of an *Intonjane*⁶ ceremony, with people of all ages sitting on the grass and various makeshift chairs in front of the initiation hut singing, dancing and clapping. The chief's wife informed me that the girls had been taken to the river for ritualistic washing, so they will sing till they return. I also attended a ceremony which was aimed at teaching young females responsible alcohol consumption. The men from the village sat on the grass next to the kraal⁷ further down the hill, while we sat with the women next to the huts.

⁶*Intonjane* is a ceremony for transition to womanhood for young girls. They are taught communal expectations of their roles as women. This must be performed before a girl gets married or she could face various challenges in life.

⁷ The *Kraal* is a large enclosure normally made from sticks, wood, some thatches and other vegetation from the surrounding forest for the cows to stay in. The Kraal is highly spiritually significant for the amabomvane people and many of their indigenous rituals are performed at the Kraal because it is seen as the meeting place of the ancestors.



Figure 5.3: The photo above was taken during the ceremony to teach girls responsible alcohol consumption in Community A. We sat among the women, while the men sat in front with everyone facing the kraal.

Some rituals and incantations were performed at the entrance of the kraal by the men, then a group of about 10 women who were splendidly dressed in their local attire, with red and white ochre beautifully designed and dotted on their faces and bodies filed into a central hut and closed the door. After about 20 minutes, they came out and entered a different hut. After another 15-20 minutes in that hut, they came out and re-entered the first hut again to observe some rituals. This act happened three times, then the alcohol consumption began as alcohol was first served, followed by food. There was so much alcohol and I was informed that the drinking would go on till late into the night. The alcohol mainly consisted of bottled beers and ciders, and some locally brewed beer.

The sub-themes discussed below reveal many multi-level factors that all inform how spirituality is understood and linked to life, wellbeing and existence by the participants.

5.2.2 Unique insights from Community A -Ukuzola (Serene Place)

The first discussions I had with the study participants had to do with their understanding and interpretation of spirituality. Participants were asked what spirituality means to them and they responded by stating their personal understanding and perception of what spirituality is, and the role spirituality has played or still plays in their lives. This understanding was often based on the evidence of their own lives and seeing spirituality as a belief system that is part of what it means to be human. Every human being is born with a spirit.

Although participants in this community were aware of and identified the external discourses of different spiritual affiliations and the violence this has the capacity to cause, the community is far removed from this external politicking that was evident within the three other study settings to varying degrees. They believed that people should co-exist with their different belief systems.

5.2.2.1 Sub-theme 1: Spirituality as life and wellbeing - “But that is how we live, spirit. To me, it is my well-being” (TH CA: 5/6)

5.2.2.1.1 Life, a gift and belief system that ensure continuity

One understanding of spirituality that emanated strongly from the first community is the understanding of spirituality as life and belief system, a gift for healing and wellbeing. The traditional healers in this community link this belief system to healing practices, showing acceptance for the various forms of spirituality and the healing that is embedded within each belief system. During the interviews with traditional healers and focus group discussion with traditional practitioners which included elite women and some elite men, they stated that their spirituality ensures continuity for wellbeing:

“But that is how we live, spirit. To me, it [Spirituality] is my well-being...And the spirit we have is a gift or calling...may be someone would have a gift of just putting a hand and you become well or someone would just say something and you become well or someone would use water to heal” (THS1 CA:5/9).

“The reason we are called as amaBomvane is because when we arrive in this land we were wearing red and the Xhosas called us amaBomvane...taken from the word ‘Bomvu’... Our ritual activities are different from Gcalekas, Mpondos and Thembu people, we have our own rituals (that is why we are Bomvanas)... We do believe that

our spirituality gives us well-being because we are still doing what our elders did”
(FGTP CA:147/164).

This gift of spirituality is seen as a form of discernment and something you can show proof of sometimes, and other times, you cannot show any proof, but it is definitely in existence:

“It [Spirituality] is how you believe on doing things; it’s how you perceive that if I do these things I am right or wrong. Some do things for church and some believe in ancestors for healing. In some things you can come with tangible proof and in some you cannot” (HCP CA: 115/117).

5.2.2.1.2 An arbitrator of violence

The participants in this community are more open to all expressions of spirituality, and have a very strong perception of spirituality as an important factor that decreases crime and violence. So to them the acceptance and practice of one’s spirituality is key for decreasing social ills to maintain community health and wellbeing. The elite man and the traditional healers especially indicated that spirituality supports the avoidance of social ills:

“To me, it means ... to decrease the level of violence in a human being. It [Spirituality] is created to calm down violence in people and it gives you a right way to live” (EM CA:70).

“One other thing is that we encourage people to go to church to avoid things like alcohol, criminality and even death” (TH CA: 37).

5.2.2.1.3 Trusted relationships

Participants in this community also understood spirituality to encompass relationships that bestow a strong sense of safety and the belief that no harm can come to them. Trusted relationships will always bestow good gifts to them, of which their spirituality is one. The traditional healers and the chieftain explained how these relationships support their safe existence:

“Yes, I am sure it [Spirituality] is good because ancestors gave this [Spirituality], they will never give me this if it wasn’t good... We go where ever we are sent to go, no one will send us to a place so that they [ancestors] can kill you. So when they

[ancestors] send you to a place they want you to fix something in that place, so we go no matter what, and we know that we will come back unharmed” (TH CA:23/33).

‘Our spirituality helps us to connect with God through ancestors. We believe in our ancestors; we communicate with them through our kraals. We ask them so that we can prosper on what we do” (CH CA:168).

5.2.2.2 Sub theme 2: Flourishing spaces of expression

“...Choose yours and let others follow theirs...” (FGTP CA: 154/160)

5.2.2.2.1 A respectful space of spiritual interpretations

The theme on expression above reflects the experiences of each community in terms of their spiritual expression. For the *Ukuzola* community, their spiritual expression is flourishing. Participants from the *Ukuzola* community assert that there are different spiritualities in their community, which are expressed in various ways. The healthcare professionals and traditional practitioner focus group expressed knowledge about the existence of these different spiritual practices within their context. This community conveys the understanding that they are not separated by these differences, but rather acknowledge and co-exist with these differences:

‘I agree with her that there are different kinds of spirituality. If a person gets sick they first go to their belief systems be it prophets, Sangomas, traditional healers, pastors and so on” (HCP CA: 119).

“Here in Bomvana, each and every person who believes in the western culture, like those who believe in the Bible, you’ll find that she/he has changed even though they performed all the rituals. These people we don’t push them aside, even though they have changed...you will not be following both but must choose yours and let others follow theirs...coming back to the question that was fore asked that don’t these beliefs clash with one another, no they do not. They do not hate one another, they sit and talk together but the difference is that they do things differently” (TPFG CA: 154/160).

One of the traditional healers concurred with the discussion above, giving an example of one activity out of many that bring Community A together, irrespective of spiritual belief systems. He also showed how differences in spiritual practices can be accommodated when it is needed so that the collective thrives:

“Another thing we do is called ‘Lima’, for example we would all make bricks to build houses that bring us together. And, may be when we go to dip our cattle, we all come together, there is no sangoma or Christian, we all mix. You see, those are the two things that I think they bring us together. Lima is traditional, say maybe you want to weed your fields, you brew traditional beer and call people to go there and help you weed the field, Christian, sangoma what, we all go together to help you weed. But if you are Christian you don’t brew the traditional beer, you just prepare amarhewu, or buy long life milk or cool drinks and prepare bread for the people” (THS1 CA: 40).

5.2.2.2.2 Belief-informed expression

Participants stressed the point that spiritual understanding influences the decisions and actions we take. This is because of the belief that actions displayed are evidence of the spirituality within, hence the medium of spiritual expression reveals what spirituality a person practices. The various spiritualities are recognised by the kind of actions that people take and the way they live their lives. This was a very important marker of spirituality for the participants. Spirituality was directly positioned to align with its expression and likened to action that informs change. This change however, was interpreted a bit differently for each community.

Ukuzola community highlighted the need to interrogate our own personal understanding of what is right or wrong, as this informs what we do. The healthcare professionals who are in this community explained that a person’s ability to correctly discern and interpret right from wrong will inform how they express their spirituality:

“It is how you believe on doing things; it is how you perceive that if I do these things I am right or wrong. Some do things for church and some believe in ancestors for healing. It can be shown by what you are doing. Sometimes if I am a church goer and so you see I believe in church going or if I am using an African medicine like herbalist you can see that I believe on that side” (HCP CA:115).

The traditional healers also indicated that sometimes detecting the type of spirituality a person has is not that straightforward. They alluded that some actions expressed might be temporary, as a person develops inside, so their spirituality unfolds with time. As we grow, in time our actions are dissected to reveal what spirituality dominate our lives:

“Then, as you grow your spirits are sifted so that it’s clear what spirit dominates in you” (THS1 CA:8).

An elite man in this community agreed with the summation above, giving an example where he stated that certain spiritualities within the community perceive themselves to be superior. This belief is translated into how they operationalise their spirituality, even though their actions are in opposition to the tenets of their very belief system:

“It makes you [Christians] look down to other people, you see yourself as a better off person than them, a righteous person, even though the church does not allow you to act that way” (EM1 CA:77).

Even when it comes to the Sangomas’ actions, it is informed by the particular origin and understanding of the spirituality being practised. Traditional practitioners who were part of the focus group discussion stated that specific belief systems inform specific practices:

“The Sangomas from the Bomvanas, they have their own way of dancing and it’s different from the Mpondos. Even though we are the Bomvanas, our clan names are different and so what rituals we perform differs. Each clan name does things differently, there is a different but we are all Bomvanas. And all these people that are here are from the ‘Tshezi’ clan” (FGTP CA: .142/7).

The indigenous spirituality practised by the people is expressed through the rituals and practices performed. The chieftain of this community was adamant that these traditional rituals carried out as informed by their belief system cannot be practised any other way, notwithstanding any external pressures to submit to other belief systems. The particular ways they practice their spirituality is important:

‘We still send our boys to the bush. We still do live our traditional way of life even though the westerners want us live their way for an example they are taking the sea from us, they are making it theirs but it’s not theirs but ours, they segregate the beaches. It is our tradition, as in the ‘Ntonjane’ ..., it is very important to us, the ‘Ntonjane and circumcision. And the way we practice it. Including marrying off the brides’ (CH CA: 172).

Next is a presentation of the contexts of the Community B- *Ndiziva ndonganyelwe* (Overwhelmed space) and the particular insights that emanated from the study setting.

Community B is presented next because it is the closest physically to Community A compared to the other two study settings, whilst also revealing certain strong outcomes in their engagement with spirituality that differentiated it from Community A.



Figure 5.4: Community B- Ndiziva ndonganyelwe: An overwhelmed space - but fighting strength for strength. The photo above shows the main road that runs through the second community, which connects to the first community, and becomes very muddy and dangerous in places when it rains.

Community B is much busier in terms of thoroughfare, more populated and one comes across more arid, dry vegetation as we enter the village. The vegetation is affected by the constant stream of dust and petrol fumes from vehicles that drive past during the dry season, and during the rainy season, the roads are covered with mud. I engaged with the four communities during both the dry and rainy season, and so witnessed what the roads become when there is rain.

I am so traumatized by my experience with the road in Community B today! We almost went over the edge of the road into the valleys... It had rained the past week and we were asked not to go anywhere as the roads will still be flooded or caked with mud. After 3 days of sunshine, we have decided today to venture out to the community for member checking with our participants who are available to meet with Nomzamo and I, driving with a peer researcher also working here. The roads were manageable until we came to a stretch that suddenly grabbed our wheels and as we tried to drive on, started spinning us round in a 360 degree, moving us ever closer to the edge. I was so afraid, until I saw some young men standing by the side of the road looking at us and laughing. I asked Nomzamo what they were saying and she responded that they were saying that women cannot drive, but they like to act like they can. At this time my fear turned to anger and confusion. What has happened to our communities, where people used to be so kind to strangers? And always offer a helping hand? Nomzamo yelled at them that they should be ashamed of themselves. Instead of helping, they were laughing. This made no difference to them at all, but two young men who had also been watching us from the road suddenly came forward to help us push the car as we drove. I thank God that kindness is not completely dead.

(RJE: 21/02/2017: 17:40)

The houses are built closer together, often with very narrow walkways to manoeuvre between houses because of the often wet or muddy grass that lines the pathways. The community has a number of primary and secondary schools, and one tertiary institution. There is also a secondary hospital that is situated in the community. This hospital especially, brings in a lot of external influences as people come in to either work, or consult with the healthcare professionals. Hence one gets a sense of the diversity of people here. One could also see a few foreign nationals as well as locals who own small to medium size shops in this area, which service many of the residents within the hospital, as well as some community members. One stark difference that becomes immediately evident between Community A and Community B, is the number of shebeens or taverns (drinking parlours) that exist in Community B. Men and young boys, plus a few women that I have witnessed once in a while, could be seen pouring in and out of the tavern at all hours of the day. The need for

absolute vigilance by a vehicle driver in this area is heightened especially during the weekends. A lot of ceremonies occur during the weekends, hence by Saturday morning, the landscape is often dotted with people stumbling from various places onto the road without warning, so we were especially cautious on Saturday mornings when driving out. My co-researcher stated that children as young as 7 years old were getting drunk in the taverns and some government grants and wages were actually paid and collected at the tavern (probably as some sort of administrative collection point), but this means the tavern owner can be sure to get their money first when these grants are paid to individuals. The presence of these taverns contribute to the dirt, waterproof beer wraps and empty beer cans we could see lying in small heaps, strewn in certain parts of the road, or being blown all over by the wind.

The sense I get of this community as a community overwhelmed but fighting changes was brought home to me today. We (a colleague and I) went again into the community for member checking today and could not find my participant's home, because the houses can look quite similar. We knocked on doors and asked for her by name and description, as it was mid-morning most adults were not home, just a few toddlers and children carrying even younger babies on their backs in most homes. Finally, we met an adult who directed us to the correct house. As we walked across the front of one of the huts, we heard loud groaning. We called out to the person and the groaning increased. We decided to go inside the hut and see if the person needed help. It turned out to be an old woman (about 80 years I would say) who had fallen off her bed and could not get up. She had passed faeces in her diapers and fallen on top of it. So there she was on the floor beside her bed, crying and covered in her faeces, asking us to help her. My heart broke and I wondered how long she has been lying on that cold floor. We lifted her up on the bed and cleaned her up, deciding to stay with her until someone came along. Her daughter came home about 15 minutes later and thanked us profusely, she said she had to go to work and had nobody to leave with her mother. She also needed to earn money for their upkeep so she works in the hospital as a cleaner. This is the reality of the changing times and its impact on communities and its peoples. I thought of the first community, of the gatekeeper I stayed in her home during my study, surrounded by her children and grandchildren, she was never alone. What does this mean for our shared future?

(RJE: 28/02/2017:20:15)

A variety of churches can be found in this community. Walking through the community on a Sunday morning, I observed so many colours of different uniforms and when I asked Nomzamo about it, she informed me that these were all the different churches that people attend in that area. Nomzamo comes from this community so she knows it well. There is also a church situated within the hospital grounds, and a prayer meeting that happens in another part of the hospital building every Thursday, which I attended. The pastor who conducted the prayer meeting informed me that the prayer meeting was held primarily to encourage patients to join in healing prayers, and also to motivate and build the faith of the patients in the hospital for divine healing. However, some healthcare practitioners also became interested in attending and so it was opened up to the general public and anyone who could attend.

An incident occurred one night when I attended the prayer meeting with Nomzamo which highlights a theme that was prevalent within this community which relates to a racialized history. We arrived for the prayer meeting and were welcomed by the pastor and invited to take a seat. I started walking towards the front of the meeting to find a seat as I wanted an uninterrupted view of events as they happened, but I suddenly felt a tug on my arm. I turned and Nomzamo had stopped. I asked if she is fine and she just leaned forward and whispered: *“Can we please not go to the front?” I am very scared of these white people because they can cause trouble, they make me nervous*”. This made me observe the environment even more, and I noticed that the front part of the church was indeed filled mainly by white people, and the local indigenous people were mostly seated closer to the back area through no form of pre-arrangement that I could see or perceive. Later when we discussed this on our way back, she informed me that she does not want to mix with white people because no good finally comes out of it for black people. During interviews with key members of this community, there was such a will to fight, an almost militant spirit utilized to defend their spirituality and a depth of understanding of the complexities of their spirituality and the forces that were identified as opposing their expression of it that was significant. This might be because of their early engagement with missionaries who built the secondary hospital in their community. This position is different from the first community, where people were open to accept different spiritualities.

I am really amazed at what happened tonight. I did not realise the level of assumptions made from previous community engagement with external influences.

Nomzamo called me “brave” for trying to sit in front of a church with white people...what does this mean for how this community practice their spirituality? Do they hide their practices or relegate it to the background then? So their history is currently being lived as their present still...their past still influences their current beliefs about their socio-political context, in such a way that they position themselves in the margins? But when I think of the interviews and conversations I have had so far, with people showing such strong knowledge of self, I am forced to question if this self-positioning is a failing or strategy? Weakness or strength?

Resilience or a lack of it?

(RJE: 07/07/2016: 23:30)

The focus group conversations I had together with the chieftains equally revealed the tensions existing within this community. When I asked for permission to record the focus group session, they responded, “*There is no problem in that, we are free. Unlike in the olden days; She can open her recorder we are going to speak now.*” This coupled with the small talk we had when we arrived, immediately flagged that the community is a tension-filled space and made me realise again the responsibility placed on me in this study to report what the participants say accurately. Participants from this community also queried why I want to anonymize them, because they are very proud of their heritage and stand by their words. It seemed like they were used to having to defend their stance and positionality. I had to explain about the ethical requirements of my university which has informed that action. They insisted that I should tell their stories and there is no need to hide their identities.

5.2.3 Unique insights from Community B -Ndiziva ndonganyelwe -Overwhelmed space)

5.2.3.1 Sub-theme 1: A buffeted spirituality- “Yes, if you could see the shrub when it is windy it does not stand together like this. We are just like that” (FGCH CB: 75-9/83)

Community B expressed understandings of spirituality that was very much influenced by their past as well as current experiences of spirituality. Most participants in this community referred strongly to a racialized history that has disadvantaged them as related to their culture,

health and wellbeing. They indicated a clear separation between their traditional practice and belief system and formal healthcare and Christianity which influences how they perceive spirituality.

5.2.3.1.1 Origin and lineage

Within Community B, the understanding of spirituality is strongly linked to their history and ancestry. Their lineage was seen as a strong source of their spirituality. The medicine man and one of the “saved” elite women in Community B did not just identify Christianity and indigenous spirituality as prevalent in their community, but also highlighted the Zion churches as role players in their context

“There are many things where people have their own spirituality like there is traditional healers, religious healers and Zion people etc “ (THMM CB: 263).

“The confusion I am talking about is one exactly what I just said for people that think they are Christians, but they are different from other Christians. Where do they become different if their belief is based of Christ... you can meet different Zion churches, many, if you asked the names in this area, I can think about ten Zion churches. This one is different from this one and this one is different from that one, and on and on. I know this because I see their uniforms. There is blue, there is green, there is purple... separate colours to separate” (SEW1 CB: 13/17).

“Yes, if you could see the shrub when it is windy it does not stand together like this. We are just like that” (FGCH CB: 83).

The two “saved” elite women acceded that spirituality is about who we are, as well as a process of an internal spiritual confirmation. The chieftain focus group session and the African Independent Church (AIC) bishop stressed the link between the person and their ancestry as key tenets of spirituality:

“ [Spirituality] is related to your origin... it is to be who you are...Spirituality is guided by your surroundings ... what is your origin...you don't completely deny that there are ancestors...not that you want to say as a Christian that they don't exist but you can't deny that your origin goes back to - I am so and so, born by so and so, all the way back” (SEW1 CB1:4/11).

‘Inside you there is something that tells you that indeed there is a living God’ (SEW2 CB: 149).

“Our religion is a traditional religion, that is to go to the kraal and speak and preach there. We slaughter a cow and have African beer here outside and preach, then we drink the alcohol... And ask from our ancestors, this is our religion” (FGCH CB :72).

“We can also talk to our late parents even when they are no longer here with us, through spirituality” (AICL CB: 220).



Figure 5.5: The photo above shows the kraal (Cattle enclosure) with the entrance on the right, where family rites and rituals are performed to establish connection with the ancestors.

5.2.3.1.2 A familiar spirituality

Participants asserted that their understanding of spirituality was very much influenced by the trusted source of their spiritual knowledge. Their own witnesses and the familiar source of their spiritual knowledges guide their spirituality and is a validation of their knowledge processes and belief system. The chieftains, Zion bishop and the traditional healers in this community agreed with this assertion:

“The problem there is that, I was raised with that goat and this beer. I do not know that religion as it was brought by the Bible. The people I know is my grandfather and

my grandmother, those are the gods we know. The other ones we only hear them from the Bible therefore you cannot just abandon what you grew up knowing and do your own thing on the side. You must carry on with what you grew up knowing; what was done for you. These were the rituals we grew up to, that we know. The Bible is new to us, we grew up with rituals. That is why we cannot really change, we stick with our rituals” (FGCH CB: 94).

“We believe only in the righteous spirituality. What do you call that spirituality? The spirit of God is the one transferred to your father. Whatever you learn from your father is correct because it is from God our Lord and you hold on it...I have life through this [parental knowledge transfer]. Our parents were not believers but we believe, why? ... the truth that they told us as uneducated as they were, now that we are educated it rules” (AICL CB :232).

“Are you aware that your late grandfather is your God on the Xhosa side? That is when the churches make us to be sick when they tell us to abandon our forefather’s rituals. Then my ancestors come and tell me to make some beer because he is thirsty, if I ignore that I will get sick till I die even though I go to church and pray” (THMM CB: 266).

5.2.3.1.3 A visible change

Participants identified spirituality as a visible change. The church leader who is a pastor in this community stated that when someone is spiritual, they are transformed into better people, having a change of heart through the influence of their spirituality. One of the “saved” elite women and the Zion bishop agreed with the evidence of a visible change, stating that answered prayers are also a visible expression of spirituality:

“My own understanding of spirituality, when you say a person is spiritual is about change of heart, change of the mind and change of actions of that person” (CLP CB3: 114).

“When you cry unto Him He hears, we know that because after that you see your problems getting better through prayers...therefore we believe that God lives” (EW2 CB: 144/5).

“In things that you wished for just talking to no one, the sign of you getting those things and be able to bring back to the congregation that you are leading means that your prayer got to the Lord” (AICL CB:221).

5.2.3.2 Sub theme 2: An expression informed by duplicity

5.2.3.2.1 Tension filled spaces

Participants in Community B agreed that Christianity and African indigenous spirituality are the two main spiritualities within their community. The chieftains however, laid a very strong emphasis on racial power play and subjugation, stating that this has influenced and manipulated their spirituality as a people:

“Nongqawuse (fooled by the white people) asked that they slaughtered their cows, because there will be riches that will come from the ocean...nothing of the sort came from the ocean. That is when the people ran to the whites to beg for jobs. This religion (Christianity) was not introduced in the right manner... We believed in our traditional ways and whites forced us to turn against it with their rifles, while they knew that we have no power to fight them. That is how we became Christians and then we took the Western ways of doing things” (FGCH CB: 73).

“We used to live off the forests like fetch the wood from it and poles to do the fencing and kraals for our cattle without having to buy things. Now everything must be bought. People were told to go to the royal house to ask for permission to enter the forest to get poles even for the grass for ceiling... If you went without permission, you would be in trouble. You were disruptive to those in power” (SEW2 CB: 181).

The chieftains and traditional healers also saw their community as divided regarding spirituality, with some level of pretentiousness and discrimination happening:

“It exists as you can see, that one slaughters and perform their Xhosa rituals. Others do not, they say they believe in God and Jesus, do you understand?...Even when we perform our traditions, some do not do them they are part timing them we are not straight forward... Even now there are divisions amongst us” (FGCH CB: 75-9).

“What makes conflict is because people say my spiritual way has more power than yours and they speak ill of your way... When people are too proud and think they are

better than others then conflict will arise and other people will not feel good about that. If everybody will respect each other all will be well (CLP CB: 132).

Unlike Community A, this community further identified various sub groupings within Christianity which play a significant role in the understanding given to spirituality and its expression within their community. One individual they refer to as the “saved”:

“The people that I can say do not get along are the ones who claim to be “saved”. They do not attend any of these things. She [saved one] says they are not allowed to go there according to the Bible she says. And then I asked what if it is your friend? She said no you cannot enter... That is the western thing, the new generation... They say this is just a cloth and it means nothing; what works is the heart. Although myself as well has the heart and holding on to Christ, they still push me aside. Even though I also believe in Christ, no! they don’t even want to hear the saying “we are milking to the same bucket” if you don’t go with them. My child even at work, a saved one would come and choose theirs. They go aside and talk for a long time, sometimes they don’t even greet you” (FGCH CB: 91/95).



Figure 5.6: Photo showing the altar place in a church for people identified by participants as ‘saved’. The representation of colour stands out strongly, reminding me of the Sangomas’ use of red and white. One of the ‘saved’ chieftains attends this church.

The other sub-division identified by Community B is the African indigenous churches (AICs) that combine both African indigenous spirituality and Western orthodox spirituality. The tension and spiritual disharmony experienced within this community is quite palpable as expressed by all groupings of participants, including one of the “saved” elite women and the pastor:

“As I said division makes us even in our minds feel different from those, ...so like they [Church leaders] say to you, you must not mess with people that don’t believe in what you believe in. So now being that person you don’t want to go and mix with those people, because you feel you will be different, I said this difference even make you feel better than those so you can’t go and join. All the church people here talk Christianity but we are not united, as Christians because we feel no, not that one, no, not that one, I belong in this one, the better one” (SEW1 CB: 19).

“There is one way that divides us and it is the way of the spiritual things...My spiritual way of living does not make me to be against them. But there are things they do that are against my own belief not that I personally go against them, never!” (CLP CB: 126).

“Yes there is that conflict” (FGCH CB: 83).

The church leader in the community, Zion church members (of which one is a Sangoma) and the Zion bishop who participated in the study also agreed that there are divisions and conflicts within their community regarding belief systems. The traditional healer who is a medicine man and sangoma echoed similar sentiments above, stating that some churches work with Sangomas while some reject them:

“There is a house where we worship God, like for example our station is Guzi yours is Jivini. Are we not then different in that way? And also those of the saved ones, for people who say they are saved” (SEW2 CB: 148).

“Nevertheless, churches are different. There are that relate to me as a sangoma and there are those who don’t” (THS CB: 207).

“Yes. In fact there are a lot of people who work with people’s lives using spirituality. For example, Sangomas work spiritually but differently from mine.... I do not oppose their ways but they don’t go with mine” (CLP CB: 115/120).

“On the ones [churches] that don’t [allow indigenous spirituality] I am very scared to go to because I am afraid to be against my ancestors when they tell me to do something and I refuse. It depends on an individual, we cannot really blame the churches because some are for rituals and some are against” (THMM CB: 268).

The healthcare practitioners who participated in the study agreed that there are different spiritualities, but stated further that they will not interfere with their clients’ choices related to their belief systems:

“I will let them [clients] believe on their own. I won’t interfere with their beliefs as well, I will just practice my profession according to the standards of the department of health” (HCP CB: 280).

5.2.3.2.2 Markers of spirituality

This holistic understanding of person and their environment and socialisation was shown by the chieftains’ focus group to be an aspect of spiritual expression. Their indigenous culture and spirituality was seen as inclusive of everything they do. They equally applied this same yardstick to Christians as expressing their spirituality through their dressing and behaviour:

“If we are sitting inside the house and the dog barks outside maybe at a person; then you are told as the young person to look what the dog is barking at. The child would come back and say “no it’s no-one, it is eating an educated person”. There was that bad vibe between us... then we know that is a church goer who is wearing clothes just like yours that you are wearing now” (FGCH CB:93).

The “saved” elite woman reiterated the chieftains’ position that a person’s belief system informs action, giving an example of the Christian belief system:

“Christians believe in the afterlife so you do believe you were created by God... you believe there is life after death and so you behave in a certain way and do things in a certain way at the same time” (SEW1 CB:10).

The Christian leader alluded to this social impact of a person who is true to their spirituality, stating that since he connected to his spirituality, his actions as a social being has changed for the better:

“There were people who hated me because of my doings. But now that I am a changed person, I see a huge difference. People did not hate me for nothing, it was because I did very terrible and hurtful things to some of them but when I changed I reconciled with them” (CLP CB:116).

I present the findings from Community C- *Ukudibanisa* (Mixed space) next, also bringing to the fore a narrative of certain factors and situational issues that interact to position this community in terms of their spirituality understanding and practices. The details regarding this community is presented third in line because on the one hand I am continuing along the road as I had travelled within these communities, but on the other hand, this particular community embodies some qualities of the two communities discussed previously, so it should, naturally in my opinion, follow immediately after the first two.



Figure 5.7: Community C: Ukudibanisa- A mixed space- with clear thoughts
The photo here was taken at the intersection that links both sides of Community C. Both roads lead to the sea, which has some restricted access to the Community members

This community I perceived as having the characteristics of both Community A and Community B, hence I refer to it as a mixed space. Although this community is closer to Community B, it resembles Community A in the sense that the environment looks lush and

beautiful. One can also see the sea in the distance, at the very end of the village. The houses are more spaced apart, leaving wide expanses of land for various household and farm animals to roam freely with the resultant impact of having animal waste littering the landscape, much like Community A.



Figure 5.8: Photo above shows the view of the sea as seen from Community C, aspects of the beaches have been cordoned off by the owners of the bed and breakfast establishments. This is one area of tension they believe impact on their wellbeing.

However, one does get the feel of similarities to Community B because there are development agencies in the community, which brings in some extra activities into the area. I stayed in this community for the later part of my data gathering period and member checking because it is more centrally located between the four village clusters. Also, there is resistance to what they see as a foreign imposition into their spaces.

During one of the many informal conversations we had with one of the chieftains, some factors became evident. The chieftain asked me where I was staying while in their village, and I responded that one of the development agencies had offered me some accommodation for the time that I am in the community. He responded “so you are with them now?” “You are now partnering with them?”. The chieftain’s question came as a surprise to me, I was not expecting that. I took great pains to explain that my study is completely separated from

whatever the agency is involved in, I simply got accommodation there, which seemed to satisfy him. The chieftain stated that the manner in which these agencies and establishments were appropriating community assets was the tension between them, as they often brought lawyers and documents that allow them to takeover certain areas within the community without due consultation with all parties concerned. From this conversation I got a glimpse into the socio-political environment that my study had stepped into.

One of the times I came to reside and work with the community during my study was during the male circumcision and initiation season. Women are not allowed anywhere near the circumcision area, but the chief consulted with his council and decided to let us come close to an extent to be able to see the boys (covered up in their white blankets), and hold conversations with their trainers who are male nurses. We stood far afield on the side of the hills, but could see them. This is so much more than I could have ever hoped for, it was a surreal experience.



Figure 5.9: The photo above shows initiates partaking in the initiation to manhood ceremony at Community C. The hut behind them where they stay is nothing like any other hut I saw in the four communities. It was constructed differently, fully thatched all over with no visible windows.

The question Chief P asked me today is an eye opener. There are definitely tensions within this community and I need to be aware of that. What does this mean for this study? I hope trust has not been broken already. I must use any opportunity to let Chief P know that I definitely am not involved or taking sides, so that the right information filters down to the community about me. Nomzamo says that a lot of beaches they frequented as children has been seized and declared private property by some white settlers in the community, so the chiefs are forming a coalition to address this. Very intense politically but a very intellectual space in this community

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Figure 5.10: The photo here shows chiefs conclave meeting at the entrance to the kraal to identify and discuss solutions to the issues their community faces.

The beauty of the landscape also attracted investors who opened up a few bed and breakfast places along the beach front. This attracts some tourists, foreign students and various agencies from around the world, hence the roads were busier with both company/agency and

public transportation fetching and dropping off people, but still the traffic was not as much as one saw in Community B. There were also taverns (drinking parlours) in this community and people could be seen stumbling in and out of these taverns drunk at certain times of the day. One did not see the evidence of beer cans and piles of dirt strewn all over like one saw in Community B. There were also no foreign-owned shops, but one only saw mainly the little household shops (*spazas*). The influx of these development agencies and the bed and breakfast establishments has created certain tensions between the leadership of the community and some of these agencies.

There is one clinic, a primary school and one high school in this community, with a variety of small churches situated in various parts of the community. There was also a visibility of traditional practices as medicine men and sangomas were available. I met with and saw sangomas in training going to, or coming from their sangoma teachers/trainers whenever I drove or strolled out in the evenings or early mornings. So there is a healthy dose of indigenous spiritual practices occurring here. I consulted with a sangoma in this community as part of my immersion into my study and the community spiritual practices. The sangoma participated in my study, and my consultation occurred in a hut in her compound. There was a mat on the floor with many herbs and medicines in bottles and other containers piled up on it, and about 4 turtles in a shallow basin of water. She later took the turtles out to walk all over, saying she was preparing them to be used for making *Muthi* (Traditional medicine mixture). All sangomas I visited for this study had this type of setting, except for the animals.



Figure 5.11: Photo above shows the water turtles the sangoma uses for ritual.



Figure 5.12: The photo shows the consultation fee I paid for our consultation. The sangoma put some earth from her bag on it and left it next to the burning candle during the entire process.

During our consultation the sangoma first lit a red candle and kept on the floor between us, saying that the red candle welcomes her ancestors, and asked me to drop R50 on the floor next to the candle as some kind of consultation fee. The sangoma said I did not bring any illness that I need help with at this time, so do I require love potions for a failing relationship? I said no, I simply want to show respect to the owners of this land that I am stepping on as I enter their ancestral spaces. Then she proceeded to introduce me to her ancestors, (Nomzamo told me later) and solicit the cooperation of my ancestors for this process. There were two sangomas in training who worked with her and while the sangoma, Nomzamo and I knelt for the first part of the consultation, they knelt down throughout. What stood out for me was the silence, stillness and sense of total respect. She cautioned me to be silent until she asks me to speak. There was such silence while she communed in her spirit, and even the tone of her voice changed while she talked and chanted to her ancestors and spirits. She spoke in her native language, and the entire consultation took about 45 minutes. It was unnerving and awe inspiring at the same time.

Chief P's question is still on my mind. When I look at all these high and wired fences surrounding this agency where I stay in this village, I wonder what the situation is. Are they keeping something in? Or keeping something out? This place serves as an educational facility with computers, Wi-Fi and a library which is immeasurably helpful to me in this process....but also leaves me feeling a bit guilty. Guilty that all these books are here, but only staff of the agency is allowed to utilise them, guilty about what the indigenous staff must be feeling about the fact that this novel opportunity which could equally change the lives of their younger school age family members with computer skills to support employment is so close and yet so far...guilty that I can do nothing about it. Although hundreds of jobs are being provided by this agency which is very helpful in these times of uncertainty, so the agency goes into the communities, but do they allow the community in? I also confirmed Nomzamo's statement about the segregated beaches. I asked about going to the beach, but was informed that I should wait to go with the other guests of the agency because the director of the agency has a private beach entrance that the locals cannot use. It is only reserved for the agency and its guests. The Amabomvane have restricted access to movement on their ancestral land? This issue reminds me of community B, but the beauty is definitely like community A.

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Certain indicators regarding the particular ways that Community C perceived spirituality through their interactions with their context are given below, displaying some unique insights that emanated from the findings.

5.2.4 Unique insights from Community C

5.2.4.1. Sub theme 1: Spirituality as an uncovering- "Spirituality to me means when you uncover yourself, it's to uncover yourself. Get down into you, who is you, what is you, where is you in the whole world" (EM2 CC: 64/ 67)

Community C had participants who were very aware of the tensions between them and the foreign entries into their land in terms of their spirituality and practice, seeing spirituality as tied into their sense of identity. A person could not know their identity without first

uncovering their spirituality. This shapes one's identity as one discovers who they are through this process. Spirituality helps people to understand their place in the world and bring meaning to life. This knowledge is an unbroken chain of connection from God. The elite man, church leader and the chieftains referred to how their spiritual practices identify them, and the healthcare professionals agree that the challenge begins when one tries to separate the community from their belief systems.

5.2.4.1.1. Identity and a way of being

Most participants in this community had an understanding of spirituality that did not only discuss the applied spirituality, but also interrogated the concept of the term itself. The elite man linked the concept of spirituality to an uncovering, while the chief equated spirituality to their ritualistic acts that show identity:

“Spirituality to me means when you uncover yourself, it's to uncover yourself. Get down into you, who is you, what is you, where is you in the whole world, in the whole space where are you because if you don't know that question, if you don't answer that question then you really would be floating meaninglessly. So inside you there is you and God. Once you discover that then you are a little bit free... Once you've discovered who you are, then your psyche begin to express that the way you dress, the way you do things, the way you live bears into that” (EM2 CC: 64/ 67).

“We have got the Tshangisas, Dlaminis, Zulus, Mpingas and many different clan names and they follow their own spirituality. They have their own way of doing circumcision” (CH CC5:152).

“That [spirituality] is their connection with the ancestors, that is the strong belief that we are Africans” (CL CC2: 24).

“They do but not the way we do. ...Ours [Spirituality] differ because it takes from deep isiXhosa... we do imigidi (ceremony for welcoming boys to manhood), and we send our boys to initiation school. That is what shows that we are Bomvanas. We take boys to initiation and make ithonto, and then come umgidi where we make brewed beer. Then we bring boys to manhood...They [other tribes] do but not the way we do. ...Ours differ because it takes from deep isiXhosa (THS2 CC: 179).

5.2.4.1.2. A lived spirituality

Another theme that emerged strongly within this context was the concept of an authentic or real spirituality, which is a lived, practical spirituality that affects wellbeing. Participants argued that for the community to be in a state of unity, people must live their spirituality in truth and honesty. That is the proof of an authentic spirituality. They insist that this honest spirituality is the kind of spirituality one sees among Africans. According to the elite man and the church leader in the community, the kind of approach and interpretations given to spiritual expressions within the African peoples is different from western understanding:

“So we have only to prove that once we reach out, we reach out spiritually. But if you are reaching out to dry people, then it’s a problem. If you are dry of spirituality, your wellbeing balances on the notes on the books (your fake writing and books only, no action) there’s nothing inside. Then it’s not difficult because Africans are honest, they are honest and are forgiving” (EM CC.1: 84).

“We as [both] Christians and African believers, we have a different understanding when it comes to spirituality” (CLP CC: 5).

This understanding of a lived, practical spirituality is often inculcated into the child by the parents and community from childhood, so there are clear expectations and directions on what conduct is acceptable or not, and how we relate to one another as stated by the chieftain and healthcare practitioners from this community:

“There are some core values of manhood - you need to be transparent, honest and loyal. Even when you are still a child at school, but make sure that you are not like (other) boys. You cannot walk with boys in the village; you need to line yourself with men” (CH CC:153).

“I personally think spirituality entails people helping each other” (HCP CC: 140).

“Containing yourself means to be quiet at times and not talk everything. You keep quiet and say what is needed only... Yes. You don’t talk about other people’s businesses.” (TRS2 CC: 188).

5.2.4.1.3. An unbroken chord of connection

Spirituality was put forward as a connection, to one another and to the divine. The connection begins with God as He first connects us all, and we are connected to each other also. This connection to each other signals that in the practice of their belief system, spirituality is very much embedded within the collective, and this connection begins from God as given by the church leader, elite man and the healthcare professionals:

“When you talk about spirit you are not talking about wind which is blowing out we are talking about the connection...triangle connection. You see? This is the ancestors, this is sangoma then upwards it’s the God. Then God pour the spirit via the ancestors” (CLP CC: 27).

“That sense of linkage between people that is not commercial, that is not artificial, it is from their hearts... That’s why there were [previously]no hungry people in any village in our communities everywhere in Africa. You couldn’t have a village where people would be hungry because she has lost a husband so this woman would be starving for life and his children. It’s never like that. There will be always people connected to you. There will be others encouraging and supporting your connection to the other” (EM CC: 74/76).

“I believe first that He exists and that He is the one who guides us. Everything we have comes from Him” [God] (HCP CC: 117).

This connection is carried through the process of becoming a sangoma, as asserted by one of the sangomas from this community when narrating her experience in a dream of being called to become a traditional healer. This journey, although about her, involved the collective:

“This person who was talking to me is from the river and he said that ‘we are now waiting as the preparations are already done. We are waiting for you to arrive and be one of us’. Right after, I woke up...They took me to another person to find out what is in me and he spoke exactly what I saw in the dream. I was also shown who will be able to help me through this journey. I just went to the person and she told me that she cannot help me, I need to bring a parent along. I came back and told my parent and we went together” (THS1 CC: 211-213).

5.2.4.2. Sub-theme 2: Mediated expressions of spirituality

Community C was a mixed bag of reactions as they mediated their spiritual expressions. Participants agreed that there are different spiritualities which are expressed in different ways, also adding that a person's engagement with spirituality is based on their understanding of and ability to dissect both spiritualities:

"We are not the same because others believe in Christ, others believe in herbs, others believe in traditional" (HCP CC : 3).

"There are a lot of gods in different ways. The Christian will say our God, the Bhuddist will say our God, the Islam will say our God and the African will say our Qamata that is what we say here in Xhosa. Qamata is the god that was the god of the African before the white people came" (EM2 CC: 65).

"The modern ones have their own belief, but the indigenious one most of the people believe in that" (CH CC: 159).

"I believe in my own belief that I believe in. The other believes in theirs. I just believe on my own and I don't change" (THS2 CC: 202).

In spite of these identified differences, the chieftain of this community was more diplomatic and still believed that people in the community do collaborate with one another, irrespective of spiritual differences, recognising unity as key to leadership. Equally, the second sangoma who participated in the study from this community made it clear that although she will never go to church, she did not have any problem with her neighbours who did go to church:

"We are working together but only difference is he believes in church and I believe in indigenous knowledge. It is just that one believes in something else but we are working together... unity is very important even when you are a leader, without uniting your community you cannot progress in the development and justice of the community. Before the community can just proceed to be developed it needs to first unite so that you work together. You cannot do anything without unity" (CH CC: 163).

"You cannot be a churchgoer and be a sangoma at the same time with your beads but it happens I observe it. I have not been to it and I am not going to...but we are fine. I don't have a problem with my Christian neighbours" (THS CC: 206).

Some participants were particularly aware and knowledgeable of their ethnohistories, speaking about how their history and racial domination has interfered with the practice of their spirituality. The pastor and elite man who participated in the study from this context alluded to racial discrimination and manipulation against African indigenous spirituality and culture in general as one of the causes of the division within their community:

“The white Christian came here in order to reduce our strong African belief and power. So that is why our black people are so poor because their belief has been taken away from them by white people when they came and colonised them” (CLP CC: 23).

“The black people had their religion, they were not heathens. It’s only the colonialist or the colonisers who declared they are heathens (EM CC: 66).

Leaving one’s ancestral spirituality for a new spirituality was identified by the pastor as well as healthcare professionals as a source of potential conflict in their community, while the elite male emphasised also that being influenced to buy into spirituality on face value is not sustainable:

“You only change that is where we fight... All of a sudden you might change to the modern to be modernised by the some other knowledges of other tribes” (CLP CC: 22).

“It is what their grandfathers and their grandmothers taught them. So, if you come and change what they believe in that is where the problem starts” (HCP CC: 123).

“But if you follow a person with a collar [priest] back to his home, you will discover a lot of flaws in his way of doing things that are opposing what he preaches in the church. You know, why? Because he has just bought that sense of being. You know, it’s a cosmetic situation that you use to dress up to fit that demand” (EM2 CC:69).

The community chieftain also alluded to this idea of the adherence to a foreign spirituality as a challenge to continuity and sustenance of their cultural spiritual practices. The sangoma referred to this as practices alien to their way of being:

“Those guys that are not doing the traditional customs can you believe when they were growing, their forefathers have done everything for them. The goat was slaughtered for them when they came out of that hut. But for their children they are

not doing it, there is a bit of a difference now because these days they believe that it is not good whereas it was done for them by their parents. For example, it is something that is amazing because in these days now, when the boys who don't believe in tradition and customs come from the initiation school, they just read the Bible and they do it their way. That is amazing because it is not our culture. That is why it is not easy to combine these two beliefs together. It is amazing because they are changing our culture” (CH CC: 157).

“I see them going to church. They go to church and attend the sangoma ways as well, they do. That is not an indigenous thing; it is the things that happen these days. It is not something that was always like that, it's a new thing that we don't even know where it originates from” (THS2 CC: 204).

The pastor equally referred here to a right or authentic spirituality, which they allude people need to decipher so they do not give in to the wrong spirit:

“First of all, take note, now I say the right spirit should control you first and your understanding, your mind and sense should understand that this is the right spirit to control my wellbeing. You need to understand that so you need to differentiate between the ancestral spirit, the God spirit, the satanic spirit because also there is a satanic spirit which can disturb your spirituality” (CLP CC: 28).

5.2.4.2.1 A space for growth

The findings from Community C indicated that the outcomes of spiritual expression are informed more by the level of understanding a person possesses about their spirituality, which is an outcome of the spiritual maturity they possess. This level of maturity is perceived to impart a sense of discernment and wisdom that is seen as an integral aspect of spirituality, informing the choices people make and the outcome of their spiritual expressions. The church leader and the elite man emphasised the importance of personal interpretation as key to expression and that makes us who we are, which translates into action,

“How do you interpret the God language when God talk to you? How do you interpret the ancestral spirit practically when the spirit talks to you? That depends on your understanding... The ancestral belief, with belief of the person connects with what do I [they] do” (CLP CC:13/20).

“It is me, it is what is inside me that makes me, me. That makes me who I am, where I am, what I am and so on. So it is then that you translate into action (EM CC: 68).

The sangoma highlighted the role of discernment when discussing her own attitude and self-management as a sangoma. She underlined the importance of carrying oneself in a certain way and ensuring that decorum is maintained. She equally teaches this to her sangomas in training, emphasising the importance of the right attitude as an expression of spirituality:

“Speak only about what is supposed to be spoken by you when you talk to someone...I train my initiate with rules. I put them deeply and say never be rude to a person, be respectful. When you speak to a person, speak in this way” (THS2 CC:114).

The elite male saw kindness and the ability to impact positively on the life of people and the environment as a form of spiritual expression, while the healthcare professionals equated spiritual expression within their care practice to maintaining equality and respect for all irrespective of who they are. The chieftain alluded to spirituality as the practice of being human,

“Humanity. It is very important to have it because you cannot get respect without humanity. When somebody asks you something and you have it, you share it with them. For example, families here there is no grant, there is nothing, there is no income actually but they can live in this community because of humanity. And also I have plenty mealies and I give some people free of charge. That is humanity and we cannot live in our communities without it” (CH CC: 160).

“It is [Spirituality] what do you do to the neighbour, to the children on the street, what do you do to improve the lives of other people so that they can say when I have met this person my life changed for the better. What influence, for the better, did you have on people?...For me an achievement is that what are you? where are you in relation with the people next door to you, in respect to the animals around you, in respect to the space around you, to the flowers, to the grass, because all those things need to survive in life” (EM CC: 70/71).

“[Spirituality] is for us not to be biased when helping people, meaning we only help our relatives, we should acknowledge every patient that gets here is here for our help no matter who she/he is. We shouldn't pay more attention to our relative while paying less attention to nonrelatives. We must treat them equally” (HCP CC: 142).

The practice and full expression of peoples' culture which include dance, art and craft and all aspects of their existence all flow into their particular ways of spiritual expression:

“The rural areas were having this hidden programme more especially here which was the way they dress, the way they do their craft, the way they sing, the way they dance. That makes them different. So that is what we can say is very important about the Bomvana clan... their dances, the attire that goes with the dances and the music that goes with the dancing. Then the culture that is associated with those dances, the beliefs that were around what they were doing, how does it links them with who they are. ... All showed signs of belonging to their own areas and linking to their roots” (EM CC: 52/54).

The last community to be described here is Community D-.*Ukungxamiseka* (The Rushed Space). I present this community last because the community was going through a major challenge that is quite different from the other 3 communities discussed earlier, and they are very much in the coalface of the new and foreign entries, hence it is almost paradoxically positioned to Community A.



Figure 5.13:

Community D: The rushed space and hoping to find my feet. The photo above shows the arid and very busy landscape of the community, with wider roads and brick buildings. This road connects Community C to Community D.

As stated earlier, this community is the very first one I encountered when I came into my study setting. The community has the most contact with external influences, and there are various government institutions located within this community; schools, a library, a clinic,

churches, traders with many market places, supermarkets, public transportation and car parks. Due to the opportunities that are believed to exist here, people from the surrounding communities come here to seek work, living in temporary shelters sometimes which has also created certain spaces that could be seen as a slum. I began to see fences and barbed wires around homes, separating and keeping unwelcome guests out. There are equally some three and four story buildings, some which act as the municipal offices. These offices are well equipped, with various conference and training rooms at different levels of the building. There is a lot of hustle and bustle as people come here to use ATMs and do their bulk shopping from the big grocery chains to take back for their families or their small *spaza* shops in their own villages to retail. Commerce and advertisements for different services vie for attention as various services and goods are put forward for potential customers.



Figure 5.14 above is one of the houses as one enters Community D, protected by wire fences. The wire fencing or fencing of any kind is a rare site in the other three communities.

In this space, I also noticed advertisements for spiritual healing and prayers, various rituals to restore health and wellbeing being advertised as well, which shows that spirituality is equally valued here. However, the valuation here slants differently. I got a sense that spirituality has

been commodified and commercialised to be sold to any interested party. The expression of spirituality in this space, in my opinion, does not connote continuity and embeddedness of spirituality as daily lived experience as depicted by other communities. Spirituality is rather presented as something psychedelic, a space you step out of your normal life to engage with as necessary, then you go back and continue with whatever life you are living until an event brings you back into the spiritual space again. This could however, indicate relevant stages on the road to mainstreaming indigenous spirituality, where it is tested in different spaces to identify how it influences and is influenced and shaped by those spaces. One indicator of this perception was reflected on during my encounter with the sangoma from this community who participated in my study. The sangoma is a tailor as well, and had a shop where we conducted the interview. She preferred that because she said she could not take time to meet me elsewhere for the interview as she had a lot of sewing to catch up on. She had been away at a sangoma event the week before. After our greeting, she asked me if I will pay her any money for her time? I apologized to her, saying that I do not have any money to give to her, but would be very grateful and thankful to her if she would consider participating. She said there is no problem, she will help me, and we commenced the interview after due process had been observed. It was a surprise to hear her being so upfront about money, but it seemed to be the way in this community. On the other hand, I also wonder why I should be surprised, or think that I had any right to be surprised that she is so forthright about money, spiritual leaders also pay bills within a cosmopolitan context. The church leader who participated in the study owns a church, but also works in the municipal offices, which is where we held our interviews, in his offices. So the people here place a certain value on making money, which they also identified as the root of most of their turmoil experienced in terms of their spirituality.

This bustling community is also where I found a traditional chemist. The traditional chemist plays the role of the pharmacist/pharmacy in formal healthcare, dispensing traditional medication in this case. The traditional chemist sells herbs and various traditional condiments for making medicine to both the sangomas and their clients. Most traditional healers enter nearby forests to find various herbs for healing, but when this becomes challenging for certain reasons, they come to the traditional chemist to buy required herbs. The herbs and roots are displayed in a shelf much like any other medication, with some in bottles in liquid or powdery form. This is in addition to some other Western medications added in case clients required those as well.



Figures 5.15: The traditional chemist's shop in Community D with various medicinal herbs piled on shelves and bottled for sale



Figure 5.16: The names of each is written down in front of it

The traditional leader of the community lives outside of the community to pursue his business interests and also out of concern for the safety of his own family. So the community feels abandoned, the community members have no recourse in case of any injustices.

“I truly cannot imagine living with and experiencing the odds the people here live with. There is a lot of interaction with external influences which the former chief’s wife is saying does not augur well for them. The chief is supposed to negotiate these changes as it is within his authority, but now they feel disadvantaged. I also sense a deep sadness at the perceived way that indigenous spirituality is being ‘forced into hiding’ almost by Christian spirituality....but I equally sense a resolve in their declaration of “this is what I know!” The fact that their spirituality is given by their forefathers and has been practised for ages makes it authentic for them, they are not giving it up! This is made clear even in the midst of these challenges. During my focus group conversation with the elite women, I could sense the presence of resolve and will, but also helplessness about how to go about stopping the undesirable changes that are occurring. I suspect this helplessness and sometimes bleak outlook is being fuelled by the absent leadership they are currently experiencing. (RJE 05/07/2016 : 17:52)

The unique theme from this community is the monetisation of spirituality, and the resource capacity it provided. Although traditional practitioners in other settings noted the value of this practice to their sustenance, it emerged strongly in this community. People had a consciousness of the resource value of their spiritual practices, acknowledging and turning this into a business as in the case of the traditional chemist. This context equally pinpointed the challenge of fake healers and prophets and the violence that occurs when they fight over congregations fuelled by greed. This community also suffered from absentee leadership because their current chief resides outside the community for both safety and business reasons. But this community is the seat for the meeting of the queens (IYA). IYA is an association initiated by the wives of current chiefs in the Bomvana area to address their socio-cultural issues to improve wellbeing of their various communities, which gives hope and aspirations for wellbeing. Why they chose this area that is a bit more volatile in terms of spirituality for their meeting place is unclear, however the queens expressed their keen interest to collaborate with various developmental agencies and initiatives towards building their communities, with particular focus on the girl child. I am led to believe that this desire to collaborate could have informed their decision to meet at a more “central” or “accessible” space to aid collaboration. At the time of my focus group with the queens, they were actually

participating on a community mapping training with one of the development agencies operating within the Bomvana area.

The healthcare professional in community D acted in a funny way today. I arrived for the interview in the clinic at our agreed time, we both sat down and started exchanging pleasantries while I got the informed consent documents together for him to read. Nomzamo had gone to the bathroom. I informed him that I am with an assistant who will come in later and he was fine with that. About two minutes into the interview, Nomzamo came in and I noticed a total change in him. Suddenly he started fidgeting and became visibly uncomfortable and mumbled his responses, clearing his throat constantly. I asked him if he wanted to maybe postpone the interview to another time. Nomzamo stood up and told him she will step out so he will be comfortable. However, he insisted she stay, but told me he suddenly remembered a previous appointment he must go to, stating that he will ask another healthcare professional to come meet with me. I accepted the offer. On our way back, Nomzamo explained to me that that they knew each other. She stated that young people in their area pride themselves on how well they speak English language, looking down on you if you only speak the native language, so being a healthcare professional, he always boasts about his command of the English language as an educated person. So he is worried that he will make a mistake in his pronunciations in front of her, so that is why he did not want to partake in the interview anymore. She asked one of the nurses I ended up interviewing where he is and they said he is in the back room drinking coffee. Again, I am reminded of the identity politics and struggle that must be prevalent here, if one who takes care of others' struggles, what happens to his patients? There is a need to extend care to the carer as well...

(RJE 05/07/2016:13:023)

5.2.5. *Unique insights from Community D*

5.2.5.1 Sub-theme 1: A conflicted spirituality - “the missionaries, they confused us and we do not know what we should or not do about spirituality.... Especially today they say we must go back to our roots, that will be difficult because people are too far now.” (CLR CD.1)

Community D gave me a sense of people being busy all the time, trying to keep up with the times and meet up, a space with people having to contend with so many issues that emanate from the challenges of their own particular context and understanding of spirituality.

5.2.5.1.1. **A dilemma and confusion**

In this community, the different belief systems were quite apparent, but according to the church leader in this community, they no longer know which is the best, due to the western indoctrination being so embedded in their thinking, The practice of spirituality in this space is being perceived as an individualistic endeavour, where a person follows whatever they chose to believe in. The findings from the focus group with the elite women and the focus group with the queens allude to this as well:

“The understanding of spirituality we are used to thinking, it is our forefathers. They would speak to God, it is our mediator person. But simply because of the missionaries, they confused us and we do not know what we should or not do about spirituality...Especially today they say we must go back to our roots, that will be difficult because people are too far now. It depends on an individual what to take or not when you worship and what they feel about spirituality (CLR CD: 1).

“Firstly they believe in God, some believe in going to the graveyards, some believe in traditional medicines things like that... We are divided... Some have ancestors and some have Christianity only. ... Everyone is doing their own thing” (FGEW CD: 2).

“If a sangoma does a ritual I will attend because I live in this community. No one does a thing on their own; you need witnesses that you did something. But if there is meat I will eat it, maybe it’s my family too. Meat does not count. In some churches, you cannot eat anything there. You are not supposed to eat the meat, drink water, nothing at all that you should eat at a ritual. You just come to attend.... I attend because when I have a church thing here at my house, I want others to attend too” (FGQ CD: 135/137).

5.2.5.1.2. Fulfilled desires and self-actualization

Spirituality is understood to be a pathway to a fulfilled existence and lived experience. Accepting their spirituality and staying in obedience to their ancestors support wellbeing and self-actualisation. The sangoma discussed how her life was static until she accepted and grounded herself in her spirituality which advanced her life in every way. The queens and healthcare professionals were in agreement about the impact of spirituality on their life's achievements:

“At the time I was experiencing bad luck in everything I did. Then after I wore these beads my life changed for the better, everything was easy. I like my beads and I want no one to tell to take it off” (THS CD: 87).

*“Those [rituals] are important things to us. Even **intonjane** is a way of life to people, maybe your daughter has no luck in finding marriage, and once it is done they get to marry. They also get luck in finding employment”* (FGCH CD: 143).

“Yes, that is how we grew up, like when you see bees we were told that it is our ancestors they want something. We have learnt it growing up and we believe it helps us. Even when you find employment, we believe it is them [ancestors]” (HCP CD: 3)

5.2.5.2 Sub-theme 2: A lost pathway to expression

5.2.5.2.1. A chaotic space

Community D equally identified with different spiritualities within their context, but the elite women and healthcare professionals stated that they combine both beliefs themselves.

“They have different beliefs of spirituality” (CLR CD: 9).

“There is a difference sister. ... Some do not go to the gravesite when they have Jesus, but us we do in our religion we mix God with the graves. It is like that. We believe in that and the people who have accepted Jesus do not go there... Since we have different beliefs those who don't believe in ancestors, call them demons” (FGEW CD: 26/34)

“We believe in God. We also believe in ancestors and perform rituals for them because when you grow up you are told that you have ancestors and you learn that” (HCP CD: 56).

The focus group with the Bomvana queens yielded information on the different spiritualities that reside within their communities, they also highlighted that there are differences in how people experience their spirituality even within the various belief systems. Similar to the other three communities, participants here had a clear sense of self, which they highlighted, but not the way the other three communities identified themselves. The sense I get of this clarification is that it came more from a need to ensure that proper protocol is observed and also to keep me informed so that I am aware and do not step into any contentions. The Christian leader from this community first began by clarifying his position and title:

“I am not a pastor. I wanted to make a distinction between those things. ...A pastor takes things as they are in the Bible; a reverend studies and understands what is written there” (CLR CD:10).

“Yes, we have different belief systems in our community. Some believe in Christianity, some believe in traditional ways. Religions are different, even here in church we are different...Belief systems are different; some dig herbs and so on, even the way they become sangomas is different, some disappear under water and come back a sangoma” (FGQ CD:127).

What became evident through participants’ conversations in this community was a lack of cohesion and a sense of a truly divergent practice of spirituality that breeds confusion. The church leader stated that this is a very difficult topic because of the mixed spirituality which affect families, even breaking up relationships. This is the only community where a participant stated about the breakup of family relationships, not only a separation of the community:

“We take Christianity and traditional mix them together and it really confuses us so this is a difficult topic to analyse... It is so difficult because of this confusion that families are in...Because even the father will say ‘you cannot do this at my house’ because he was changed by those missionaries. The son will want to do all these things” (CLR CD: 4/6).

The elite women focus group also gave some evidence of the confusion they experience in mixing Christian and indigenous spiritual practices; they were unsure themselves, of what tenets they were adhering to in particular:

“So we believe in ancestors? Are they connected? According to the Bible are they not the gods... Let’s say they are connected, the ancestors and God...in some churches” (FGEW CD: 25).

The sangoma from this community who took part in the study highlighted the focus on differences based on spiritual expressions and practices as one area of tension for the community. The queens also agreed that the “saved” were particularly difficult to get along with,

“There are [conflicts]. For example the saved ones want nothing to do with someone who believes in traditional belief and has beads. They say it’s demonic while we say it is living people who are no more because this is life to us. They are undermining us” (THS CD:91).

“Those who are ‘saved’ don’t attend our rituals maybe when you are neighbours but when they do their church ceremonies I attend because I also like church too; but because of some circumstances I have to do rituals. You will find that I go to her house but she does not come to mine, we will never be one “ (FGQ1 CD: 133).

Again there was evidence of some confusion about Christian spirituality practice as there were two queens who were “saved” themselves, and while one confirmed that she could never have any contact with a sangoma. The other “saved” Queen disagreed however, indicating that she would attend a traditional ceremony, arguing that one cannot separate themselves when they are married:

“It is not easy. For example I am a Christian myself, I don’t believe in sangomas. I will never use their herbs, we will never work together “ (FGQ CD: 134).

“According to marriage, you must attend everything that happens in your marital family” (FGQ CD:138).

5.2.5.2.2 A manipulated spirituality

The violent and manipulated aspect of spirituality was very much a part of participants' discussions. The Church leader referred to fake churches that lie for popularity purposes:

“There is fake and true spirituality. You can also see on TV that people are given grass to eat. People are faking it to get popular in the name of spirituality Yes, people even fight in church and there is violence when they don't have the same belief as you. You go to people and make them your followers then along the way they find that you lied. That is when they go and be founders of their own churches. The violence then starts between our followers” (CLR CD: 11).

The sangoma agreed with the existence of a fake spirituality, narrating her own encounter with a fake sangoma, who just wanted to commercialise indigenous spirituality and make gain from it:

“There is something like that [fake spirituality] because for example, when I first wore these beads, some lady asked me where I wore these from. Within a week I saw her wearing the same as me claiming that these are the ones she wanted ... Suddenly I saw her again with no beads at all; she was herself meaning that she faked it from the very beginning. You don't choose what to wear; your ancestors come to you in a dream and tell you what and how to wear” (THS CD: 109).

Participants from community D further stated that the relevance of being aware of the different spiritualities lies in the fact that it influences what a person puts out (much like the other communities discussed before). However, participants focused this on different areas of life. The Christian leader aligned his experiences of spiritually influenced actions more towards interpersonal relationships and certain socio-cultural engagements:

“For instance, when you are going for stick fighting, you would put your stick in the kraal before going to fight so that your ancestors can touch them that is what we believed. And also there were medicines that you would use in order to win the stick fight. Even during the war there would be muthi (Traditional medicine) as well, you would wash with muthi so that you don't get killed or harmed” (CLR CD: 13).

The elite women added to this perception of belief translating to action in terms of care and social decisions we make towards one another, for instance assistance given to someone in need:

“Something or belief that comes deep from your heart to help another... It is that belief that tells you that you must help someone” (FGEW CD:38).

The healthcare professionals reiterated the influence of a person’s belief system on their actions. They assert that the professional nursing practice is based on the principles of *Ubuntu* which should affect their engagement with their clients. However not all nurses respond in the same way, so again, personal beliefs of the healthcare professional matters:

“I must first say that the nursing as a professional has Ubuntu on its own...but not all nurses are like that, it depends on the individual. If for example you tell me you believe in a pastor, I must accept that and still play my role as a nurse. I accept what you bring to me and then advise you on my kind of help that I can offer to you, not crush you right on the spot” (HCP CD: 77).

The queens did not separate spirituality with its manner of expression. They gave an example of a practice common among indigenous spirituality practitioners, which is informed by their belief system. The burial of the umbilical cord is perceived to connect the child permanently to his or her ancestral home:

“Even in traditional belief, when a baby is born in hospital, you must bring back that umbilical cord. It is taken and put here at home or dig a hole on the wall to put it so that he may never leave home” (QFG CD: 131).

The last sub-theme is on spiritual economies. Here participants acknowledge the very tangible role that spirituality plays in the survival and wellbeing of its adherents through the economy and commerce it creates.

5.2.5.2.3 Spiritual economies

Participants believed that the practice of their spirituality did not only impact on them physically and psychologically, but that they also reap material and financial benefits from their spirituality. An example is a participant who runs a traditional chemist where she supplies traditional herbs to both traditional practitioners and Christians alike. Some

participants who are sangomas and medicine men also highlighted that this is their faith as well as their occupation and livelihoods, so people pay them for their services:

“The Traditional chemist has Xhosa medicines and sometimes they make a bottle for you if you come here” (TC CD:114).

“I now can afford everything I want, for example I have saved money at the bank even now all thanks to my ancestors. I like to be who I am today” (THS CD: 85).

5.2.5.2.4 Resource relevance

These herbs for healing are sourced from neighbouring forests and rituals performed at rivers, forests and various other locations within the community, simultaneously serving as a source of livelihood in many instances. Although some traditional healers have had better experiences related to this, other healers have lamented the creation of certain policies by government that restrict their ability to enter and also utilize their indigenous spaces and herbs as detrimental to their prosperity and wellbeing:

‘ It affects us because when we cannot go and dig it ourselves we end up buying; it is bad for the business that way’ (TC CD: 117).

5.3. Section 2: Cross cutting themes

The section below identifies and discusses cross cutting themes of the study. These findings were explicit in at least three of the four communities, and implied in the last community, or made explicit in all four communities. Participants from the four communities identified with these themes as shaping how they understand and practice their spirituality.

5.3.1 Theme 2- Us and them...

This theme refers to the current prevalent thinking about spirituality for the Bomvana people. Participants posit that there is a lot of focus on differences between the different spiritualities and indicate the challenges this poses in terms of building collaboration and mutual understanding.

5.3.1.1 Sub-theme 3: A spirituality of divergence- “So, even in these gatherings you will find not all of them are there, so there is no much interaction between us and them” (HCP CC:125)

5.3.1.1.1. A narrative of difference

The Christian spirituality is seen by participants as aligned to the western ways of knowing, not only because of the origin of Christianity, but because of the way in which it is practised by its adherents. Participants did not separate belief from practice, so Christianity is not just seen as a religion, but as a whole agglomeration of factors that carry within it a system of knowledge and being, that is indicative of the origin of Christianity, which was seen as further undermining indigenous cultural practices and spiritual belief systems. Christians are perceived to be exclusive and discriminatory, putting forward their own understanding of spirituality and belief system as more valid than that of the indigenous spirituality practitioners,

“Since we have different beliefs, those who don’t believe in ancestors, they call them demons” (FGEW CD :34).

“ People who go to church believe that they are doing the right thing. They say those who believe in sangoma spirituality are doing the wrong thing, they are judgemental” (HCP CA: 118).

“This [Christian] belief system says that those who don’t follow it don’t know anything. They are Satan’s people. Just the word ‘Satan’ alone, is an insult” (EM CA: 91).

The participants identified the “saved” as the most discriminatory members of the Christian folk and this was also confirmed by three participants who identified themselves as saved as well:

“I know about that and I think there is some misunderstanding of savedthere is that which I call confusion because I believe I am saved myself by Jesus Christ coming to earth and dying on the cross, but it does not make sense to me if people are not going to talk to other people who have not been saved. Because I think Jesus when he died for us wanted those that believed in him, to continue living where he lived and to continue giving another people the word of God” (SEW1 CB: 12).

“I wouldn’t say every spirit is good because if we had one spirit as Christians then I would say all spirituality is good. If only the saved ones were not discriminating against us Zion people, we are always undermined as Zion people” (THS CD: 93)

“A first man Adam. ..the first son was Cain and Abel. They started there the generation comes up to myself. Who created them is God, it is not anything, it is not a demon. That is who we fight. As a Christian there is a difference between them. That fight is going on and on because some they don’t believe it” (CLP CC: 25).

One of the reasons given for perceiving Christianity as exclusive is that unlike Christianity, the indigenous spirituality is perceived as more inclusive and supportive of anyone in the community irrespective of their belief systems. The practice is of the collective, rather than segregation and exclusivity:

“Like for instance if this man has slaughtered a cow, he does not do it for himself but for the whole clan. We know how to give and take, it’s the way we live because we respect each other, you have to respect what you do and when you call us, we have to be there. Even us we have to pray and sleep in that man’s [any family in the community who is killing a cow and goat] house to give what he’s doing dignity” (FGTP CA: 151).

“When you follow the traditional way, you visit other people and talk about health and things in the community. But if you go with the church, you don’t know how to get along with other people. The church keeps you out ... because [they] don’t agree with what you stand for. If you can observe a church person from around here and from where you come from you will find that they are the same. In a traditional way, it’s not allowed. If I’m sitting here with you and I’m a church person, then some other people who are not church arrive here, I can’t leave you for those people. It is not allowed, because they don’t go to church” (EM CA: 75/86)

“There is a difference but I don’t know what causes it because we are one. We serve the same God... but we usually see it here in hospital we are not united at all” (FGCH CB: 91/99).

“I believe that I am spiritual in whatever belief that I am in...They [Pastor, Reverend, Bishop) are the same to me they all serve one God. But you will find that there is a difference even though it is not supposed to be like that” (THS CD: 92).

All participants stated that the church came into their community and brought along with it the western healthcare system that undermined their beliefs and practices. The exclusionary measures perpetuated by the Christian spirituality are carried over into its related healthcare system where traditional cultural and indigenous health practices are frowned upon. The chieftain focus group and the AIC bishop in Community B, including all the healthcare professionals, were of the opinion that western healthcare upholds the Christian tenets and collaborates more with the church. The healthcare system is perceived as having a common link and giving preferential treatment to the church in terms of accessibility to the hospitals rather than traditional healers. Healthcare professionals themselves stated that although they practice according to the directives of the South African Department of Health, they do think that the discrimination of traditional healers from tending to their patients in hospitals is unfair, especially as this is the indigenous belief systems that operate here:

“The church was brought by whites...this hospital also was built by R church” (CHFG CB:70).

“But honestly, they [Christian pastors] are the most accessible. They are let to come and pray even though there is no document that allow them to do so. They come and pray and preach all the time unlike the sangomas. Maybe they let them because the nursing profession is based on Christianity too, that could be the reason then. The sangoma is not allowed to come here and burn impepho [incense]. We say there is nothing that is written down that allows them to bring their practices here. There is no document from the department of health that states that” (HCP CD: 71).

“Even today you will see that believers are asked to visit people in hospitals. No matter where is the hospital or prison you will find the believers there...No, they [sangomas] are not” (ICL CB: 244).

“The Westerners say these rituals are not right. But to us they are our well-being. It is our way of life, the traditions we do and the rituals we perform, these wild animals that come around our homes, the animals we slaughter, planting our fields. The Westerners called it an abuse, this is our Ubuntu” (THS CA: 176).

All the healthcare professionals who participated in this study mix both Christian and indigenous spiritual practices, some by choice and others by marriage and tradition,

“Yes, it is like that we make traditional beer, we do rituals. We also pray to God, we do both” (HCP CD: 57).

“Mixture, at home they are saved, my mother’s side they are saved, then, from my father’s side they do the traditional things. So, it’s like that, so, I’m in that world. If I have to wear traditional things and do the traditional dances, I have to be there to do that...that is who I am” (HCP CC: 129).

“Yes, it means that I’m together with this lady we also believe in Christian spirituality, we also do go to churches to worship, I live in both worlds. We also have our beliefs as Xhosa tribes, we also do slaughter, we also have the sangomas” (HCP CB: 280).

“I combine both because I have a big family who has both beliefs. Some may influence others and that is what happens in my family. I am using both and many people do even though they won’t say. On my own and referring to my generation or the 1900s, there were no western medicine they used traditional medicine. Fortunately, I still have my great-grandmother alive; she says the traditional medicines were working” (HCP CA: 118/123).

The chieftains, elite men and women and traditional healers gave reasons why there is a lack of cooperation between healthcare professionals and traditional healers. They state that healthcare professionals can collaborate with traditional healers if they want to, but simply do not see any relevance to doing so. Traditional practitioners stated that, because they do not have formal recognition like western healthcare practitioners have they are disadvantaged, and that the health professionals’ negative belief regarding traditional medicine is a problem. Healthcare professionals equally agree that there only exists a linear referral process between them and traditional healers:

“Like if I have a sick person and then the doctor tells me that I could go to the hospital to cure that person with herbs. That has never happened...they [healthcare professionals] can if they want to, and they can learn very well but they don’t believe. I said doctors still don’t believe that we can cure people on their hospital beds” (THS CB: 107).

“The sangomas refer patients to us but we don’t refer patients to sangomas, do you see?” (HCP CC:127).

‘We [Sangoma] do go to meetings with them [Healthcare practitioners] even though nothing happens’ (THS CD :111).

“No, it’s like this, because we don’t have qualification, a certificate that says we also can heal sick people. The problem there is some discrimination against us. They never ask us to help with anything but we do want to work with them. And then there is this thing that they do not allow traditional medicine there, they only allow western medicine, so that is how they discriminate against us. Yes, they will stop undermining us if we come with certificates” (THS CA:59).

The healthcare professionals justified their position regarding their perception of traditional medicine, stating that the lack of regulation is a problem to promote better collaboration. Healthcare professionals proffer that they have found it easier to work with medicine men than sangomas. This is because the medicine men’s practice is purely herbal in nature, does not involve secrecy and can be interrogated and understood for better application. The pastors from Community C, D and elite woman from Community B gave an example of a difference between the sangoma and medicine man. The medicine men use herbs only, but the sangoma heals through spiritual process. The medicine men, sangomas, elite men and women from communities A, B, C and D agreed that sangomas are different and more discriminated against than the medicine men:

“We call Amagqirha, you talk about witch doctors [sangoma]. Also there are traditional healers [Medicine men/herbalists] we call them Amaxhwele. They have different ways of using it [medication] but they are based in African spirit. They [sangomas] belief in their spirit, they have been driven towards what they do by their spiritual belief from the connection of ancestors and them. And then traditional healers only they just go on their own to the person who is going to teach him or her how to use the medicine to heal people. That is the difference” (CLP CC: 6).

“A traditional healer goes and learns how to use the herbs and after completion gets a certificate. Just like in schools you pass this grade and proceed to the next. Learning about herbs is in that manner too when you complete, you get a certificate. It is us traditional healers/ herbalists who work with doctors not sangomas” (THMM CB: 257).

“I have heard about medicine men that have forms to refer the patients to the hospitals when they see that the situation is beyond them. It was happening and traditional men had stamps from the government to refer patients to health facility. I have not heard about sangomas” (HCP CA: 122).

“I [sangoma] never worked with doctors but there was once a thing that we attended meetings at the hospital together with herbalists. We were going to work with each other the sangomas, herbalists and doctors but that did not happen” (THS CB:211).

The Queens from Community D, the elite woman from Community B and healthcare practitioners agreed that it would be helpful if traditional medication could be divulged and measured to enhance correct administration to clients:

“Sure because maybe if their [Traditional healers] medicines could be tested and given measures something can come up” (QFG CD: 153).

“A doctor will give you a panado for pain and will even write it down ... even another doctor will give panado for pain. So I would say they share information. But with traditional medicine, this other traditional doctor next door... they get their ancestors to tell them what medicine to use, what leaf to pick out there to cure the sickness. So no, they don't want to share with the other traditional doctor next door... he doesn't want to share with other people because It is his ability. It makes him able to be different from other people” (SEW1 CB: 36).

“What they are saying is very true, cause we don't understand exactly what they [sangomas] do and we not familiar with them. So, even in these gatherings you will find not all of them are there, so there is not much interaction between us and them ... unlike the medicine men, because we know they pick things up and then they show us what they do but cannot exactly understand what the others do” (HCP CC:125).

5.3.1.1.2. A difficult space

All participants agreed that there is a good and bad spirituality, irrespective of the belief system guiding the practice of spirituality. A bad spirituality is divisive and has a negative impact on community wellbeing, whereas a good spirituality is seen as a spirituality that is supportive and unifies rather than separates people:

“Yes. [there is good and bad spirits]. The bad spirit dominates; people are so cruel and have dirty hearts...Ubuntu is good spirit but changes along the way to be the bad spirit” (FGEW CD: 41).

“Yes, [there is good and bad spirituality] through the ways they do things” (HCP CD: 74).

“There is a good and bad spirit in the community” (THS CA: 51).

“People can have both good and bad spirits because if you have done something bad to me, I will not say you have good spirit. If you did good by me, I will applaud you and say you are human” (SEW2 CB: 186).

“The spirit of bad things that happen, pastors are able to kill one another. How do you think that happens? In our religion we believe in righteousness not so? There are many people who have shifted away from the religion because of greed for money” (ICL CB: 231).

The elite woman in Community B, gave an example of the resultant separation that occurs from the practice of bad spirituality. She stated that spiritual leaders with bad spirituality are perceived as manipulating their congregation, with a focus on differences so their congregations remain with them. Church leaders as well as traditional healers can exhibit bad spirituality. This negative spirituality practice can be identified across all spiritual persuasions; the sangoma in Community D reflected on her experience with a fake sangoma; the Zion Bishop from Community B and the Church leader in Community D also attested to the presence of a fake spirituality:

“You get your congregation from these Bomvanas, I also want my congregation from these Bomvanas, so if there are 5000 Bomvanas, you are dividing these Bomvanas among ourselves. So you get 1000 and I want to get 4000. So you try and manipulate what you talk here. You try and talk to them in a way that makes your church different from the other ones so that they follow you, because there is these numbers now that you need. That this church is different from that one...And you’re better than that one” (SEW1 CB: 13).

“Yes, [there is good and bad spirituality] there is a lot of violence among youth. Young people are killing each other. You should know this, you go to the taverns at

night, and you don't sleep. Even these ones you see here in a hurry they want to get to the taverns, they're my children" (CH CA: 182).

"Especially the people researching about spirituality, they should go to the right people even though there are some Africans who would say there is no such thing but the right people will tell them. And try to prove it" (CLR CD: 16).

When it comes to the practice of giving care, there are certain challenges experienced by both indigenous and western healthcare practitioners. Western healthcare professionals across three of the communities stressed the challenge they currently face where clients leave prescribed western medication behind and rather work with only indigenous medications:

"We test them and give them ARVs then they stop using them and say they are called to become sangomas. Once they stop they get ill. It is not that we are against it but when they go to those things, [Traditional healing] they stop doing what you told them. I have norms and stuff that I follow where and I expect them to use the treatment in a certain way. Then they stop what we tell them. Maybe if they did both sides it will be better. That is why there is a clash between us" (HCP CD: 60).

"Others just go to the bush and just practice umuthi...in a way that is not healing people, instead patients will come to the hospital very ill, weak and dull, dehydrated with all those signs and symptoms to start from scratch. But other traditional healers they work hand in glove with the department of health. We're not against their traditional ways of healing...As long as they practice it legally, it helps" (HCP CB: 284).

"They [the patient] won't tell you exactly because they know that we don't work together, because, previously if a patient came and said I've used 'muthi' or something, we would say why did you use, you see" (HCP CC 126).

The health care professionals from Community A were more lenient, stating that both indigenous and western medication have similarities because they both come from plants

"Coming to western medicines, it also comes from the plants but they are processed plants and traditional are raw plants. I think there is a need for everything to come together give understanding to each other" (HCP CA: 124).

The traditional healers, elite men and women, and chieftains identified good food and land as critical for wellbeing. People in their community now eat food that is foreign to the land, which causes a challenge to maintaining wellbeing:

“There are illnesses that come from other sides because when we used not to eat all these things, we used to eat vegetables firstly, we ate mealies there was not many illnesses at the time... we now eat strange food” (THS CC:94).

“Because we had everything we needed, we grew our own food there was no need for money. There was enough food, no one care for fish oil, no one cared for soup we had food from the garden as you can see now, I have sweet potato... even now if we can have enough food no one would care for money. That is the most important thing for one’s well-being, land. Because land gives us food, it is very important because one must eat. Eat three times a day” (EM CA: 109).

“I believe that ploughing mealies and vegetables from my garden is important so that I take fresh food from the garden. Even the meat, can you believe that there are chickens that grow in just 3 months and they are ready. They use chemicals on those chickens and there should be something in our health that is being caused by that. That is why most of the time I am not using the food like that” (CH CC: 169).

“That is very hard now; people are not using the soil....I am not the only one who stopped planting and almost everyone in community C has, the only place that still plants is community A, If you can look there [Community A] up to community B no one is planting, I think it is because things have changed” (SEW CB: 178).

5.3.1.1.3 A different spirituality to the past

This change referred to by the elite woman above was echoed by other participants who purported that there is a difference between the spirituality of the current generation and that of the past. Participants identified the issue of human rights as an adversary of culture and their way of life; it has brought in a different spirit. Human rights support a lack of accountability and responsibility among young people today and are also responsible for many social ills within the community that impacts on community wellbeing:

“People from way before are different to you [Present times]” (SEW2: 162).

“The government introduced human rights. Everyone has a right and it must not be violated, if you do that the government arrests you. So, the elders stopped taking any steps because their hands are tied up and also the chiefs have tied hands, they have no say, if they say something the government will arrest them and then the young people were made to be more important than their elders... Our children, they don't listen to us anymore. As you can see this community has a drug problem” (THS CA: 56).

“They [Ubuntu and human rights] are two different things. There is no Ubuntu anymore. There was Ubuntu but not now and it is these human rights. Things are so wrong; they call us dirty vaginas. How old are we to be called that. It is because they use drugs and alcohol” (FGEW CD: 44).

“They [Government] are abusing the word rights but they don't differentiate to what is wrong or right” (CH CC: 166).

Government policies were seen as being in close alignment to the human rights approach and its interest is to satisfy foreign interests rather than serve the local contexts. The policies were perceived as ineffective to deal with the reality on ground and any invitation to collaborate with government was perceived to be futile as the community chieftains felt undermined by the government:

“They took off our teeth as kings, it's because everyone was granted rights... They told us not to get involved, the police don't care anymore. So, our children do whatever they want and now the government wants us chiefs to get involved after they told us not to, they're out of control! We can only talk to the ruling government to bring back the respect they took from us when he took our rights away and granted everyone else rights” (CH CA: 184).

“The policy makers don't know what we are dealing with; they don't know the people's belief systems out there. They just sit in their offices and make policies. Sometimes it clashes with the people's beliefs but we have to follow it because it is what is expected of us” (HCP CD: 78).

“What we never did was to adapt it [culture] according to time because we were bombarded with a new constitution. if you go to hunt, you borrow dogs from the neighbours and you go with a pack of dogs. You can be one or you can be two people

who lead that pack of dogs and you bring back a springbok. The springbok has to be divided to the house that gave you dogs. Now we are using that when we describe our constitution we say we hunted with foreign dogs and the constitution has to serve those dogs that we used” (EM CC: 79).

“During the old days children were beaten at schools; we were given just lashes on the hand. You would want to read your books at home because you know what is waiting for you there but today they don’t even care to read as they are aware that the teacher will do nothing to punish them. They know that if teachers beat them it is a charge. I personally think that the rights have done something on these children because as they know they will not be punished they don’t listen to you while you are speaking” (SEW2 CB: 176).

5.3.2. Theme 3: Acceptable difference

5.3.2.1 Sub-theme 4: A spirituality of convergence “It could happen because a bird uses another’s feather to build its own house. They could learn from one another. We all say it is better for them to work together for the benefit of the people”(PP4.6: 151).

5.3.2.1.1. One source of wellbeing

Despite the identified differences, all participants believed that there is really only one source from which healing occurs, this is the divinity. They believe that healing and wellbeing occur beyond the health professionals’ capabilities and did not separate their spiritual caring practices from health and wellbeing. They saw both concepts as interwoven into one whole. A person’s spirituality is important for wellbeing and is often the most important requirement for healing which is expressed in their belief system and practices. They emphasised that healing occurs as a result of divine care connection, combined with our belief systems. Participants believe that even doctors are helped in their healing profession through this divine connection to God. The healthcare professionals, elite women, sangomas and the church leader in community D concurred with the discussion above:

“They [healthcare professionals] don’t know that we believe in these things. They just see us when they help us there in hospitals...they must know what helps us. The nurses and doctors should know about our spiritual beliefs because when someone prays we believe that God will help you and God will help the doctors to save you” (FGEW CD: 35).

“Let me now come back to this, maybe someone has a headache and they struggle to even see. They rush the person to the hospital and whatever they do to him there does not help. There is something that is there in their brain. I take him and cut his hair down to take that thing in their brain and the headache disappears. They cannot see that only I can’ (THS1 CC: 100).

“At church you can be prophesied and they can be able to tell you which problems you have, therefore there is a connection in that way” (THS CB: 206).

“You cannot heal a person with medicine only, the belief [is important] let me make an example, if I am sick and admitted to hospital for 2 months, and then if my mother and siblings don’t visit me, I will take myself as if I am dead because of belief. They have forgotten me so why would I live for?” (CLR CD: 20).

“The belief can affect healing because you know that you come to a facility for the sake of coming and then the western medicines will not help them because their bodies become negative towards the treatment. Sometimes there is no injection for that particular illness [presented by the client] and you take some Bcomplex and inject them. The next they will tell you they are fine now even though you injected them with something else. I can say about 80% of patients do that all the time and we know that as health care professionals we are not treating the patient but their psychology” (HCP CA:120).

Both the traditional and Christian spirituality are believed to heal sicknesses and maintain wellbeing. The reference to wellbeing did not only include physical, but mental, emotional and social conditions. There are various ways that healing happens of which the majority of the healing processes are particular to each belief system and the way that these beliefs are expressed. Participants who practice the Christian spirituality (the queens focus group from Community D, healthcare professionals from Community C, the Church leader from Community B), explained how healing is experienced within this belief system, stating that even within the church, people experience healing in many different ways:

“Religions are different, even here in church we are different. Some believe in medicines and some believe only in prayer and worshipping. Some don’t even want to go to the hospitals when they are sick, they believe in the grave” (FGQ CD: 128).

“But the time I took the decision to change, I received the wellness I longed for without any luck for a long time...To add on that I went to a lot of places preaching the spiritual life, I saw a lot of people getting healed by spirit. S,[Referring to the young man in his living room] he was one of them. He was tied up when he came here. He was a madman, seeing things that no-one saw and ran around but when we told him about the spiritual life he received it; that is when he got healed even today” (CLP CB: 118).

“If I say I believe in God and I have a headache, for instance, if I kneel down and pray and ask God to take away my headache, after that I will be fine, cause, I believe that He is doing everything for me...Yes, cause even if I give you a treatment right now, if you don't believe this treatment will work, it won't work cause you don't believe it. It's like when someone says I need an injection to be healed, even if you give them sterile water, they will be healed, yes” (HCP CC:132/135).

The people who believe in the traditional spirituality experience healing in different forms and engage in practices that they believe enhance their wellbeing and bring healing when this is needed. The focus group with traditional practitioners in Community A, the focus group with elite women in Community B and healthcare professionals from Community C explained some of these indigenous processes:

“Some of the things I have said, like slaughtering the cow, going up to the river are the things that we believe in and those things are going to happen, I'm going to get well because I believe in what I do. [MAN] And it gives me well-being. [WOMAN] These things start when someone is sick and we do those things, the person gets healed because we believe in that” (FGTP CA: 139).

“Maybe you have a pain and go to the grave to pray or perform a ritual then you will never feel that pain anymore. They help us a lot. Yes, because even there at the grave site you get helped and also when you pray you get helped. You go there and ask God to help you from the problem you have. Some say it is the gods and some say it is demons. We believe it is our ancestors” (FGEW CD: 33).

“ Some can take gum tree and bring it to boil and stand in front of it then the fever can... (Gesticulates to show 'go')” (HCP CC: 134).

Participants who practice traditional spirituality – sangomas, chieftains, elitist men and women, the Zion bishop, and all the healthcare practitioners revealed that traditional healers themselves practice healing in different ways, they are also not a homogenous group in themselves. One sangoma from Community B explained that when a person comes to her for healing, she cannot just proceed on her own. She seeks support from the client’s ancestors, who will guide her on what herb to use for the treatment and eventual healing of the client. The sangomas state that they also do not require physical equipment to diagnose, but have various spiritual abilities and connections that help them diagnose their clients correctly. The queens’ focus group from Community D agreed with these diversified practices by sangomas:

“Even the Sangomas are different, they don’t heal the same. Some have padlocks, some believe by cutting your skin and put medicine. Belief systems are different; some dig herbs and so on” (FGQ CD: 129).

“I am told by abantu abadala⁸ which traditional muthi to use. When I must heal a person I wait for them [ancestors] to tell me what to use; abantu abadala from the patient’s side come and talk to me as to how and which muthi to use on that particular person” (THS CB: 200).

“We don’t use the equipment to look for what is wrong with a person; we sit with them and look what is that inside him... We are able to look at the person while they are sitting just like you lady. We see the symptoms through their eyes (THS1 CC :89).

“Very much! If you can look very carefully on the scan things that are found in spirituality, those spiritual people know exactly how the baby is. And then white people brought scans so that they can see the baby with the naked eye while we see it with the spiritual eye and it is revealed to us through the power of God and we pray for you to have a well-baby” (SEW2 CB: 182).

“Someone would be able to see what is bothering a client but others wouldn’t be able to, I see it automatically...and that would be my gift” (THS1 CA: 10).

Various customs and traditions performed by the traditional practitioners are seen as a directive from the ancestors and relevant for a person’s wellbeing. There is however, a difference between custom and tradition according to the elite men and chieftains. A

⁸ *Abantu abadala* is a term used to depict respect for the elders, it is used to refer to older people as well as ancestors (Nomzamo, research assistant, Pers Comm 2016)

customary spiritual practice can be performed at a time that is convenient to a person, while a traditional ritual must be performed at the given time because it has immediate health implications:

*“A custom fits into the tradition for example; do you see that I have all of my fingers? But according to our custom we are supposed to cut half the little finger. But I personally didn’t do that they just made something for me while my other relative performed it. It can be done at any time... That is a custom. When a baby is six months old we slaughter a goat for that baby, the ceremony is called ‘**ukuqaba**’ see that is not a custom but tradition. ... if you don’t perform this ritual your baby will fall sick” (EM CA: 112).*

“This thing is like this, you are born and once you are born an Imbeleko ritual is performed and nothing happens to you” (FGCH CB: 85).



Figures 5.17: The photo shows the cut little finger of a participant for healing purposes.



Figures 5.18: The little finger is cut over cow dung and put up somewhere in the house for some time and the person gets well.

Another tradition that participants across the four study areas identified is the coming into womanhood ceremony. During the focus group with the queens, they all agreed that *intonjane* is a practice they will not compromise on, irrespective of their belief systems:

“I support it [Intonjane] very well; all my daughters have done it. It is a Xhosa custom” [They say they all support it] (QFG CD: 142).

“[During intonjane] you just being seated and taught all the time by your aunt, we call that person udadobawu, she will be seated there teaching all those things about womanhood. There’re young boys and young girls who will be there throughout, during the day, during the evening singing, dancing, ululating and doing all of those things” (SEW2 CB: 306).

Male circumcision is a related spiritual process that was given as an example of tradition, which has direct health implications if not done for the male child. Other traditional spiritual practices include *imigidi* (ceremony for welcoming boys to manhood), *imvumakufa* or *Ukuthwasa* (being sick to become a sangoma and a goat is slaughtered for the person). The person called to be a sangoma either gets ill or becomes a truant, becoming unruly and mischievous, until they accept their calling. Certain traditional rituals are made to heal an

illness, others are performed to prevent illness and maintain continuous wellbeing even when someone is not sick. There are also rituals that are aimed at rehabilitating or bringing someone back into the fold of the community:

“Circumcision is one of the Xhosa’s traditions...That is our indigenous culture because you cannot be in manhood without starting from the circumcision school” (CH CC: 148).

“We also do Intlombe for our well-being, we sing and dance in the name of well-being, I will invite all the sangomas in the community to come and support me; when making requests from my ancestors, we sing, dance and clap hands. So when we busy communicating with ancestors there shouldn’t be anyone speaking ill of the person who is busy connecting to the ancestor. The spirits will hear what is being said by that particular person and everything will go wrong. So, those are the things we do for our well-being” (THS CA: 360).

“Funerals or imigidi [welcoming of the boy to manhood] and intonjane [Bring them together], We do meet together in initiation ceremonies and funerals despite our belief systems” (FGEW CD: 30).

These traditional practices are performed in very specific ways, with particular outfits and animals. Animals are very symbolic and also practical to the expression of traditional spirituality. Animals are very key forces during the calling of the sangomas as various animals are sent to them as guides. Animals, forests, rivers, the sea and beads are significant aspects of indigenous spirituality and often are a part of traditional ceremonies according to the traditional practitioners across all four communities:

“[Man] for example, when we have a child we believe that there is a ritual that has to be done called ‘Ukuqatywa’ – slaughter a goat by the ‘kraal’, cook it and the mother has to put on a kind of red calamine lotion on her face and toes and has to dress traditionally; otherwise, if we don’t do that, the child will get sick. We take the hair from the cow’s tail, we take it and twist and make a bangle (‘Ubulungu’) to be worn on the wrist [of the child]. And we point out the cow that needs to be slaughtered, not just any cow... we do respect animals...[Woman] I support that we respect cows because, we are what we are because of our cows, animal gives us identity. Here in the Bomvanas, as ‘Tshezi’ is Bomvana, we do have different cows

that are from the river. We live with those cows, us as women who are married to the 'Tshezi', we respect the cows that are from the river. If they come into your garden, you don't shout at it, you ask those cows politely to leave your garden. Those cows are like people" (FGTP CA: 149/152).

" I dreamt of goats and I was standing at the river wearing their skin and these beads. I went to a sangoma where I was told that what I saw on the dream was my calling to become a sangoma... When we do rituals in the river or sea, or in the forest, sometimes you are told [in a dream] even before you get there that you will meet a lion there. You see that lion. Even though you are scared you should not run, go straight and it just licks you... if you will be spending a few days there, it guards you and sleeps next to you. You expect a human to guard you but then they come in a form of an animal. Sometimes it could be a huge snake guarding you and it will not harm you at all. Therefore, we do have that connection with the animals" (THS1 CD: 86-103).

The Amabomvane indigenous people have a very significant relationship with their animals, whether domestic or non-domestic animals and sometimes utilize specific places for various rituals and spiritual practices. Also certain totemic animals are considered as guardians of various families and clans, aside from being used in many different rituals. The indigenous spirituality practitioners (chieftains, sangomas, elite men and women), including the AIC bishop from Community B, consider the animals and nature as a part of themselves and could not understand why they were perceived as abusing animals:

"We live because of them [animals]. Our lives depend on them" (FGCH CB:104).

"They [animals] do connect with us for example when a woman gives birth, like a wife, someone who's married to this family, there will be a snake coming here, there will be a black snake and that snake will not hurt anyone. It will just go to the child and sits there for about two to three days. In my family we also worship a jungle animal called 'Imbila' - bees; they all would just wander in here. When that happens we have to perform certain rituals where we make traditional beer in acknowledging their presence, the westerners say when we slaughter a cow we are being abusive to the animals. Even that we are created with the animals, they are ours, they dispute that about our belief system. Westerners say these rituals are not right. But to us they are our well-being" (CH CA:174).

“We use chickens instead of the pigeons when we celebrate the birth of a child” (ICL CB: 226).

“In the forest, animals and for example, do you see those things that we have hung there, those are wild animals that came to us in a dream. Those herbs, we dig them from the forest. The birds are also related to the ancestors for example, the pigeons. Everything that is there, the animals come to us in a dream are from the forest. It is not easy to the people in charge because they say indeed we abuse the animals but we held a meeting at the hall that a sangoma died because they did not let him to go in [to the forest] but we are still fighting that because our wellbeing is at the forest and river” (THS1 CC: 215).

Beads are very significant to indigenous spirituality. They are an identity marker because different clans and tribes design their beads differently so when they are worn, people immediately know where they are from. According to the sangomas, a medicine man from Community B, church leader in Community C and traditional practitioners from Community A, sangomas wear their beads as a spiritual form of DNA that identifies them to their ancestors. The sangoma beads are a combination of white and other colours that belong specifically to that sangoma. Hence the sangomas have two colours of beads on their wrists and ankles; white and another colour that is their unique identifier. The wearing of beads equally signifies the acceptance of a person to be a sangoma and can stop illness caused by the call:

“A sangoma wears intsimbi [white beads that Sangomas wear] and they get sick in order to become a sangoma” (THMM CB:256).

“You see, because these traditional healers [medicine men], they just go to the school only for medication not with the spirit or whatsoever. Traditional healers [medicine men] only they just go on their own to the person who is going to teach him or her how to use the medicine to heal people. That is the difference. So the spiritual moving or connection of amagqirha [sangomas] and ancestors it lies on their belief” (CL CC: 8/11).

“It is the same like my sister who is sitting over there, who is wearing those African beads that show you are a sangoma, she never wore those beads because she wanted

to, it was because she was sick and when she wears those beads, she got well...A person gets well spiritually” (FGTP CA: 146).

“It will depend on how it was given to you, as I said, do you see these ones are white in colour and these other ones are not?... The white coloured beads everyone has but not these ones, these ones are different for each of us but they always go together with the white ones. You might be given white and blue beads or white and yellow beads or as in me, white and red beads. It is to protect me from other spirits, when spirits are around they recognize the beads as a symbol that I too am one of them and that I have accepted my fate to be a sangoma. This is how they recognize me even when I am among other people” (THS CA: 18).

“This person has dreams about her family members that are no longer alive. They give her a bead. They appear to her in forest or in the river. You see yourself in the river wearing beads” (THS CC: 106).



Figure 5.19: The sangoma in Community A is seen here wearing beads, which are particular to him alone. All sangomas wear the white beads, but the colourful bead in-between I refer to as a spiritual DNA, because the Sangoma’s ancestors give this to him or her, and identify him/her through this bead.

Churches like the Zion churches understand the relevance of certain symbols and emblems of spirituality like beads, and welcome sangomas into their gathering, seeing a connection and bridge between the ways sangomas practice their spirituality and Christian spirituality.

Although this church does not oppose western medication, they equally believe in spiritual healing:

“We then have a proof that when someone is not well, and then through someone it is revealed that if maybe three men can pray for the sick person, he can be healed without giving him any medicine. We have that kind of spirituality but our belief is not against you taking a medicine when you are sick or going to the hospital. When you are sick and at home they tell you that go and make an offering of a goat, a cow or a chicken, our belief is not against that” (ICL CB: 224).

“I am a sangoma and I go to Zion church too. In Zion you don’t just wake up and go there, for example, I had a dream that said I must go there and they showed me what I will wear and the beads when I am there. I was being baptised there” (THS CD: 89).

“I went to the clinic and the hospitals and nothing could help me get well. I saw things in my sleep then I would go to church, at St. Pope, St. Johns and Zion, that is where they told me that I have a calling and I must go and see sangomas so they can help you and that you are able to heal people” (THS1 CA:13).

5.3.2.1.2. Acknowledged interdependence

Notwithstanding the various issues of contention that have been identified by the participants related to the financial, socio cultural and political wellbeing of their communities, participants felt that there is a compelling need for seeking collaboration between indigenous traditional spirituality and the western healthcare profession. Healthcare professionals and elite men and women across the four study contexts agreed that sangomas do bring value to both the patient and healthcare practice, and play a unique role within indigenous healthcare practices because they combine the physical and the psychological aspects of a person. They are also the first port of call for any emergencies so should be a part of healthcare within indigenous settings:

“Yes, I think it’s relevant because as much as we don’t want to believe people go there, they do go there, to the sangomas . So, in order for us to understand what they

do, we must sit together and understand what they are doing so that we are able to find solutions to help the very same people that we are helping” (HCP CC:128).

“It may even also happen by coincidence that they [traditional healers] are using the same medicine to cure some of those diseases but they don’t know, they are not aware that they are using the same medicine...they don’t want to show each other...But we don’t live and stay with the western medicine, we stay with those people [traditional healers] they were the first ones to come, when you collapse here he comes first . If he is well informed how to treat, then he would be the first one to assist” (SEW1 CB: 53).

“There is a need for sangomas because even in the western health system that we use here. We are using both physical and psychological to heal the patients because I will heal them and speak to them to understand. We have psychologists in the healthcare system, which don’t use medicines but just talk to the patients... There is a need for sangomas to be involved. The sangomas possess both” (HCP CA: 123).

Healthcare professionals in particular, expressed the need for workshops aimed at streamlining healthcare practice between western and indigenous practices so that both systems are adequately informed. Certain healthcare professionals are looking the other way and secretly allow traditional healers to come in and administer care to their clients that have been admitted in hospital, stating that healthcare professionals pray to God too:

“If there could be workshops for sangomas, herbalists, and pastors so that they are taught to ask people which treatment they are on when they come to them. They need to emphasise that they carry on with the treatment they were on. A sangoma can only come and give the patients medicines if they will not interfere with the treatment we are giving the patients. The sangoma can do or give anything to their patient as long as it does not affect other patients or the rules of that particular facility. We say they can bring something to drink just to respect the religion of the patient. It is illegal to do so but they can do it and it stays between them. They must not be seen doing it” (HCP CD : 67).

“It could happen because a bird uses another’s feather to build its own house. They could learn from one another. We all say it is better for them to work together for the benefit of the people. Maybe if their [traditional healers] medicines could be tested

and given measures something can come up. More than knowing, they [healthcare professionals] should know a lot about it [spirituality] because the doctor asks God too when they are working, also the nurses pray first before they start their job” (QFG CD: 151).

Traditional healers support collaboration with the western healthcare professionals to benefit the Bomvana people. They stated that there are certain illnesses like HIV and high blood pressure that western doctors alone can heal, but some illnesses that only traditional medicine can cure, so there is a need to collaborate:

“We should work together with nurses and doctors...because there are sicknesses that they don’t know and are suitable for Sangomas and traditional healers. There are things called amanxeba or amadliwoeenyoka, they don’t know them only Sangomas do. For example, a person gets mad they give him tablets and inject him and he gets better. After that injection, they wake up and go very mad again...For example, there is HIV, high blood pressure, and we try on those things even though we can’t heal them completely. Sometimes when you look at a person and see that they are HIV positive, we send them first to the clinic to test” (THS CC: 3/93).

“We [traditional healers] do work with them [Healthcare professionals] because if I see that a person needs to be attended by them first, we then take to the hospital and then when they are better they come back to us. If a person is very weak, we send them to hospital for oxygen and drip. Then when they get stronger, it is only then when we give them traditional medicine. Some of our medicines are very strong that is why we send them to the healthcare first” (THS CD: 119).

“No the medicines work in two ways, there is something in a human that will need a Xhosa medicine and there is also that will need the English medicine. One can get sick and be cured with a Xhosa herb, or one can get sick for the medicine of doctors. It is like that” (FGCH CB: 100.)

5.3.2.1.3. The caring spirit

The unity and interdependence highlighted above is seen as relevant to any sustainable community processes and participants see both the process and outcome as being part of Ubuntu, which participants referred to as inherent to a person, a way of life and the spirituality that equalises humanity. Ubuntu is put forward as a response to the challenges of

current divisions and broken relationships occurring within the community in terms of wellbeing. Participants felt the need for focusing on a connection that demonstrates how care can bring them together, of which Ubuntu is significant. All the participants expressed similar sentiments about Ubuntu:

“Really Ubuntu bring us together. My belief system does not make me less of a human being. We must not focus on the things that divide us... We must focus on things that unite us. There is one thing that can unite us, it is Ubuntu... that is why I am saying this thing she is talking about is the one that unites us led by Ubuntu. It is that spirit of knowing that everything we have got is from God” (CLP CB128/140).

“It [Ubuntu] is a spiritual act” (HCP CC: 139).

“The community spirit” (THS CA: 68).

“Ubuntu is good spirituality, Ubuntu is an African thing, it is also written in the bible. Whites did not recognise Ubuntu while they wrote about it in the bible. Everything done by the blacks they say it is Satanism and that is not true, it is Ubuntu” (CLP CD: 17).

“You cannot take Ubuntu from a person as you cannot take the spirit. They go hand in hand” (HCP CA: 126).

Ubuntu is perceived as an expressed spirituality and evidence of one’s humanity. Certain attributes were associated with a person whose actions portray Ubuntu, especially as these actions bring wellbeing to others too:

“ Ubuntu is something that is from the heart, you do something from your heart. When you can’t help another person that means you don’t have Ubuntu so we should help each other by caring for one another” (HCP CC: 141).

“I think it has something to do with Ubuntu. I cannot leave it out, there’s a connection everywhere we go. You cannot live in your own planet, as a person you need the assistance of somebody else. And that somebody will need assistance of somebody else, yes’ (HCP CB: 293).

“We tend to talk about Ubuntu now blindly and artificially. And yet Ubuntu was a philosophy that was very practical in the African society and because we are using

the Xhosa or Zulu word, it doesn't mean it's not in Africa. It is in Africa” (EM CC: 72).

“Being able to know and accept a person as a human being. I need to acknowledge the fact that they have their own beliefs and respect them...That is Ubuntu” (HCP CA: 71).

“Ubuntu has a huge impact let me make an example, in this community, you live in this community, it is not like there are no orphans. There are and there are a lot. But because of Ubuntu you will never see an orphan sleeping on the street like in the city. That is what we call Ubuntu. It has kept us going and is working for us in the rural areas and we like it” (CLP CB: 131).

Participants maintain that the practice of Ubuntu has the capacity to bring healing without any prescribed medication. Ubuntu cannot be hidden, but is always detected within a person, if they have Ubuntu:

“Ubuntu’ is written, not on a piece of paper but in your face. A person with no ‘Ubuntu’ can be easily distinguished” (EM CA: 105).

“Kakulu! I think Ubuntu can heal a person without any tangible, without anything that is given to that person” (SEW1 CB: 61).

“Even before giving the medication ask the patient to feel at ease, the smile, the way we handle our people, the person will get cured even before getting the medication” (HCP CB: 297).

Recognition of our spirituality was identified as an enabling and foundational factor to support the expression of Ubuntu. Whilst people, poverty and deprivation were listed as examples of adverse conditions that could at times deter the expression of Ubuntu, the expression of Ubuntu can be impacted by the existing context that surrounds it:

“Although Ubuntu cannot be taken by another person but it can be influenced by them...it can be influenced both negatively and positively” (HCP CA: 128)

“Poverty caused people to loose Ubuntu... Because of money it wouldn't be easy to restore ‘Ubuntu’. Money separated people from ‘Ubuntu’. People are always afraid

of a loss because money is tight... We worked the land to feed ourselves which caused 'Ubuntu' in us but now no longer work the land, we work for money" (EM CA: 110).

"Ubuntu cannot prevail if we cannot find each other spiritually. Then once we are together spiritually, then there is a time that Ubuntu can prevail" (EM CC:82).

"Ubuntu is a core value of spirituality because without that you won't be a human being according to our tradition and customs" (CH CC: 162).

The importance of finding this shared spirituality within Ubuntu was revealed as something that is not just about physical or psychological wellbeing, but rather with a far-reaching and all-encompassing influence to sustain not only the human connections, but the physical environment of the communities to thrive and sustain wellbeing. Within Ubuntu's ethos of care and humanity, it was seen as having the full capacity and potential to usher in trust, forgiveness and wellbeing into these communities. However, participants reiterated that this can only happen when we find each other spiritually.

5.4 Conclusion and Summary of Chapter

This chapter has presented the findings of the study. In line with the case study approach, a dense and detailed analysis of the data has been given, showcasing the various understandings and interpretations given to the study interest by the participants. The participants identified how the various contexts surrounding them influence their understanding and expression of spirituality. The surrounding contexts created through their engagement with the foreign entries into their communities have impacted on their sense of identity and spiritual expressions. Despite this the communities hold onto a similar understanding of spirituality, perceiving spirituality as holistic and evidenced through one's actions. The communities are in various stages of experience in terms of their spirituality and how this impacts on their wellbeing: Community A- *Ukuzola* (Serene Space) is still experiencing an idealistic phase of their spirituality, where they exist in a more inclusive environment that supports different spiritual expressions. *Ndiziva ndonganyelwe* (Overwhelmed space) and *Ukudibanisa* (Mixed space) and are both in transition, fighting to locate their beliefs and determine their positionality within a contentious space. The last community, *Ukungxamiseka* (Rushed space) has begun transitioning into the future space, but with a great amount of turmoil and confusion as they seek to sustain their wellbeing.

Chapter six discusses the highlights of the findings of the study in terms of current literature aligned to the themes, identifying and highlighting discussions emanating from the findings of the study.

Chapter 6: Phenomenological interpretation of data

“Spirituality seeks to answer the bigger questions in life of why? It is about moral philosophies, values and worldviews, typically the kind of topics that medicine tries to distance its practice from (Smothers & Koenig, 2018:2034). [Which means] both the person and the provider are diminished...what remains is not a sacred encounter between healer and supplicant, but instead a profane transaction between the powerful and the powerless”. (Determeyer & Kutac, 2018:1684)

6.1 Introduction

The previous chapter presented the findings of the study, including a detailed narrative of the context highlighting the various ways in which the study participants view spirituality and its influence on their wellbeing. In this chapter, I discuss the critical issues that emanated from the findings of the study.

Certain factors within spirituality have been identified by participants in the previous chapter as crucial to their experience of wellbeing. I take the thrust of these factors forward, including existing perspectives in the literature review related to the study focus area, to interpret and clarify the analysed data presented in the previous chapter. I aim to build a final thesis of my study, which I hope will contribute original knowledge to the area of indigenous spirituality and wellbeing.

6.2. Recapping the study focus

This study was focused on exploring the ways that indigenous communities understood, interpreted and expressed their spirituality and how these ways of seeing spirituality influenced their wellbeing. The study also aimed to explore what factors could contribute to building a collective spirituality framework that contributes to community wellbeing. The relevance of exploring this study focus is clearly reflected by the quote given by Smothers & Koenig (2018) above. I will attempt to unpack indigenous understandings of spirituality and wellbeing towards developing a framework that would hopefully contribute to understandings of indigenous spirituality and collective wellbeing. However, I must emphasise that although

the contribution of new knowledge in this area is a key outcome, it was not the only desired or hoped for outcome of the study. This being a study within the social justice paradigm within which spiritual principles are integral to its achievement (Sheridan, 2012) I equally sought to acknowledge the voices and concepts that have been marginalised within formal knowledge systems. Geiger (2013:174) refers to the concept of “optimised opportunities” within her study for her participants which for me, would be the opportunity to unearth my participants’ worldview regarding the understanding they have given to their spirituality and how this impacted on their daily lived experience of wellbeing. Whatever outcomes of this study are discussed in this chapter are presented as one opinion and experience of the truth as aligned to the study methodology (Chapter 4) of interpretivism and social constructivism. I acknowledge other worldviews that might exist related to the focus of this study, while seeking a place of mutual engagement and collectivism that informs a shared understanding of these study concepts, and an exploration of what this sharing could possibly mean practically for the collective wellbeing of both indigenous communities and western health knowledge systems. I discuss the outcomes of the study findings under five main headings below which are-1) *Spirituality as a three dimensional relationship*; 2) *Wellbeing is a state of balance within caring relationships*; 3) *Western healthcare and Christianity is perceived as one combined institution*; 4) *The perception of ‘humanness’ within human rights is opposed to the perception of ‘humanness’ in Ubuntu*; 5) *The kraal is in transition*

6.3 Spirituality is understood as a three dimensional relationship

To begin to unpack the understanding given to spirituality by the Bomvana people, it might be relevant to first touch on why spirituality is so important to them. Although the facts speak for themselves as both literature and the narratives of the participants declared how critical spirituality is to their existence. The Bomvana indigenous spirituality is their life and wellbeing. It is deeply inherent and is protected the way people would protect any phenomena that holds their life and existence. A recognition and acknowledgement of the amaBomvane realities, beliefs and practices cannot be achieved outside of their spirituality, in all its unique presentations within each community.

The four village clusters involved in this study had an idealistic understanding of indigenous spirituality that was evident across all participants. Participants referred to spirituality as

“*umoya*” in isiXhosa language, which equally mean breath, wind, soul, spirit. *Umoya* deals with the spoken and unspoken, lived, experiential and observed aspects of life, it is about connection and relatedness of all the living and non-living. This perception of spirituality as connection and all pervasive is the amaBomvane indigenous peoples’ foundational conceptualisation and understanding of spirituality. Since spirituality includes health, life, death, and beyond, it becomes a lived religion. This understanding of spirituality as all-encompassing within African indigenous communities is pervasive in literature (Mbiti, n.d.; Mbiti, 1970; Awolalu, 1976; Maluleke, 1998; Taringa, 2006; Adelekan, 2011; Amanze, 2011; Chilisa, 2012; Rico, 2016). Other indigenous communities in various parts of the world also share this belief that all existence is influenced by spirituality (Kaldor et al., 2004; Parlee et al., 2005; Coates et al., 2006; MacDonald, 2011; Allen et al., 2014; Christensen, 2016 ; Love , Moore & Warburton, 2017; Charlier, Coppens, Malaurie, Brun, Kepanga, Hoang-Opermann, Correa Calfin, Nuku., Ushiga, Schor, Deo, Hassin, & Hervé, 2017; Lewis et al., 2018). However, each village cluster in this study interacts with their own context to create their experience of spirituality.

Certain contextual differences have impacted on how the Bomvana experience and interpret their spirituality in particular ways, but first I will begin by discussing this understanding of spirituality that emerged. The Bomvana indigenous understanding of spirituality anchors spirituality across three equally critical, relevant and inseparable aspects of beingness, which I shall conflate into people, nature, and the divine. I have consciously depicted these three dimensions as “relationship”, not “relationships” because although three dimensional, it is a single, complex, holistic relationship involving multiple processes. It is one holistic relationship because of the connectedness which is at the heart of their indigenous spiritual beliefs. So although there are complex multilevel relationships occurring at the same time, they are all about *umoya* and linked to one source – God.

6.3.1 Humans living and non-living as a dimension of spirituality

The Bomvana indigenous peoples understand human relationships as not only a core spiritual principle, but as a spiritual act in itself. The actions taken towards another human being show our spiritual state. A person who performs wicked acts against people or does not assist community members when needed to is seen as ‘not human’ and lacking in core positive human attributes which participants assert that Ubuntu exemplifies. These core human values are perceived as primary to the identification of how human a person really is. This is above

and beyond the religious rites and rituals performed in the expression of spirituality which although very relevant, often does not reveal a person's intentions. So spirituality can be personal even within collective societies, but the expression creates a collective (Townsend, 1997; Simpson, 2004; King et al., 2009; Edwards, 2011). This perceived lack of humanity is abhorred by the community. Metz (2007) supports this assertion giving examples from Ghana and South Africa. He states that Africans have a moral obligation that makes them want to support the collective and not just focus on personal issues. To the Bomvana person, a good spirituality is empathetic and kind, a bad spirituality causes harm to the other. This belief is discussed by James (2015) who submits that indigenous communities around the world believe in a good and bad spirituality. The good spirit is benevolent and brings wellbeing, while the bad spirit is malevolent and causes harm, with a negative impact on wellbeing.

An example is Community A's assertion that community members should be able to live, choose and practice their spirituality the way they see fit while supporting the other person aligns with these core positive values of their spiritual beliefs. This core belief is then expressed through community members deciding to support one another by attending all religious ceremonies within their community as a sign of respect, support and good will. People bring dignity to any ceremony and to stay away from any person's ceremony is considered a lack of Ubuntu. This could be one reason why even certain 'saved' participants stated that they will always attend certain specific ceremonies to support other people, but will not eat or drink anything while there. In bringing their human presence, they believe that they have shown support and kindness to the person performing the ceremony. This builds good will and maintains good relationships which are vital for health and wellbeing. The relevance of the human presence and goodwill towards one another is evidence of an inner work by individuals that creates social transformation (Simpson, 2004; Sheridan, 2012). Participants from Communities B, C and D also believe in these core positive human values within Ubuntu as they all saw this philosophy as a key tenet for wellbeing and practice of their spirituality.

Within literature religion is positioned as either a set of religious beliefs, or as positive human values or as both. Spirituality on the other hand, could be experienced without any affiliation to religion and particular practices (Koenig, 2007 cited in Van Rensburg et al., 2015). To the amaBomvane, spirituality and religion are intertwined, with participants referring to self-discipline, fulfilment, unity, peace and harmony as critical aspects of their social

determinants of health and wellbeing. Koenig (2007) cited in Van Rensburg et al., (2015), also identified these as some of the core positive human values that contribute to resilience building. These are practised within caring relationships.

These relationships extend beyond the living to people who are non-living as well as spirit beings that exist within various spaces of existence. The Bomvana believe that family members who have left the earth are not dead and gone, but exist on a different spiritual plane. These non-living family members are ancestors that are still very involved and support their family members that exist here on earth. Ancestors are believed to provide protection, guidance, advice, good health, admonishment and even punishment, as each situation calls for. Ancestors also liaise between God, divinities and living family members, sometimes sending messages and solutions to challenges experienced through dreams and visions to family members. Ancestors appear to family members in the form of totemic animals. Totemism is about identifying a particular object or animal which becomes symbolic to a particular group. African indigenous communities practice totemism (Gumo, 2012). The belief of ancestors as totemic animals is also witnessed within the Shona tribe of Zimbabwe (Taringa, 2006). The Shona people believe that their dead family members continue living on a spiritual level of existence. The participants in this study say that they feel safe from danger because their ancestors will never bring them harm. These trusted relationships and connection is their spirituality and a source of resilience. Wexler et al. (2014) identifies similar outcomes within an indigenous Inupiaq community. She posits that their culture which is their spirituality is a resilient factor for the Inupiaq people. Further examples are from the Yoruba and Edo tribes in Nigeria (Awolalu, 1976) and Zimbabwe are given above. Both authors refer to a belief in relationships, connectedness to God as the Supreme Being, the divinities as God's messengers and intermediaries, humans living and dead, and all of nature. There has been some debate about whether there is a hierarchy within these relationships or not in literature, but both authors here, suggest a hierarchy which is corroborated by Gumo et al., (2012). The feedback from the study participants also seems to refer to some hierarchy as they allude that they need to go through ancestors as intermediaries to God. So the Supreme Being is at the very top, followed by the divinities, then spirits, and ancestors before humans. Humans and all of nature are placed at the same level (Gumo et al., 2012).

Such beliefs of going through intermediaries are also found within some Christian churches (Catholic Church, Anglican Church) who also believe in praying through departed members

of the church (saints) as intermediaries to God. They believe that these saints have lived such exemplary lives on earth and gained such favour from God that God will hear the supplications of the saints on their behalf. This notion of ancestors or saints needing to be people who have lived well and righteously as good examples is evident among both the indigenous and Christian belief systems. These exemplary lifestyles are mainly based on altruistic attributes possessed by the departed. So essentially, both African indigenous and Christian spiritualities believe that death is not an end in itself and how we are to others, determines our positionality after death. Kitururu (2006) agrees that unselfish, altruistic actions exemplify good spirituality within indigenous African contexts. Even within the Christian faith, Jesus Christ warned His disciples to look at the evidence of people's actions as an indicator of who they truly are (Mathew 7:20: KJV). This is an area of similarity between both belief systems.

6.3.2 Nature as a dimension of spirituality

The next aspect of this holistic relationship is nature and all it represents. Bomvana indigenous spirituality utilises everything around it as a platform of worship and transcendence, being deeply integrated with its ecology, humanity and human systems. Theirs is a lived spirituality that acknowledges the contribution of the collective interconnectedness of all. This is another place they draw their resilience as a community. So while indigenous spirituality includes religious rites and rituals, it goes beyond these to seek meaning, purpose and connectedness to all that is life (Chuengsatiansup 2002; Ferrer 2011). Spirituality is unlimited in this purpose. This understanding of spirituality does not only practice Ubuntu and kindness to humans, but to all of creation. Cocks (2006) emphasises this connection between humans and biodiversity. The land is cared for; the animals are tended to and treated with care and respect; the rivers, sea, the creatures within and humans are all seen as part of one big cosmos that rely on one another to survive. Taringa (2006) argues that with the Shona tribe of Zimbabwe, this care for nature comes from a fear of being punished by the ancestors and not from any sense of environmental activism. He does however, agree that nature is significant for the Shona people because of its perceived sacredness. They perceive land for instance, as the back of the ancestors which carry all of nature, so accord it respect and care. Another example is the Luhya tribe of Kenya. They believe that God Himself became trees, rocks, rivers and all of nature. This respect for nature informs conservation issues for them, like the Kakamega Forest which this tribe protects (Gumo et al. 2012). Indigenous communities in Canada and Alaska similarly perceive land as nurturer of all nature (Allen et

al. 2014). Totemic animals are equally seen as ancestors or messengers of the divine. Much like for the Bomvana, animals have significance at communal and familial levels.

At the community and tribal level, cattle are significant for the Bomvana people. Participants discussed how certain spiritual beings in the form of cattle had come out of the river to lead and guide their ancestors, and these cattle have remained of strong significance to the Bomvana people. Cattle are deeply respected animals within these communities. Even when a cattle strays into a garden, it is simply turned away without bringing any harm to it, as this is not condoned. At the family level, participants give examples of certain animal forms that their ancestors have assumed, or that have been sent to assist them by their ancestors. Examples include bees, tigers, and snakes. At the personal individual level, every sangoma that participated in the study had a connection to a particular animal that acted as a guiding spirit to him or her. Animals are used to nourish the body and spirit. Animals provide livelihood and sustenance for families, while still being used for sacrifices within various ceremonies to heal broken relationships and also maintain ongoing relationships between people and the divinity.

The spirituality and connectivity that land brings for the physical and cultural survival of the indigenous communities is an experience the amaBomvane indigenous peoples share with other African indigenous communities (Gwebu, 2002; Rutsate, 2010; Parlee et al., 2005; Tobias & Richmond, 2014) . The land grows healing and medicinal herbs that are used to cure diseases and perform various healing rituals. The land produces crops for consumption by both humans and animals, but is also duly fertilised from cattle dung and other animal droppings. Farming the land provides a source of livelihood. The land produces corn and other grains which are used to make the traditional beer (*Unqumboti*) which is used for ancestral reverence and various ceremonies. Evidence of the link of indigenous life and health to land and natural resources has been witnessed in the Twa communities in Uganda. After getting back ownership of their land and natural resources after a period of denial, mortality rates in the Twa communities dropped from 59% to 18% (Ohenjo et al. 2006).



Figure 6.1: Photo shows the traditional beer (*umqobothi*) being prepared with their indigenous grains in the chief's compound in Community A for a burial ceremony.

The land houses the kraal which is a cattle enclosure built somewhere in the family compound, often on the side or towards the back. The kraal has great spiritual significance as participants observe ancestral reverences and perform most household rituals there. Some participants refer to the kraal as their pulpit where they preach. All participants referred to the loss of land as one of the biggest contributors to their low health status and dependence on government grants. Other indigenous communities across other parts of the world have also identified the loss of land as one of the biggest challenges to their wellbeing (Wexler, 2014).

Family members who have passed on are buried in the land, where living family members frequently visit for various petitions regarding their wellbeing. Both the forest and bodies of water are of spiritual significance to the amaBomvane. For instance, the river is seen as an abode of the ancestors and spirits. When people are called in a dream to become sangomas, they are directed to particular places to perform ceremonies; some are directed to the river by the ancestors to perform certain rituals. During *Intonjane* (coming to age of womanhood ceremony), on the third day of the ceremony the girls partaking in the ceremony are taken to

the river for ritual cleansing. The Gikuyu community in Kenya worship while facing Mount Kenya and the fig tree (*Mugumo*) because of their belief that God resides there. Other tribes in the region have various rivers, forests, hills and mountains that they hold sacred also because they believe God resides there, or spiritual divinities reside there (Gumo et al., 2012). The Bomvana people identify the colour red as significant, because of the red ochre they paint on themselves for ceremonies. This red ochre is the colour of their soil. They are also known as people of the red blanket (amaBomvane). In earlier years these blankets were dipped in this red ochre from their soil. Colours are also known to be significant spiritually to other indigenous communities within Africa and the red ochre is also of spiritual significance within certain tribes in Kenya (Gumo et al., 2012). Separation from nature and animals for the Bomvana is a spirituality that is denied expression.

The amaBomvane context testifies to challenges about accessing natural resources, which is life to them. Hence the challenges discussed above regarding access to natural resources is not just an internal issue of disagreements and squabbles between government officials and communities. Rather, these upheavals are presented as an aspect of the global debates on issues of despoliation, low environmental justice and social justice (Agyeman et al. 2002; Sheridan, 2012) which unfortunately impacts more on poorer communities, which include indigenous communities. Gumo et al. (2012) state alternative to this, that all countries and contexts are impacted by the changing world contexts in certain ways. So Gumo et al. argue that all contexts irrespective of whether they are indigenous or not are impacted by global changes to varying degrees. Despite the assertions above, they all seem to agree on the co-reliance between humans and plants/environment (Gibsona & Ellisa, 2018)

6.3.3 The divinity as a dimension of spirituality

The amaBomvane believe in a Supreme Being “Qamata”, (God) who is the creator of everything that exists. God is also known as “uThixo”, speaking to His greatness and benevolence. Awolalu (1979) and Idowu (1973) posit that the supremacy of God is unquestioned within all African indigenous communities. The name given to the Supreme Being reveals how various indigenous African communities perceive God. The Yoruba tribe in West Africa call God Olodumare meaning (the unique one, majestic, unchanging and reliable) or Olorun (the owner of heaven) and Eleda (the creator) the Edo tribe call God Osanobuwa (Source and Sustainer of the World) (Awolalu, 1979). The divinities and spirits follow after God, they are not the same as God, and this is recognised by calling them by different names. The Yoruba refer to divinities as ‘o`risa’ and the Edo refer to divinities as

‘ebo’. Rustate (2010) discusses the concept of spirits within the Karanga tribe of Zimbabwe. The Karanga tribe believe in spirits as great spirits, clan spirits, and family spirits based on whether they are perceived to be protective or cause ill fortune or ill-health. One contrast in belief here is that with the Bomvana, the ancestors, although regarded as spiritual beings, are perceived to be good. This is despite the belief that ancestors do sometimes allow ill health or ill fortune to punish or admonish family members. The intent of the ancestors is always perceived as altruistic, hence good.

As reflected within literature above, there is a general understanding of God within African indigenous communities as Supreme Being, creator, benevolent, great, and incomparable. The Bomvana believe they cannot approach this Supreme Being as mere human beings, so they need to go through their ancestors to make petitions to this almighty creator. Literature has discussed the assertion that the amaXhosa tribe has no concept of God (Mtuzze, 1999; Bongela, 2001; Kwon, 2008), but the data from this study prove otherwise, as participants acknowledged and recognised the presence of God as the creator of all things. Ancestors convey messages from God to the Bomvana through dreams, visions, various totemic animals and all of nature. The area of health and wellbeing is a notable area when deciphering messages from the divine. A lack of wellbeing in the family or household is usually an indication of a spiritual imbalance that must be corrected. This is where some participants discussed the difference between *tradition* and *customs*. According to the participants, traditional rites have strong and direct implications for their wellbeing.

The participants who raised this knowledge (a chief from Community C and an elite older man from Community A) refer to a categorisation of their cultural spiritual practices and communal ceremonies as customs and traditions, as revealed in the previous chapter on study findings (Chapter 4: 33), differentiating between the two concepts. I have not come across any literature that has referred to this categorisation of traditional practices at this time. Other participants did not differentiate explicitly as the two mentioned above, but clearly discussed certain traditional practices that had an immediate consequence for wellbeing and some that did not. Customary rites were stated to be spiritual practices and certain rituals that can be performed at any time convenient for a person. An example of a customary practice is the cutting off of the tip of one little finger for healing (See Chapter 5: p 71). This can be done at any time as required. Traditional rites on the other hand, must be performed when due, because it has a direct impact on health and wellbeing of the person concerned, which is believed to eventually impact on the collective. An example of a traditional health practice is

the welcoming of a new-born into the family and introducing the child to the ancestors (*ukuqaba*); another rite is the male circumcision (*umgidi one – imigidi many*). Mavundla et al. (2010) and Mavundla et al. (2009) argue for the relevance of the male circumcision as a rite of passage and change of status. If these traditional rites are not carried out, not only will the person concerned risk ill- health, but the belief is that the person will experience many difficulties and challenges in life generally as a result of this spiritual ‘gap’ in their lives. Umgidi (which means one) is usually done as a collective. A specific household is selected to carry the responsibility of hosting the initiates from the start of the initiation ceremony to until the end. All other households through collectively contributing resources to celebrate the boys (who are now men) then support this household.

6.4 Wellbeing is a state of balance within caring relationships

This understanding of relationships as a multifaceted connection and interaction show a holistic and broad understanding of wellbeing. Wellbeing is integrated within a collective care circle that is informed by the Bomvana understanding of spirituality. These spiritual relationships discussed above are not layered but occur simultaneously in a person’s life and need to be consciously maintained and nurtured at all times. King et al. (2009) and Adepoju (2012) support this assertion, stating that within indigenous communities, wellbeing is so much more than the mere absence of disease and rather about physical, mental, emotional and spiritual existence. Spirituality and the connectedness it embodies is an essential component of health and wellbeing for indigenous communities (Ohenjo, 2006; King et al. 2009; MacDonald 2011;). This implies the relevance of gaining an understanding of wellbeing within each indigenous context.

This spiritual relationship speaks to balance. The amaBomvane believe that finding balance in life is fundamental to wellbeing. This balance does not exist outside of a person, but is an intricate part of who a person is in relation to others and other beings of the world. So when the participants refer to being one with the animals, staying in the forest or river alone and not being afraid of meeting with any harm, this emanates from a knowing and harmony that is established between the living and non-living within a trusting, caring relationship.

Wellbeing is experienced when we exist in harmony and peace with all around us. Sherwood (2000) supports this Bomvana belief, asserting that satisfaction with our spiritual existence is

foundational to experiencing satisfaction in any other sphere of our existence and wellbeing. Within Bomvana belief system, the individual exists within the collective and experiences wellbeing in relation to their context and as part of the collective. This is an understanding of wellbeing as relational. It includes the person, their environment and socio-cultural context, meaningful engagement and life satisfaction (Armitage et al., 2012; Brown & Westaway, 2011 cited in McCrea, et al., 2014: 271; Tobias & Richmond, 2014) and aligns in literature. To ensure sustainable community, the individual must be acknowledged, even within the collective.

Unlike what has been asserted in previous literature, the individual exists within African indigenous belief systems, although indelibly linked to the collective (Kitururu, 2006; Rico, 2016). The Bomvana spirituality is their culture. Their culture is passed down from generation to generation, it is a lived spirituality that is held in trust, taught and modelled by elders so that the younger generation can learn. The church leader in Community C refers to a self-knowing that must first occur within an individual before they can express their identity which is based on their spirituality. The younger people grow up and learn these spiritual beliefs and practices within their homes first. A person internalises and goes in depth with this taught spirituality, understanding their own self, who they are, what, where they come from, before they can express it, within a collective bond (Ohajunwa & Mji, 2018). Other participants also referred to this personal internalisation when discussing the importance of first knowing oneself and discovering one's own identity, so as to clearly understand the type of spirituality one possesses. We cannot express what we do not have. It is this 'inner' work by the individual which links to the collective to achieve social transformation. Sheridan (2012) refers to this as an engaged spirituality, which is about consciously growing ourselves while keeping in harmony with the development of the collective. Cassell (1998) also agrees, further stating that an individual needs to first make meaning of his or her spirituality, based on learnings from the family and community, before the spirituality of a person is able to come out from that person and reside in the community, as one cannot attain individual consciousness without an awareness of and a contribution to the collective consciousness (Kwon, 2008).

6.4.1 Care as an empathetic spirituality

The narrative on spirituality evidences the importance of care and reciprocal relationships as integrally interwoven with the amaBomvane cultural, historical, socio-economic, geographical and political contexts. The amaBomvane understanding of wellbeing aptly

captures these reciprocal relationships, which is an ecological spirituality. An evidence of this reciprocity is seen when the land receives the body of the ancestors, the umbilical cord and afterbirth of every born child, and animal droppings, in turn nourish the soil. The land then brings forth plants that are used for food, for medicine and for making beer for ancestral veneration to connect with the divinity. Soil and cattle droppings are also used to build homes where sacrifices and healing practices are performed, also providing shelter for humans. Animals are used for sacrifices to establish connection to the divinity and lineage from the time of birth (for example the *imbeleko* ceremony), and maintain relationships and wellbeing throughout life.

These sacrifices when performed within various ceremonies and rituals, facilitate the receiving of dreams and visions from ancestors, which provide guidance for wellbeing. An example is given from the Yoruba tribe in Nigeria (Adepoju, 2012). Within the Yoruba tribe of Nigeria, there are four levels of health-seeking behaviour when a person is ill that existed long before the advent of colonialism. When a person is ill, they first try a home remedy, if that fails, they consult with an elder within the family. If the condition is not addressed, they may buy some medication from a medicine seller. If this fails, they will seek out the diviner (sangoma). The diviner then consults with the oracle and prescribes a sacrifice for appeasement or reconnection as required, including medicinal herbs (Adepoju, 2012). One of the sangomas in this study said she uses water turtles for instance as part of a ritual process to restore a broken relationship between people. Aside from the obvious nutritional and life giving benefits of water, certain rituals involve some use of water, or going to the water to cleanse like in the case of *Intonjane* ceremony. People similarly take care of their animals, even bringing them into their homes when the weather is very bad and the animals are in harm's way, and like one participant stated, even fighting to protect their animals.

Totemic animals are recognised as the embodiment and representations of ancestors, bringing divine presence into homes and families. They are revered and welcomed into families when they come to visit. The Chieftain of village A talks about the snake that comes to visit the families in their clan once a new baby is born. He refers to the snake as an ancestral presence. The snake stays in the child's room for a few days and then goes back when it is ready, unharmed and bringing no harm to the child or family. Contrary to any expectations of harm, the Bomvana indigenous people believe that the presence of totemic animals ensures wellbeing for the entire family. Within this practice of an ecological spirituality, these relationships are made evident. There is evidence in literature of a strong link between the

human state of our minds and hearts and the ecological and human crisis the world faces currently (Kim, 2014). The author posits that both Christianity and Buddhist religions propagate this belief too. Gumo et al. (2012) state that the majority of Africans perceive the universe as a religious space. Humanity is placed at the centre as a priest of the universe, to create harmony. This would support Kim's claim above and signify another evidence of a shared spiritual tenet between Bomvana indigenous spirituality and Christian spirituality.

The understanding of spirituality which has originated from the Bomvana is linked to three main religious affiliations that express spirituality differently, - Indigenous spirituality; Christian spirituality (which include the 'saved'), and African Indigenous Churches (AICs) (Gumo et al. 2012). These three ways of understanding spirituality are expressed as informed by their belief.

Within Bomvana indigenous spirituality the physical and the spiritual work together within a holistic framework that informs wellbeing. This is very similar across other African and non-African indigenous cultures (Kwon, 2008; Larson, 2008; Emeka & Ekeopara, 2010; Edward, 2011; Boucher & Chisale, 2012). One of the critical ceremonies performed by a sangoma is a spiritual dance (*Intlombe*) which is done as a collective. Berg (2003) discusses the immediate benefits of Intlombe for psychological and mental health. The sangoma must participate with other sangomas in this dance to support him or her in praying to the ancestors to show acceptance of their call to be a sangoma. The sangomas stand in a circle, dance and clap their hands, with deep breathing and songs. Dance, songs, clapping, ululations and music as spiritual expressions are integrated within African indigenous spiritual healing practices (Dowling & Stinson, 2011). The Intlombe dance is likened to a group therapy that provides containment. It performs the critical function of establishing links to reconnect the individual to the collective (Berg 2003). This restores wellbeing and the family and relatives are usually present in the circle to give firm support to the one that is struggling. The support of the collective is so valued and entrenched that the amaBomvane take time to be a part of communal ceremonies that work on sustaining healthy relationships with God and ancestors as an expression of Ubuntu. These ceremonies are performed both to prevent illness or misfortune and for health promotion which recognises the wholeness of life (Edward, 2011).

These are traditional indigenous spiritual ceremonies that are performed to prevent illness as stated above, '*ukuqaba*' or '*Imbeleko*' (welcoming a new born into the family) and '*intonjane*' (coming of age ceremony for girls). While western spiritual and medical practices

separate their milestones (like baptism, confirmation, immunisations and such) over the first 21 years of a child's life, indigenous spirituality addresses both spiritual and health needs of the child simultaneously. An example of curative indigenous health practices is *ivuma kufa* or *Ukuthwasa* (a goat is slaughtered for a person whose calling to be a sangoma is making him or her sick during one of the many stages of their journey to become a sangoma). Bakow & Low (2018) highlight the significance of Ukuthwasa within South African indigenous spirituality and its contribution to maintaining mental wellbeing. Another example is an amaBomvane rehabilitative practice is a Thursday ceremony done to recall a family to the church after a tragedy. During this ceremony the women all gather at the community member's house to sing songs and bring some companionship and encouragement to the family, reminding them of their connection to the community. One participant referred to this gathering of just being there, sitting with a person who is mourning as Ubuntu. The collective supports wellbeing and transformational healing occurs in such spaces. That is why some healthcare practitioners who participated in this study referred to how people are healed through their belief system even when they do not receive any treatment in particular. Their belief connected to their spirituality contributed to transformational healing.

6.4.2 The Christian spirituality within the Bomvana context

The Bomvana Christians are indigenous Bomvana people who profess Christianity. They go to church and declare themselves to be followers of the Christian faith by choice. The Bomvana Christians also believe in connectedness and relationships. What is unique about the Bomvana Christians is that there are two types of Christians in amaBomvane. Some who accept and interact with others irrespective of their belief systems, and some who 'say' they do not. I put the word 'say' in quotation marks because although participants discussed this exclusive behaviour of the 'saved', every 'saved' participant made it clear that family comes first. They stated that even if they will not eat food used for indigenous rituals, they will attend and support their families as part of the collective. The summation then is that Christians who discriminate do this outside of family spaces, in the workplace for example, as claimed by a participant, or the discrimination is given towards other community members. There is a quality of inclusivity and connectedness to indigenous spirituality, which posits it differently from the Christian spirituality. Even participants who belong to the Christian faith themselves have attested to this not so inclusive, and actually sometimes exclusive, quality of Christian practitioners. This perceived exclusivity and even hostility of

Christian spiritual practices is also noted in literature on research that was carried out in South Africa and Uganda (Teuton et al., 2007; Kwon, 2008).

Bomvana participants who practice the Christian faith did not possess a strong focus on context like indigenous practitioners. Christianity although acknowledging and reverencing the creator within the created, is not reliant on and does not include context or nature to worship. In fact most Christian services are held within the walls of a building or a contained space and focus on a person and their connection to God. This is already a disjuncture between indigenous and Christian expressions of spirituality. Indigenous Bomvana spirituality perceives nature as a fundamental part of their worship and practices. The Christians although respectful of the significance of nature, did not see nature as playing a critical role in their worship of God.

Notwithstanding, within Christian beliefs, animals are also significant for spiritual connotations. Jesus Christ is referred to as “the lamb of God”, (John 1:29, NIV) Jesus’s followers are referred to as “His people, and the sheep of His pasture” (Psalm 100.3, NIV). The book of Revelations in the bible is also replete with examples of animals and nature with spiritual significance that will be witnessed during the last days of the earth (Revelations 22.1, NIV). The blood of the “Lamb of God” was shed to bring healing and salvation for all. So the significance of the spilling of blood is recognised.

Participants, irrespective of affiliation, reported that involvement in personal and communal spiritual practices improves motivation and self-care, which enhances wellbeing. Adepoju (2012) attests to the statement above, emphasising that whenever there is a health crisis in a Yoruba person’s life, they often return to their indigenous practices, depending on how strong their Christian or Islamic profession is (Adepoju, 2012). The Karakga tribe of Zimbabwe also practice this system above of consulting elders first, taking herbs, then doing spiritual consultations when they are faced with challenges. Again, the significance of the home as the starting point for wellbeing is evidenced.

Within amaBomvane spirituality (indigenous and Christian), dreams and visions are very significant for any spiritual journey. Edward (2011) agrees with this, stating that dreams, visions and hallucinations are part of the psychodynamics of healing and are evident in both Christian and indigenous healing practices and experiences. Dreams are considered to convey guidance or admonitions and individuals who are called to embark on the journey of

becoming traditional diviners (*ukuthwasa*) are called through dreams in indigenous spirituality belief systems (Edward 2011).

The churches that have merged both belief systems and healthcare practices within the amaBomvane context are the African Indigenous Churches (AICs). AICs emanated from a movement to leave the very traditional western influenced churches and form a church that was more accepting of other alternative ways of healing within Africa (Freeman & Motsei, 1992; Kwon, 2008; Spickard, 2010). AICs base their practices on the bible combining these with various rituals for individual, family, or communal spiritual purification (Adogame 2004). These churches have found vast followings within various indigenous communities in Africa with examples from Zimbabwe, Nigeria, South Africa, and Uganda (Adogame, 2004; Teuton et al., 2007; Shoko, 2008; Edwards, 2011). Pastoral calling within the AICs can occur traditionally through dreams and visions of the ancestors, or inspired by God through the Holy Spirit. AICs have indigenous spiritual knowledges put within a Christian framework.

The ability to combine various aspects of a culture builds cultural resilience (Wexler, DiFluvio & Burke, 2009; Wexler, 2014) This is one factor which I propose has supported the AICs (Zion churches in this case) to thrive in these communities, as congregants do not have to leave all aspects of their indigenous culture behind to become members of the churches (Shoko 2008). The Zion churches within the Bomvana context, although faced with congregational challenges and internal competition, are finding an expression and practice that support both belief systems, acting as a protective factor for community resilience. Another factor for the AICs' success might be that existing within the middle ground ingratiated them to both contending western and indigenous spiritualities, facilitating their survival. Finding a middle ground, some compromise, some balance that still keeps their authentic self and knowledge as a priority is a strength to survive in the face of severe difficulties or trauma. The Bomvana spirituality is then evolved to survive and thrive through this process of finding balance and a shared space for new knowledges.

6.5 Western healthcare and Christianity is perceived as one combined institution

The Bomvana worldview posits indigenous spirituality and wellbeing practices as the same. Although the holistic approach of seeing both indigenous spirituality and wellbeing as one has been identified in literature among indigenous communities around the world (Yen & Wilbraham, 2003; Chiu, Emblen, Van Hofwegen, Sawatzky, & Meyerhoff, 2004; Ross, 2010; Waldron, 2010; Edwards, 2011), this study reveals more of the influence of this belief within the Bomvana context. The Bomvana people not only see their spiritual and health systems as merged, but ascribe the same perception to western spirituality and healthcare. So participants in this study still perceive formal healthcare and Christianity as one institution. This is because although both institutions have become separated over time so that now Christian spirituality and formal healthcare operate as two separate institutions, (McGuire, 1993; Vellenga, 2008), western healthcare still carries the stamp of its historical connection to the church (Marks, 1994 cited in Kahn & Kelly, 2001). The Catholic Church for instance, include their traditions and values within healthcare practices (Edward, Kay, Giandinoto & Mills 2017). Catholics posit that merging mission, value and practice supports institutional integrity. So this summation by the Bomvana has certain legitimate standing. In our conversations during the course of this study, participants kept identifying and classifying people who had formal education as Christians who utilise and work within formal healthcare as they were all informed by the western ideology. The fact that Christian churches equally agree with faith healing, and the main healthcare facility within the community was established by a Christian Church, further supports the indivisibility of the western spiritual and healthcare systems from the perspective of the amaBomvane. Hence the discourse of discrimination against their indigenous spirituality asserted by the church when it entered their community is understandably associated with its healing practices, which formal healthcare is perceived to be.

Further, the formal healthcare system appears to be trying to perpetuate this same system of establishing two separate systems (spirituality and health) by attempting to distinguish indigenous spirituality from its pharmacology and healing practices, through an attempt at separation of medicine men from sangomas. The medicine men are seen as practicing in a more transparent manner because they work with various healing herbs while the sangoma practices in secrecy, bringing in spirituality (Freeman & Motsei, 1992) which makes it

difficult to collaborate. One major deterrent to this collaboration identified by participants which further negatively influence their wellbeing, is the issue of human rights and its resultant challenges.

6.6 The perception of ‘humanness’ within Human rights is opposed to the perception of ‘humanness’ in Ubuntu

Human rights are the basic rights that belong to all; we have these rights simply because we are human. Human rights applies to all, irrespective of creed or race (UN, 1948). These rights have informed policies that are enforceable by law.

The Bomvana perceive humanness very differently from the positionality of human rights. A person is perceived to be human based on their actions, and these actions are influenced by the spirituality a person possesses. Participants refer to someone without Ubuntu as inhuman (Kamwangamalu, 1999; Masango, 2006; Dreyer, 2015). A person without empathy, kindness, truth and sincerity in their beings is not perceived as human. In other words, while the concept of human rights *ascribes* humanness to all, the Bomvana believe that humanness is *earned and evidenced* through actions to the other. Our humanity is directly proportionate to how we perceive and treat other people. This is ⁹Ubuntu. Forbes (2001) and Kwon (2008) agree with this assertion above. They posit that we can only understand ourselves through the eyes of an authentic other. Therefore, when there is a dilemma or conflict which must be resolved, human rights tend to decipher a hierarchy of rights, to determine whose rights have been violated and should come *before* the other person’s rights. Ubuntu in opposition to this stance will rather place the individual rights *within* the collective rights, centring the individual within the collective and aiming for the greater good. These different ideologies exist within tension-filled spaces of the Bomvana communities. These various discourses and the socio-political systems they create influence the quality of life and contribute to the social determinants of health of indigenous people (Freeman & Motsei, 1992; Bottrell, 2009; Allen

^PParticipants also refer to spirituality as an innate quality of being human, just like Ubuntu, which is also described as a good spirituality that makes a person human through its collective expression. Without Ubuntu one is not human (Masango 2006; Kamwangamalu 1999; Dreyer 2015). Participants state that although a person is born with a good spirit, this good spirituality becomes bad when Ubuntu is put aside and not practiced by a person. Therefore, a spirituality that supports wellbeing must be grounded within the collective.

et al., 2014; Rico, 2016) through certain cultural disruptions of which human rights is significant.

Human rights seek equality but are perceived to rather breed disrespect and discord by taking authority from the elders and giving it to the children. This perceived sense of autonomy given to youth and children and how it impacts on the socio-cultural dynamics of the communities are grave. The locus of control is taken from elders, who are traditionally revered and have served as sages and spiritual guides to their communities and handed to their children (Coates et al., 2006). The impact of this loss of control is far reaching as it directly impacts on the notion of a collective spirituality which the elders embody within indigenous communities.

Community D has struggled the most because of an absent traditional leadership. The individualistic basis of rights could be perceived as affording the chief the opportunity to decide on how he should occupy his office based on his own viewpoint. The challenges experienced by the collective as a result of his decision are neglected in the face of the chief's need to assert his own rights to safety, income and livelihood, *before* the rights of the collective. The chief is also regarded as a spiritual head of the community, so the absence of the spiritual head might be the one reason for the exacerbation of an already high level of blatant disrespect performed by the youth, within this particular community. The establishment and continuous increment of taverns in Community B during the course of the study was also attributed to this issue of everyone having individual rights, and is a source of stress for the community.

Within the Bomvana community, the enforcement of human rights has effectively limited the indigenous spiritual practitioner's space of practice from all of nature surrounding them as gifted by God to their ancestors, to only certain areas where they are permitted to enter by government. Some sangomas have not been allowed to enter certain forests to practice their rituals which can have dire consequences, with one sangoma life lost at the time of this study. A majority of indigenous African communities face this same challenge of access to natural resources to varying degrees. In Africa, the ecology of land is changing as people engage in large scale agriculture, issues of political alliances, corruption, separation from land and such events have negatively impacted on the practice of African indigenous spirituality (Gumo et al, 2012). Circumpolar Indigenous communities in Siberia, Norway, Canada, Alaska Inupiat, and South-western Alaska Yup'ik, revealed similar stressors from the rapid changes to their

economic, political, environmental and social contexts which is impacting on their wellbeing (Allen et al., 2014). Restricted access to their natural resources was one of the challenges experienced.

The outcry against the supposed cruelty in the use of animals for various spiritual practices as well as certain ceremonies like the male initiation ceremony has also been a contentious issue within the different worldviews that exist within the Bomvana communities. When these areas of challenges discussed here are put together, a picture begins to emerge of how the indigenous understanding of spirituality is battling to find its position and expression. The very essence of the Bomvana spirituality, which is grounded within a holistic and collective belief system, is being assailed. This connection to nature, each other, and the divinity is where the indigenous peoples' strength and resilience lie. For amaBomvane communities when an opportunity for cultural expression is denied it is a cause of ill health because this means a denial of spiritual expression.

Similar to other indigenous communities (Parlee et al., 2005; Amanze, 2011; Pargament & Mahoney, 2012; Wexler et al., 2014) the Bomvana people feel that their authority with which they guide and support their communities has been taken and given to the younger generation, which is refocusing their history and threatening the collective care, continuity and practice of their spirituality. This reallocation of authority can be seen as supporting the universalisation of Eurocentric approaches within indigenous communities, and the replacing of local knowledges with modernist narratives (Colomeda & Wenzel, 2000; Coates et al., 2006). These modernist approaches become established as the norm, relegating local knowledges to the margins (Coates et al., 2006). Autonomy and self-determination are some of the hallmarks of a resilient community (Coates et al., 2006) and although this loss of authority by elders is identified as a stressor, participants have demonstrated their fight to retain their autonomy and self-determination through their spiritual expression. Cultural continuity, sense of shared identity and spirituality are some protective factors that facilitate resilience. Cultural continuity is critical for African indigenous spirituality and since foreign knowledges are not indigenous to the Bomvana, it impacts negatively on the transference of cultural practices to the youth. This impacts negatively on their practice of spirituality, causing disruptions.

These cultural disruptions are both historical and current, creating a state of a lack of wellbeing which the Bomvana communities are currently experiencing. However, the fact

that these disruptions have occurred historically and the communities survived to continue to engage with them, renders an affirmation of the presence of strength and resilience within these communities. Waldron (2002) refers to indigenous knowledge as resistant knowledge and (Rybaka & Decker-Fitts, 2009) asserts that as trauma interacted with culture, indigenous sense of identity was further strengthened. On the other hand, current cultural disruptions although definitely informed and influenced by history, have taken a different shape and form in present times. This reflects a complex shifting and re-positioning within the context, which I refer to as the *movements of African indigenous spirituality*. These movements are informed by the understanding given to spirituality at any particular time, which locates it within a particular space. These spaces I locate on a continuum (Chilisa, 2012) and they are identified either as a state of wellbeing or a state of a lack of wellbeing. Wellbeing is depicted as a state of the community at a *particular time* while resilience is the process that occurs *over time* to support the achievement of wellbeing (Hendrick & Young, 2013; Tobias & Richmond, 2014). For the Bomvana people, these movements occurred in three spaces. I will depict this using the symbolic analogy of the kraal, located at a particular time and space within a continuum of knowledges related to their spirituality which impact on their wellbeing. These cultural disruptions have heralded the transition of the kraal as further explained below.

6.7 The kraal is in transition

The indigenous spirituality of the amaBomvane is located in the home and the kraal can be likened to the altar or pulpit for indigenous spiritual practice as one of my participants stated (Chapter 5, page 144). This is the place where the household and community gather for worship and ancestral veneration, sustaining balanced relationships for wellbeing (Jansen, 1979). There are currently two different ways in which the kraal is being constructed within the communities, and my research assistant highlighted how the construction of the kraal has shifted over time. Historically, the kraal was built with wood, bush and leafy branches from the valleys where the medicinal herbs are found, but in recent times, people are beginning to build the kraal with bushes and barbed wire. This transition of the kraal, evidenced in the changing face of the kraal over time, visibly illustrates the transitioning spirituality of the amaBomvane. So I present the kraal here as a symbol of Bomvana indigenous spirituality,

using the analogy of its transition to locate each of the four study sites as they move along this “continuum for the future” (Chilisa, 2012:12)



Figure 6.2 The photo above shows the kraal constructed as is historically done, with organic, lush, green materials and wood found in the valleys.



Figure 6.3: The photo here shows the current emerging depiction of the kraal constructed with barbed wire, gauze, some dry wood and leaves.

In this analogy the kraal and the communities which reside in it are not separated, but I will position them as one holistic interconnected system as aligned to the indigenous philosophy

of wholeness. So the *kraal* and *amaBomvane* or *Bomvana people* will be used interchangeably in the discussion below, and perceived as one entity. Environmental and socio-cultural and policy contexts of each study site, interact with the experience of their spirituality to position them along this continuum in their bid to be in a state of wellbeing.

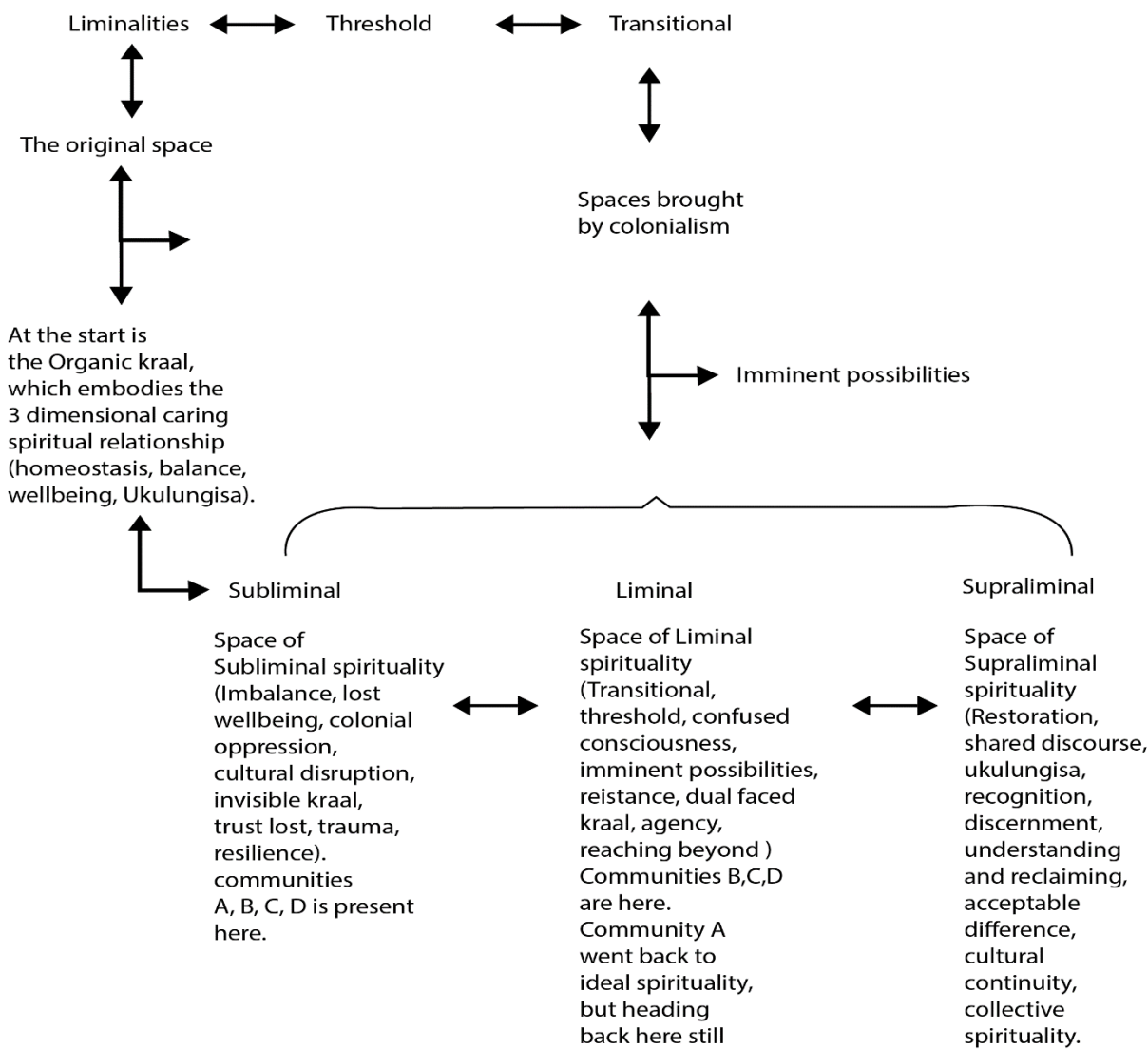


Figure 6.4: The diagram above show the three spiritual movements and support for wellbeing depicted on the “continuum of the future” (Chilisa 2012)

At the start of the continuum is the ‘organic’ kraal which represents the rich, idealistic and lush Bomvana spirituality that supports wellbeing. All four communities previously existed within this space of the organic kraal, living their indigenous spirituality. The organic kraal represents (“*ukulungisa*”) which is a state of homeostasis, wholeness, balance or wellbeing (Edwards, 2011). I have equated balance to a state of homeostasis where the issues of

wholeness and interconnection between bodies, mind, spirit, and environment is at a perfect balance, (Maslow 1943; Richardson 2002). This space is a holistic indigenous spirituality that recognises the Bomvana's belief in the three-fold spiritual connection and the various rituals and rites that support these connections. The context surrounding the kraal supports and facilitates access to community resources that are required for maintaining these spiritual and sacred relationships. This kind of spirituality centres the individual within the collective, building a social, spiritual ecological supportive system that contributes to resilience to overcome life's stressors and cultural disruptions to maintain wellbeing (Unger, 2011). The kraal existed in this state until foreign entries were introduced into the context, creating a shift of the kraal into the next movement, a space of Subliminality.

6.7.1 Space of Subliminal spirituality (Lost wellbeing)

The Bomvana indigenous communities lived their spirituality as influenced by moral philosophies and value systems. Then Christianity, western education and healing culture were introduced within these communities. The manner in which Christianity was introduced was perceived as deceitful, standing against the foundational principle of the Bomvana indigenous communities, as reflected within Ubuntu. The exponent of the Christian spirituality, which is incidentally also premised on kindness and love for the other (Kwon, 2008) is perpetuated in a way that did not reflect its inherent Ubuntu. The duplicity alluded to by the study participants; the demonisation, separation and marginalisation of Bomvana by early missionaries (Mbiti, 1970; Bakker & Snyders, 1999; Masango, 2006) who were perceived to represent both the western spiritual as well as healing systems created a state of a loss of wellbeing. Through a systemic manipulation of power and complete rejection of the Bomvana spirituality within which their entire existence resided, the kraal moved into a subliminal space. All four communities moved into this subliminal space.

Subliminality speaks to a substandard, inadequate state from which nothing can be achieved. Here Subliminality refers to a place of latency, a quiescent, suppressed and concealed spirituality. Understandings and practices of indigenous spirituality and all that is aligned to it were put 'out of sight', the kraal was made invisible. Participants in this study discussed how through an alienation of all things indigenous – religion, clothing, dances, education, people were made to feel ashamed and forced to let go of who they are, becoming an unrecognised or strange person, losing balance and wellbeing. This assertion is supported by Chirkov et al. (2003); Kamara (2000); Kwon (2008). They state that Africans were compelled through an alienation of their spirituality and culture, to exist in a state that goes against their moral code

which entailed a separation from the oneness with their context surrounding them, this had devastating consequences on the social determinants of their health (Ohenjo et al., 2006).

The kraal experienced trauma, discrimination and marginalisation, the state of the home changed as men became migrant labourers; trust was lost and the spirit became sick (Chapter 1: 7). Even within healthcare, health workers frequently align themselves with these stereotypical narratives that position indigenous people and their knowledges as primitive and backward, needing to be rescued by modernisation (Ohenjo, 2006). One example is the attitudes of healthcare professionals in the study, which participants cited as disrespectful and disregarding of their own knowledges. The participants were severely reprimanded by healthcare professionals when they admit to the use of traditional medication, so they stopped communicating this to the healthcare professionals. Mpofu (2006) identified this struggle in his article on indigenous healing, positing that users of indigenous medicine do not disclose to health care practitioners for fear of ridicule or discrimination.

This means that healthcare workers often have a derogatory approach and a lack of respect for the opinions and preferred practices of indigenous people when engaging with them, which places an obstacle to healthcare access for indigenous people (Ohenjo, 2006; Waldron, 2002). Another example is the Babendjelle [of the North-West Congo Basin]. They are nicknamed out of prejudice by healthcare professionals that work within their communities as “la viande qui parle” (the animal that can speak) and so do not receive the same treatment as others” Ohenjo 2006:1938).

The Bomvana struggled to maintain their moral code within this space of subliminal spirituality. Spirituality has been identified as a protective factor for indigenous communities so in marginalising it, the risk factors for the communities are increased (Richardson 2002), this was the case regarding the Bomvana people.

Resilience however, was equally developed within this space of trauma. Although subsumed, the kraal never left, it continued to exist and interact with its surrounding context. One participant from Community C referred to this as “suitcases under the bed”. In this analogy he discussed how the foreign influences assumed the Bomvana had left their spirituality behind, but they had simply packed it away, it still existed until it shifted and emerged again within a different space which is the second movement - a liminal space.

6.7.2 Space of Liminal spirituality (Seeking wellbeing)

It became evident during the course of the study that one of the challenges in the community was not so much that people decided to practice a different spirituality, but the primary concern was the fact that this ‘new’ western spirituality asked their members to abandon the spirituality they knew from birth, facilitating a separation and misalignment that impacted their balance negatively. Even when related to healthcare, literature shows that indigenous practitioners are more open to collaboration than western healthcare (Teuton et al., 2007). The loss of balance, which occurred through the force to let go of their African moral code, is the challenge (Kamara, 2000; Mbiti, 1997). In an attempt to regain balance, indigenous understandings of spirituality true to the nature of spirituality moved, reaching into a place of resilience to extend and connect to something more in search of wellbeing, shifting from a subliminal space to a liminal space

The liminal space is a threshold space. It is a “transitional” or “in between” space. Agency for decision-making is starting to be exerted to move in a particular direction or the other. The liminal space is also a space of confused consciousness, a place between knowing and not knowing, sleep and wakefulness. It is not a place to linger because people are not supposed to stand on the threshold for long, as this is not the natural expectation or observance of a threshold. We stay perched on the threshold when we lack clarity on where exactly we are going, sometimes even from where we came. The liminal space is a strange place to exist in, but this is the space in which the kraal emerged into from trauma, with visible changes. The kraal not only bore organic materials, but has barbed wire and gauze on it. The one is the organic material of indigenous knowledges, the other being the intrusion of barbed wire that represents the foreign entries into the space. The faces represent the different spiritual factions and understanding of the Bomvana, which the kraal carry still, as supported by the proponents of Ubuntu where irrespective of positionality, all are connected. This is also the space my study is situated, while trying to reach beyond this space.

In this liminal space there are cultural disruptions characterised by identity crisis, medical plurality, epistemological tensions and a sense of confusion inherited from the subliminal space. It is a very contentious place as both knowledges seek to position, within structurally unequal spaces. One is perceived as visibly stronger because of the supportive structures around it and the perception that it occupies a defined space (western spirituality and health knowledges). The organic material (indigenous spirituality) while perceived as affordable, available, sustainable, culturally appropriate for the context, is not accorded the recognition

and acknowledgement it deserves. One reason for this being that its practices are believed to be relatively 'unknown and untested'. People who cross this threshold cast censure on the occupant of this space who seeks clarity, querying why they occupy this space. This is the reality of Bomvana indigenous spirituality. It has existed in a space that is not for sustainable existence, as it sought clarity and realignment with a common moral discourse and epistemological values that have sustained its peoples in the past.

One noteworthy aspect of this threshold space is that it also represents imminent possibilities and great potential which can aid successful adaptation for communities. This great potential lies in the fact that this space supports an exploration and questioning of concepts and experiences. This questioning could yield outcomes that herald an opening of spaces and contexts. Not all four communities moved into this liminal space. McCrea et al. (2014) and Theron (2015) assert that the impact of stressors can be experienced differently depending on people and context, some communities are able to draw resilience and recover, while other communities are completely taken over by different knowledge systems that create complex problems within their context (McCrea et al. 2014; Theron 2015). Community A (*Ukuzola*) left the subliminal space and was able to relocate itself within the ideal spirituality space. One factor that I render as an important attribute that enabled this successful adaptation is their ability to access their spiritual assets and so establish cultural continuity and escape sustained cultural disruption. Cultural continuity contributes to wellbeing, while a separation from culture and context contributes to ill health for indigenous communities (Bottrell, 2009; Allen et al., 2014;). Although there is the constant looming threat of disruption that the participants from Community A acknowledge, they have a balance within themselves that allows them to be more at harmony with their social, cultural and environmental context, so they are able to speak with one voice. Dowling (2004) identifies spirituality as a factor that builds personal as well as communal strength and wellbeing. This harmony supports resilience. The elements of their spirituality surround them – their chiefs and elders although wary of the potentially negative impact of the implementation of the human rights instrument within their community, remain relevant to their community, their medicine men and sangomas, farmland, rivers, and animals surround them supporting their belief and practice so that they are able to find balance and exist in wellbeing. These factors contribute to their social determinants of health (Freeman & Motsei, 1992; Rico, 2016). However, Community A is on its way into the liminal space, which is not a negative occurrence in totality because this is a necessary space for reaching down into oneself before reaching out to make a connection and

gain direction when we step over this threshold. Although a difficult space, there is an authentic affirmation that occurs in this space that contributes to our identity after the threshold.

The other communities however, continued to experience cultural disruptions which moved them into the liminal space as they grappled with the existing tensions and their divided voices. A collective spirituality is formed through shared beliefs, philosophies and value systems, interdependence and reciprocity (Boyce, 1993 cited in Townsend, 1997), hence the disharmonious voices within the liminal space creates the opposites. The participants from communities B, C and D have experienced loss of identity, and broken relationships with kindred, and family and community members due to this disharmony.

The three communities above are challenged both in terms of their external adaptation criteria and internal adaptation criteria (Masten, 2001; Allen et al., 2014; Wexler, 2014). External includes -access to various spiritual sites, division among families, unfriendly policies that support opposing tenets, invasive and systemic discrimination against their spiritual and health beliefs, and the contextually irrelevant knowledges being taught in their schools which does not support their communities. This results in the devaluation of indigenous knowledges and the impact on social determinants of health is immeasurable (Kamara, 2000; Nabudere, 2011; Adelekan, 2011), especially psychological wellbeing. One way that challenges with internal adaptation is evidenced is through the internalisation of the systematic oppression of their cultural expression by the Bomvana youth and the psychological impact when they display varied antisocial behaviours (Wexler, 2014). Substance abuse and various social ills were also identified within other indigenous communities that had their cultural pathways affected (Allen et al., 2014).

Although community D is beginning to build a resilience that allows it to reach beyond this space to the next move in certain aspects, it is still struggling in other areas. One evident aspect of this move in community D is the relocation of the medicinal herbs from the floor to the shelves. This indicates a conscious move to position and fully engage with the potential of the traditional herbs to reach across all divides and to be available to all. They also want to build resource capacity. Allen et al. (2014) posit that the ability to be innovative and apply resourceful solutions to challenges within a community lies in how attuned it is to its culture. So while the tangible medicine is being moved, the challenge of carrying the intangible, spiritual component of the herbs along in their intentions remains to be addressed. The

decision by the Bomvana queens (IYA) (Chapter 5: 184) to open up to the possibilities of collaborations with foreign agencies, but ensure that they are positioned to lead this collaboration by supporting culturally appropriate practices, is another example of this shift into a different space. Community D although challenged on many sides, is trying to hold on to what it knows, its indigenous and authentic spirituality (Dreyer, 2014), in order to begin to engage from a position of strength. This positioning from the perspective of their authentic spirituality is key, as that is one factor that helps us overcome difference (Swinton, 2012). After interrogating the past and its influence on the present, we can then begin to formulate possibilities for wellbeing in the future. This I liken to a supraliminal space.

Within the Bomvana communities there are people who know and hold onto their ancestral beliefs, while others profess Christianity. Many more move between spiritualities, not holding onto their past sufficiently, nor understanding the new knowledges adequately. This heralds the next movement of the kraal. In an attempt to locate factors that could contribute to a shared space of spiritual understanding related to wellbeing, the kraal is shifting again into its third movement. This movement is located within a supraliminal space which supports a movement from the threshold to a space of conscious exploration, interpretation and expression of spirituality that has the potential to promote wellbeing.

6.7.3 Supraliminality-restoring balance through a shared discourse (“*ukulungisa*”)

The supraliminal space is one of conscious application and finding balance. *Ukulungisa* is about socio-spiritual and ecological balance (Edwards et al., 2006). Supraliminality is applied in this study as a place of recognition, discernment, understanding and reclaiming encased within Ubuntu that could facilitate a move from the threshold spirituality with the tensions it carries to a space of acceptable difference. The supraliminal space is a space of enablement, affirmation and transformation. It is a space of epistemological vigilance with the capacity to “locate human experience within African cultural logic” (Airhihenbuwa 2007:38) and hopefully address the challenge of transferring Eurocentric worldviews that exist within western contexts (Wheeler et al. 2002) into African contexts.

In this space, the Bomvana communities begin to identify factors that enable them to build a collective framework for existence. They begin to acknowledge the inevitable onslaught of globalisation and consciously engage with not only its challenges, but also its inherent opportunities related to their wellbeing.

Study participants highlighted certain historical and contextual factors that disrupt the experience of their spirituality. They equally identify enabling factors that have supported resilience building as related to their spirituality within their current state of affairs.

The Bomvana communities show an awareness of the complex positioning that they occupy as they navigate their context, identifying salient challenges they have to overcome. As discussed earlier Community A, although accepting of the need for people to express their spirituality as they see fit, is also very wary of the impact of the human rights discourse on their ability to raise their children in a way that ensures cultural continuity. Community B laments the broken relationships experienced among neighbours and community members who prefer to exult differences rather than similarities among their belief systems.

Community C set itself against unfair appropriation of their natural resources within their ancestral land, and identifies the labelling of their indigenous sacrifices as cruelty to animals as an attack on their identity. Community D is very conscious of the globalisation that is upon them and battles with the challenge of real and fake spirituality that can emanate from commoditisation of spirituality.

Nevertheless, participants have gone ahead to identify certain factors that they believe could heal the differences and challenges they are currently experiencing and contribute to the wellbeing of their communities. All participants identified the restoration of Ubuntu within their communities as a way forward (Chapter 5: 236-239). They identified the potential Ubuntu has to heal their differences. The Bomvana see the spiritual nature of Ubuntu as critical, because for them, their spirituality is their survival.

The Bomvana believe that their challenges are experienced physically as well as spiritually. Ubuntu is perceived as good spirituality. This may be that since according to the Bomvana worldview the spiritual influences the physical, Ubuntu is put forward as a mediator of their wellbeing. Ubuntu is seen as empathy, good will, selflessness and an equaliser of humanity by the Bomvana. Ubuntu is also harmony and its tenets are actually believed by participants to be foundational to both indigenous and Christian spirituality, although many Bomvana Christians are perceived as not showing Ubuntu to people they see as different from them. Ubuntu is identified as a spirituality of the collective, a spirituality that brings together, not one that separates. Participants irrespective of affiliations however, assert that although tenets of Ubuntu exist in both indigenous and Christian spiritualities, Ubuntu as a concept emanates from the practice of indigenous spirituality. Participants insist that Ubuntu existed in the

subliminal space, supporting a resilience that helped them survive that era. The Bomvana believe that the practice of Ubuntu will again support a sense of collectivism that can see them through this space into the supraliminal space.

Based on this understanding of Ubuntu and all it represents as a spiritual resource, I infer that the Bomvana people ascribe two main aspects to Ubuntu, which I will refer to here as the tangible and the intangible elements. The intangible elements comprise good spirituality, guiding philosophy, meaning making, moral framework, connectedness, and an approach to life. These are aligned to internal adaptation criteria. The tangible aspects of Ubuntu would align with their perception of Ubuntu as a strategy for wellbeing, practical care and support, cultural continuity, spiritual expression, access to cultural resources, shared identity, infrastructures, systems and policies. These are external adaptation criteria. Similar to Ubuntu, this notion of going back to identify African indigenous concepts and philosophies that were perceived as lost, exist beyond the South African indigenous communities. The concept of “*Sankofa*” (the act of looking back to fetch that which has been forgotten) (Deterville, 2016) exists within a West African worldview. Sankofa is about a reconnection to what was perceived as lost. Additionally, it is about notions of an African conceptualisation of transpersonal understandings of personhood and being. This shows how the philosophy of Ubuntu is reflected in different ways within Africa, supporting the argument of one moral discourse. McCabe (2008) reiterates that indigenous knowledges were pushed to the margins in favour of western knowledges. On the contrary western knowledges have been unable to deliver on all its promises, so people are reaching back to search for what was previously neglected (McCabe, 2008). Adepoju’s (2012) study in the US mentioned earlier alludes to this common moral discourse. Although in diaspora, the Yoruba still held onto their moral discourses and the resilience it builds to stay in wellbeing. They continue with their indigenous practices and epistemological values, practicing a syncretic healthcare that combined both indigenous sacrifices and Christian prayers as part of their health seeking behaviour.

Despite identifying Ubuntu as a unifying concept, participants expressed some doubt about how this unification could occur. Some participants felt that it might be too late to achieve reconciliation, as some people have lost their sense of Ubuntu. Participants even acknowledge that their younger generation does not fully understand what Ubuntu is nor how to express it. All the same, certain factors emerged from participants’ narratives that could

influence a restoration of Ubuntu within their communities to influence wellbeing. These I have synthesised below into three main areas:

Firstly, Ubuntu should be expressed through the recognition by foreign entries (Western knowledge) into their community of the violence of past colonisation of the Bomvana, including the ongoing impact of this history on the spirituality and wellbeing of their communities currently. A person's experiences cannot be understood outside of their context (Darling, 2007). This recognition will entail an acknowledgement and negotiation of the knowledge that has existed within their communities before the arrival of western knowledge. This, participants state, is a foundational requirement towards a just and sustainable collaboration that supports culturally congruent care. Culturally congruent care is critical especially for communities whose spirituality informs their daily activities of life (Bloch, Gabbay, Knolton & Fins, 2018). For example, in terms of human rights, the Bomvana people insist that there should be a space to understand their own worldview regarding the application of rights. This will support a collaboration that puts their indigenous belief systems in the lead to contribute to cultural continuity.

Secondly, the participants emphasise that discernment and understanding between both amagqoboka (Bomvana people with formal education, normally Christians) and amaqaba (Bomvana people without formal education, normally traditional practitioners) is required. The amagqoboka and amaqaba are the two groupings of the amaBomvane that are in conflict because of their perceived differences, which is negatively impacting on the wellbeing of the community. The realisation that they all share one lineage and ancestry is key to building any collective framework. This sense of lineage is influenced by a common moral code enshrined within Ubuntu, which creates a shared identity. Ungar (2008) also agrees with this concept as he discusses the concept of a moral code as guided by intuition. When people exist within their moral code, they flourish, when they exist outside of their moral code, their energy is depleted (Ungar, 2008). This moral framework and intuition gives guidance in life and is often perceived as a spiritual source of strength, which supports our need for self-esteem, self-worth, freedom, order, and a purpose in life, giving the Bomvana communities positive motivation for wellbeing. The amaBomvane believe that this realisation of a shared identity and shared discourse of Ubuntu could contribute to a shared space for spiritual expression and wellbeing.

Thirdly, understanding the shift that is occurring in terms of how the identity of the current Bomvana is unfolding. There are two voices existing in Bomvana currently, both voices are held by indigenes of this space. Community A and D for instance are at the point where they are making this shift and Communities B and C note that there are certain illnesses that traditional healers cannot work with, because of the change in lifestyle practices informed by foreign knowledges. They advocate for a shift that creates space for both indigenous and western knowledges. When this shift occurs within Ubuntu, each knowledge system is acknowledged and occupies its rightful position, because Ubuntu seeks to affirm the other, creating a shared space. Currently globalisation and all it embodies is coming into communities, with sometimes harrowing effects on their wellbeing as witnessed within the Bomvana communities. On the other hand, participants have identified certain benefits to western healthcare. They support the use of both indigenous and western healthcare practices. The participants state that the Bomvana are not a homogenous group. The different ways of spiritual expression and its resultant healthcare practices require a framework that harmonises these various understandings and expressions.

From participants' narratives above a concept of a collective spirituality framework informed by Ubuntu emerges, which I refer to as African indigenous transcultural spirituality (AITS). This concept is informed by the history, contexts, lived experiences and understandings of the study participants. The tenets highlighted by participants as critical to their wellbeing within this collective framework I posit as a divinely-given heritage. These are intrinsic values that bear the mark of and are infused with the originality of thinking that is amaBomvane. Hence I contend here that the fact that this collective framework emerges from the Bomvana foundational intrinsic values supports sustainability and contributes to their wellbeing. This concept is discussed further in the next concluding chapter.

6.8 Conclusion and summary of Chapter

In this chapter the key findings of this study have been discussed. Emanating interpretations regarding the understanding of spirituality according to the Bomvana community show spirituality to be a three-fold relationship. I further trace the resilient movements of the Bomvana communities as informed by their spirituality and its impact on their wellbeing, linking these outcomes to an emerging framework that speaks to the African indigenous transcultural spirituality-AITS. AITS carries the African cultural logic which is embedded within Ubuntu. It advocates for a collaborative framework of a collective spirituality, that

takes cognisance of the unique history of the indigenous African communities and the current impact of this history on wellbeing outcomes of African indigenous communities. AITS argues for the merging of spiritual knowledges in a manner that is sustainable, community centred, affordable, available and culturally congruent, led by the people who inhabit the context.

The final recommendations and conclusion chapter follows next, further unpacking AITS. The methodological and theoretical contributions of the study are first highlighted, the critical study outcomes are discussed, then the recommendations and conclusions are presented.

Chapter 7: Critical outcomes, recommendations and reflections of study

“The whole person should be the practitioner’s focus ... We argue that by addressing the whole person and engaging both body and soul as an integrated organism, medicine could be reinfused with a sense of wonder and awe. Medicine, indeed, could be re-enchanted “in such a way that the mysteries of the soul are attended to even as the mysteries of the body are controlled” (Determeyer & Kutac, 2018 : 1681).

7.1 Introduction

I begin this chapter by first identifying the purpose of this study, which was to explore various understandings and expressions of spirituality that exist within an African indigenous community and explore how these understandings contribute to a collective spiritual framework that can inform community wellbeing. I will reflect on and confirm that the methodological and theoretical choices I made were the most appropriate for my study, further unpacking the suitability of these conceptual and methodological groundings within my study framework. I then present three critical outcomes of the study, also giving recommendation and study implications. Lastly I highlight certain limitations, reflect on the research journey and thereafter conclude the study.

7.2 Methodological and Theoretical reflections

The methodology utilised within this research meant that a copious amount of information was made available by the participants as their stories emerged. Nonetheless this study is for degree purposes, so both the scope and time frame of this study did not allow for an exploration and inclusion of all the rich concepts and information that the participants shared. Conceptual generalisations which are the attributes of my study methodology, and the number of participants that participated in the study (n=52), means that other community members’ valuable contributions have been left out because everyone could not be part of the study.

This study has contributed to the discourse of spirituality within the African worldview, aiming to capture the complexity of the various understandings attributed to spirituality and its influence on care and wellbeing within these contexts. Spirituality is a concept that has

been identified within, and considered as an attribute of both resilience and Ubuntu (Theron et al., 2012; Pandya, 2015). Resilience as a moral code (Richardson, 2002) speaks to Ubuntu, which is also a moral philosophy. The morality and altruistic nature of both theoretical frameworks is similar to and contributed to my understanding of the transient, ever-evolving nature of spirituality and its attributes. This realisation of transiency and evolvment was instrumental in the determination of my theoretical formulations regarding my understanding of the movements of spirituality as the study unfolded. In addition, resilience theory allows for the understanding of contextual influences on the phenomena of interest, therefore the use of the theoretical basis of resilience allowed me to explore the multifaceted interaction between amaBomvane and their context in living their spirituality. Issues of access to their physical environment which impacted on their external adaptation and the decay of moral values and social ills which impacted on internal adaptation were explored. These factors influenced their self-concept and resilience.

Ubuntu as an indigenous philosophy, made the relationship and interconnectedness of person, people, place and philosophy evident for me during this research, supporting my quest to uncover the understanding of spirituality from the Bomvana perspective, and African worldview. Ubuntu as methodology facilitated my elicitation of knowledges from the past and present, allowing for a respectful stance from me that supported the community to lead the process of sharing their own stories and worldviews.

Ubuntu as methodology also meant that I had to consider my positionality as not “the other” but as “one of “. This positioning of the researcher is vital within ethnographic studies and Ubuntu supported the process of my engagement as what I will refer to as an “insider-outsider”. My use of and reflections of Ubuntu required me to go deep into myself, to interrogate my own experiences and context, then lay them bare for myself before connecting to the people and place within my study. Ubuntu supported an awareness for me to remain in humility and address power relations within the research processes which was essential because the community observed me too, as I walked among them.

The positioning of this study reached beyond, in a similar manner to spirituality, to locate itself and explore understandings across two knowledge systems stemming from different philosophies. So the use of moral frameworks that emanate from each knowledge system to inform the study has supported this study positioning, as I explored a place of shared understanding.

Positioning the study within the emancipatory, social constructivist approach strengthened the study. Being emancipatory meant that I was free to actively seek to unearth knowledges which have been marginalised for centuries of which African indigenous knowledge is one, which was uncovered by the owners of the knowledge and explored within this study.

The qualitative paradigm which was utilised for the study promoted an iterative and reflexive attribute which helped me navigate the study process. This is because research within indigenous contexts does not always conform to western approaches as African indigenous communities reflect a different epistemology that guides knowledge production. This was evidenced in three main areas during the study that I refer to as methodological illuminations. The first example is that, it was common for neighbours, friends and family members to come for a visit and randomly join in an ongoing interview or focus group. Participants would invite them to join in and although this is not the standard practice, it actually contributed to very positive and rich outcomes as they reminded each other of forgotten experiences related to the study focus. The challenge inherent in this situation was that I now had to gain consent after the fact, when the interview was over. The second example, is that occasionally some participants declined to sign the consent form, asking that I go ahead with the interview because their verbal consent is adequate and sufficient. They insisted that they have nothing to hide and a piece of paper did not weigh more than their words. A third methodological illumination is that within this study, only photos of artefacts and symbols of spirituality were to be included in the study. However, some participants asked for photos to be taken of them, and insisted that I include their photos and comments in the study, as they want to tell their stories and are proud of their lineage and identity. They did not want anonymity. I have decided to include these photos in the dissemination documents in order to honour their wishes and keep my promise without revealing who said what. In this way the study stayed true to its emancipatory nature.

Spirituality is knowledge, feelings and practice. Having an ethnographic approach embedded me within these three aspects, sustaining deep learning for me in this area as I grappled with my own positioning between Christianity and cultural practices. It also gave room to include a detailed description of the context.

7.3 Critical outcomes of the study

The critical outcomes are the outcomes of the study that were informed by the narratives of the participants and literature are given below.

7.3.1 Critical outcome one: Addressing the knowledge gap

Critical outcome one addresses the first objective of this study, which was to explore individual understandings and interpretations of spirituality that exist within the Bomvana community. This study revealed scarce literature on African indigenous spirituality. Although there is recent research being carried out on spirituality, most literature on African indigenous spirituality is older and more dated. Additionally, studies that highlight or discuss resilient pathways or influences of resilience within African indigenous communities are even less common in literature. This study has extended the discourse on spirituality by adding current discourses emanating from an African indigenous context. The existing literature on spirituality has been extended through unearthing the understanding and value placement on spirituality by the amaBomvane. The published article written by Ohajunwa and Mji (2018) attest to this contribution, identifying key emerging concepts of African indigenous spirituality and its attributes. These attributes are similar to attributes of intrinsic motivation in positive psychology from which resilience theory emanates. The article helped me further understand value placement within my study and its positioning between indigenous spiritual knowledge and western knowledge. From some of the research process and findings I further aim to publish the following articles focused on:

key areas that I identified as critical to the further unpacking of the marginalised knowledge of African indigenous spirituality. They will also focus on how the indigenous spirituality continues to interact with the challenges and embedded possibilities surrounding its expression, especially within healthcare practice. Within the process of ongoing reflection, analysing and synthesizing this doctoral thesis I envisage that I will continue bracketing critical information from the study that could be published.

The perception and understanding of spirituality as a life-bearing chord of connection that ensures wellbeing for the collective by the Bomvana people is evident within the study. This study further endorses spirituality as a resource that supports resilience for the Bomvana people. Ungar (2008) emphasises the relevance of ensuring that people within any given context identify what factors influence successful adaptation for them. Successful adaptation criteria and its wellbeing outcomes should not be prescribed. Here I equally identify

spirituality as a protective factor that supports successful adaptation for the Bomvana communities to inform wellbeing. Living and existing as a Bomvana sustaining balanced relationships is successful adaptation. Being a qualitative study, these assertions cannot be generalised across all African indigenous communities. However, the processes utilised therein and study outcomes could be replicated within other African indigenous communities to explore spiritual understandings that influence care and wellbeing.

Further, transculturality advocates the merging of knowledges while leaving the tenets of each knowledge intact, to encourage authenticity (Jensen 1979). The discourse on transculturality, although geared towards culturally appropriate engagement and care, has inadequately taken into account the unique historical positioning and contextual experiences of the indigenous African, therefore does not speak to the particular challenges faced by African indigenous communities. Transculturality within literature has not adequately attended to the problematic perceived sense of superiority and systemic privilege accorded to the western knowledge system as alluded by the amaBomvane. Nor has transculturality within literature adequately addressed the resultant challenges that have contributed to the positioning of African indigenous knowledges as inferior. This study outcome proposes an understanding of transcultural spirituality which is located within the African indigenous context. This understanding of African indigenous spirituality has the potential to contribute to addressing these challenges, as well as the tensions that impact on the Bomvana social determinants of health and wellbeing. This doctoral thesis and its methodology using amaBomvane peoples as a bounded case study (see table on page 129-130) is contributing a framework to how communities respond to external agents that do not value their beingness and becoming including the coping strategies they develop (the barbed wire page 261). Some of these coping strategies undermine their beingness while some further expand their beingness, strengthening their indigenous knowledges for future generations.

7.3.2 Critical outcome two: African indigenous spirituality positioned by complex histories and ideologies on a continuum.

The second critical outcome of this study, although speaking to an understanding of spirituality, speaks more to the study objective- To identify how people within the Bomvana community express their spirituality and what specific avenues are utilised to express spirituality. The understanding of their manner of spiritual expression has influenced the identification and discussion of the three movements of indigenous spirituality on the continuum of wellbeing. The movements embody shifts in understanding and expression of

spirituality. These movements highlight and present a consideration of the impact of history and context on contemporary understanding, experiences and practice of spirituality and resilience building for the amaBomvane. The unique historical experiences that have positioned the Bomvana in terms of their spirituality has emanated from this study. These three movements can be explored within other African indigenous communities to inform community engagement. This is because while colonialism is common across most, if not all African indigenous communities, the particular context and various ways of implementing their belief systems position African indigenous communities differently on this continuum. Within these movements lie very complex spiritual ideological belief systems that interact with context in particular ways to position particular African indigenous contexts and peoples. Although there is a similarity of spiritual beliefs within Africa related to the understanding of God, spirits, the ancestral cults, humanity and nature (Mbiti, 1980; Agrawal, 1995; Maluleke, 2009; Amanze, 2011; Adelekan, 2011; Gumo et al., 2012; Chilisa, 2012; James, 2015). African indigenous communities are not homogenous. These belief systems are expressed differently. The Bomvana context is an example. The four village clusters experienced and understood spirituality in certain ways influenced by their context and practice. Intrinsic and extrinsic values possessed by peoples and their communities, as well as access to spiritual resources which support expression play a critical role in the wellbeing outcomes and initiate these spiritual movements as a means of adaptation and survival.

7.3.3 Critical outcome three: A collective spirituality framework

The concept of African indigenous transcultural spirituality (AITS) is the third critical outcome from the study. This third outcome speaks to the study objective of exploring how these spiritual understandings and resources can help create a collective framework to unlock human potential and enable community wellbeing within the Bomvana community. AITS embody a collective spirituality framework. The division of knowledges experienced by the entry of foreign knowledges into the Bomvana space is witnessed also within various indigenous communities within Africa. The focus on indigenous spirituality as an aspect of wellbeing has been identified as problematic for collaboration with western healthcare (Agrawal, 1995; Chuengsatiansup, 2002; Campbell-Hall et al., 2010). The opening quote by Determeyer & Kutac (2018:1681) above clearly accepts that the connection between healthcare and spirituality could only better enable healthcare practice to reach back and find what was lost (“*Sankofa*”). This challenge with the spiritual aspects of wellbeing is also

surprising given the fact that both western and indigenous origins of healing and life's breathe, are linked with spirit.

Despite this commonality, I posit that it would be essentialist to construe that merely identifying commonalities of practice between indigenous spiritual practices and western knowledges could address the gulf that has existed between these two knowledges. I also acknowledge that AITS as proposed here is not submitted as an answer to the very complex interplay of ideologies and power located within each of these two knowledge spectrums (western and indigenous). AITS is presented here as a collective framework that emanates from the context of engagement, positioned to begin to source for answers and a collective response to this human dilemma aimed at enhancing care and contributing to sustainable wellbeing outcomes for African indigenous communities. The identification of commonalities, while salient, must be supported by certain identified propositions that have the potential to contribute to the building of a collective framework to maximise community wellbeing within the Bomvana context. Within AITS, the extensive and invaluable health knowledges carried within the kraal is centred within the components of Ubuntu to inform healthcare practice in amaBomvane. This allows for an exploration of knowledges to inform patient-centred care through an alignment of the two components of Ubuntu.

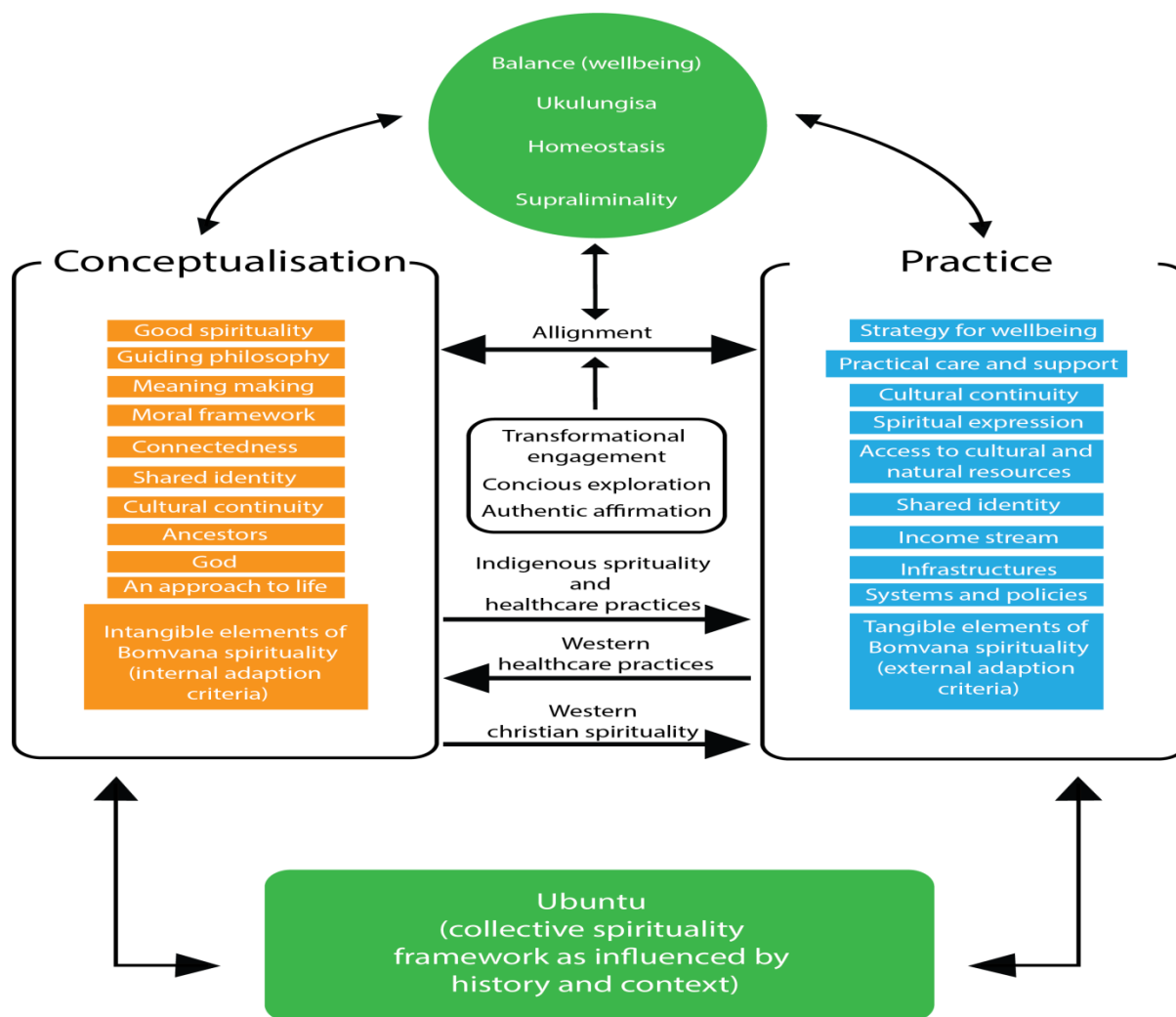


Figure 7.1: The African Indigenous Transcultural spirituality.

The diagram above depicts the representation of AITS framework as grounded within Ubuntu. Ubuntu possesses spiritual resources that comprise both tangible and intangible elements, grouped under conceptualisation and practice. Wellbeing is experienced when the intangible and the tangible components of Ubuntu are in alignment. So a collective framework would support congruence between conceptualisation and practice. This allows for cultural continuity. The misalignment of these two components of Ubuntu causes cultural disruption and a lack of wellbeing. Alignment would indicate a balanced caring relationship.

The western healthcare and western spirituality have a shared history and context. Indigenous spirituality however, has a different history and context through its own unique journey. History and context inform cultural beliefs and practices, which give expression to both the tangible and intangible components of spiritual understanding. Another noteworthy difference is that while the intangible is believed to influence the tangibles within African

indigenous communities, within western healthcare the tangible is often placed before the intangible. Sometimes structures and systems (tangibles) are set up, like the hospital and clinics within the study area, but the intangibles are ignored, like gaining an understanding of how the indigenous people make meaning of these infrastructures, what wellbeing means to them and how they interpret health and sickness. An alignment occurs through a consideration of history, context and culture. Being grounded within Ubuntu would mean that open communication and transparency is encouraged to begin rebuilding trust. Future foreign entries into amaBomvane must seek a genuine engagement that does not want to impose, but be reciprocal in nature, so that a collective is formed. A genuine engagement would include listening to, and an authentic affirmation of, the knowledges and practices within the indigenous context, even as the Bomvana also learn from these new knowledges.

AITIS framework also has the potential to be used in other African indigenous contexts because African indigenous spirituality is not a spirituality of the past. It is a living, viable, adaptable spirituality handed down for generations by African forebears, originating from Africa and practised by Africans. It embodies past, present and future (Awolalu 1976; Metz 2007; Gumo et al. 2012). Therefore, although this concept embodies an understanding that I propose can contribute to a collective spirituality framework within African indigenous communities, the discussion in this study is located within the Bomvana context.

7.3.3.1 Tenets of AITS

Transformational engagement is about a shared identity in terms of reciprocal relationships. It is an understanding and movement from ‘I’ to ‘we’. The erroneous perception of one as different and “better’ than the other, has fuelled this division within the Bomvana (amaqaba and amagqobhoka). I use the term erroneous because this difference is a misconception in terms of a shared sense of identity. The notion of ‘better than’ I can quickly dispel because the grounds for reaching the conclusion of who is better than the other is not clearly articulated by participants. However, the factors participants identify as different are clearly given. The western beliefs and practices related to education, spirituality, dressing and healthcare practices are used as distinguishing factors from indigenous practitioners. These are external wires around the kraal from the subliminal space. The foundation of the kraal is still the indigenous land of their ancestors. AITS maintain that the land holds the kraal together, more than the barbed wire divides it. This is evidenced within this study; all participants, even the ‘saved’, noted that they will never forsake their cultural practices

completely and held onto what they know. Even healthcare professionals who were all perceived as 'westernised' allowed traditional healers in behind the doors to attend to their clients, seeing this as relevant. This kind of belief comes from a shared history, shared context, shared lineage, shared beliefs. The realisation of these shared spaces makes the Bomvana unbroken connectedness visible. It supports a transformational engagement that is the first step to building a collective spiritual framework. Transformational engagement is about the movement backwards and inwards, to engage with history, context and self, then project forward into the collective. In this way one begins to become part of a whole. I will advocate that these spaces are critical for indigenous engagements.

Conscious exploration of health and wellbeing speaks to shared identity in terms of common goals, shared motives and the relevance of coordinating their activities to achieve these shared objectives (Metz, 2007). Both the traditional healers, pastors and healthcare professionals all had a similarity of intent-to support the wellbeing of the Bomvana communities. All health practices have the same root. Christian and biomedical healing as they are primarily aimed at improving health and wellbeing are both part of a larger belief system (Vellenga 2008; Shai-Mahoko 1996). This context of a larger belief system is where I bring in indigenous spiritual healing knowledges. This is because indigenous health practices also belong within this larger belief system. It shares a similar objective of promoting health and wellbeing as the multidimensional and evolving culture of the amaBomvane interacts with their changing context (Singer et al. 2016). Western medicine is simply folk medicine that has withstood certain scientific investigations (Marks, 2006), so dismissing any health knowledge simply because it has not been tested yet does not seem like a cogent decision.

A conscious exploration of the imminent possibilities and similarities of intent inherent within both knowledges within the Bomvana communities should be recognised and supported. This must be community led so that the right interpretation is given to the narratives and actions taken. Going through the transformational engagement would help the community refocus on a shared identity of self. So when they lead within conscious exploration, they are able to speak with one voice and understanding of their inherent collective spirituality. This means the Bomvana will determine what wellbeing and successful adaptation is for their context, again supporting sustainable outcomes.

Authentic affirmation is about acceptable difference and goodwill (Metz, 2007). This concept posits that both indigenous and western healthcare practitioners including the

community at large (amaqaba and amagqobhoka) do not seek to only focus on their commonalities, but must accept their unique differences as a strength that they can work with. The building of trust is very important for this process (Kurt, Yamin, Noemi, & Sinkovics, 2016), so must stem from Ubuntu, driven by openness and a genuine need to affirm and proffer benefit to the other. This speaks to goodwill. All three concepts highlighted here are undergirded by the concept of Ubuntu as goodwill.

Adherence to culture is the main reason why people often resist western impositions and instead of understanding why, indigenous peoples are mostly 'educated' on the necessity of abandoning their knowledges and follow proven 'scientific' western practices (Singer, 2012:). Within authentic affirmation, AITS advocates the need to seek to understand why the Bomvana resist these foreign entries and why this spirituality is so relevant to this community. All knowledge related to humanity is informed by the way that people from various groupings understand the realities of their context, so the cultural realities of the African indigenous context must be taken into cognisance to ensure wellbeing (Sherwood, 2000; Boluwoye & Moletsane-Kekae, 2018;). This holds true for Bomvana people.

AITS advocates that Bomvana indigenous spiritual healing systems be given the same platform to be unearthed and tested to prove their merit to render sustainable care. Literature has shown that western knowledges alone have not and cannot address the health challenges the world faces. Indigenous knowledges have a vast following, and utilise a holistic approach that includes economic, social, physiological, psychological, spiritual and environmental aspects of health (Nlooto & Kaya 2017). The World Health Organisation (2004) revealed that the ratio of traditional healer to patient in sub-Saharan Africa is 1:500, while for the western doctor the ratio is 1:40,000. This calls for a re-evaluation of the positioning of the indigenous philosophical framework by biomedicine to seek collaboration to address the health needs of the amaBomvane, as identified by the community. One area to explore for a coordination of activities to achieve a shared goal is the identification of the difference between traditional and customary practices as alluded to by some participants. The identification of what should be left behind or taken forward in collaboration with the western healthcare systems could begin from here. The issue of economic benefit and the impact of this alienation of indigenous spirituality on the livelihood of indigenous health practitioners (sangomas and medicine men) are equally relevant within this space.

7.4 Study implications and Recommendations

Study implications refer to the conclusions reached from a study, while recommendations are explicit suggestions given as the best way forward (Geiger 2015). The concept of imminent possibilities within AITS would support certain factors that I include in the recommendations for major stakeholders below;

7.4.1 Study participants

7.4.1.1 Amagqoboka and amaqaba groupings

Within transformational engagement, the two groups must hold on to an acknowledgement of a shared history and lineage which Ubuntu espouses despite the differences in spiritual expression. What holds them together is stronger than what separates them. This is because within the Bomvana worldview, the intangible is an influencer of the tangible, hence the intangible is stronger. The committee of queens (IYA) although professing both Christianity and indigenous spirituality has united to position their cultural beliefs as strength rather than a deficit. They operate from this standpoint with foreign entries.

7.4.1.2 The amaBomvane

The amaBomvane should recognise that their spirituality is again in transition as it engages with new knowledges within their context. This transition is not a fault in itself, because the movements possess the potential to support the forward transition and adaptation of their culture for survival. However, the Bomvana should focus on projecting their understanding of spirituality and its impact on them as a community to inform current and future researches and initiatives in their context. This will contribute to global knowledges for future generations as they apply the backward and forward movement on the continuum of the future.

7.4.1.3 Chieftains and community leaders

Community leaders should ensure engagement with different groups that have entered their area to ensure that their culture and way of life and its contribution to health and wellness, including stability of their communities, is well understood. The example of the IYA should be emulated by all the Bomvana leadership structures. These leaders should mediate an authentic affirmation of their belief systems in healthcare and other

initiatives that engage with their context. An authentic affirmation of the Bomvana contributions to knowledge related to wellbeing could begin with a consideration of the difference between culture and tradition. These differences could be further explored to determine what is taken forward and what could be left behind to ensure cultural continuity and support resilience and wellbeing for their communities.

7.4.1.4 Traditional healers (sangoma and medicine men)

The areas of mental health and administration of indigenous herbs can be a possible starting point for collaboration between traditional healers and western healthcare. Traditional healers should be open to a conscious exploration of how they conceptualise care and wellbeing, which can be used to address certain contextual discrepancies experienced within the implementation of western healthcare practices and vice versa. Through this exploration, certain similarities of goals and intent related to outcomes of practice between indigenous and western healthcare practice might emerge. This can support the current transition they are facing and inform wellbeing.

7.4.1.5 Elite men and elite women

As knowledge holders within the homes and communities, these groups within Bomvana community will play a critical role in supporting the homes and families during this ongoing transition. Reflecting on their shared lineage and ancestry despite the differences in spiritual expression within their homes is important. These knowledge holders must form part of any research being carried out in their contexts to ensure that the outcomes truthfully reflect their worldview and filter down to the upcoming generation to ensure cultural continuity. Especially in the area of health and wellbeing.

7.4.1.6 Healthcare practitioners

Utilise the process of authentic affirmation to see beyond the diseases they want to treat and build relationships with their clients to connect with their shared humanity. Authentic affirmation which contributes to building trust and goodwill that can support a conversation with the traditional healers aimed at finding middle ground for these two health knowledge systems to co-exist in Bomvanaland. The healthcare practitioners must recognise that the traditional healer is perceived as making very

significant contributions to community wellbeing and for sustainable outcomes, must lead the collaboration.

Through the concept of conscious exploration, healthcare practitioners should be open to identifying contextually relevant wellbeing practices that have yielded positive results to the user for a possible starting point for collaboration. They could also support the regulation of certain indigenous medications and practices that could be harmful if not regulated. This support must be implemented from a point of enablement, not demonisation. Healthcare practitioners should practice patient-centred care by putting the needs of their clients first, before defending disciplinary philosophies. This will contribute to culturally congruent care that supports the Bomvana understanding of wellbeing.

7.4.1.7 Church leaders

Church leaders must realise their unique position of strength as a responsibility and a mandate within Ubuntu to ensure wellbeing of their communities. Their profession of faith should not be aimed at increasing self, but enhancing relationships between their congregants and their community. Church leaders must work with community leaders to address the division within their communities. With an understanding of transformational engagement, they must begin to understand that they all share the same goal of living an altruistic life that ensures wellbeing both here and hereafter. As their followers have reiterated in this study, they are all amaBomvane, they might adapt, but will never abandon their indigenous spirituality.

7.4.2 Training institutions

Training institutions, that offer curricula to train healthcare professionals should:

- Recognise spirituality as a foundational element for the wellbeing of African indigenous communities.
- The study focus has definite implications for decoloniality. Colonial and neo-colonial discourses regarding spirituality perpetuate a Eurocentric viewpoint, creating binaries that support their worldview, often disrupting the collectivity that foreground practices within indigenous African communities. So the issue of indigenous spirituality and how it is located is very much both a decolonial discourse and a

transformative agent. Understanding African indigenous spirituality and the various ways in which indigenous communities live their spirituality should be included as part of decolonised curricula. It can be included as modules within professional healthcare training, or as short courses aligned to specific areas of indigenous understanding of spirituality, wellbeing and healing practices. Within these spaces the transformative agenda can be unpacked to potentially influence, knowledge, skills and practices.

- The study has equally been imbued with an understanding of social justice that is encouraged and supported by its emancipatory nature. This has allowed the community to tell their stories. This social justice agenda has supported the emergence of a community-based outcome that has the potential to support sustainability of person, systems and structures. This understanding should be further explored as a dimension of social justice within the curricula and research.
- Indigenous healers should be capacitated to lead, contribute to and co-facilitate modules and/or practical sessions during formal healthcare training to share their vast knowledge of indigenous care and wellbeing. This will encourage a poly-epistemic holistic approach to healthcare practice.

7.4.3 Researchers

Researchers could:

- Conduct more participatory research as influenced by the need for transformational engagement. This will support a reciprocity that will encourage mutual respect and bring better alignment between the intangible and tangible elements of Ubuntu to benefit all. Researchers should seek to unearth the understandings of spirituality and the healing practices and health knowledge held by indigenous communities, rather than conducting research from a dominant, prescriptive position.
- The potential of indigenous spirituality and healthcare practices to support the Primary Healthcare mandate of appropriate, affordable and culturally competent care should be explored further within research. This will position the research from a strength-based perspective on indigenous communities rather than from a deficit positioning.

- The differentiation between indigenous traditional and customary practices and their health implications needs to be further investigated, as a possible point for collaboration.

7.4.4 Government Policy formation and service delivery

Local, provincial and/or national agencies must recognise the futility of a ‘one size for all’ non-responsive and contextually insignificant policy making and implementation approach.

Within AITS:

- The notion of an inclusive health system is reflected within policies of enablement, not disablement. Therefore, government needs to hold community forums and engage with community leadership when implementing various policies within their contexts.
- Indigenous communities and government need to engage over the understanding and impact of the human rights instruments being implemented within their communities. Currently, this is lacking.
- Policy formation and implementation within indigenous communities must consider their history and its current influence on these communities in terms of their spirituality and wellbeing, including current healthcare practices.
- The practice of indigenous spirituality opens up an industry that provides income for its practitioners which support wellbeing. Government must dialogue with community leaders and members on how these processes could be institutionalised and formalised to generate income for the Bomvana communities.
- Government needs to identify members of the communities through community leadership, who can receive basic health policy training, and become community health intermediaries, brokering indigenous health knowledge that can inform policy implementation within their context.
- Government services within indigenous communities must ensure a responsive approach that identifies and grants access to community resources and structures that support the three pillars of spiritual relationships (Person, nature, divine), which contributes to building resilient indigenous communities within South Africa.
- Conscious exploration advocates for the consideration of shared goals and objectives. This shared goal of both Christian, biomedical and indigenous healthcare practices is to preserve health and wellbeing. This shared objective could support an authentic

affirmation that will build trust, positing both knowledges as allies, with indigenous knowledges leading the process. Healthcare related policies should reflect this.

- The process of authentic affirmation could also provide support to healthcare professionals who struggle to align their own context and beliefs to the healthcare mandate provided by government. They can become part of this dialogue that supports a systems approach that aligns personal belief systems, context and policy to practice within the Bomvana context.

Furthermore, this study has shown that the challenges experienced by indigenous communities and any proposed responses to these challenges is equally perceived to be a response to issues of social and environmental justice

7.5 Limitations of the study

In a bid to avoid weaknesses in the study design, methodology, implementation, interpretation and presentation, every attempt was made to ensure a rigorous study process. Despite this, there were some unavoidable limitations that occurred during the study.

Language limitations

As a researcher who is not an isiXhosa language speaker, I can only surmise how much must have been ‘lost’ in translation (Geiger 2015). I was conscious of this challenge from the onset and planned for it as much as was permissible. During my initial community entry I considered whether I could conduct this research or not, because language embodies culture and contributes to a rich understanding of people and context. However, the response of the community during my initial entry conferred a strong mandate to support the telling of their stories. I certainly believe that the gains of supporting the expression of their understanding proved a worthy reason for carrying on with the study despite these challenges. These challenges were mitigated as I have explained in my methodology (see Chapter 4: 146-7).

7.6 Personal reflections of the journey

The term ‘journey’ is often used to describe the experience of doing a doctorate study. I always thought this was being overused until I undertook this study and realised there is no better term to describe the process in my opinion. This study has made me question tenets of my spirituality that I have always held as an absolute truth.

I am a follower of Christ. I do believe in the redeeming blood of Christ which supports my wellbeing and gives me strength to push on when I need it. I also believe in my lineage and the blessings of my cultural practices that God has gifted me with. This gives me a sense of self and connection that gives me rootedness. Both realities are crucial to my existence and the practice of my spirituality. While engaging with this study I have questioned my approach to spirituality and my ontological stance through the lenses discussed by Wanamaker (1997). I have realised the need to explore how I construct my understanding of spirituality and the influences that control what I accept and what I eschew. This truth for me, means that no person's understanding of spirituality can, or should be discounted or negated. It is their subjective truth and should be respected and acknowledged. This is an issue of wellbeing.

The amaBomvane community taught me about my spirituality and challenged my beliefs. I came to realise that in my subjective opinion, the actual spirituality that is embedded in Christianity is bound in Christ, not the rules of Christianity as a religion itself. The rules that guide the practice of Christianity are just that – guidelines. However, the living breathing Spirituality is Christ, who in my opinion is the living Ubuntu. In Him is health and wellbeing. What holds humanity together is more than what divides. As given by my study participants, whoever has Ubuntu in them, professes to a spirituality that transcends segregation, separation, hatred, sense of superiority, self-centeredness, destruction, ill health and violence. This similarity of Christian and indigenous absolute stance about kindness to the other is a revelation to me from this study. I never realised this similarity. Hence when healthcare is delivered within Ubuntu, then care is given with compassion and value for humanity, and the receiver of the care knows the difference. That is the message from the Bomvana communities, as they assert that the process is as important as the outcome. How you make me feel about the care you give me, is as important to my wellbeing as the care itself.

At the start of this journey, I highlighted the statement by one of the village elders during the community entry. He asked what pills the doctor gives for a sick spirit to get well again. I do not have an answer for that question still. However, I acknowledge that I am a physical, mental, social and spiritual being, I cannot be separated. I have realised that any healthcare that I receive has to cater for all of who I am, not some parts of me, for my wellbeing. So although I cannot emphatically outline what pills the doctor can give to heal the spirit, I want to suggest that the manner in which I am received, listened to, respected and my own subjective truths and experiences are acknowledged or recognised by the healthcare system, is healing for my spirit. This could be a beginning.

7.7 Epilogue and Study transition

The African context is undergoing a change as previously stated, and our spirituality evolves. The issue of identifying “who is an African?” remains. We are then left with the responsibility to carry these understandings of our spirituality into a new era. Rather than be embedded in context only, can we carry the contexts within us? If we step out of this threshold space, can we carry our beingness and all it encompasses with us? Or do we lose who we are along with our wellbeing? We need to begin to hold conversations about what kind of space we want to exist in. The amaBomvane have started this conversation.

This is the era of globalisation, and like one of the participants put it- we hunted with borrowed dogs. Inevitable changes are occurring, so we need to do like our ancestors did, carry the context and the values inherent, within. We need to identify what we take, and what we leave behind. This is the negotiation that needs to occur. If we are one with the context, then as long as we live, the context is with us? So we can practice our beliefs to ensure continuity and sustain wellbeing.

Africans need to ground Christianity within their understanding of spirituality and worldview, “Africanizing Christianity” to quote Mbiti, which connotes a space of imbued African values and tenets, within the practice of Christianity. We no longer have to be put on ships to travel to foreign lands, foreign lands are coming to us in the name of globalisation and modernisation. There is an invasion of knowledges that we must respond to, or continue to lose our wellbeing. We have to transit, to converse and interrogate or lose our direction. These conversations will help us direct the world to “the right gate” through which to enter our communities for wellbeing.

7.7 Summary of chapter

In this concluding chapter, I have presented the methodological and theoretical reflections of the study, and identified three critical outcomes of the study. These are related to the movements of indigenous spirituality while highlighting the current and future contributions and proposed publications of this study to the body of work in this area. I have also proposed an African Indigenous Transcultural Spirituality as a framework which can contribute to a shared space of existence for African indigenous communities and foreign entries into their communities. Recommendations given align to the operationalisation of AITS within the Bomvana communities, then the study limitations, epilogue and study transition is presented. Further studies could replicate this study in other African indigenous contexts to determine

how their history and context locate them on the continuum of the future, influencing their understanding of spirituality to inform wellbeing. Secondly, research guided by the AITS framework could be carried out in collaboration with a South African indigenous community aimed at building an alignment between indigenous and western healthcare and spirituality practices.

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Appendix 1: Research approval letter



05/04/2018

Project ID: 4468

Ethics Reference #: S16/04/078

Title: Understanding, interpretation and expression of spirituality and its influence on care and well-being: An exploratory case study of a South African indigenous community.

Dear Ms. Chioma Ohajunwa ,

Your request for extension/annual renewal of ethics approval dated 27 March 2018 refers.

The Health Research Ethics Committee reviewed and approved the annual progress report you submitted through an expedited review process.

The approval of the research project is extended for a further year.

Approval Date: 05 April 2018

Expiry Date: 04 April 2019

Kindly be reminded to submit progress reports two (2) months before expiry date.

Where to submit any documentation

Kindly note that the HREC uses an electronic ethics review management system, *Infonetica*, to manage ethics applications and ethics review process. To submit any documentation to HREC, please click on the following link: <https://applyethics.sun.ac.za>.

Please remember to use your **Project ID** [4468] and **Ethics Reference Number** [S16/04/078] on any documents or correspondence with the HREC concerning your research protocol.

National Health Research Ethics Council (NHREC) Registration Numbers: REC-130408-012 for HREC1 and REC-230208-010 for HREC2

Federal Wide Assurance Number: 00001372

Institutional Review Board (IRB) Number: IRB0005240 for HREC1

Institutional Review Board (IRB) Number: IRB0005239 for HREC2

The Health Research Ethics Committee complies with the SA National Health Act No. 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 Part 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki and the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles, Structures and Processes 2015 (Departement of Health).

Yours sincerely,

Francis Masiye,

HREC Coordinator,

Health Research Ethics Committee 2 (HREC2).

Appendix 2: Research approval letter



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Approval Notice
New Application

10-May-2016
Ohajunwa, Chioma CO
Private Bag 19063
Matieland

Ethics Reference #: S16/04/078

Title: Understanding, interpretation and expression of spirituality and its influence on care and well-being: An exploratory case study of a South African indigenous community.

Dear Ms Chioma Ohajunwa,

The **New Application** received on **26-Apr-2016**, was reviewed by members of **Health Research Ethics Committee 2** via Expedited review procedures on **10-May-2016** and was approved.

Please note the following information about your approved research protocol:

Protocol Approval Period: **10-May-2016 -09-May-2017**

Please remember to use your **protocol number** (S16/04/078) on any documents or correspondence with the HREC concerning your research protocol.

Please note that the HREC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

After Ethical Review:

Please note a template of the progress report is obtainable on www.sun.ac.za/rds and should be submitted to the Committee before the year has expired. The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit.

Translation of the consent document to the language applicable to the study participants should be submitted.

Federal Wide Assurance Number: 00001372

Institutional Review Board (IRB) Number: IRB0005239

The Health Research Ethics Committee complies with the SA National Health Act No.61 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 Part 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health).

Provincial and City of Cape Town Approval

Please note that for research at a primary or secondary healthcare facility permission must still be obtained from the relevant authorities (Western Cape

Department of Health and/or City Health) to conduct the research as stated in the protocol. Contact persons are Ms Claudette Abrahams at Western Cape Department of Health (healthres@pgwc.gov.za Tel: +27 21 483 9907) and Dr Helene Visser at City Health (Helene.Visser@capetown.gov.za Tel: +27 21 400 3981). Research that will be conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

We wish you the best as you conduct your research.

For standard HREC forms and documents please visit: www.sun.ac.za/rds

If you have any questions or need further assistance, please contact the HREC office at .

Included Documents:

CV C Ohajunwa
Protocol Interim response to faculty
Declaration F Owusu-Ansah
CV G Mji
Protocol Synopsis
Appendices 1 - 9
Declaration C Ohajunwa
Application form
Checklist
Protocol
Declaration G Mji
CV F Owusu-Ansah
Letter from Supervisor F Owusu-Ansah

Sincerely,

Francis Masiye
HREC Coordinator
Health Research Ethics Committee 2

Appendix 3: Training of research assistants



Study Title: Understanding, interpretation and expression of spirituality and its influence on care and wellbeing: An exploratory case study of a South African indigenous community.

Name: Mrs Chioma O Ohajunwa

Student number: 19963556

11th June, 2016

What does it mean to be a research assistant?

Research assistants are people who act as co-researchers, assisting the researchers during the process of a research study or project. They often become full or partial participants of the research process, especially in a qualitative research process. (This is the type of research we are doing here and will explain it further down). This is because they keep a record of their experiences, thoughts and feelings during the research process, and this information will form part of the research analysis.

<p>Why would we like to have you as a research assistant?</p>	<p>We have invited you to be a research assistant in this study because firstly, you come from this area and are very familiar with the place and surroundings; secondly you understand and speak the Xhosa language in the dialect of the people of the research context. Thirdly, you understand the way of being of the Amabomvane and will observe and retain the cultural values of the people, respecting due traditional processes and acceptable conduct. Last of all, you have proficiency in English language and so can act as a translator for the researcher. Involvement in this research will help to build up your capacity for research and further education if you so require. It would also help you develop skills as a research assistant which could be used for further employment opportunities.</p>

Role Descriptions

What will you be expected to do as a research assistant?	
<p>Training and support</p>	<p>You will first attend two-day training on how to be a research assistant. This will help you to understand the study and the research process better as well as what is expected of you.</p>
<p>Responsibilities</p>	<p>You will be trained on how to conduct interviews.</p> <p>You will be involved in interviewing (ask people questions that they answer).</p> <p>You will be asked to assist with the recording of interviews and talking circles.</p> <p>You may be asked to assist with photographing.</p> <p>You will be trained to participate in doing observations as well as how to document these observations using a reflective journal. You will be asked to keep this journal for the duration of the study to document your thoughts, feelings, lessons and whatever incidences you think are important.</p> <p>You will be involved in debriefing sessions after each set of data is collected.</p>

	<p>You will assist with cleaning up the data and member checking</p> <p>You will participate in a final reflective space at the end of data gathering with the researchers, and also be a part of the feedback workshop with the community at the end of the study.</p>
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What is this study about?

Introducing the study	
Overview of study	<p>The study is about understanding what Spirituality means to the Amabomvane and how do they live out this spirituality? Are there different kinds of spirituality that exist in the community? Are these spiritualities connected? How does their spirituality contribute to their wellbeing? The study wants to also understand how they maintain their spirituality in the face of all the changes and challenges they are currently experiencing.</p>
Influencing principles	<p>This study is grounded in the concept of resilience theory and <i>Ubuntu</i>. The study believes that different people have different ways of knowing and doing that help their survival. This ability to keep surviving even when things keep changing is called resilience. The Amabomvane have certain beliefs rooted in <i>Ubuntu</i> that have helped them survive, this belief connects them spiritually with their past and present, and ensures their wellbeing as a people. Hence we need to listen to their stories and experiences to begin to understand what informs their survival to inform how we interact with communities going forward.</p>
What the study hopes to achieve	<p>The study will help us understand how:</p> <p>The Amabomvane understand spirituality, <i>Ubuntu</i>, care and wellbeing</p> <p>The different interpretations and expressions of spirituality that exist in the four village clusters</p> <p>The different ways that people practice their spirituality and how that influences their wellbeing</p> <p>How we can use different beliefs and practices about spirituality and wellbeing to help people understand each other, maintain good relationships and maintain the wellbeing of the community.</p>

Types of research and Research Methods

There are two types of data. You will only be required to collect one type- this is called qualitative data.

Qualitative data is used when you want to hear more talk, conversations or stories about an issue that you are interested in. You may not know much about the issue, so you want to explore it more and go deeper into the issue of interest for better understanding. The stories are mainly about someone else's experiences that they share with you. This type of data is not about numbers so you cannot measure it. It is about the quality of the conversations rather, about descriptions and an explanation of something based on how the person you are talking to sees it or has experienced it.

Qualitative research	Qualitative research is used when we do not know what to expect, to define a problem or develop an approach to the problem. It is also used to go deeper into issues of interest.
Where do research questions come from?	<p>Research is started through identifying an issue that you want to know more about. It might be a problem that comes out of your personal interest or a problem you identified from your work experience or society where you live. Then discuss the issue with other people who have some knowledge about the issue and also read what has been written about the issue. This will help you decide if the issue is really important to know or if someone else has already provided a solution that you can use.</p> <p>After this you now come up with the aims and objectives of your research. These are the things or outcomes you want to achieve from doing this research. The aims and objectives will also help you decide what is it exactly that you want to know from doing this research? This is your research question. The aims, objectives, research questions and what you hope to achieve at the end of your research will guide you to formulate the questions you use to talk with people for your interview.</p> <ul style="list-style-type: none"> • Identify problem • Find out more about it • Decide what you want to know about the problem and achieve from the research • Come up with your aims, objectives and research questions • Develop the questions you want to ask people to discuss with you about the problem

How to gather data	
Data gathering	<p>There are many ways of collecting data. It can be through asking questions or it can be through stories. For this study, you will collect data through the use of probing questions so people give their responses to you in the form of storytelling. You might also use pictures to try make it easier for people to tell you their stories.</p> <p>For example, you will ask your interview participants to tell you about their understanding of spirituality, and how they live out their spirituality. What role does <i>Ubuntu</i> play in their spirituality? How does spirituality contribute to them and their community's health and wellbeing?</p> <p>There are many data sources that one can use. For this training, we will focus on the following 6:</p> <ol style="list-style-type: none"> 1. What are focus groups? <p>This is when you bring a group of people together to talk about a particular issue that they all relate to. All people involved in the interviews will be sitting together at the same time and people can listen to what other people are saying to either support or give a different view of what the other people are saying.</p> <ol style="list-style-type: none"> 2. What are talking circles and stories? <p>Talking circles are indigenous focus groups used in most African settings for daily meetings within the community to address issues. This is very much similar to the structure of Imbizos. People come together as equals and share ideas, respect for each other's ideas and continuous compassion for one another which are key values in this community (Chilisa, 2012). An object is usually used to move around and only the holder of the object speaks at a time. The greatest structure of talking circles is that while one person is narrating a story, the other people listen silently until the speaker is finished.</p> <p>Storytelling: stories are central to the lives of indigenous people and are used to collect, deposit, analyse, store and disseminate information as well as instruments for socialisation. The latter is an important aspect in the research process because it foregrounds the responses given by the study participants. The socialisation stories are thus important in understanding the participants' frame of reference as well as the values of the society (Chilisa, 2012). It is important that researchers too, acknowledge stories as circulating literature that is accessible to all people and informs the day to day experiences and practices of indigenous people.</p> <ol style="list-style-type: none"> 3. What are Interviews?

This is about talking with someone to better understand an issue that you are interested in.

4. What are observations?

Observation is when you are observing the daily routines, practices and activities within the village and document these as they happen in their natural context. You also observe your participants during the interviews and talking circles, this will help you understand how they are feeling at certain times. These can be documented either through photographing or writing about them in your journal. However, please be aware that you should not take photographs of people, only the contexts and items with spiritual significance for the participants, with their permission.

5. What are opportunistic conversations?

These are the spontaneous conversations that happen unplanned as you are navigating the community, meeting and connection or building relationships with people. These conversations may yield data that may add value to the study.

6. How do we use photographs in this study?

Photos can be used as data trigger tools in the talking circles to facilitate the storytelling process. Photographs are also helpful to capture the environment because they are contextual and activities happening that may add value to the research in-between interviews and during spontaneous times are captured through photographs. They also assist with giving a think description of the context of the research.

7. What is being reflective?

This is about jotting down your own thoughts, feelings, lessons and important events that occurred throughout the research process as well as some key issues that come up as you participate in this study. Then you take time to think about what they mean to you as a person and as a research assistant. What issues do they bring to mind? How does it make you feel and why do you feel this way? This will help you learn more about yourself in this process and the context as well.

What is data analysis?

Data analysis is a very important aspect of the research process. It has the ability to make the research very strong and reliable, or it can make the research weak and unreliable. You will be involved in this process closely with the researchers all through to ensure that the analysis of data is strong and reliable. There are different types of analysis you can do, it is based on the type of data collected

How to analyze data	<p>You will be involved in doing a thematic data analysis. Your responsibilities in the analysis process will involve:</p> <p>To translate and transcribe data collected from interviews</p> <p>To listen to the recorded interviews again with the researcher, identifying and explaining pauses and relevant incidences</p> <p>To apply your knowledge of the research context and way of life of Amabomvane on the interpretation of the recorded interviews</p> <p>To check all photographs and label them correctly according to source and themes</p> <p>Read your reflections of the process and identify critical incidences that occurred during data collection</p> <p>Debrief with the researcher to compare notes and experiences of the analysis process</p>
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Interview process and skills

When conducting interviews, there are certain ways of doing it. It is very important to enter an interview space with non-judgemental and empathy. This means that we should not look down on people for whatever they say, think or do. We must respect peoples' opinions, even if it is different from ours. Empathy means that we should both respectfully acknowledge and be understanding of other peoples' experiences and views. There are certain skills and behavior that can help us show this.

Interview skills:	
Meet and greet	When you meet the people you want to interview, you must make sure that you are polite and respectful. Please remember to greet everyone you meet and smile to make them feel welcomed.
Listening:	It is very important to listen to the people you are interviewing. This shows respect, and so you can also pick up any comments they make that you might want them to clarify for you, or give more information regarding it.

Eye contact,	When it comes to eye contact, you can do what obtains in the Amabomvane culture. In certain places you can look at any person in the eye while you talk, but in some customs it is considered disrespectful to look elders in the eye while you talk with them. So ask them what is appropriate and respect their way of doing things.
Offering some facial or verbal encouragement	Please remember that it is important to show that you are following the conversation and listening by the way you keep your face and your tone. Smile, nod your head and show that you understand by the expression on your face.
Nodding	Like stated above, affirm their words by nodding often to show encouragement and support for what they are saying. This also acts as a way to support their experiences. However, remember not to nod when you feel there is a need for them to clarify or repeat a statement. As this could be misleading
Prompting	When the people you are interviewing say something you feel is important for the study to know, you must prompt them by asking for more information about the issue they raised. Sometimes they will pause or keep quiet, you can ask another related question to help them open up again, then later come back to the original topic again to ask a question. Another way of prompting is to ask the same question in a different way, which might be clearer for them to answer. This is why listening is important, so that you can hear what they say and know when to prompt them gently.
Do not interrupt Don't be afraid of pauses and silences This gives the person some time to think	When people you are interviewing sometimes become silent or they pause, you must not rush them, do not think they must be talking all through the interview, sometimes they will pause and stop talking. Always give them time to keep silent when they need to, it gives them time to think. Sometimes you can ask "is this question difficult?" Would you rather respond to another question or talk about another area of the topic?" And if they say yes, you can move on to another question. However, always leave them to pause and be silent for a bit when they need to.
Do not lead	Do not ask questions in a way that show your own opinion or that show how you feel about the issue or topic you are discussing. This might influence what they want to say and they will end up saying what they feel that you want to hear, and not THEIR OWN thoughts. Remember it

	is THEIR OWN opinion that we want, so be sensitive about influencing their thoughts in any way.
Appropriate dress (neat and tidy)	You must be dressed in a way that conforms to the traditions and culture of the people so that they do not feel disrespected. In some cultures, women are expected to cover their hair as a sign of virtuousness and respect for the elders. So you will ask for what is appropriate for this context and dress accordingly. Also please present yourself neat and tidy
Use appropriate language Not too casual or too informal	Your language and tone of voice is important. In traditional contexts, language and tone can mean a lot and people can become easily offended by language or tone of voice used. For example, the words and tone you use to greet an elder is often different from the words and language you use for a younger person in certain contexts. So please be aware of this. On the other hand, if you are too serious and formal, it might put people off and they will not open up with you. You must constantly show warmth to the people you interview through your words, expression and actions, however please also do not act too familiar with people as this might be interpreted as disrespectful

Interview process

Preparing for the interview	
Preparing yourself in a reflective space	Prepare yourself by looking inwards inside your heart to check what pre-conceived ideas or assumptions you already have about the interview, the people you will interview, and the topic of the interview. This is where you will begin by first interrogating and understanding your own thoughts about spirituality and wellbeing. What are your own experiences of this issue? Your belief systems about it? You will have a reflective space with the researchers where we unpack what our current stance is with regards to the research topic. This is very important so that we are able to make clear our own beliefs and understanding in a bid to be aware of possible ways that it can influence the research process as a whole. This will also help us maintain an attitude of non-judgementalism and empathy during the interview as we realise that people have different experiences which must be honoured and respected.
Starting phase (Beginning)	

Meet and greet:	<p>When you arrive to do the interview, follow the protocol that obtains in the context. Greet everyone appropriately, introduce yourself and wait for the other person/people to introduce themselves. Wait to be offered a seat, then you sit down. This process of greeting is often combined with small talk so that people get to know which family, clan and lineage everybody involved in the interview process comes from. From experience, the greeting and small talk in the traditional contexts often take longer so you must exercise patience and go through this process to show respect and to the satisfaction of your participants.</p>

Conducting the interview	
<p>Clarify the purpose of the interview</p> <p>Why are we here today</p>	<p>After the small talk is done, while observing appropriate protocol, explain about the study, and why you are conducting this interview, what it is all about. At this point ask if they want to ask you any questions? Tell them how long the interview process is expected to take and ask them if this is fine with them?</p> <p>Next give them a copy of the information sheet and consent form translated to Xhosa (the researchers have gone through this with you already). Please go through each paragraph of the information sheet and consent form, reading and explaining what every paragraph means. As you go, stop often to ask them if they understand you, and if they have any questions for you? Clarify any queries and answer any questions asked. The researcher will be with you throughout this process, so will assist with answers to any queries you might not be able to answer.</p> <p>If your participants agree to the interview after you have read the information sheet and consent form to them, then ask them to please sign it, or place their thumbprint on the lines as relevant.</p> <p>CONFIDENTIALITY- This is very important. We cannot stress enough how important it is to make sure that everything you are told is kept</p>

	confidential. You cannot repeat it to ANYBODY else apart from the researcher and the participant who said it.
EXPLORATION PHASE (Asking the questions)	
Asking the questions: Open-ended questions	<p>Ask questions that give your participants the space to tell their stories, to open up and narrate their experiences. There are different kinds of questions you can ask your participants in a way that helps them talk more about it. Some examples of these types of questions are given below-</p> <p>Open ended questions-. Examples are questions like “What are your experiences regarding..”?</p> <p>“Can you tell me more about that?” or “Is there anything else you would like to add?”. This will give them room to talk more about their experiences and views regarding the topic of interest.</p>
Restate Reflect (Gaining consensus) Clarify (Focus) Interpret	<p>Restatement: Sometimes during the interview, you will find that you repeat what they have said in their own word, to be sure you are hearing them correctly. This also builds up rapport as it lets your participants know that you have been listening to them and paying attention.</p> <p>Reflect: If you notice your participants showing some emotion regarding something they are discussing or talking about, you can pull that out and ask them about it. This is called reflecting (like you reflected when you were preparing for the interview.) For example, if your participant talks about a time when they felt safer living in their community and you can sense the sadness behind the statement, you can ask them about it and say “I can see that you feel sad when you say that” , do you want to tell me more about your feelings about your safety?”</p> <p>Clarify- This occurs when you want your participants to explain something further. It can be something they said and you feel it is significant for the study, or something that is new and resonates with you, and you want them to go deeper into that specific topic for more clarity. In this aspect you always go from a broader issue to a more specific aspect. For example, if your participants talks about feeling unsafe in the community, you could then ask “you have talked about feeling unsafe in your community, but can you tell me what it is exactly that is making you feel unsafe here?” So you dig deeper for a specific reason or a specific factor based on the particular broad issue they have mentioned initially. However you must observe the</p>

	<p>participant and refrain from probing more if you notice the faintest sign of distress on the side of the participant</p> <p>Interpret: This kind of question wants to ensure understanding. So you use this when you want to be sure that you understand what your participant is saying, that you are getting the essence of what they say. One key criteria for interpretation is that you are ASKING, NOT STATING, so you must phrase it as a question and give your participant room to agree or disagree. For example, if your participant states that there is no co-cooperation in this community because of the different knowledges that are dividing people, then you can ask “ if I get you correctly, are you saying that there are different types of knowledges in the community that is dividing the community?”</p>
<p>Ending the interview</p>	
<p>Summarize</p> <p>Encourage a speaker to tell you anything you might have missed in your questions.</p> <p>Affirm & thank</p>	<p>When the interview comes to an end, summarize what the main points of the discussion have been about. Remember to invite your participant to ask any further questions they may have about the research or interview process. Inform your participant of how beneficial the interview has been for you, and express your hope that they have benefited from the interview too. Also ask them if they want to add anything further to what they have said during the interview. If they have nothing further they want to add, then thank them for granting you the time and for sharing their experiences with you. End the interview.</p>

Ethics and confidentiality

To prevent any harm to participants and to protect or respect the rights of everyone involved, it is important to ensure that the study is guided by specific ethical guidelines. The guidelines are considered during the planning of research, during the collection of data and afterwards in the process of writing about the data to consciously avoid any positions of vulnerability that may be possible towards the participants as well as the information they have provided to the researcher. It is important to ensure that their rights and voices are not in any way violated and silenced.

What are some of the fundamental principles of ethics to keep in mind?

<p>Informed consent</p>	<p>It is important to make sure that people understand what the study is about before they can make any decision to participate. An information and consent form is a sheet that is prepared by the researcher explaining the study and what is expected from the participant. This sheet must be easy-to-read and preferably in local languages of participants. This sheet will cover the role of each participant and benefits to participating in the study; how the information will be recorded and managed; how anonymity, privacy and confidentiality will be managed and also ensure people that they have a right to withdraw from the research at any time. It is also important to always give our contact details so that people are able to contact us if they have any questions.</p> <p>As a research assistant, it is important to ensure that participants all sign this sheet as an indication of agreeing to participate.</p>
<p>Respect for persons and their community</p>	<p>Respecting participants also includes respecting their dignity as well as the knowledge they will be sharing. It is also about respecting people as who they are and their ways of doing. Being part of this study therefore includes taking into account the people, their ways and context at all times by not imposing your ways thereby treating everyone with respect. This also means respecting the values embedded in the community and protect the community from harm. It is about honoring the concept of Ubuntu and seeing yourself as the reflection of participants therefore you do to them as you would wish to be done to you.</p>
<p>Beneficence, non-maleficence, justice or fairness</p>	<p>Beneficence is about balancing the risks and benefits of the study to ensure that the risks are outweighed by the benefits. Non-maleficence is ensuring no harm at all times. This study has minimal risks. It is our responsibility to take special care not to stigmatize participants but to ensure their safety. We will be doing this by conducting this study in an environment that they are comfortable in, such as their homes and using methods that are familiar and will not bring violence or harm.</p> <p>Following this, is the issue of fairness or justice. Listening, paying attention and bringing out the voices of the participants and ensuring that the benefits accrue to both us</p>

	as researchers and the participants is part of maintaining fairness.
Privacy and confidentiality	This is about valuing and respecting the privacy and confidentiality of people and the information they share at all times. People will be given a voice to decide how they want their names to be managed and they should be informed if they will be easily identifiable so that they can make an informed decision as to whether they still want to participate and whether they want to be anonymized or they want their real identities to be identified.

Appendix 4: PARTICIPANT INFORMATION LEAFLET

TITLE OF THE RESEARCH PROJECT: Understanding, interpretation and expression of spirituality and its influence on care and wellbeing: An explorative case study of a South African indigenous community.

REFERENCE NUMBER: S16/04/078

PRINCIPAL INVESTIGATOR: Chioma Ohajunwa

ADDRESS: Department of interdisciplinary Health Sciences, University of Stellenbosch.

CONTACT NUMBER: 0833611481

Dear Participant,

My name is Chioma Ohajunwa and I am currently conducting a study for my PhD. I would like to invite you to participate in a research project that aims to investigate the Understanding, interpretation and expression of spirituality and its influence on care and wellbeing.

Please take some time to read the information presented here, which will explain the details of this project and contact me if you require further explanation or clarification of any aspect of the study. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the **Health Research Ethics Committee (HREC) at Stellenbosch University** and will be conducted according to accepted and applicable National and International ethical guidelines and principles, including those of the international Declaration of Helsinki October 2008.

The research study is an exploration of what you understand by spirituality, how you express your spirituality and how it affects your wellbeing.

Your confidentiality will be protected by giving you the option not to be identified. Your name s will not be used in the research and interview documents will be stored in a secure facility. Only the researcher and supervisors have access to the information. In addition to the step taken above, your confidentiality will be further protected by sending the research findings back to you, so you can examine and edit any findings that could identify you before the data is published. However, there is always a possibility of your specific community being identified and potentially stigmatised after publication or dissemination of the findings

The interviews and focus groups will be audio recorded. Please sign here or thumbprint if you agree to allow audio recording of the interview and focus group

I would like to request to take photographs of any artefacts and emblems that signify spirituality to you with your permission. These photographs will be something to better help me understand how you show your spirituality. It will also act as a reference point for our mutual understanding. It will help to make sense of our discussions when analysing, and also when it comes to checking with you to make sure that your viewpoints have been reflected accurately. With your permission, the photos can be included in publications to aid in presenting your experiences of spirituality and wellbeing to various governmental and non-governmental organizations.

If you are willing to participate in this study please sign the attached Declaration of Consent and hand in to the investigator.

Yours sincerely

Chioma Ohajunwa

Principal Investigator

Declaration by participant

By signing below, I agree to take part in a research study entitled- Understanding, interpretation and expression of spirituality and its influence on care and wellbeing: An explorative case study of a South African indigenous community.

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I declare that:

- I have read the attached information leaflet and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.

- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.
- I understand that this interview and focus group will be audio recorded
- I understand and grant permission for photographs of spiritual artefacts and emblems to be taken.
- I have been asked whether I want the photographs sent to me and where to send it

Signed/ thumb printed at (*place*) On (*date*)
..... 2016.

Signature or thumbprint of participant

Appendix 5: PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM (Traditional healers and medicine men)

TITLE OF THE RESEARCH PROJECT: Understanding, interpretation and expression of spirituality and its influence on care and wellbeing: An explorative case study of a South African indigenous community.

REFERENCE NUMBER: S16/04/078

PRINCIPAL INVESTIGATOR: Chioma Ohajunwa

ADDRESS: Department of interdisciplinary Health Sciences, University of Stellenbosch.

CONTACT NUMBER: 0833611481

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the study staff or doctor any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the **Health Research Ethics Committee at Stellenbosch University** and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research.

What is this research study all about?

- *The proposed study will occur in four village clusters in the Elliotdale area of the Eastern Cape (Nkanya, Hobeni, Madwaleni and Xhora.) There are no other sites. There will be four focus groups and individual interviews of 2 hours each for each study site.*
- *This study wants to find out what spirituality means to you? What are your beliefs about spirituality and wellbeing? How do you understand, live and show your spirituality and wellbeing? How does your spirituality influence your life, everything you do and your relationships with other people around you? What helps you to express your spirituality? I am doing this study to find out the different ways that people understand and show their spirituality, to find out if we are all different or if we are similar in our beliefs regarding spirituality, even if your way of showing it is*

different from other peoples'. Also to understand how your spirituality influence your wellbeing.

- *For this study, I will be conducting a face to face interview with you, but it will be more like storytelling. I will just ask a few questions to just help you think more, then you are free to tell me whatever your story is regarding spirituality and wellbeing. The interview will last for 2 hours*

Why have you been invited to participate?

- *You have been invited to participate because you are a traditional healer and have the knowledge of traditional and indigenous beliefs and practices that contribute to wellness.*

What will your responsibilities be?

- *Your responsibility will be to open up honestly and tell me your story regarding your spirituality, and to respond to any probing questions I might ask if you want to. I will also request to see and photograph any artefact or symbolic items that support your expression of spirituality and wellbeing with your permission.*

Will you benefit from taking part in this research?

- *This research will benefit you because-*
- *It will give an opportunity for you to tell your story about spirituality and how it impacts on your wellbeing.*
- *Contribute your voice and historical knowledge to health practices in your community*
- *It will give an opportunity to document some of your indigenous practices that inform health and wellbeing for future generations*
- *Contribute to the integration of the ancient indigenous knowledges and modern health practices towards improving the health practices of your community within a holistic framework*

Are there in risks involved in your taking part in this research?

- *The researcher perceives no risk from this research. However, there is always a possibility of your specific community being identified and potentially stigmatised after publication or dissemination of the findings*

Who will have access to your interview records?

- *Only the researcher, two research assistants and her two supervisors will have access to the information given here. Your information is confidential and your name will not be used in the thesis, so you will not be identified.*

Will you be paid to take part in this study and are there any costs involved?

No, you will not be paid to take part in the study but your transport and meal costs will be covered for each study visit. There will be no costs involved for you, if you do take part.

The interviews and focus groups will be audio recorded. Please sign or thumbprint here if you agree to allow audio recording of the interview and focus group

I would like to request to take photographs of any artefacts and emblems that signify spirituality to you with your permission. These photographs will be something to better help me understand how you show your spirituality. It will also act as a reference point for our mutual understanding. It will help to make sense of our discussions when analysing, and also when it comes to checking with you to make sure that your viewpoints have been reflected accurately. With your permission, the photos can be included in publications to aid in presenting your experiences of spirituality and wellbeing to various governmental and non-governmental organizations.

Is there anything else that you should know or do?

- You can contact Chioma Ohajunwa at (+27) (0) 833611481..... if you have any further queries or encounter any problems.
- You can contact the Health Research Ethics Committee at 021-938 9207 if you have any concerns or complaints that have not been adequately addressed by your study doctor.
- You will receive a copy of this information and consent form for your own records.

Declaration by participant

By signing below, I agree to take part in a research study entitled- Understanding, interpretation and expression of spirituality and its influence on care and wellbeing: An explorative case study of a South African indigenous community.

I declare that:

- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.

- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.
- I understand that this interview and focus group will be audio recorded
- I understand and grant permission for photographs of spiritual artefacts and emblems to be taken.
- I have been asked whether I want the photographs sent to me and where to send it

Signed/ thumb printed at (*place*) on (*date*)
 2016.

Signature or thumbprint of participant Signature of witness

Declaration by investigator

I Chioma Ohajunwa declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use an interpreter. (*If an interpreter is used then the interpreter must sign the declaration below.*)

Signed at (*place*) on (*date*) 2016.

Signature of investigator

Signature of witness

Declaration by interpreter

I (*name*) declare that:

- I assisted the investigator (*name*) to explain the information in this document to (*name of participant*) using the language medium of Xhosa.
- We encouraged him/her to ask questions and took adequate time to answer them.
- I conveyed a factually correct version of what was related to me.
- I am satisfied that the participant fully understands the content of this informed consent document and has had all his/her question satisfactorily answered.

Signed at (*place*) on (*date*)

Signature of interpreter

Signature of witness

Appendix 6: PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM (Chief and chieftains)

TITLE OF THE RESEARCH PROJECT: Understanding, interpretation and expression of spirituality and its influence on care and wellbeing: An explorative case study of a South African indigenous community.

REFERENCE NUMBER: S16/04/078

PRINCIPAL INVESTIGATOR: Chioma Ohajunwa

ADDRESS: Department of interdisciplinary Health Sciences, University of Stellenbosch.

CONTACT NUMBER: 0833611481

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the study staff or doctor any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the **Health Research Ethics Committee at Stellenbosch University** and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research.

What is this research study all about?

- *The proposed study will occur in four village clusters in the Elliotdale area of the Eastern Cape (Nkanya, Hobeni, Madwaleni and Xhora.) There are no other sites. There will be four focus groups and individual interviews for that will last for 2 hours each for each study site.*
- *This study wants to find out what spirituality means to you? What are your beliefs about spirituality? How do you understand, live and show your spirituality? How does your spirituality influence your life, everything you do and your relationships with other people around you? What helps you to express your spirituality? I am doing this study to find out the different ways that people understand and show their spirituality, to find out if we are all different or if we are similar in our beliefs*

regarding spirituality, even if your way of showing it is different from other peoples'. Also to understand how your spirituality influence your wellbeing.

- *For this study, I will be conducting a focus group discussion with you, the chief and other chieftains, but it will be more like storytelling. I will just ask a few questions to just help you think more, then you are free to tell me whatever your story is regarding spirituality and wellbeing.*

Why have you been invited to participate?

- *You have been invited to participate because you are a chief, elder and guiding father to the community. You also hold to and practice the indigenous knowledges of your community. You will please be required to participate in a focus group discussion with other chieftains and the chief in the Chief's Kraal. The focus group will last for 2 hours.*

What will your responsibilities be?

- *Your responsibility will be to open up honestly and tell me your story regarding your spirituality, and to respond to any probing questions I might ask if you want to. I will also request to see and photograph any artefact or symbolic items that support your expression of spirituality and wellbeing with your permission.*

Will you benefit from taking part in this research?

- *It will give an opportunity for you to tell your story about spirituality and how it impacts on your wellbeing.*
- *Contribute your voice and historical knowledge to guide health practices in your community*
- *It will give an opportunity to document some of your indigenous practices that inform health and wellbeing for future generations*
- *Contribute to the integration of the ancient indigenous knowledges and modern health practices towards improving the health practices of your community within a holistic framework*

Are there in risks involved in your taking part in this research?

- *The researcher perceives no risk from this research. However, there is always a possibility of your specific community being identified and potentially stigmatised after publication or dissemination of the findings.*

Who will have access to your interview records?

- *Only the researcher, two research assistants and her two supervisors will have access to the information given here. Your information is confidential and your name will not be used in the thesis, (Unless you request so) so you will not be identified.*

Will you be paid to take part in this study and are there any costs involved?

No, you will not be paid to take part in the study but your transport and meal costs will be covered for each study visit. There will be no costs involved for you, if you do take part.

The interviews and focus groups will be audio recorded. Please sign or thumbprint here if you agree to allow audio recording of the interview and focus group

I would like to request to take photographs of any artefacts and emblems that signify spirituality to you with your permission. These photographs will then assist our mutual understanding of how you understand and show your spirituality because it will act as a reference point for our mutual understanding. It will help to make sense of our discussions when analysing, and also when it comes to checking with you to make sure that your viewpoints have been reflected accurately. With your permission, the photos can be included in publications to aid in presenting your experiences of spirituality and wellbeing to various governmental and non-governmental organizations.

Is there anything else that you should know or do?

- You can contact Chioma Ohajunwa at (+27) (0) 833611481..... if you have any further queries or encounter any problems.
- You can contact the Health Research Ethics Committee at 021-938 9207 if you have any concerns or complaints that have not been adequately addressed by your study doctor.
- You will receive a copy of this information and consent form for your own records.

Declaration by participant

By signing below, I agree to take part in a research study entitled- Understanding, interpretation and expression of spirituality and its influence on care and wellbeing: An explorative case study of a South African indigenous community.

I declare that:

- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.

- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.
- I have been asked whether I want the photographs sent to me and where to send it

Signed/ thumb printed at (*place*) on (*date*) 2016.

Signature/ thumbprint of participant **Signature of witness**

Declaration by investigator

I Chioma Ohajunwa declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use an interpreter. (*If an interpreter is used then the interpreter must sign the declaration below.*)

Signed at (*place*) on (*date*) 2016.

Signature of investigator **Signature of witness**

Declaration by interpreter

I (*name*) declare that:

- I assisted the investigator (*name*) to explain the information in this document to (*name of participant*) using the language medium of isiXhosa.

- We encouraged him/her to ask questions and took adequate time to answer them.
- I conveyed a factually correct version of what was related to me.
- I am satisfied that the participant fully understands the content of this informed consent document and has had all his/her question satisfactorily answered.

Signed at (*place*) on (*date*)

Signature of interpreter

Signature of witness

Appendix 7: PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM (Elite Older Men and Elite Older women)

TITLE OF THE RESEARCH PROJECT: Understanding, interpretation and expression of spirituality and its influence on care and wellbeing: An explorative case study of a South African indigenous community.

REFERENCE NUMBER: S16/04/078

PRINCIPAL INVESTIGATOR: Chioma Ohajunwa

ADDRESS: Department of interdisciplinary Health Sciences, University of Stellenbosch.

CONTACT NUMBER: 0833611481

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the study staff or doctor any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the **Health Research Ethics Committee at Stellenbosch University** and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research.

What is this research study all about?

- *The proposed study will occur in four village clusters in the Elliotdale area of the Eastern Cape (Nkanya, Hobeni, Madwaleni and Xhora.) There are no other sites. There will be four focus groups and individual interviews for 2 hours each for each study site.*
- *This study wants to find out what spirituality and wellbeing means to you? What are your beliefs about spirituality and wellbeing? How do you understand, live and show your spirituality and wellbeing? How does your spirituality influence your life, everything you do and your relationships with other people around you? What helps you to express your spirituality? I am doing this study to find out the different ways that people understand and show their spirituality, to find out if we are all different or if we are similar in our beliefs regarding spirituality, even if your way of showing it is different from other peoples'. Also to understand how your spirituality influence your wellbeing.*

- *For this study, I will be conducting a face to face interview with you, but it will be more like storytelling. I will just ask a few questions to just help you think more, then you are free to tell me whatever your story is regarding spirituality and wellbeing. The interview will last for 2 hours*

Why have you been invited to participate?

- *You have been invited to participate because you are a revered and respected member of the community, and have indigenous belief practices that contribute to the wellness of your families and community.*

What will your responsibilities be?

- *Your responsibility will be to open up honestly and tell me your story regarding your spirituality, and to respond to any probing questions I might ask if you want to. I will also request to see and photograph any artefact or symbolic items that support your expression of spirituality and wellbeing with your permission*

Will you benefit from taking part in this research?

- *This research will benefit you because-*
- *It will give an opportunity for you to tell your story about spirituality and how it impacts on your wellbeing.*
- *Contribute your voice and historical knowledge to health practices in your community*
- *It will give an opportunity to document some of your indigenous practices that inform health and wellbeing for future generations*
- *Contribute to the integration of the ancient indigenous knowledges and modern health practices towards improving the health practices of your community within a holistic framework*

Are there in risks involved in your taking part in this research?

- *The researcher perceives no risk from this research. However, there is always a possibility of your specific community being identified and potentially stigmatised after publication or dissemination of the findings*

Who will have access to your interview records?

- *Only the researcher, two research assistants and her two supervisors will have access to the information given here. Your information is confidential and your name will not be used in the thesis (unless you request so) so you will not be identified.*

Will you be paid to take part in this study and are there any costs involved?

No, you will not be paid to take part in the study but your transport and meal costs will be covered for each study visit. There will be no costs involved for you, if you do take part.

The interviews and focus groups will be audio recorded. Please sign/ thumbprint here if you agree to allow audio recording of the interview and focus group

I would like to request to take photographs of any artefacts and emblems that signify spirituality to you with your permission. These photographs will be something to better help me understand how you show your spirituality. It will also act as a reference point for our mutual understanding. It will help to make sense of our discussions when analysing, and also when it comes to checking with you to make sure that your viewpoints have been reflected accurately. With your permission, the photos can be included in publications to aid in presenting your experiences of spirituality and wellbeing to various governmental and non-governmental organizations.

Is there anything else that you should know or do?

- You can contact Chioma Ohajunwa at (+27) (0) 833611481..... if you have any further queries or encounter any problems.
- You can contact the Health Research Ethics Committee at 021-938 9207 if you have any concerns or complaints that have not been adequately addressed by your study doctor.
- You will receive a copy of this information and consent form for your own records.

Declaration by participant

By signing below, I agree to take part in a research study entitled- Understanding, interpretation and expression of spirituality and its influence on care and wellbeing: An explorative case study of a South African indigenous community.

I declare that:

- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.

- I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.
- I have been asked whether I want the photographs sent to me and where to send it

Signed/ thumb printed at (*place*)on (*date*) 2016.

Signature / thumbprint of participant Signature of witness

Declaration by investigator

I Chioma Ohajunwa declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use a interpreter. (*If a interpreter is used then the interpreter must sign the declaration below.*)

Signed at (*place*) on (*date*) 2016.

Signature of investigator Signature of witness

Declaration by interpreter

I (*name*) declare that:

- I assisted the investigator (*name*) to explain the information in this document to (*name of participant*) using the language medium of isiXhosa.
- We encouraged him/her to ask questions and took adequate time to answer them.
- I conveyed a factually correct version of what was related to me.
- I am satisfied that the participant fully understands the content of this informed consent document and has had all his/her question satisfactorily answered.

Signed at (*place*) on (*date*)

Signature of interpreter

Signature of witness

Appendix 8: PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM (Christian leaders)

TITLE OF THE RESEARCH PROJECT: Understanding, interpretation and expression of spirituality and its influence on care and wellbeing: An explorative case study of a South African indigenous community.

REFERENCE NUMBER: S16/04/078

PRINCIPAL INVESTIGATOR: Chioma Ohajunwa

ADDRESS: Department of interdisciplinary Health Sciences, University of Stellenbosch.

CONTACT NUMBER: 0833611481

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the study staff or doctor any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the **Health Research Ethics Committee at Stellenbosch University** and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research.

What is this research study all about?

- *The proposed study will occur in four village clusters in the Elliotdale area of the Eastern Cape (Nkanya, Hobeni, Madwaleni and Xhora.) There are no other sites. There will be four focus groups and individual interviews that will last for 2 hours each for each study site.*
- *This study wants to find out what spirituality and wellbeing means to you? What are your beliefs about spirituality wellbeing? How do you understand, live and show your spirituality and wellbeing? How does your spirituality influence your life, everything you do and your relationships with other people around you? What helps you to express your spirituality? I am doing this study to find out the different ways that people understand and show their spirituality and wellbeing, to find out if we are all different or if we are similar in our beliefs regarding spirituality, even if your way of*

showing it is different from other peoples'. Also to understand how your spirituality influence your wellbeing.

- *For this study, I will be conducting a face to face interview with you, but it will be more like storytelling. I will just ask a few questions to just help you think more, then you are free to tell me whatever your story is regarding spirituality and wellbeing. The interview will last for 2 hours*

Why have you been invited to participate?

- *You have been invited to participate because you are a leader in the Christian community and have your own understanding and interpretation of spirituality and its influence of wellbeing which can be expressed in this study.*

What will your responsibilities be?

- *Your responsibility will be to open up honestly and tell me your story regarding your spirituality, and to respond to any probing questions I might ask if you want to. I will also request to see and photograph any artefact or symbolic items that support your expression of spirituality and wellbeing with your permission*

Will you benefit from taking part in this research?

- *This research will benefit you because-*
- *It will give an opportunity for you to tell your story about spirituality and how it impacts on your wellbeing.*
- *Contribute your voice and historical knowledge to health practices in your community*
- *Contribute to the integration of the ancient indigenous knowledges and modern health practices towards improving the health practices of your community within a holistic framework*

Are there in risks involved in your taking part in this research?

- *The researcher perceives no risk from this research However, there is always a possibility of your specific community being identified and potentially stigmatised after publication or dissemination of the findings.*

Who will have access to your interview records?

- *Only the researcher, two research assistants and her two supervisors will have access to the information given here. Your information is confidential and your name will not be used in the thesis,(Unless you request so) so you will not be identified.*

Will you be paid to take part in this study and are there any costs involved?

No, you will not be paid to take part in the study but your transport and meal costs will be covered for each study visit. There will be no costs involved for you, if you do take part.

The interviews and focus groups will be audio recorded. Please sign/ thumbprint here if you agree to allow audio recording of the interview and focus group

I would like to request to take photographs of any artefacts and emblems that signify spirituality to you with your permission. These photographs will be something to better help me understand how you show your spirituality. It will also act as a reference point for our mutual understanding. It will help to make sense of our discussions when analysing. and also when it comes to checking with you to make sure that your viewpoints have been reflected accurately. With your permission, the photos can be included in publications to aid in presenting your experiences of spirituality and wellbeing to various governmental and non-governmental organizations.

Is there anything else that you should know or do?

- You can contact Chioma Ohajunwa at (+27) (0) 833611481..... if you have any further queries or encounter any problems.
- You can contact the Health Research Ethics Committee at 021-938 9207 if you have any concerns or complaints that have not been adequately addressed by your study doctor.
- You will receive a copy of this information and consent form for your own records.

Declaration by participant

By signing below, I agree to take part in a research study entitled- Understanding, interpretation and expression of spirituality and its influence on care and wellbeing: An explorative case study of a South African indigenous community.

I declare that:

- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

- I have been asked whether I want the photographs sent to me and where to send it

Signed/ thumb printed at (*place*) on (*date*) 2016.

Signature/ thumbprint of participant Signature of witness

Declaration by investigator

I Chioma Ohajunwa declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use a interpreter. (*If a interpreter is used then the interpreter must sign the declaration below.*)

Signed at (*place*) on (*date*) 2016.

Signature of investigator Signature of witness

Declaration by interpreter

I (*name*) declare that:

- I assisted the investigator (*name*) to explain the information in this document to (*name of participant*) using the language medium of Xhosa.
- We encouraged him/her to ask questions and took adequate time to answer them.
- I conveyed a factually correct version of what was related to me.
- I am satisfied that the participant fully understands the content of this informed consent document and has had all his/her question satisfactorily answered.

Signed at (*place*) on (*date*)

Signature of interpreter Signature of witness

Appendix 9: PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM (Healthcare professionals)

TITLE OF THE RESEARCH PROJECT: Understanding, interpretation and expression of spirituality and its influence on care and wellbeing: An explorative case study of a South African indigenous community.

REFERENCE NUMBER: S16/04/078

PRINCIPAL INVESTIGATOR: Chioma Ohajunwa

ADDRESS: Department of interdisciplinary Health Sciences, University of Stellenbosch.

CONTACT NUMBER: 0833611481

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the study staff or doctor any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the **Health Research Ethics Committee at Stellenbosch University** and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research.

What is this research study all about?

- *The proposed study will occur in four village clusters in the Elliotdale area of the Eastern Cape (Nkanya, Hobeni, Madwaleni and Xhora.) There are no other sites. There will be four focus groups and individual interviews which will last for 2 hours each for each study site.*
- *This study wants to find out what spirituality and wellbeing means to you? What are your beliefs about spirituality and wellbeing? How do you understand, live and show your spirituality and wellbeing? How does your spirituality influence your life, everything you do and your relationships with other people around you? What helps you to express your spirituality? I am doing this study to find out the different ways that people understand and show their spirituality, to find out if we are all different or if we are similar in our beliefs regarding spirituality, even if your way of showing it is different from other peoples'. Also to understand how your spirituality influence your wellbeing.*

- *For this study, I will be conducting a focus group discussion with you and other healthcare professionals in the Madwaleni area who also come from Bomvanaland. I will just ask a few questions to just help you think more, then you are free to tell me whatever your story is regarding spirituality and wellbeing. The interview will last for 2 hours*

Why have you been invited to participate?

- *You have been invited to participate because you are a healthcare practitioner in this community, and have worked with members of the community to enhance wellbeing.*

What will your responsibilities be?

- *Your responsibility will be to open up honestly and tell me your story regarding your spirituality and wellbeing, and to respond to any probing questions I might ask if you want to.*

Will you benefit from taking part in this research?

- *This research will benefit you because-*
- *It will give an opportunity for you to tell your story about spirituality and how it impacts on your wellbeing and your work within the community.*
- *Contribute your voice and historical knowledge to health practices in your community*
- *Contribute to the integration of the ancient indigenous knowledges and modern health practices towards improving the health practices of your community within a holistic framework*

Are there in risks involved in your taking part in this research?

- *The researcher perceives no risk from this research. However, there is always a possibility of your specific community being identified and potentially stigmatised after publication or dissemination of the findings.*

Who will have access to your interview records?

- *Only the researcher, two research assistants and her two supervisors will have access to the information given here. Your information is confidential and your name will not be used in the thesis,(Unless you request so) so you will not be identified.*

Will you be paid to take part in this study and are there any costs involved?

No, you will not be paid to take part in the study but your transport and meal costs will be covered for each study visit. There will be no costs involved for you, if you do take part.

The interviews and focus groups will be audio recorded. Please sign or place your thumbprint here if you agree to allow audio recording of the interview and focus group

I would like to request to take photographs of any artefacts and emblems that signify spirituality to you with your permission. These photographs will be something to better help me understand how you show your spirituality. It will also act as a reference point for our mutual understanding. It will help to make sense of our discussions when analysing, and also when it comes to checking with you to make sure that your viewpoints have been reflected accurately. With your permission, the photos can be included in publications to aid in presenting your experiences of spirituality and wellbeing to various governmental and non-governmental organizations.

Is there anything else that you should know or do?

- You can contact Chioma Ohajunwa at (+27) (0) 833611481..... if you have any further queries or encounter any problems.
- You can contact the Health Research Ethics Committee at 021-938 9207 if you have any concerns or complaints that have not been adequately addressed by your study doctor.
- You will receive a copy of this information and consent form for your own records.

Declaration by participant

By signing below, I agree to take part in a research study entitled- Understanding, interpretation and expression of spirituality and its influence on care and wellbeing: An explorative case study of a South African indigenous community.

I declare that:

- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.
- I have been asked whether I want the photographs sent to me and where to send it

Signed/ thumb printed at (*place*) on (*date*) 2016.

Signature/ thumbprint of participant Signature of witness

Declaration by investigator

I Chioma Ohajunwa declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use an interpreter. (*If an interpreter is used then the interpreter must sign the declaration below.*)

Signed at (*place*) on (*date*) 2016.

Signature of investigator Signature of witness

Declaration by interpreter

I (*name*) declare that:

- I assisted the investigator (*name*) to explain the information in this document to (*name of participant*) using the language medium of Xhosa.
- We encouraged him/her to ask questions and took adequate time to answer them.
- I conveyed a factually correct version of what was related to me.
- I am satisfied that the participant fully understands the content of this informed consent document and has had all his/her question satisfactorily answered.

Signed at (*place*) on (*date*)

Signature of interpreter Signature of witness

Appendix 10: Study interview guide

Title: Understanding, interpretation and expression of spirituality and its influence on care and wellbeing: An explorative case study of a South African indigenous community.

Study objectives	Linking questions
Explore individual understandings and interpretations of spirituality that exist within the community	<ul style="list-style-type: none"> • Why are you called Amabomvane? • How do you practice being Amabomvane? • What does spirituality mean to you? • Are there different types of spirituality? Explain more • Are you a spiritual being? How do you know this? • What does wellbeing mean to you? • Do you believe that your spirituality influences your wellbeing or not? Give reasons? • Does your understanding of spirituality help you care more for people or things around you? • How does spirituality influence what you do, how you care for yourself, animals and other people, the environmental, physical and social context that you live in?
Identify how people within the community express their spirituality and what specific avenues are utilised to express spirituality	<ul style="list-style-type: none"> • What activities do you perform that show the meaning of spirituality to you? • How do you carry out these spiritual activities? • Does the performance of these spiritual activities influence how you care for the wellbeing of others and yourself? How?

<p>Explore how these spiritual resources help create a collective framework to unlock human potential and enable community wellbeing</p>	<ul style="list-style-type: none">• What do you understand by Ubuntu?• Is Ubuntu important to you? Why?• Do you practice Ubuntu? How does the practice of Ubuntu help you care for the community?• Is there any connection between Ubuntu and your practice of spirituality?• Where do you perform these spiritual activities?• How do you think the practice of Ubuntu can impact your community wellbeing? What role does Ubuntu play in building caring relationships and contributing to interconnectedness and collective being in your community?
<p>Make recommendations based on the study outcomes on how a collective spiritual framework can influence care and wellbeing within African indigenous communities.</p>	<ul style="list-style-type: none">• Do you think that there are two different belief systems that exist in your community?• Do you think both belief systems can interconnect in a respectful and caring relationship through the sameness of spirituality and Ubuntu?• What do you think would be your role towards this interconnectedness?• What do you believe would be the outcome of this interconnectedness for the health and wellbeing of your community?

Appendix 11: Incazelo ngoqeqesho lwabancedisi bophando



Isihloko Sophando: Uphando lokuqonda nokuhlalutya ummoya wokholo neenkolelo, nokuthi zikuthintela njani ukuphila nendlela abaphila ngayo abantu: Olu luphando olujongene nendawo eyodwa ekhethiweyo eMzantsi Afrika ngokuba ibalasele ngezinto zemveli.

Igama: Mrs. Chioma O Ohajunwa

Inamba yomfundi: 19963556

11th June, 2016

Kuthetha ukuthini ukuba ngimncedisi ngophando?

Abancedisi bophando ngabantu abancedisa umphandi kuphando olo nagezinto ezithi zidingeke ekwenzeni uphando luqhubeke ngendlela ecetyiweyo. Ngamanye amaxesha bagqibela sebengabanye babantu ababandakanywa kuphando olo. Yinto eqhelekileyo ke kuphando olubizwa ngekwalthayithivu (Inkcaza ngophando lwekhwaitheyithivu iyalandela). Kubalulekile nigcina futhi nibhale phantsi

	ingcinga zenu neenlela eniziva ngayo njengoko luqhubeka uphando. Lo nto iba lulutho kumphandi xa sele ehlatywa oko kuthe kwavela xa kusenziwa uphando.
Kutheni sicele wena wena nje ukuba usancedise koluphando?	Okokuqala uyinzalelwane yalapha, kunjalo nje unolwazi olunzulu ngeziphalka. Okwesibini uyakwazi ukuthetha ulwimi lwesiXhosa. Okweithathu uyayiqonda indlela aphila ngayo Amabomvane uyawazi namasiko nezithethe zalendawo. Okokugqibela ayakwazi ukuthetha isiNgesi ulwimi olubalulekileyo xa utolika futhi nokuhlalutywa uphando olu. Ngokuzibandakanya kwakho koluphando uzakufumana amakhono abalulekileyo ongawasebenzisa xa ufumana isithuba somsebenzi kwixa elizayo.

Inkcukacha ngendima yakho

Yintoni olindelwe uba uyenze njengomntu oncedisa koluphando?	
Ukuqeqesha nenkxaso?	Intsuku ezimbini uakuqeqeshelwa ukuba ngumncedisi ogqibeleleyo koluphando. Lo nto izakunceda ukuba ubenolwazi ngoluphando nokuthi uqonde ukuba yintoni elindelwe kuwe.
Izinto ofanele uzenze?	<p>Uzakuqeqeshwa ngendlela eyodwa yokwenza ingxoxo nabantu (interviews).</p> <p>Uzakuba ngomnye wabantu abenza ezingxoxo (ubuze imibuzo abantu abazokuyiphendula).</p> <p>Uzakuncedisa xa kuthwetyulwa iingxoxo ngonomatho.</p> <p>Uzakuncedisa xa kuthathwa iifoto.</p> <p>Uzakuqeqeshwa ngendlela eyodwa yokusebenzisa iliso lakho uqaphele izinto ezithile eibalulekileyo xa kwenziwa iingxoxo uzibhale phantsi. Kuzakubaluleka ke ukuba ube nencwadana onayo ozakubhala kuyo iingcinga zakho, imbono zakho kunye nendlela oziva ngayo xa usenza iingxoxo. Kubalulekile ke uba uyigcine le ncwadana.</p> <p>Uzakucelwa uhlale nomphandi apho nizakuxoxa ngazo ezi zinto.</p> <p>Uzakucelwa ukuba uncedise kwizinto ezithe zavela ngexesha lengxoxo</p>

	Ekugqibeleni xa sele kuqukunjelwa uphndo kuzakubakho indibano enkulu kuchazelwe abahlali ngezinto ezithe zavela. Wena ke uzakuba ngomnye wabantu ababalulekileyo ekweneni oku kube yimpumelelo.
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Lugntoni oluphando?

Intshayelelo	
Okuphambili ngophando	Ng oluphando sizama ukufumanisa okokuba Amabomvane alubonakalisa njani ukhoho nezinto zakwa moya, ithetha ukuthini kanye loo nto? Ingaba kukho ukhoho oluhlukile kolunye apha kule ngingqi luummoya mni olo? Ingaba ezinkolelelo zimmoya mnye? Zidlala indima enjani ekuhlaliseni nesekuphilsaneni apha elalini? Oluphando lukwafuna nokuqonda uba yintoni ethi abantu bayenze ukugcina ukhoho lwabo lunyanisekile kwezinguqu nemiceli-mngeni yanahlanje.
Imigaqo-siseseke	Oluphando lusekelewe kwindlela yabantu ekuthiwa Bubuntu neselwazini olunzulu olubizwa nge-resilience theory. Oluphando lukholelwa ekuthini abantu aphili ngendlela enye futhi bengengobantu baphila ngokwazi izito nganye. Ukwazi ukuphila phakathi kweenguqu zanamhlanje kubizwa ngokuthi yinzondelelo (resilience). Ephila nje Amabomvane aphila ngolwazi olunzulu nolusekelwe kuBuntu, olu lwazi ke luyakwazi ukuxhumanisa umnombo nengomso lendawo leyo. Yilonto ke sifuna ukuncanca kulombele unoulwazi luntokotho kanganka khonukuze lungatshabalali lukwazi ukuphilisa izizukulwana ezizayo njengokuba luphilisa namhlanje. Ngaphezulu nabantu bezinye iintlanga bangafunda nto ngokwabelana kwethu ngolu lwazi.
Oluphando luzakufeza ntoni?	Oluphando luzakusceda siqonde oku kulandelayo: Ingaba Amabomvane ayiqonda njani indima yokhoho neenkolelo nemimoya ehambisana noko. Ndimamni idlalwa Bubuntu kuyo yonke le nyewe. Ingaba ukhona umahluko kwindlela abantu abakholelwa ngayo phakathi kweengigqi zamaBomvane? Ingaba ukwahlukana kweenkolo neenkolelo kwenza abantu babenamasiko nezithethe ezahlukeneyo kusini na? Ngaphezulu idlala indima engakanani loo nto kwimpilo yabantu balengingqi? Kungenzeka njani ukukhuthaza udlelwana nokubambisana phakathi kwemihlambi enkolo zihlukeneyo, nokuthi into elolohlobo ingaba

	<p>ingenzeka na khonukuze impilo nempiliswano yabantu iqhubekele phambili.</p> <p>Ingaba ziintoni ezi nomthelela kwimpilo nentlala kahle yabahlali</p>
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Iintlobo zophando neendlela zokuphanda

Kukho iindlela ezimbini zokuqokelela ulwazi xa kuphandwa: Nina ke nizekusebenzisa le kuthiwa yikwalithayithivu. Ikwalthayithivu ke yile isetyenziswa xa ufuna ukuqokelela ilwazi ngokumamemela intetho, incoko okanye amabali athethwa ngabantu ngezinto ezibalulekileyo kubo. Uyamcina ke umntu lowo ngemibuzo ehleliweyo khonukuze ufumanise ubunzulu nemvelaphi yentetho leyo. Umntu uthi abelane nawe ngezinto-yinto athe wazihamba wazibona apha empilweni yakhe. Akho ndlela yakuyikala ke yonke lento kuba akukho manani. Eyona nto ibalulekileyo bubuncwane bentetho leyo, indlela le thi umntu akhethe ukuyisebenzisa ukubalisa ngempilo yakhe.

Uphando lweKwalithayithivu	<p>Xa ungaqinisekanga ngezinto omawuzilindele kumba lowo, kubalulekile ukuba usebenzise uphando lwekwalthayithivu. Kuba luyancedisa ekwakheni umkhanyo kuloo ingaqondakaliyo ubunjani okanye ubunzulu bayo. Ngale ndlela ke uyakwazi nokugoca-goca umba ngendlela ezininzi.</p>
Ivela phi imibuzo yophando?	<p>Inyathelo lokuqala xa uceba uphando kukubeka ngeliphandle loo mba uthe wabalasela ngeloxesha. Kungenzeka ke ubana lo mba ubalasele kuwe okanye uwuqaphele endaweni yempangelo okanye elalini leyo. Emva koko usuka uxoxe nabanye abant abanolwazi oluthe vetshe ngomba lowo uphinde ufunde ngokuphangaleleyo mayelana nalomba.</p> <p>Loo nto izakuncedisa ekwenzeni izigqibo ngomba lowo. Ukwazi ukufumanisa ukuba ingaba kukho umntu okhe wawenza loo msebenzi ngaphambili.</p> <p>Emva koko ke uyakwazi ukubumba iinjongo zophando lwakho. Zezinjongo ozama ukuzifezekisa xa uphendula imibuzo yophando. Iinjongo zophando zizokwenza uqonde ncakasana ukuba yintoni kanye kanye le ufuna ukuyazi ngokuthi wenze oluphando. Lowo ke ngumbuzo wophando. Xa ucacelwe futhi uziqonda iinjongo zophando kulapho uthi ufumane nokwakha imibuzo ozakuthi uyibuze abantu.</p> <ul style="list-style-type: none"> • Fumanisa cakasana ubana yintonin ingxaki • Phanda ufumanise ubunjani bayo • Gqiba ke wena uba yintoni kanye le ofuna ukuyazi futhi uyisombulule ngophando olo

	<ul style="list-style-type: none"> • Emva koko ubeka iinjongo zakho nemibuzo yakho ngophando olo • Uqale ke ubumbe imibuzo ofuna ukuyibuza abantu khonukue ufumane iimpendulo nezisombululo ozifunayo
Ukuqokelela izimvo	
Ukuqokelelwa kwezimvo?	<p>Zininzi indlela zokuqokelela igazi. Ungabuza imibuzo okanye ufune amabali ngomba lowo. Koluphando nizofumana izimvo ngokuthi nimamele amabali abantu nibabuze ke nibancine apho nifuna ukucacelwa khona. Ningasebnzisa neefoto ukwenza lula imibuzo leyo.</p> <p>Umzekelo, uzakucela abantu abakhethiweyo bakubalisele ngenkolelo zokholo lwabo nokuthi bayibonis anjani imimoya yokholo lwabo. <i>Ubuntu</i> budlala yiphi indima xa sithetha ngommoya wokholo? Ummoya wokholo udlala yiphi indima xa sithetha ngempilo nokuphilisana apha ekuhlaleni ?</p> <p>Zininzi ke indlela zokuqokelela izimvo. Koluphando sozakusebenzisa ezi zi-6 zilandelayo:</p> <ol style="list-style-type: none"> 1. Zintoni iindibano ngenxoxo? <p>Kukudibanisa abantu abakhethiweyo ndaweni nye baxoxe ngezinto ezibachukumisayo. Aba bantu baxoxa ngezi zinto bechophile khonukuze omnye nomnye akwazi ukuphosa ezakhe izimvo kumba lowo ekuxoxwa ngawo.</p> <ol style="list-style-type: none"> 2. Yintoni uthetha-thethwano nomtu? <p>Kukuthetha nomntu ubuso-nobuso ngenjongo yokuqonda umba othile.</p> <ol style="list-style-type: none"> 3. Kuthetha ntoni ukubuka? <p>Ukubuka kukuthi umntu aba ngumbukeli xa kuseneka izinto ekuhlaleni ze abhale phantsi acacise ukwenzeka kwazo nokulandelana kweziganeko ezo. Uyakwazi ke nokuba ngumbukeli ngoku abantu abaxoxayo, loo nto ikuncedisa uhlalutye intshukumo zabo uzichaze intsingiselo yabo ngoku bathethayo. Ezintshukumo zingashicilelwa ngeefoto, ubhale phantsi okanye uzithwebule ngoomathotholo . Khumbula ke ukuba xa sithetha ngeefoto asithethi ngeziqubane zabantu koko izinto ezi bazenzayo nendlela abazenza ngayo kunye nezinto abaziphetheyo.</p> <ol style="list-style-type: none"> 4. Incoko evela ngesithuba? <p>Ezi ziincoko othi ubenazo nabantu xa uhamba-hamba apha elalini. Kwezincoko ke umntu angafumana ulutho olungaba lukhulu xa sele kuhlalutywa uphando.</p>

	<p>5. Iifoto zisebenza njani koluphado?</p> <p>Iifoto zezinye zezinto esizisebenzisa ukuchumisa uba othile ngenjongo zokuvusa incoko. Iifoto zidlala iindima enkulu ekuboniseni imeko nobume bendawo le kwenzeka kuyo isiganeko kangangokuba zibaluleke kakhulu kuthetha-thethwano khonuze kusuke iinciko etyebileyo. Iifoto ziphinde zancedise ukubonisa ngokuphangaleleyo oko kuthe kwenzeka.</p> <p>6. Kukuthini ukucoselela?</p> <p>Xa wena uphando ngocoselelo kufineka uzijonge futhi ubhale phantsi iingcinga zakho nendlela ozingayo ngemeko nendlela esenzeka ngayo isiganeko eso. Izinto ozibhala phantsi ayizozinto nje kodwa izinto ezibalulekileyo azithi zikulhabe umxhwele ngoku uqhubeka nopahndo. Xa suenza oku ke uzinika ixesha icinge ukuba zithetha ntoni apha kuwe ezi zinto. Zikukhumbuza ntoni? Zikwenza uzive njani emphefumlweni, kutheni? Loo nto izokwenza ufunde ngawe uzinqonde uzazi ubuqu bakho.</p>
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Yontoni uhlalutyo lwezimvo?

Lelona nqanaba libalukileyo ke eli xa usenza uphando. Eli nqanaba liyakwazi ukwenza uphando luthembeke futhi lunyaniseke, ukanti xa kungahlalutywanga kakuhle kwenza uphando lube ngumsobo wento engenancasa. Ke wena ke njengomncedisi uzakudlala indima ebalulekileyo xa kuhlalutya ukuqinisekisa ukuba uhlalutyo lwezimvo luyathembeka futhi lunyanisekile. Zininzi ke iindlela zokuhlalutya izimvo. Leyo ikhethiweyo ixhomekeka kuhlobo lwezimvo ezo.

Zihalutywa njani izimvo	<p>Uzakuba ngomnye wabantu abahlalutya ngokubhekisele kwintsika yezimvo. Eyona nto uzakuyenza ke yile ilandelayo:</p> <p>Ukutolika nokushicilela phansi oko kuthethiweyo xa kusenziwa uthetha-thethwano</p> <p>Ukumamela izimvo zabantu ezithwetyulwe ngonomathotholo khonukuze ukwazi ukucacisela umphandi ophambili lowo ngezinto ezithile angaziqondiyo.</p> <p>Ukusebenzisa ulwazi lwakho ngengingqi yamabomvane khonukuze wolekele xa kuhlalutwa izimvo</p> <p>Ukujonga zonke iifoto uzibhale amagama ngokwenzeka kweziganeko</p> <p>Ukufunda into oyibhale phantsi ngencinga zakho nendlela ozive ngayo xa ubusenza uphando.</p>
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	Uhlale phantsi nabelane nomphandi ophambili ngeembono zenu enithe nanazo xa benisenza uphando.
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Amakhono ngokwenza iingxoxo nabantu

Xa usenza uthetha-thethwano kukho izinto ekufuneka uzazi futhi uziqaphele. Kubalulekile ukuba ngumntu onomondde, ohloniphayo funthi ungaxabisanga kubona ziphene kumntu lowo uthetha naye. Loo nto ke itheta ukuthi, umntu mthathe njengawuna omnye umntu ungaziphakamisi. Umntu xa etheta into ongavumelaniyo nayo, kufuneka ukuhloniphe oko. Xa kuthethwa ngokuthobeka ke kufuneka ube nomonde ngezimvo zabanye abantu uzihloniphe nokuba awuzithandi. Zikhona ke iindlela esingazisebenzisa ukubonisa oko.

Amakhono:	
Imibulso	Xa udibana nabantu ozakwenza uthetha-thethwano nabo kufuneke uzithobe futhi uhloniphe. Ukubulisa ke kubalulekile. Sonke siyayazi imolo ayithengwa.
Ukumamela:	Ikubeka indlebe key into ebaluleke kakhulu apha koluphando. Xa umamele uyakwazi ukuqaphela izinto ofuna isithethi sizicacise ethubeni. Enye into nokumamela indlela athetha ngayo umntu.
Ukuseteynziwa kwamehlo:	Isintu ke sithi umntu omdala akajongwa emehlweni. Kubalulekile ke ukuba siwathobeke amasiko nezithethe zaMabomvane. Njengabantu abakhulele apha, niyayazi imithetho yalendawo. Kwezinye iindawo ukujonga umntu omkhulu emehlweni kubonisa indelelo, kwezinye kubonisa ukuba umamele futhi unomdla kwintetho leyo. Kungok ke kubalulekile ukubuza oko kuvumelekileyo ngeloxesha.
Ukukhuthaza umntu ngokusebenzisa umzimba nokuvumelana ngomlomo.	Kubalulekile ke ukukhombisa umdla kwintetho yalomntu uthetha naye ngokuthi ungayekeleli umzimba ngathi utyhafile okanye udikiwe. Yiba noncumo olwamkelayo .
Ukunqwala	Njengoko sekuxeliwe ngasentla, ukubonisa umdla kwintetho yinto ebalulekileyo futhi uyamkhuthaza lowo atthethayo. Ke ngoko zama ngandlela zonke ukubonisa ukuba unomdla ngokunqwala. Ungasoloko unqwalintloko ke ngathi uyambhanxa umntu. Xa ufuna umntu acacise intetho ethile sunqwala, koko yibeke kuye lo nto umxelele uba ucela anabe.
Ukuncina	Kubalulekile ke ukumbuza umntu. Nemibuzo ke leyo uyifakayo mayibemifutsha icace. Oku ke kuncidisa ukufumana intsingiseo yentetho ikakhulu xa ungayiqondi okanye ingavakali kakukhle. Mhlawumbe umntu uyathula phakanti esathetha, mbuze omnye umbuzo ukumncedisa,

	emva kwethuba ungaphinda ubuyele kulantetho ebeyenza ekuqaleni. Enye indlela yokuncina ke kukubuza umbuza omnye ngendlela ezahlukenenyo, ukwenza kubeula ukuphendula. Yiloo nto ke kubalulekile ukumamela khonukuze ukwazi ukumncina umntu.
Ungaphazamisi Ungothuswa kukuthula xa nixoxa, lithuba lokucinga elo	Abanye abantu baythanda ke ukuthula, icinge uba sele egqibile ukuthetha kanti usacinga. Ungamleqi ke umntu xa ethetha. Mnike ithuba azithethele lo nto imnika ithuba lokucinga. Xa ethatha ithuba elide ethule ungambuza uthi “ingaba kunzima ukuwuohendula lo mbuzo?” “Ndingakubuza omnye umbuzo sphinde sibuyele kulo?” Xa esithi wew, qhuba ngaloo ndlela uchaze ngayo. Khumbula, ungamleqi umntu.
Ungamlawuli umntu (Ungazigqatsi)	Ungabuzi umbuzo ngendlela ebonisa ukungaginyeki komba lowo nixoxa ngawo. Xa ubuza ungambonisi umntu umbono wakho. Buza ngendlela engenasiphene. Loo nto ingenza umntu aphenhule ngendlela acinga ukuba azawuthandwa nguwe, angakunikezi IINGCINGA zakhe. Khumbula sifuna ukuva iimbono zakhe umntu lowo, kungoko ke kubalulekile ukuba uchule kuhle nomntu othetha naye.
Isinxibo (esindilisekileyo)	Isinxibo sakho ke kufuneka sindiliseke. Ubonakale njengomntu owahloniphayo amasiko nezithethe zendawo. Ukuthwala into entloko yenye yzinto ezijongwa kakhukhuku kumntu obhinqileyo. Zibuze ke ukuba yintoni ebakukekileyo kulendawo, unxibe ke njengoko uwazi amaBomvane. Khumbule ke ucoceko lubalulekile.
Ulungise ukuthetha uhloniphe	Kananjalo ke idlela yokubetha kolwimi nelizwi kufuneka uyilungisile. Indlela othetha ngayo nendlela ophakimisa ngao ilizwi ingenza umntu akhubeke. Umzekelo sonke siyayazi into yokokuba xa uthetha nabantu abakulu awuthethi ngathi uhleli neentanga zakho. Uyijonge ken awe loo nto. Ukanti xa ubonakala njengomntu oqoqosheke kakhulu ingenza umntu abe nokungakhululeki. Bonisa ububele kubantu othetha nabo ngendlela othetha ngayo, oziphatha ngayo, kodwa ungazenzi ugqada mbekweni umqhele kakubi umntu. Inkhombisa ukungahloniphi loo nto.

Ikqubo yengxoxo

Amalungiselelo engxoxo	
Uzilungiselele ucinga nzulu ngomxholo	Kubalulekile ke ukuzilungiselela phambi kokuba uye kudibana nabantu. Kufuneka ke uzubhence ngokwakho ujonhe apha kuwe entliziyweni ufune izinto ozicingayo wena okanye oko ungakulindela ngomba, nangabantu ozakuthetha nabo. Kufuneka ke uzibuze nokwakho uwedwa ukua zintoni wena ozaziyo ngeenkolelo nemimoya yokholo. Zintoni owakhe wagagana

	<p>nazo ngalo mba? Ukholelwa enini wena? Kuzoba khona ke ithuba lokuzibhenca nomhandi ophambili apho umntu ngamnye apha kuthi ezakuveza phandle iinkolelo zakhe. Kubaulekile ke ukua sizixele phandle iinkolelo zethu khonukuze sizibine xa sele ziphazamisa uphando ngokuphangaleleyo. Loo nto ke izakusincedisisa sinbe ngabantu abazimisele ukumamela sibeke indlebe njengoko siyazi into yokokuba abantu baneendlela zabo zokuthetha nokwenza izinto.</p>
Ekuqaleni	
Imibuliso:	<p>Xa udibna nomntu, landela oko ukwaziyo ngendle yamaBomvane. Bulisa wonke umntu ngentlonipho, emva kokuba uzixelile wean uba ungubani, linda nalomntu uthetha naye azixele. Linda umntu akucele uba uchophe. Kubalulekile ke nokuzixela isiduko khonukuze bakwazi imvela phi yakho abantu. Ungaleqi ke, ube nomonde. Abanye abantu bayiyithanda into yokuthetha ngeziduko zabo. Mnike ithuba umntu azichaze. Loo nto ikhombisa umdla nentlonipho.</p>

Uyiphatha njani lengxoxo?	
<p>Ubeke ngokucacileyo injongo yengxoxo leyo. Uchaza ukuba kutheni nidibene nje.</p>	<p>Okulandelayo ke, ungayekanga ke ukuhlonipha, cacisa ngophando, nokuba kutheni ufuna ukuthetha naloo mntu nje, ingantoni yonke lento. Kulendawo ke mike ithuba umntu abuze. Chaza ukuba nizakucktha ixesha elingakanani nixoxa.</p> <p>Emva koko mnike iphepha lesivumelwano elichaza nophando ngesiXhosa (abaphandi sele beyicacisile ke le). Yifunde umgca nomgca, ucacise intsingiselo yomqolo ngamnye. Nika amathuba emibuzo. Phendula imibuzo ngomonde. Umphandi uzakuba ekhona ecaleni kwakho ngelixesha aphenndule loo mibuzo ungowaziyo ukuyiphendula.</p> <p>Xa evuma ukuba niqhubeke, mfundele ke incwadi leyo yesivumelwano umcele ayityikitye, okanye abeke ubhontsi.</p> <p>UKUTHEMBEKA- Ibalulekile ke loo nto. Kubalulekile ukuthembeka ngayo yonke into enithetha ngayo. Ungayixeli noba kukubani. Ungahambi uyisasaza noba kukubani.</p>

FUMANISA INGCOMBOLO NGOKUPHANGALELEYO

(Umcine ngemibuzo)

<p>Xa ubuza imibuzo:</p> <p>Buza imibuzo edinga incazelo</p>	<p>Buza imibuzo eyenza umntu afune ukubalisela ngoucacileyo, aqhabalake ngebali lakhe. Zininzi ke izinto ongazenza xa ubuza umntu umcina khonukuze achaze ngokuphangalelyo. Natsi ke eminye yemizekelo-</p> <p>Imibuzo evulekileyo-. Umzekelo “Ingaba yintoni oyaziyo nge...?”</p> <p>“Khawundixele ngayo loo nto kanye?” okanye “Ikhona into ofuna ukuyongeza?” Loo nto yenza umntu aqhabalake anabe ngezimvo nolwazi lwake.</p>
<p>Phinda lento ayitshiloyo umntu</p> <p>Cinga nzulu gokuthethwayo (Uzame nivumelane)</p> <p>Buza ucacelwe (Qwalasela)</p> <p>Tolika</p>	<p>Phinda okuthethiweyo: ngamanye amaxesha uzakufumanisa okokuba kufuneka uphinde loo nto ithethiwey ngendlela ethethwe ngayo, sisiqinisekiso ke eso okokuba uymva umntu lowo. Lo nto ikwenza akuthembe umntu ayazi ukuba ummamele.</p> <p>Bonisa inkathalo: Abanye abantu bazakubonisa ukuchukumiseka ngumba lowomhlawumbi kukhuphuke izibilini, kufuneka umbuze banzi ngaloo nto. Lo nto ke iyafana nokuzibhenca njebngoko wenzile phambi kokuba udibane nabantu. Umzekelo, umntu xa ethetha ngenlela awyeziva khuselekile ekuhlaleni, nawe umve ukuba ukhathazekile ngalento, mbuze ngaloonto ngokuthi “ Ndiyabona iyakukhathaza lento, mhlawumbi ubufuna sikhe sinabe ngendlela oziva ngayo ngokhuseleko?”</p> <p>Cacisa- Lento ke yenzeka xa ufuna umntu acacise kabanzi ngentetho leyo. Ingaba yinto abyithethileyo oqonda ukuba ibalulekile kuphando, Okanye into oyiva okokuqala empilwemi yakho, okanye ufun achaze gabalala ngomba lowo. Xa kulapha ke kufuneka ube nobuchule, uzame ukufumanisa ncakasan ngomba lowo. Umzekelo ke ungti xa umntu lowo ethetha ngokungakhuseleki elalini, umbuze ukuba yintoni kanye kanye le emenza azive engakhululekanga. Ke ngoko ke uyantsokotha ngomxolo lowo. Uqaphele ke, ungamncini kakhulu umntu xa umbona angathi ufuna ukukhala.</p> <p>Chaza: Apha ke uzama ukuqinisekisa ubana uyayiqonda kakuhleimpedulo. Kukuzama ukuba uyawufumana ncakasana umnombo wentetho leyo. Into aabalulekileyo emawuyikhumbule ke kuthi UYABUZA, AWUMXELELI UMNTU, ke ngoku kufune inzame zakho ziyelelane nombuzo unike ithuba isithethi sivumelane okanye singavumelani nawe. Umzekelo, isithethi singathi kukho ungqongophalo lwemvisiswan kubantu balendawo ngenxa yokwahlukana kweenkolelo zabo. Wena ke ungti “Uba ndikuva kakuhle uti iinkolele ezahlukeneyo kulengingqi zibangela iyantlukwano?”</p>
<p>Ukuphela kwengxoxo</p>	

<p>Shwankathela</p> <p>Encourage a speaker to tell you anything you might have missed in your questions.</p> <p>Khuthaza & Ubulele</p>	<p>Xa sele ubona ukuba ingxoxo leyo iyela ngasekupheleni, shwankathela imiba ephambili ekuthethwe ngayo. Khumbule ke ukumazisa umtu lowo uththetha naye ukuba angabuza noba yintoni na malunga nophando okanye ingxoxo leyo. Yenza umbulele futhi uncome needle enithe nasebenzisana ngayo kulentetho. Ungamnika nethuba lokweleka umntu xa efuna. Xa engananto yakweleka, bulele uvale ingxoxo leyo.</p>
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Imiqathango yokuthembeka nemfihlo

Khonukuze kungabikho bungozi enyameni nasemphefumleni kubantu abancedisa koluphando, kufuneka kubekho imiqathango yophando elandelwayo. Lemiqathango ke ijongisiswa kakhulu ngexesha kucetywa uphando, xa kuqokelelwa izimvo naxa sele kubhalwa kushicilelwa phantsi izimvo ezo. Yinto ebalukeliyo ke le khonukuze kungabikho mntu ukhubekayo ngenxa yngakhathali kwabaphandi. Kubalulekile ukuba amalungelo abantu angacinezelwa futhi anganyovwa .

Eminye yezinto ezibalulekileyo malunga nemiqathango yentmbeko?	
<p>Incaza yesivumelwano</p>	<p>Phambi kokuba umnt enze isigqibo sokuzibandakanya koluphando kufuneka acaciseleke kakuhle ngenjongo zophando. Ileta yencaza ngophando nesivumelwano ikhona. Ilungiselelelwe ngumphandi ophambili. Kubalulekile ke ukuba le le leta ifundeke lula ngolwimi lwesintu. Le ncwadi ichaza ngayo yonke into elindeleke kulowo uzibandakanya koluphando; izimvo nolwazi zizakugcinwa njani; nazo zonke izinto ezimalunga namalungelo nempatho-ntle uphi ubazise ukuba bangayeka baphume phakathi xa beziva bengaphathekanga kahle. Kubalulekile ke nokunikeza inamba zefoni khonukuze bakwazi ukufona baxhumane nabaphandi</p> <p>Kubalulekile ke ukuthi wonke umntu obandakanywa koluphando atyikitye isivumelwano.</p>
<p>Hlonipha abantu kunye nendawo yabo</p>	<p>Xa ubonisa intlonipho ke kufuneka uqonde ukuba ayipheleli nje ebantwi kodwa iquka yonke into yabo: indawo nezimvo zabo. Uhloniphe amasiko nezithethe zabo. Le nto ke ithetha ukuba njengoko uzakuba ngomnye wabancedisi koluphando unoxanduva lokuhlonipha, izinto neendlela zabo lonke ixesha. Kufuneka sixabise ke konke okuxatyiswa ngabantu bendawo</p>

	<p>leyo. Kufuneka ube noBuntu uhloniphe abantu ngendlela nawe ungathanda ukuhlonitshwa ngayo.</p>
<p>Ukuphatha nokuhlonipha amalungelo ngokuba nobulungisa</p>	<p>Kufuneka ke ube nendlela yokukhombisa ubuchule phakathi kwezinto engalimaza okanye zimkhube umntu, nezinto ezozizua umntu. Kubalulekile ke ukuziqaphela izingintlo ezikhuba abantu. Buncinci ke ubungozi koluphando. Kufuneka siqaphele ukuba abantu esithethe nabo abagqibeli sele bezondwa yilali. Sizakwenza oluphando kwindawo ebona abantu bazive bekhulilekile, ezindlinini zabo futthi sisebenzise ezingeke zibzisele ubunzima nobungozi.</p> <p>Emva koku kufuneka sijonge umbono wobulungiswa nokwenza izinto ngokungenamkhethe. Ukumamela ngendlela enentlonipho nokuqinisekisa ukuba yanke into eyenzekayo koluphando inikeza inzuzo kuye wonke umntu obandakanyekayo.</p>
<p>Ukuthembeka nemfihlo</p>	<p>Kufuneka ke uyixabise into oyixelwe ngabantu ungahambi uthetha ngayo noba kukubani. Kufuneka uthembekile. Abantu bazakunikwa ithuba lokucebisa umphandi ngendlela abafuna amagama abo avele ngayo xa sele kushicilelwa. Oko kuthetha ukuth ngaba bafna amagama abo ngavezwa okanye agcinwe eyimfihlo.</p>

Appendix 12: Participant information leaflet

Ifomu yemvumelwano (Xhosa consent)

INCAZELO NGOPHANDO NENCWADI YESIVUMELWANO

ISISHLOKO SOPHANDO: Understanding, interpretation and expression of spirituality and its influence on care and wellbeing: An explorative case study of a South African indigenous community.

Uphando lokuqonda nokuhlalutya ummoya wokholo neenkolelo, nokuthi zikuthintela njani ukuphila nendlela abaphila ngayo abantu: Olu luphando olujongene nendawo eyodwa ekhethiweyo eMzantsi Afrika ngokuba ibalasele ngezinto zemveli.

INAMBA YEREFRENSI: S16/04/078

UMPHANDI OPHAMBILI: Chioma Ohajunwa

IDILESI: Department of interdisciplinary Health Sciences, University of Stellenbosch.

INAMBA YOMXEBA: 0833611481

Molweni

Igama lam ndinguChioma Ohajunwa ndenza uphando kwizifundo zobugqirha. Bendicela ukuba ube ngomnye wabantu abazakundincedisa koluphando; elunjongo yalo ikukufumanisa ukuba abantu baziqonda, bezihlalutya futhi bezichaza njani iinkolelo zabo. Nokuthi ke yonke lonto ithetha ntoni apha emphilweni yomntu okanye xa umntu ejongene nokonga okanye ukuhoya abahlali.

Ndicela uthathe ixesha lakho ufundisise lencazelo. Lencazelo inika incukacha ngoluphando. uyabongozwa ke uba uxhumane nomphandi ophambili xa udinga incazelo ethe vetshe. Khumbula ukuba ukubandakanyeka kwakho koluphando kuxhomekeke kuwe, awunyanzelekanga. Xa ubona ukuba awunokwazi kuqhubeka utsho. Ukungandincedisi kwakho koluphando akuzothintela nto empilweni yakho. Ungayeka phakathi xa uthanda awunyanzelwa uba uqhubeke.

Imvume yokuqhubeka noluphando ifunyenwe kwidyunivesithi yase**Stellenbosch kwikomiti eyodwa ejongene nempatho namalungelo abantu xa kusenziwa uphando**. Ngaphezulu njengomphandi ophambili ndithembisile kwabasemagunyeni ukuba yonke into ezokwenzeka koluphando izakulandela imiqathango eyabekwa lihlabathi jikelele eHelsinki ngo-2008.

Koluphando singathanda ukuva iimbono zakho malunga neenkolelo: eyona nto inkcakasana kukuba uziqonda njani futhi uzibonakalisa njani eluntwini okanye ekuhlaleni. Okokugqibela yonke lento ukuphatha njani emphefumleni nasenyameni.

Into oyithethileyo izoba yimfihlo ngokuthi uzikhethela ukuba kungapapashwa ukuba ungubani. Igama lakho alizosetyenziswa koluphando kanti yonke into ozakuyithetha izakugcinwa endaweni ekhuselekileyo. Akukho namnye umntu ozakuvunyelwa ajonge intetho yethu ngaphandle komphandi ophambili nabafundisi bakhe. Ngaphezulu nawe uzakufumana ithuba lokuthi uzijongele iziphene zophando phambi kokuba kupapashwe konke esithe sakufumanisa. Kubalulekile ke uba uyiqonde futhi into yokuba igama lendawo okanye ilali yakho lingavela xa sekupapashwa. Lonto ingayenza ilali yakho ijongeke kakubi okanye ingathandwa ngabantu ngenxa yesenzo sakho.

Iingxelo nayo yonke into esizakuyithetha izobuthwa ngonomathotholo (tape). Sicela ubonise ngokuthi utyikitye okanye ebeke ubhontsi apha xa uvumelana noku:

Tyikitya/ubhontsi

Ngemvume yakho, ndicela ukuthatha ifoto yezinto ozisebenzisayo ukubonisa inkolo yakho. Ezifoto zizondincedisa ndiqonde futhi ndiyazi indlela obonisa ngayo inkolo yakho. Ezifoto zizoba lulutho kakhulu ukubonisa isivumelwano sethu, nditsho nam ndizakhele umkhanyo xa sele ndihlalutya intetho yethu. Ezifoto ndizophinde ndizisebenzise ukubonisa wena uba ngaba ndithetha into eyinyani futhi oyithethileyo na. Okokugqibela, ngemvume yakho ndicela ukuzipapasha iifoto ukwenzela oorhulumente bamanye amazwe neminye imibutho iqonde ubunjani benkolo yakho.

Xa uvuma ukuba ube ngomye wabantu ababandakanywa koluphando, ndicela utyikitye lencwadi yesivumelwano ilandelayo uyinikezele kumphandi lowo.

Incwadi Yesivumelwano:

Ngokutyikitya apha. mna..... ndiyavuma ukubandakanywa koluphando lusihloko sithi - **Uphando lokuqonda nokuhlalutya ummoya wokholo neenkolelo, nokuthi zikuthintela njani ukuphila nendlela abaphila ngayo abantu: Olu luphando olujongene nendawo eyodwa ekhethiweyo eMzantsi Afrika ngokuba ibalasele ngezinto zemveli.**

Ndiyakuvuma oku kulandelayo:

- Ndiyifundile le nkcazelo ngophando futhi ibhalwe ngolwimi endilwaziyo nendikwazi ukuluthetha.
- Ndilinikiwe ithuba lokubuza imibuzo futhi ndenelisekile.
- Ndiyayiqonda into yokokuba ukubandakanyeka kwam kolu phando kuxhomekeke kum andiqweqwediswanga.

- Ndingayeka noba kunini na impilo yam ayinakuthintelwa nto.
- Ndingacelwa ngumphandi ophambili ukuba ndiyeke ndingaqhubeki nophando xa ngaba kubonakala ukuba andiniki lutho okanye ndiyagwexa.
- Ndiyayiqonda ukuba ingxoxo nentetho yethu izakuthwetyulwa ngonomathotholo.
- Ndiyavuma ukuba iifoto zithathwe
- Ndibuziwe uba ndingathanda na ukuba ukuzithumelelwa ifoto zam nokuba zimelwe phi

Tyikitya/ubhontsi

Usuku

Appendix 13: Traditional healers and medicine men

ICAZELO NGOPHANDO NENCWADI YESIVUMELWANO (Amaxhwele nama Gqirha)

ISIHLOKO SOPHANDO: Uphando lokuqonda nokuhlalutya ummoya wokholo neenkolelo, nokuthi zikuthintela njani ukuphila nendlela abaphila ngayo abantu: Olu luphando olujongene nendawo eyodwa ekhethiweyo eMzantsi Afrika ngokuba ibalasele ngezinto zemveli.

Understanding, interpretation and expression of spirituality and its influence on care and wellbeing: An explorative case study of a South African indigenous community.

INAMBA YEREFRENSI: S16/04/078

UMPHANDI OPHAMBILI: Chioma Ohajunwa

IDILESI: Department of interdisciplinary Health Sciences, University of Stellenbosch.

INAMBA YOMXEBA: 0833611481

Ndicela ube ngomnye wabantu abandicedisayo kuphando endilwenzayo. Ndicela uthathe ixesha lakho ufundisise lencazelo. Le ncazelo inika inkcukacha ezithe vetshe ngoluphando. Uyabongozwa ke uba ubuze xa ungaqondi uzokwazi ukucaciseleka kakuhle ngophando. Kubalulekile ukuba weneliseke ulwazi olu phando uba luquka ntoni futhi nokuba yintoni na inxaxheba yakho. Khumbula ukuba ukubandakanyeka kwakho koluphadndo kuxhomekeke kuwe, awunyanzeliswa. Xa uubona okanye uziva uba awunokwazi ukuqhubeka, utsho. Ukungandincedi kwakho koluphando akuzothintela nto empilweni yakho. Ungayeka phakathi xa uthanda awunyazelekangan uba uqhubeke.

Invume yokuqhubeka noluphando ifunyenwe kwidyunivesithi yase**Stellenbosch kwikomiti eyodwa ejongene nempatho namalungelo abantu xa kusenziwa uphando**. Ngaphezulu njengomphandi ophambili ndithembisile kwabasemagunyeni ukuba yonke into ezokwenzeka koluphando izakulandela imiqathango eyabekwa lihlabathi jikelele eHelsinki ngo-2008

Oluphando lumalunga nantoni kanye-kanye?

- *Oluphando luzoqhutywa kwilali ezine e-Elliotdale eMpuma Koloni (Nkanya, Hobeni, Madwaleni naseXhorha). Azikho ezinye iindawo. Kuzakubakho iindibano ezine nengxoxo nabantu ababini ezizothatha umlinganiselo weeyure ezimbini kwilali nganye.*
- *Ngoluphando sifuna ukufumanisa kuwe ukuba kuthetha ukuthini ukukholwa. Zithini iinkolelo zakho malunga nokholo nempilo? Uluqonda njani ukholo lwakho (iinkolelo zakho), uphila njani ngazo kwaye uzibonakalisa njani ekuhlaleni? Iinkolelo zakho ziyichaphazela njani indlela ophila ngayo ekuhlaleni nendlela othi uhlalisane ngayo nabahlali elalini? Yintoni ethi ikuchukumise ukuze ukwazi ukubonakalisa inkolelo*

zakho? Ngoluphando ke ndizama ukufumanisa ukuba abantu baziqonda njani futhi bezibonakalisa njani inkolelo zabo. Ndifuna ukubona ukuba ngaba sihlake okanye sifana njani ngeembono zethu xa sithetha ngeenkolo nokuba indlela obonakalisa ngayo olukholo lwakho luhlukile kwabanye abantu.

- Apha koluphando ndizokubuza imibuzo sisobabini ubuso-nobuso, kodwa iphantse ibe libali lakho. Ndizobuza imibuzo ukukuncedisa ucinge ngale nto sithetha ngayo ukuze ukwazi ukundibalisela ngebali lakho malunga neenkolelo nempilo. Sizochitha ixesha elingengeeyure ezimbini sithetha.

Kutheni kucelwe wena nje?

- Ucelwe kuba uligqirha futhi unolwazi ngeenkolelo zesintu, kunye namasiko abalulekileyo empilweni yomntu.

Uxanduva lwakho yintoni?

- Ubalise uthethe nje utyatyadule uqhabalake ngebali lakho malunga nokholo lwakho. Ndicela uphendule ngokunyaniseka yonke imibuzo. Ndicela undivumele ndithathe iifoto zezinto ozisebenzisayo ezithi zibonakalise ukholo neenkolelo zakho.

Ingaba kukho umvuzo ozawufumana ngokundincedisa koluphando?

- Umvuzo ozawufumana koku kulandelayo:
 - Oluphando likunika ithuba lokubalisela ihlabathi ngebali lakho malunga nenkolo yakho nokuba inkolelo zakho zikugcina njani uphilie.
 - Ufake isandla kwingqokelela yolwazi lokuphilisa uluntu. Alulwazi lubalukile luvele lubonakale luzakunceda izizukulwane ezizayo.
 - Uzakuncedisa ekudibaniseni ulwazi ngezempilo lomthonyama lookhokho nolwanamhlanje khonukuze abantu bendawo yakho bafumane impilo engcono.

Ingaba Kukho ubungozi ngokuzibandakanya noluphando?

- Aluphando alunabungozi kwisiqu sakho. Ubungozi abungasuke bubekhona kukuba abanye abantu bangayinyemba bangayithandi ilali nyakho nendawo ohlala kuyo ngenxa yolwazi othe wabelanan ngalo nathi.

Ngubani onemvume yokumamela okanye afunde ingxoxo nentetho yethu?

- Ngumphandi ophambili, abancedisi bakhe ababini kunye nabafundisi ababini. Akekho omnye umntu. Yonke into esizakuyithetha yimfihlo, igama lakho alizosetyenziswa nakomye umbhalo.

Ingaba uzobhatalwa ngokuncedisa koluphando okanye kukho into ekufuneka uyirhume?

Hayi akukho mali uzoyibhatala futhi kungekho mali ifunwa kuwe. Nto nje uzakubhatalelwa imali yeteksi neyokutya.

Ingxelo nayo yonke into esizakuyithetha izobuthwa ngonomathotholo (tape). Sicela ubonise ngokuthi utyikitye okanye ubeke ubhontsi apha xa uvumelana noku:

Tyikitya/Ubhontsi

Ngemvume yakho, ndicela ukuthatha ifoto yezinto ozisebenzisayo ukubonisa inkolo yakho. Ezifoto zizondincedisa ndiqonde futhi ndiyazi indlela obonisa ngayo inkolo yakho. Ifoto zizoba lulutho kakhulu ukubonisa isivumelwano sethu, nditsho nam ndizakhele umkhanyo xa sele ndihlalutya intetho yethu. Ezifoto ndizophinde ndizisebenzise ukubonisa wena uba ngaba ndithetha into eyinyani futhi oyithethileyo na. Okokugqibela, ngemvume yakho ndicela ukuzipapasha iifoto ukwezela oorhulumente bamanye amazwe neminye imibutho iqonde ubunjani benkolo yakho.

Xa uvuma ukuba ube ngomye wabantu ababandakanywa koluphando, ndicela utyikitye lencwadi yesivumelwano ilandelayo uyinikezele kumphandi lowo.

Ozithobileyo,

Chioma Ohajunwa

Upmhandi Ophambili

Incwadi Yesivumelwano:

Ngokutyikitya apha. mna..... ndiyavuma ukubandakanywa koluphando lusihloko sithi - **Understanding, interpretation and expression of spirituality and its influence on care and wellbeing: An explorative case study of a South African indigenous community.**

Ndiyakuvuma oku kulandelayo:

- Ndiyifundile le ncazelo ngophando futhi ibhalwe ngolwimi endilwaziyo nendikwazi ukulithetha.
- Ndilinike ithuba lokubuza imibuzo futhi ndenelisekile.
- Ndiyayiqonda into yokokuba ukubandakanyeka kwam kolu phando kuxhomekeke kum andiqweqwediswanga.
- Ndingayeka noba kunini na impilo yam inakuthintelwa nto.
- Ndingacelwa ngumphandi ophambili ukuba ndiyeke ndingaqhubeki nophando xa ngaba kubonakala ukuba andiniki lutho akanye ndiyagwenxa.

- Ndiyayiqonda ukuba ingxoxo nentetho yethu izakuthwetyulwa ngonomathotholo.
- Ndiyavumaukuba iifoto zithathwe
- Ndibuziwe uba ndingathanda na ukuba ukuzithumelelwa ifoto zam nokuba zimelwe phi

Ityikitywe e (*bhala igama lendawo*) _____ umhla _____

Tyikitya mphandi _____

Ingqina _____

Isivumelwano nomphandi ophambili:

Mna Chioma Ohajunwa ndiyakuvuma oku kulandelayo:

- Ndiyicacisile yonke into ebhalwe apha ku _____
- Ndimkhuthazile ukuba abuze yonke imibuzo anayo futhi ndathatha ixesha elaneleyo ukumenelisa ngeempendulo
- Ndiqinisekile futhi ndiyakholwa ukuba ucacelwe ngayo yonke into equka oluphando njengoko sithethile
- Akhange ndicele uncedo lukatoliki (*Xa bekukho utoliki, lowo utolikayo makatyikitye*)

Ityikitywe e (*bhala igama lendawo*) _____

umhla _____

Tyikitya mphandi _____

Ingqina _____

Isivumelwano notoliki

Mna (*igama*) _____ ndiyavuma uba bendincedisa u (*igama*) _____ ndimtolikela ndicacisa inkcukacha eziqulethwe kulombalo ku (*igama la lowo ubetolikelwa*) ndisebenzisa ulwimi lwesiXhosa ukwenza oko.

- Ndimkhuthazile ukuba abuze yonke imibuzo anayo futhi ndathatha ixesha elaneleyo ukumenelisa ngeempendulo
- Ndiqinisekile futhi ndiyakholwa ukuba ucacelwe ngayo yonke into equka oluphando njengoko sithethile

Ityikitywe e (*bhala igama lendawo*) _____
umhla _____

Tyikitya mphandi

Ingqina

Appendix 14: Chiefs and chieftains

ICAZELO NGOPHANDO NENCWADI YESIVUMELWANO (Amakhosi nezibonda)

ISIHLOKO SOPHANDO: Understanding, interpretation and expression of spirituality and its influence on care and wellbeing: An explorative case study of a South African indigenous community.

Uphando lokuqonda nokuhlalutya ummoya wokholo neenkolelo, nokuthi zikuthintela njani ukuphila nendlela abaphila ngayo abantu: Olu luphando olujongene nendawo eyodwa ekhethiweyo eMzantsi Afrika ngokuba ibalasele ngezinto zemveli.

INAMBA YEREFRENSI: S16/04/078

UMPHANDI OPHAMBILI: Chioma Ohajunwa

IDILESI: Department of interdisciplinary Health Sciences, University of Stellenbosch.

INAMBA YOMXEBA: 0833611481

Ndicela ube ngomnye wabantu abandicedisayo kuphando endilwenzayo. Ndicela uthathe ixesha lakho ufundisise lencazelo. Le mcazelo inika inkcukacha ezithe vetshe ngoluphando. Uyabongozwa ke uba ubuze xa ungaqondi uzokwazi ukucaciseleka kakuhle ngophando. Kubalulekile ukuba weneliseke ulwazi olu phando uba luquka ntoni futhi nokuba yintoni na inxaxheba yakho. Khumbula ukuba ukubandakanyeka kwakho koluphadndo kuxhomekeke kuwe, awunyanzeliswa. Xa uubona okanye uziva uba awunokwazi ukuqhubeka, utsho. Ukungandincediswa kwakho koluphando akuzothintela nto empilweni yakho. Ungayeka phakathi xa uthanda awunyazelekangan uba uqhubeke.

Imvume yokuqhubeka noluphando ifunyenwe kwidyunivesithi yase**Stellenbosch kwikomiti eyodwa ejongene nempatho namalungelo abantu xa kusenziwa uphando**. Ngaphezulu njengomphandi ophambili ndithembisile kwabasemagunyeni ukuba yonke into ezokwenzeka koluphando izakulandela imiqathango eyabekwa lihlabathi jikelele eHelsinki, imigwaqo yaseMzantsi Afrika malunga nempatho-ntle yabantu xa kusetyezwa kwezempilo kunye nemigaqo yequmrhu elibizwa ne-Medical research council.

Oluphando lumalunga nantoni kanye-kanye?

- *Oluphando luzoqhutywa kwilali ezine e-Elliotdale eMpuma Koloni (Nkanya, Hobeni, Madwaleni naseXhorha). Azikho ezinye iindawo. Kuzakubakho iindibano nabantu abambalwa nengxoxo ybuso-nobuso ezizakuthatha umlinganiselo weeyure ezimbini kwilali nganye.*
- *Ngoluphando sifuna ukufumanisa kuwe ukuba kuthetha ukuthini ukukholwa. Zithini iinkolelo zakho malunga nokholo nempilo? Uluqonda njani ukholo lwakho (iinkolelo zakho), uphila njani ngazo kwaye uzibonakalisa njani ekuhlaleni? Iinkolelo zakho ziyichaphazela njani indlela ophila ngayo ekuhlaleni nendlela othi uhlalisane ngayo*

nabahlali elalini? Yintoni ethi ikuchukumise ukuze ukwazi ukubonakalisa inkolelo zakho? Ngoluphando ke ndizama ukufumanisa ukuba abantu baziqonda njani futhi bezibonakalisa njani inkolelo zabo. Ndifuna ukubona ukuba ngaba sihluke okanye sifana njani ngeembono zethu xa sithetha ngeenkolo nokuba indlela obonakalisa ngayo olukholo lwakho luhlukile kwabanye abantu.

- *Apha koluphando ndizakucela inkosi idibane nezibonda zelalali apho ndizokubuza imibuzo sihleli sisonke, kodwa iphantse ibe libali. Ndizobuza imibuzo ukunincedisa nicinge ngale nto sithetha ngayo ukuze nikwazi ukundibalisela ngebali lenu malunga neenkolelo nempilo yenu apha ekuhlaleni. Sizochitha ixesha elingengeeyure ezimbini sithetha.*

Kutheni kucelwe wena nje?

- *Ucelwe kuba ungumntu omkhulu futhi uyinkokheli yebahlali balendawo. Uyawazi futhi uyawalendela amasiko nezithethe zalendawo. Isicelo sam ke kukuba udibane nezibonda zelalali le khonukuze sixoxe ngawo lo mba. Konke oku kungathatha iiyure ezimbini.*

Uxanduva lwakho yintoni?

- *Ubalise uthethe nje utyatyadule uqhabalake ngebali lakho malunga nokholo lwakho. Ndicela uphendule ngokunyaniseka yonke imibuzo. Ndicela undivumele ndithathe iifoto zezinto ozisebenzisayo ezithi zibonakalise ukholo neenkolelo zakho.*

Ingaba kukho umvuzo ozawufumana ngokundincedisa koluphando?

- *Umvuzo ozawufumana koku kulandelayo:*
 - *Oluphando likunika ithuba lokubalisela ihlabathi ngebali lakho malunga nenkolo yakho nokuba inkolelo zakho zikugcina njani uphilie.*
 - *Ufake isandla kwingqokelela yolwazi lokuphilisa uluntu. Alulwazi lubalukile luvele lubonakale luzakunceda izizukulwane ezizayo.*
 - *Uzakuncedisa ekudibaniseni ulwazi ngezempilo lomthonyama lookhokho nolwanamhlanje khonukuze abantu bendawo yakho bafumane impilo engcono.*

Ingaba Kukho ubungozi ngokuzibandakanya noluphando?

- *Aluphando alunabungozi kwisiqu sakho. Ubungozi abungasuke bubekhona kukuba abanye abantu bangayinyemba bangayithandi ilali nyakho nendawo ohlala kuyo ngenxa yolwazi othe wabelanan ngalo nathi.*

Ngubani onemvume yokumamela okanye afunde ingxoxo nentetho yethu?

- *Ngumphandi ophambili, abancedisi bakhe ababini kunye nabafundisi ababini. Akekho omnye umntu. Yonke into esizakuyithetha yimfihlo, igama lakho alizusetyenziswa nakomye umbhalo, xa ungavumanga kwenzeke oko.*

Ingaba uzobhatalwa ngokuncedisa koluphando okanye kukho into ekufuneka uyirhume?

Hayi akukho mali uzoyibhatala futhi kungekho mali ifunwa kuwe. Nto nje uzakubhatalelwa imali yeteksi neyokutya.

Ingxelo nayo yonke into esizakuyithetha izobuthwa ngonomathotholo (tape). Sicela ubonise ngokuthi utyikitye okanye ubeke ubhontsi apha xa uvumelana noku:

Tyikitya/Ubhontsi

Ngemvume yakho, ndicela ukuthatha ifoto yezinto ozisebenzisayo ukubonisa inkolo yakho. Ezifoto zizondincedisa ndiqonde futhi ndiyazi indlela obonisa ngayo inkolo yakho. Ifoto zizoba lulutho kakhulu ukubonisa isivumelwano sethu, nditsho nam ndizakhele umkhanyo xa sele ndihlalutya intetho yethu. Ezifoto ndizophinde ndizisebenzise ukubonisa wena uba ngaba ndithetha into eyinyani futhi oyithethileyo na. Okokugqibela, ngemvume yakho ndicela ukuzipapasha iifoto ukwezela oorhulumente bamanye amazwe neminye imibutho iqonde ubunjani benkolo yakho.

Xa uvuma ukuba ube ngomye wabantu ababandakanywa koluphando, ndicela utyikitye lencwadi yesivumelwano ilandelayo uyinikezele kumphandi lowo.

Okokugqibela khumbula oku kulandelayo:

- Ungafowunela umphandi ophambili uChioma Ohajunwa kule namba 0833611481 xa unemibuzo okanye uhlangebezana nengxaki.
- Ungafowunela idyunivesithi yase**Stellenbosch kwikomiti eyodwa ejongene nempatho namalungelo abantu xa kusenziwa uphando.** 0219389207 xa unezikhalazo okanye ungenelisekanga yindlela eluqhutywa ngayo oluphando.
- Nawe uzawubanayo eyakho ikopi yelencaza. Ze uyigcine kakuhle.

Incwadi Yesivumelwano:

Ngokutyikitya apha. mna..... ndiyavuma ukubandakanywa koluphando lusihloko sithi - **Understanding, interpretation and expression of spirituality and its influence on care and wellbeing: An explorative case study of a South African indigenous community.**

Ndiyakuvuma oku kulandelayo:

- Ndiyifundile okanye ndiyifundelwe lencazelo ngophando futhi ibhalwe ngolwimi endilwaziyo nendikwazi ukulithetha.
- Ndilinike ithuba lokubuza imibuzo futhi ndenelisekile.
- Ndiyayiqonda into yokokuba ukubandakanyeka kwam kolu phando kuxhomekeke kum andiqweqwediswanga.

- Ndingayeka noba kunini na impilo yam inakuthintelwa nto.
- Ndingacelwa ngumphandi ophambili ukuba ndiyeke ndingaqhubeki nophando xa ngaba kubonakala ukuba andiniki lutho akanye ndiyagwenxa.
- Ndiyayiqonda ukuba ingxoxo nentetho yethu izakuthwetyulwa ngonomathotholo.
- Ndiyavuma ukuba iifoto zithathwe
- Ndibuziwe uba ndingathanda na ukuba ukuzithumelelwa ifoto zam nokuba zimelwe phi

Ityikitywe e (*bhala igama lendawo*)_____ umhla_____

Tyikitya mphandi

Ingqina

Isivumelwano nomphandi ophambili:

Mna Chioma Ohajunwa ndiyakuvuma oku kulandelayo:

- Ndiyicacisile yonke into ebhalwe apha ku_____
- Ndimkhuthazile ukuba abuze yonke imibuzo anayo futhi ndathatha ixesha elaneleyo ukumenelisa ngeempendulo
- Ndiqinisekile futhi ndiyakholwa ukuba ucacelwe ngayo yonke into equka oluphando njengoko sithethile
- Akhange ndicele uncedo lukatoliki (*Xa bekukho utoliki, lowo utolikayo makatyikitye*)
-

Ityikitywe e (*bhala igama lendawo*)_____ umhla_____

Tyikitya mphandi

Ingqina

Isivumelwano netoliki

Mna (*igama*)_____ ndiyavuma uba bendincedisa u

(*igama*)_____ ndimtolikela ndicacisa inkcukacha
eziqulethwe kulombalo ku (*igama la lowo ubetolikelwa*) ndisebenzisa ulwimi lwesiXhosa
ukwenza oko.

- Ndimkhuthazile ukuba abuze yonke imibuzo anayo futhi ndathatha ixesha elaneleyo ukumenelisa ngeempendulo
- Ndiqinisekile futhi ndiyakholwa ukuba ucacelwe ngayo yonke into equka oluphando njengoko sithethile

Ityikitywe e (*bhala igama*

lendawo)_____ umhla_____

Tyikitya mphandi

Ingqina

Appendix 15: Elite older women

ICAZELO NGOPHANDO NENCWADI YESIVUMELWANO (Iinkondekazi)

ISIHLOKO SOPHANDO: Understanding, interpretation and expression of spirituality and its influence on care and wellbeing: An explorative case study of a South African indigenous community.

Uphando lokuqonda nokuhlalutya ummoya wokholo neenkolelo, nokuthi zikuthintela njani ukuphila nendlela abaphila ngayo abantu: Olu luphando olujongene nendawo eyodwa ekhethiweyo eMzantsi Afrika ngokuba ibalasele ngezinto zemveli.

INAMBA YEREFRENSI: S16/04/078

UMPHANDI OPHAMBILI: Chioma Ohajunwa

IDILESI: Department of interdisciplinary Health Sciences, University of Stellenbosch.

INAMBA YOMXEBA: 0833611481

Ndicela ube ngomnye wabantu abandicedisayo kuphando endilwenzayo. Ndicela uthathe ixesha lakho ufundisise lencazelo. Le mcazelo inika inkcukacha ezithe vetshe ngoluphando. Uyabongozwa ke uba ubuze xa ungaqondi uzokwazi ukucaciseleka kakuhle ngophando. Kubalulekile ukuba weneliseke ulwazi olu phando uba luquka ntoni futhi nokuba yintoni na inxaxheba yakho. Khumbula ukuba ukubandakanyeka kwakho koluphadndo kuxhomekeke kuwe, awunyanzeliswa. Xa uubona okanye uziva uba awunokwazi ukuqhubeka, utsho. Ukungandincedisi kwakho koluphando akuzothintela nto empilweni yakho. Ungayeka phakathi xa uthanda awunyazelekangan uba uqhubeke.

Invume yokuqhubeka noluphando ifunyenwe kwidyunivesithi yase**Stellenbosch kwikomiti eyodwa ejongene nempatho namalungelo abantu xa kusenziwa uphando**. Ngaphezulu njengomphandi ophambili ndithembisile kwabasemagunyeni ukuba yonke into ezokwenzeka koluphando izakulandela imiqathango eyabekwa lihlabathi jikelele eHelsinki, imigwaqo yaseMzantsi Afrika malunga nempatho-ntle yabantu xa kusetyezwa kwezempilo kunye nemigaqo yequmrhu elibizwa ne-Medical research council.

Oluphando lumalunga nantoni kanye-kanye?

- *Oluphando luzoqhutywa kwilali ezine e-Elliotdale eMpuma Koloni (Nkanya, Hobeni, Madwaleni naseXhorha). Azikho ezinye iindawo. Kuzakubakho iindibano ezine nengxoxo nabantu ababini ezizothatha umlinganiselo weeyure ezimbini kwilali nganye.*
- *Ngoluphando sifuna ukufumanisa kuwe ukuba kuthetha ukuthini ukukholwa. Zithini iinkolelo zakho malunga nokholo nempilo? Uluqonda njani ukholo lwakho (iinkolelo zakho), uphila njani ngazo kwaye uzibonakalisa njani ekuhlaleni? Iinkolelo zakho ziyichaphazela njani indlela ophila ngayo ekuhlaleni nendlela othi uhlalisane ngayo*

nabahlali elalini? Yintoni ethi ikuchukumise ukuze ukwazi ukubonakalisa inkolelo zakho? Ngoluphando ke ndizama ukufumanisa ukuba abantu baziqonda njani futhi bezibonakalisa njani inkolelo zabo. Ndifuna ukubona ukuba ngaba sihlake okanye sifana njani ngeembono zethu xa sithetha ngeenkolo nokuba indlela obonakalisa ngayo olukholo lwakho luhlukile kwabanye abantu.

- *Apha koluphando ndizokubuza imibuzo sisobabini ubuso-nobuso, kodwa iphantse ibe libali lakho. Ndizobuza imibuzo ukukuncedisa ucinge ngale nto sithetha ngayo ukuze ukwazi ukundibalisela ngebali lakho malunga neenkolelo nempilo. Sizochitha ixesha elingengeeyure ezimbini sithetha.*

Kutheni kucelwe wena nje?

- *Kucelwe wena kuba usaziwa njengomama ohloniphekileyo futhi onesidima apha ekuhlaleni. Uyaziwa nangolwazi olunzulu onalo ngeenkolelo zesintu ezithi zancedise kwimpilo zabantu nnentsapho zabo apha ekuhlaleni.*

Uxanduva lwakho yintoni?

- *Undibalise uthethe nje utyatyadule uqhabalake ngebali lakho malunga nokholo lwakho kwinolo yesintu. Ndicela uphendule ngokunyaniseka yonke imibuzo. Ndicela undivumele ndithathe iifoto zezinto ozisebenzisayo ezithi zibonakalise ukholo neenkolelo zakho.*

Ingaba kukho umvuzo ozawufumana ngokundancedisa koluphando?

- *Umvuzo ozawufumana koku kulandelayo:*
 - *Oluphando likunika ithuba lokubalisela ihlabathi ngebali lakho malunga nenkolo yakho nokuba inkolelo zakho zikugcina njani uphilie.*
 - *Ubenenxaxheba nawe ubalwe njengenye yeenkondekazi ezancedisa ukubuyisa ulwazi lwakudala lubonakale kwiimini zanamhlanje.*
 - *Ufake isandla kwingqokelela yolwazi lokuphilisa uluntu. Olulwazi lubalukile luvele lubonakale luzakunceda izizukulwane ezizayo.*
 - *Uzakuncedisa ekudibaniseni ulwazi ngezempilo lomthonyama lookhokho nolwanamhlanje khonukuze abantu bendawo yakho bafumane impilo engcono.*

Ingaba Kukho ubungozi ngokuzibandakanya noluphando?

- *Oluphando alunabungozi kwisiqu sakho. Ubungozi abungasuke bubekhona kukuba abanye abantu bangayinyemba bangayithandi ilali nyakho nendawo ohlala kuyo ngenxa yolwazi othe wabelanan ngalo nathi.*

Ngubani onemvume yokumamela okanye afunde ingxoxo nentetho yethu?

- *Ngumphandi ophambili, abancedisi bakhe ababini kunye nabafundisi ababini. Akekho omnye umntu. Yonke into esizakuyithetha yimfihlo, igama lakho alizosetyenziswa nakomye umbhalo, xa ungavumanga kwenziwe oko.*

Ingaba uzobhatalwa ngokuncedisa koluphando okanye kukho into ekufuneka uyirhume?

Hayi akukho mali uzoyibhatala futhi kungekho mali ifunwa kuwe. Nto nje uzakubhatalwa imali yeteksi neyokutya.

Ingxelo nayo yonke into esizakuyithetha izobuthwa ngonomathotholo (tape). Sicela ubonise ngokuthi utyikitye okanye ubeke ubhontsi apha xa uvumelana noku:

Tyikitya/Ubhontsi

Ngemvume yakho, ndicela ukuthatha ifoto yezinto ozisebenzisayo ukubonisa inkolo yakho. Ezifoto zizondincedisa ndiqonde futhi ndiyazi indlela obonisa ngayo inkolo yakho. Iifoto zizoba lulutho kakhulu ukubonisa isivumelwano sethu, nditsho nam ndizakhele umkhanyo xa sele ndihlalutya intetho yethu. Ezifoto ndizophinde ndizisebenzise ukubonisa wena uba ngaba ndithetha into eyinyani futhi oyithethileyo na. Okokugqibela, ngemvume yakho ndicela ukuzipapasha iifoto ukwezela oorhulumente bamanye amazwe neminye imibutho iqonde ubunjani benkolo yakho.

Xa uvuma ukuba ube ngomye wabantu ababandakanywa koluphando, ndicela utyikitye lencwadi yesivumelwano ilandelayo uyinikezele kumphandi lowo.

Okokugqibela khumbula oku kulandelayo:

- Ungafowunela umphandi ophambili uChioma Ohajunwa kule namba 0833611481 xa unemibuzo okanye uhlangabezana nengxaki.
- Ungafowunela idyunivesithi yaseStellenbosch kwikomiti eyodwa ejongene **nempatho namalungelo abantu xa kusenziwa uphando.** 0219389207 xa unezikhalazo okanye ungenelisekanga yindlela eluqhutywa ngayo oluphando.
- Nawe uzawubanayo eyakho ikopi yelencaza. Ze uyigcine kakuhle.

Incwadi Yesivumelwano:

Ngokutyikitya apha. mna..... ndiyavuma ukubandakanywa koluphando lusihloko sithi - **Understanding, interpretation and expression of spirituality and its influence on care and wellbeing: An explorative case study of a South African indigenous community.**

Ndiyakuvuma oku kulandelayo:

Ndiyifundile okanye ndiyifundelwe lencazelo ngophando futhi ibhalwe ngolwimi endilwaziyo nendikwazi ukulithetha.

- Ndilinike ithuba lokubuza imibuzo futhi ndenelisekile.
- Ndiyayiqonda into yokokuba ukubandakanyeka kwam kolu phando kuxhomekeke kum andiqweqwediswanga.
- Ndingayeka noba kunini na impilo yam inakuthintelwa nto.
- Ndingacelwa ngumphandi ophambili ukuba ndiyeke ndingaqhubeki nophando xa ngaba kubonakala ukuba andiniki lutho akanye ndiyagwenxa.
- Ndiyayiqonda ukuba ingxoxo nentetho yethu izakuthwetyulwa ngonomathotholo.
- Ndiyavuma ukuba iifoto zithathwe
- Ndibuziwe uba ndingathanda na ukuba ukuzithumelelwa ifoto zam nokuba zimelwe phi

Ityikitywe e (*bhala igama lendawo*) _____ umhla _____

Tyikitya

Ingqina

Isivumelwano nomphandi ophambili:

Mna Chioma Ohajunwa ndiyakuvuma oku kulandelayo:

- Ndiyicacisile yonke into ebhalwe apha ku _____
- Ndimkhuthazile ukuba abuze yonke imibuzo anayo futhi ndathatha ixesha elaneleyo ukumenelisa ngeempendulo
- Ndiqinisekile futhi ndiyakholwa ukuba ucacelwe ngayo yonke into equka oluphando njengoko sithethile
- Akhange ndicele uncedo lukatoliki (*Xa bekukho utoliki, lowo utolikayo makatyikitye*)

Ityikitywe e (*bhala igama*

lendawo) _____ umhla _____

 Tyikitya mphandi

 Ingqina

Isivumelwano netoliki

Mna (*igama*)_____ ndiyavuma uba bendincedisa u
 (*igama*)_____ ndimtolikela ndicacisa inkcukacha
 eziqulethwe kulombalo ku (*igama la lowo ubetolikelwa*) ndisebenzisa ulwimi lwesiXhosa
 ukwenza oko.

- Ndimkhuthazile ukuba abuze yonke imibuzo anayo futhi ndathatha ixesha elaneleyo ukumenelisa ngeempendulo
- Ndiqinisekile futhi ndiyakholwa ukuba ucacelwe ngayo yonke into equka oluphando njengoko sithethile

Ityikitywe e (*bhala igama lendawo*)_____

umhla_____

Tyikitya

Ingqina

Appendix 16: Christian leaders

ICAZELO NGOPHANDO NENCWADI YESIVUMELWANO (Inkokheli sazinkonzweni)

ISIHLOKO SOPHANDO: Understanding, interpretation and expression of spirituality and its influence on care and wellbeing: An explorative case study of a South African indigenous community.

Uphando lokuqonda nokuhlalutya ummoya wokholo neenkolelo, nokuthi zikuthintela njani ukuphila nendlela abaphila ngayo abantu: Olu luphando olujongene nendawo eyodwa ekhethiweyo eMzantsi Afrika ngokuba ibalasele ngezinto zemveli.

INAMBA YEREFRENSI: S16/04/078

UMPHANDI OPHAMBILI: Chioma Ohajunwa

IDILESI: Department of interdisciplinary Health Sciences, University of Stellenbosch.

INAMBA YOMXEBA: 0833611481

Ndicela ube ngomnye wabantu abandicedisayo kuphando endilwenzayo. Ndicela uthathe ixesha lakho ufundisise lencazelo. Le ncazelo inika inkcukacha ezithe vetshe ngoluphando. Uyabongozwa ke uba ubuze xa ungaqondi uzokwazi ukucaciseleka kakuhle ngophando. Kubalulekile ukuba weneliseke ulwazi olu phando uba luquka ntoni futhi nokuba yintoni na inxaxheba yakho. Khumbula ukuba ukubandakanyeka kwakho koluphadndo kuxhomekeke kuwe, awunyanzeliswa. Xa uubona okanye uziva uba awunokwazi ukuqhubeka, utsho. Ukungandincedi kwakho koluphando akuzothintela nto empilweni yakho. Ungayeka phakathi xa uthanda awunyazelekangan uba uqhubeke.

Invume yokuqhubeka noluphando ifunyenwe kwidyunivesithi yase**Stellenbosch kwikomiti eyodwa ejongene nempatho namalungelo abantu xa kusenziwa uphando**. Ngaphezulu njengomphandi ophambili ndithembisile kwabasemagunyeni ukuba yonke into ezokwenzeka koluphando izakulandela imiqathango eyabekwa lihlabathi jikelele eHelsinki, imigwaqo yaseMzantsi Afrika malunga nempatho-ntle yabantu xa kusetyezwa kwezempilo kunye nemigwaqo yequmrhu elibizwa ne-Medical research council.

Oluphando lumalunga nantoni kanye-kanye?

- *Oluphando luzoqhutywa kwilali ezine e-Elliotdale eMpuma Koloni (Nkanya, Hobeni, Madwaleni naseXhorha). Azikho ezinye iindawo. Kuzakubakho iindibano ezine nengxoxo nabantu ababini ezizothatha umlinganiselo weeyure ezimbini kwilali nganye.*
- *Ngoluphando sifuna ukufumanisa kuwe ukuba kuthetha ukuthini ukukholwa. Zithini iinkolelo zakho malunga nokholo nempilo? Uluqonda njani ukholo lwakho (iinkolelo zakho), uphila njani ngazo kwaye uzibonakalisa njani ekuhlaleni?Iinkolelo zakho*

ziyichaphazela njani indlela ophila ngayo ekuhlaleni nendlela othi uhlalisane ngayo nabahlali elalini? Yintoni ethi ikuchukumise ukuze ukwazi ukubonakalisa inkolelo zakho? Ngoluphando ke ndizama ukufumanisa ukuba abantu baziqonda njani futhi bezibonakalisa njani inkolelo zabo. Ndifuna ukubona ukuba ngaba sihluke okanye sifana njani ngeembono zethu xa sithetha ngeenkolo nokuba indlela obonakalisa ngayo olukholo lwakho luhlukile kwabanye abantu.

- Apha koluphando ndizokubuzisa imibuzo sisobabini ubuso-nobuso, kodwa iphantse ibe libali lakho. Ndizobuzisa imibuzo ukukuncedisa ucinge ngale nto sithetha ngayo ukuze ukwazi ukundibalisela ngebali lakho malunga neenkolelo nempilo. Sizochitha ixesha elingengeeyure ezimbini sithetha.

Kutheni kucelwe wena nje?

- Kucelwe wena kuba usaziwa njengomntu oyinkokheli kwizinkonzo zakwa lizwi apha ekuhlaleni. Uyaziwa nangolwazi olunzulu onalo ngenkolo oluthi luncedise kwimpilo zabantu. Lonto singathanda ukuthetha ngayo koluphando.

Uxanduva lwakho yintoni?

- Undibalise uthethe nje utyatyadule uqhabalake ngebali lakho malunga nokholo lwakho kwinolo yesintu. Ndicela uphendule ngokunyaniseka yonke imibuzo. Ndicela undivumele ndithathe iifoto zezinto ozisebenzisayo ezithi zibonakalise ukholo neenkolelo zakho.

Ingaba kukho umvuzo ozawufumana ngokuncedisa koluphando?

- Umvuzo ozawufumana koku kulandelayo:
 - Oluphando likunika ithuba lokubalisela ihlabathi ngebali lakho malunga nenkolo yakho nokuba inkolelo zakho zikugcina njani uphilie.
 - Ubenenxaxheba nawe ubalwe njengenye yeenkondekazi ezancedisa ukubuyisa ulwazi lwakudala lubonakale kwiimini zanamhlanje.
 - Ufake isandla kwingqokelela yolwazi lokuphilisa uluntu. Olulwazi lubalukile luvele lubonakale luzakunceda izizukulwane ezizayo.
 - Uzakuncedisa ekudibaniseni ulwazi ngezempilo lomthonyama lookhokho nolwanamhlanje khonukuze abantu bendawo yakho bafumane impilo engcono.

Ingaba Kukho ubungozi ngokuzibandakanya noluphando?

- Oluphando alunabungozi kwisiqu sakho. Ubungozi abungasuke bubekhona kukuba abanye abantu bangayinyemba bangayithandi ilali nyakho nendawo ohlala kuyo ngenxa yolwazi othe wabelanan ngalo nathi.

Ngubani onemvume yokumamela okanye afunde ingxoxo nentetho yethu?

- *Ngumphandi ophambili, abancedisi bakhe ababini kunye nabafundisi ababini. Akekho omnye umntu. Yonke into esizakuyithetha yimfihlo, igama lakho alizosetyenziswa nakomye umbhalo, xa ungavumanga kwenziwe oko.*

Ingaba uzobhatalwa ngokuncedisa koluphando okanye kukho into ekufuneka uyirhume?

Hayi akukho mali uzoyibhatala futhi kungekho mali ifunwa kuwe. Nto nje uzakubhatalwa imali yeteksi neyokutya.

Ingxelo nayo yonke into esizakuyithetha izobuthwa ngonomathotholo (tape). Sicela ubonise ngokuthi utyikitye okanye ubeke ubhontsi apha xa uvumelana noku:

Tyikitya/Ubhontsi

Ngemvume yakho, ndicela ukuthatha ifoto yezinto ozisebenzisayo ukubonisa inkolo yakho. Ezifoto zizondincedisa ndiqonde futhi ndiyazi indlela obonisa ngayo inkolo yakho. Iifoto zizoba lulutho kakhulu ukubonisa isivumelwano sethu, nditsho nam ndizakhele umkhanyo xa sele ndihlalutya intetho yethu. Ezifoto ndizophinde ndizisebenzise ukubonisa wena uba ngaba ndithetha into eyinyani futhi oyithethileyo na. Okokugqibela, ngemvume yakho ndicela ukuzipapasha iifoto ukwezela oorhulumente bamanye amazwe neminye imibutho iqonde ubunjani benkolo yakho.

Xa uvuma ukuba ube ngomye wabantu ababandakanywa koluphando, ndicela utyikitye lencwadi yesivumelwano ilandelayo uyinikezele kumphandi lowo.

Okokugqibela khumbula oku kulandelayo:

- Ungafowunela umphandi ophambili uChioma Ohajunwa kule namba 0833611481 xa unemibuzo okanye uhlangebezana nengxaki.
- Ungafowunela idyunivesithi yase**Stellenbosch kwikomiti eyodwa ejongene nempatho namalungelo abantu xa kusenziwa uphando.** 0219389207 xa unezikhalazo okanye ungenelisekanga yindlela eluqhutywa ngayo oluphando.
- Nawe uzawubanayo eyakho ikopi yelencaza. Ze uyigcine kakuhle.

Incwadi Yesivumelwano:

Ngokutyikitya apha. mna..... ndiyavuma ukubandakanywa koluphando lusihloko sithi - **Understanding, interpretation and expression of spirituality and its influence on care and wellbeing: An explorative case study of a South African indigenous community.**

Ndiyakuvuma oku kulandelayo:

- Ndiyifundile okanye ndiyifundelwe lencazelo ngophando futhi ibhalwe ngolwimi endilwaziyo nendikwazi ukulithetha.
- Ndinikiwe ithuba lokubuza imibuzo futhi ndenelisekile.
- Ndiyayiqonda into yokokuba ukubandakanyeka kwam kolu phando kuxhomekeke kum andiqweqwediswanga.
- Ndingayeka noba kunini na impilo yam inakuthintelwa nto.
- Ndingacelwa ngumphandi ophambili ukuba ndiyeke ndingaqhubeki nophando xa ngaba kubonakala ukuba andiniki lutho akanye ndiyagwenxa.
- Ndiyayiqonda ukuba ingxoxo nentetho yethu izakuthwetyulwa ngonomathotholo.
- Ndiyavuma ukuba iifoto zithathwe
- Ndibuziwe uba ndingathanda na ukuba ukuzithumelelwa ifoto zam nokuba zimelwe phi

Ityikitywe e (*bhala igama*

lendawo) _____ umhla _____

Tyikitya

Ingqina

Isivumelwano nomphandi ophambili:

Mna Chioma Ohajunwa ndiyakuvuma oku kulandelayo:

- Ndiyicacisile yonke into ebhalwe apha ku _____
- Ndimkhuthazile ukuba abuze yonke imibuzo anayo futhi ndathatha ixesha elaneleyo ukumenelisa ngeempendulo
- Ndiqinisekile futhi ndiyakholwa ukuba ucacelwe ngayo yonke into equka oluphando njengoko sithethile
- Akhange ndicele uncedo lukatoliki (*Xa bekukho utoliki, lowo utolikayo makatyikitye*)

Ityikitywe e (*bhala igama*

lendawo) _____ umhla _____

Tyikitya mphandi

Ingqina

Isivumelwano netoliki

Mna (*igama*) _____ ndiyavuma uba bendincedisa u
(*igama*) _____ ndimtolikela ndicacisa inkcukacha
eziqulethwe kulombalo ku (*igama la lowo ubetolikelwa*) ndisebenzisa ulwimi lwesiXhosa
ukwenza oko.

- Ndimkhuthazile ukuba abuze yonke imibuzo anayo futhi ndathatha ixesha elaneleyo ukumenelisa ngeempendulo
- Ndiqinisekile futhi ndiyakholwa ukuba ucacelwe ngayo yonke into equka oluphando njengoko sithethile

Ityikitywe e (*bhala igama lendawo*) _____ umhla _____

Tyikitya

Ingqina

Appendix 17: Health care professionals

ICAZELO NGOPHANDO NENCWADI YESIVUMELWANO (Abasebenzi bezempilo)

ISIHLOKO SOPHANDO: Understanding, interpretation and expression of spirituality and its influence on care and wellbeing: An explorative case study of a South African indigenous community.

Uphando lokuqonda nokuhlalutya ummoya wokholo neenkolelo, nokuthi zikuthintela njani ukuphila nendlela abaphila ngayo abantu: Olu luphando olujongene nendawo eyodwa ekhethiweyo eMzantsi Afrika ngokuba ibalasele ngezinto zemveli.

INAMBA YEREFRENSI: S16/04/078

UMPHANDI OPHAMBILI: Chioma Ohajunwa

IDILESI: Department of interdisciplinary Health Sciences, University of Stellenbosch.

INAMBA YOMXEBA: 0833611481

Ndicela ube ngomnye wabantu abandicedisayo kuphando endilwenzayo. Ndicela uthathe ixesha lakho ufundisise lencazelo. Le mcazelo inika inkcukacha ezithe vetshe ngoluphando. Uyabongozwa ke uba ubuze xa ungaqondi uzokwazi ukucaciseleka kakuhle ngophando. Kubalulekile ukuba weneliseke ulwazi olu phando uba luquka ntoni futhi nokuba yintoni na inxaxheba yakho. Khumbula ukuba ukubandakanyeka kwakho koluphandando kuxhomekeke kuwe, awunyanzeliswa. Xa uubona okanye uziva uba awunokwazi ukuqhubeka, utsho. Ukungandincediswa kwakho koluphando akuzothintela nto empilweni yakho. Ungayeka phakathi xa uthanda awunyazelekangan uba uqhubeke.

Imvume yokuqhubeka noluphando ifunyenwe kwidyunivesithi yase**Stellenbosch kwikomiti eyodwa ejongene nempatho namalungelo abantu xa kusenziwa uphando**. Ngaphezulu njengomphandi ophambili ndithembisile kwabasemagunyeni ukuba yonke into ezokwenzeka koluphando izakulandela imiqathango eyabekwa lihlabathi jikelele eHelsinki, imigwaqo yaseMzantsi Afrika malunga nempatho-ntle yabantu xa kusetyezwa kwezempilo kunye nemigaqo yequmrhu elibizwa ne-Medical research council.

Oluphando lumalunga nantoni kanye-kanye?

- *Oluphando luzoqhutywa kwilali ezine e-Elliotdale eMpuma Koloni (Nkanya, Hobeni, Madwaleni naseXhorha). Azikho ezinye iindawo. Kuzakubakho iindibano nabantu abambalwa nengxoxo ybuso-nobuso ezizakuthatha umlinganiselo weeyure ezimbini kwilali nganye.*
- *Ngoluphando sifuna ukufumanisa kuwe ukuba kuthetha ukuthini ukukholwa. Zithini iinkolelo zakho malunga nokholo nempilo? Uluqonda njani ukholo lwakho (iinkolelo zakho), uphila njani ngazo kwaye uzibonakalisa njani ekuhlaleni? Iinkolelo zakho ziyichaphazela njani indlela ophila ngayo ekuhlaleni nendlela othi uhlalisane ngayo*

nabahlali elalini? Yintoni ethi ikuchukumise ukuze ukwazi ukubonakalisa inkolelo zakho? Ngoluphando ke ndizama ukufumanisa ukuba abantu baziqonda njani futhi bezibonakalisa njani inkolelo zabo. Ndifuna ukubona ukuba ngaba sihluke okanye sifana njani ngeembono zethu xa sithetha ngeenkolo nokuba indlela obonakalisa ngayo olukholo lwakho luhlukile kwabanye abantu.

- *Apha koluphando ndizakucela udibane nabanye abasebenzi bezempilo absuka apha eMadwalwni abayinzalelwana yamaBomvana. Apho ndizokubuzisa imibuzo sihleli sisonke, kodwa iphantse ibe libali. Ndizobuzisa imibuzo ukunincedisa nicinge ngale nto sithetha ngayo ukuze nikwazi ukundibalisela ngebali lenu malunga neenkolelo nempilo yenu apha ekuhlaleni. Sizochitha ixesha elingengeeyure ezimbini sithetha.*

Kutheni kucelwe wena nje?

- *Kucelwe wena kuba ungumsebenzi kwisebe lezempilo. Futhi unethuba elide uphangela apha uhambisa inkonzo zezempilo kubahlali balendawo.*

Uxanduva lwakho yintoni?

- *Ndicela uqhabalake utyatyadule undibalisela ngebali lakho malunga nenkolelo zakho. Uphendule nemibuzo ethile andizakuyibuzisa kuwe.*

Ingaba kukho umvuzo ozawufumana ngokunincedisa koluphando?

- *Umvuzo ozawufumana koku kulandelayo:*
 - *Oluphando likunika ithuba lokubalisela ihlabathi ngebali lakho malunga nenkolo yakho nokuba inkolelo zakho zikugcina njani uphilie.*
 - *Ubenenxaxheba nawe ubalwe njengenye yeenkondekazi ezincedisa ukubuyisa ulwazi lwakudala lubonakale kwiimini zanamhlanje.*
 - *Ufake isandla kwingqokelela yolwazi lokuphilisa uluntu. Olulwazi lubalukile luvele lubonakale luzakunceda izizukulwane ezizayo.*
 - *Uzakuncedisa ekudibaniseni ulwazi ngezempilo lomthonyama lookhokho nolwanamhlanje khonukuze abantu bendawo yakho bafumane impilo engcono.*

Ingaba Kukho ubungozi ngokuzibandakanya noluphando?

- *Oluphando alunabungozi kwisiqu sakho. Ubungozi abungasuke bubekhona kukuba abanye abantu bangayinyemba bangayithandi ilali nyakho nendawo ohlala kuyo ngenxa yolwazi othe wabelanan ngalo nathi.*

Ngubani onemvume yokumamela okanye afunde ingxoxo nentetho yethu?

- *Ngumphandi ophambili, abancedisi bakhe ababini kunye nabafundisi ababini. Akekho omnye umntu. Yonke into esizakuyithetha yimfihlo, igama lakho alizosetyenziswa nakomye umbhalo, xa ungavumanga kwenziwe oko.*

Ingaba uzobhatalwa ngokuncedisa koluphando okanye kukho into ekufuneka uyirhume?

Hayi akukho mali uzoyibhatala futhi kungekho mali ifunwa kuwe. Nto nje uzakubhatalelwa imali yeteksi neyokutya.

Ingxelo nayo yonke into esizakuyithetha izobuthwa ngonomathotholo (tape). Sicela ubonise ngokuthi utyikitye okanye ubeke ubhontsi apha xa uvumelana noku:

Tyikitya/Ubhontsi

Ngemvume yakho, ndicela ukuthatha ifoto yezinto ozisebenzisayo ukubonisa inkolo yakho. Ezifoto zizondincedisa ndiqonde futhi ndiyazi indlela obonisa ngayo inkolo yakho. Iifoto zizoba lulutho kakhulu ukubonisa isivumelwano sethu, nditsho nam ndizakhele umkhanyo xa sele ndihlalutya intetho yethu. Ezifoto ndizophinde ndizisebenzise ukubonisa wena uba ngaba ndithetha into eyinyani futhi oyithethileyo na. Okokugqibela, ngemvume yakho ndicela ukuzipapasha iifoto ukwezela oorhulumente bamanye amazwe neminye imibutho iqonde ubunjani benkolo yakho.

Xa uvuma ukuba ube ngomye wabantu ababandakanywa koluphando, ndicela utyikitye lencwadi yesivumelwano ilandelayo uyinikezele kumphandi lowo.

Okokugqibela khumbula oku kulandelayo:

- Ungafowunela umphandi ophambili uChioma Ohajunwa kule namba 0833611481 xa unemibuzo okanye uhlangabezana nengxaki.
- Ungafowunela idyunivesithi yase**Stellenbosch kwikomiti eyodwa ejongene nempatho namalungelo abantu xa kusenziwa uphando.** 0219389207 xa unezikhhalazo okanye ungenelisekanga yindlela eluqhutywa ngayo oluphando.
- Nawe uzawubanayo eyakho ikopi yelencaza. Ze uyigcine kakuhle.

Incwadi Yesivumelwano:

Ngokutyikitya apha. mna..... ndiyavuma ukubandakanywa koluphando lusihloko sithi - **Understanding, interpretation and expression of spirituality and its influence on care and wellbeing: An explorative case study of a South African indigenous community.**

Ndiyakuvuma oku kulandelayo:

- Ndiyifundile okanye ndiyifundelwe lencazelo ngophando futhi ibhalwe ngolwimi endilwaziyo nendikwazi ukulithetha.
- Ndilinike ithuba lokubuza imibuzo futhi ndenelisekile.
- Ndiyayiqonda into yokokuba ukubandakanyeka kwam kolu phando kuxhomekeke kum andiqweqwediswanga.
- Ndingayeka noba kunini na impilo yam inakuthintelwa nto.
- Ndingacelwa ngumphandi ophambili ukuba ndiyeke ndingaqhubeki nophando xa ngaba kubonakala ukuba andiniki lutho akanye ndiyagwenxa.
- Ndiyayiqonda ukuba ingxoxo nentetho yethu izakuthwetyulwa ngonomathotholo.
- Ndiyavuma ukuba iifoto zithathwe
- Ndibuziwe uba ndingathanda na ukuba ukuzithumelelwa ifoto zam nokuba zimelwe phi

Ityikitywe e (*bhala igama*

lendawo) _____ umhla _____

Tyikitya

Ingqina

Isivumelwano nomphandi ophambili:

Mna Chioma Ohajunwa ndiyakuvuma oku kulandelayo:

- Ndiyicacisile yonke into ebhalwe apha ku _____
- Ndimkhuthazile ukuba abuze yonke imibuzo anayo futhi ndathatha ixesha elaneleyo ukumenelisa ngeempendulo
- Ndiqinisekile futhi ndiyakholwa ukuba ucacelwe ngayo yonke into equka oluphando njengoko sithethile
- Akhange ndicele uncedo lukatoliki (*Xa bekukho utoliki, lowo utolikayo makatyikitye*)

Ityikitywe e (*bhala igama*

lendawo) _____ umhla _____

Tyikitya mphandi

Ingqina

Isivumelwano netoliki

Mna (*igama*) _____ ndiyavuma uba bendincedisa u
(*igama*) _____ ndimtolikela ndicacisa inkcukacha
eziqulethwe kulombalo ku (*igama la lowo ubetolikelwa*) ndisebenzisa ulwimi lwesiXhosa
ukwenza oko.

- Ndimkhuthazile ukuba abuze yonke imibuzo anayo futhi ndathatha ixesha elaneleyo ukumenelisa ngeempendulo
- Ndiqinisekile futhi ndiyakholwa ukuba uacelwe ngayo yonke into equka oluphando njengoko sithethile

Ityikitywe e (*bhala igama*

lendawo) _____ umhla _____

Tyikitya

Ingqina

Appendix 18: Study interview guide

Isihloko: Uphando lokuqonda nokuhlalutya ummoya wokholo neenkolelo, nokuthi zikuthintela njani ukuphila nendlela abaphila ngayo abantu: Olu luphando olujongene nendawo eyodwa ekhethiweyo eMzantsi Afrika ngokuba ibalasele ngezinto zemveli.

Understanding, interpretation and expression of spirituality and its influence on care and wellbeing: An explorative case study of a South African indigenous community.

Iinjongo zophando	Imibuzo exhumanisayo
Ukuhlalutya indle umntu azizi ngayo futhi azichaza ngayo izinto zokomoya ezikhoyo neziwayo akuhlaleni	<ul style="list-style-type: none"> • Kutheni nibizwa ngaMabomvane nje? • Zintoni enizenzayo ezixela uba ningaMabomvane? • Kutheni ninenkolo nemimoya engafaniyo nje? • Ingaba wena ungummoya othile? Uyazi njani loo nto? • Ukuphila kuthetha ntoni kuwe? • Uyakholelwa ukuba iinkolelo nommoya wakho ikunikeza impilo? Beka izizzathu. • Apha ekuhlaleni nasempilweni yakho ingaba inkolelo yommoya wakho incedisa njani ukuziphatha kwakho, ubaphatha njani abanye abantu nezilwanyana, nayo yonke into equka intlalo?
Zinto izinto okhe uzibone zisenziwa ngabanye abantu apha ekuhlaleni zibonisa inkolelo yommoya. Basebenzisa ntoni okanye bayenza njani loo nto.	<ul style="list-style-type: none"> • Zintoni oenzayo wena ezibonakalisa intsingiselo yokukhelwa kommoya apha kuwe? • Uzenza njani ezi zinto? • Ingaba ukwenza kwakho ezi zinto zibonisa inkolo yakh zikwenza ubenendle ehlukeyo oziphatha ngayo nophatha ngayo abantu? Njani cacisa?

<p>Ukubhenca-bhenca uba ezinkolo neenkolelo zinedisa njani ukukhutha umphakathi ziphinde zenze abahlali bazive bephilile</p>	<ul style="list-style-type: none"> • Yintoni Ubuntu, chaza? • Ubuntu yinto ebalulekileyo kuwe? Njani? • Ububonisa njani wena Ubuntu? Bukunedisa njani ukuze ekunakekeleni abahlali? • Ingaba Ubuntu bunento edibanisayo neenkolo zakho? • Uzenzela phi ezinkolo neenkolelo zakho? • Ucinga uba Ubuntu bungayithintela njani impilo yesekuhlaleni? Ubuntu budlala indima engakanani ekukhuthazeni abahlali babenobudlelwane nokubuyisana apha ekuhlaleni?
<p>Cebisa ngokubhekiselele kwiziphumo zophando ukuba kwindawo zomthonyama eAfrika yintoni engenziwa ukukhuthaza kwakhiwe isiseko senkolo egqibeleleyo</p>	<ul style="list-style-type: none"> • Ucinga uba kukho iinkolelelo ezimbini ezahlukeneyo endaweni yakho? • Ingaba kungaba khona ubudlelwane kwezinkolelo xa ucinga. Konke kwenzeke ngendlela enesidima? • Wena ungadlala yiphi inxaxheba kuyo yonke le ndima yobudlelwane? • Ucinga uba inganeziphumo ezinjani xa inokwenze loo nto malunga neempilo zabantu nokuphilisana apha ekuhlaleni?