

**PRESENTATION OF *BONGAKA* (INDIGENOUS MEDICAL PRACTICES) IN *CHAKA*  
BY MOFOLO, *MEOKHO EA THABO* BY KHAKETLA AND *MOLAHLUOA* BY  
TŠASANYANE-RALENGAU**

**By**

**Sefora Makhetha**

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**Supervisor: Dr T.P. Martins**

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**DECLARATION**

**Student Number**

**200100664**

I, Sefora Makhetha, declare that **PRESENTATION OF BONGAKA (INDIGENOUS MEDICAL PRACTICES) IN CHAKA BY MOFOLO, MEOKHO EA THABO BY KHAKETLA AND MOLAHLUOA BY TŠ ASANYANE-RALENGAU** is my own work, and that all sources that I have cited have been indicated and acknowledged by means of complete references.

Supervisor



Student

S. Makhetha

Date

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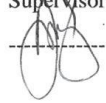
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SUPERVISOR(S) RECOMMENDATION

Supervisor(s)

Date

  
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**DEDICATION**

In memory of my late parents, 'M'e 'Mantina and ntate Sealemetse Posholi.

## **ABSTRACT**

The study analyses the presentation of *bongaka* in the selected Sesotho texts. The purpose of this study is to investigate the presentation of *bongaka* (indigenous medical practices), the procedures used in administering *bongaka* as well as the perceptions of characters about *bongaka* in *Chaka*, *Meokho ea Thabo* and *Molahluoa*. The study is qualitative in nature. It employed documents as a method of data collection and used purposive sampling method. Data has been analysed thematically using Afrocentricity theory. The following aspects, centrality or location and relocation have been used to examine the presentation of *bongaka*.

The study discovers that the characters use *bongaka* for their health needs and personal problems. Diseases are also cured, and personal problems are solved. The study reveals that *lingaka* are presented carrying apparatus such as fly-whisk. They dress in their own way, which identifies them from other members of the society. They wear hats made of animal skins. Moreover, the efficacy of their services is visible. They use various methods of treatment that include divination to cure ailments and in addressing a patient's needs. They give instructions regarding the use of traditional medicine. Other characters believe that *lingaka* can cure their ailments and solve their problems. *Lingaka* are also presented as knowledgeable people. The study recommends that *lingaka* should be supported and acknowledged for their work.

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## CHAPTER ONE

### INTRODUCTION

#### *1.0 Introduction*

This chapter introduces the study. The study intends to investigate the presentation of *bongaka* (indigenous medical practices), the procedures used in administering *bongaka*, as well as the perceptions of characters about *bongaka* as depicted in *Meokho ea Thabo* by Khaketla (1983), *Molahluoa* by Tšasanyane-Ralengau (2001) and *Chaka* by Mofolo (2003) using the Afrocentricity theory. The section entails the introduction, the background information to the study and statement of the problem, the research questions and hypotheses, the purpose of the study, the rationale, as well as the scope of the study, the review of related literature, the theoretical framework, the research methodology and the conclusion.

#### *1.1 Background to the Study*

A novel is a long piece of writing about real life and imaginative issues categorised in chapters. According to Ngcanga (1987), Selepe (1999) and Choeda (2019), a novel is described as a long creative story on consecutive events that portray life as it is. In addition, Eagleton (2005) and Burgess (2021) clarify that a novel is a prose narrative that deals with imaginative human experience. This study analyses three novels, which are creative stories that portray real life issues. A novel incorporates narrative style like dialogue, poetry and tragedy; which are devices used to convey the message (Eagleton, 2005).

The existence of the novels is traced back to the world's oldest literature. It emerged with the English novels (Choeda, 2019). The Africans also have their history concerning the development of the African literature. Ojaide (1992) asserts that modern African literature has gained the world recognition with works of authors, such as, Chinua Achebe, Ngugi wa Thiongo and Wole Soyinka. Amongst the Africans, the Basotho also have their collection.

The forerunners, according to Gerard (1971) and Moleleki (1993), are *Moeti oa Bochabela* by Mofolo (1907), *Majoe a Mahlano a Molatsoana* by Motsamai (1907), *Monono ke Moholi ke Mouoane* by Segoele (1910) and *Pitso ea Linonyana* by Sekese (1928), amongst others. Selepe (1999) further postulates that the beginning of literacy in Lesotho resulted in four Basotho novels: three by Mofolo and one by Segoele. In line with Selepe (1999), Shava and Kolobe (2016) announce that Thomas Mofolo is the renowned twentieth century writer in Lesotho.

In relation to the evolution of Sesotho novel, Selepe (1999) connects them to the period of realism and the inception of the capitalist economic mode of production, as well as the emergence of the middle class, which arises with the industrial revolution. Selepe (1999) also attests that the missionaries have put up the foundation for the development of Sesotho literature as they have guided and fostered such developments through Christianity and industrialisation.

It is through the missionary's initiatives that the Basotho started writing. According to Gerald (1971:102),

The main contribution of the West to Sotho life, therefore, has been in the cultural fields of religion and education, which partly accounts for the present economic backwardness of the country. They reduced the language to writing, set up schools and started printing religious material.

Since, the Westerners focused on religion (Christianity) and literacy (education), the religious material that they printed has promoted their culture, not the African cultural issues such as *bongaka*. The act might have contributed to despise and negligence of such cultural practices at the expense of Christianity. On the same issue, Moleleki (1993) has observed that the missionaries realised that to simplify their job, they had to teach the Basotho how to read and write. Then, they introduced literacy, which had intrigued some Basotho to become writers. Similarly, Selepe (1999) clarifies that the Basotho's novels emerged during the 19<sup>th</sup> century and categorises them into: 1900-1930, 1930-1960, 1960-1990 publications. Likewise, Zulu (2012) further identifies another classification: 1990-2002. As a result, the study traces *bongaka* from the publications of 1983, 2001 and 2003.

There are different types of novels with varying features. Ngcangca (1987), Eagleton (2005) and Aliyev (2021) classify them into historic novels, didactic novels, those written in verse and

dramatic dialogue. On this account, social issues and cultural issues such as *bongaka*, which the current study is interested in reviewing, can be addressed too, regardless of the type of a novel.

The novels have features that differentiate them from other literary works. According to Ngcanga (1987) and Moleleki (1993), a novel has aspects that include plot, characters, characterisation, setting, style, theme and sub-themes. A plot is the sequenced storyline that the writer develops, and it comprises of various events (Lutrin and Pincus, 2007) while characterisation is defined by Ngcanga (1987) as the act of creating and describing characters in writing. Characters are fictional people who convey the message in a novel. The characters take part in the actions of the story by communicating the writer's message to the audience (Ngcanga, 1987). They are interwoven within the plot, themes and sub-themes through characterisation. Even in the selected Sesotho texts, they communicate the writer's views on *bongaka*, which is inquired in the current study.

Moreover, a theme is explained as the main idea portrayed and addressed by the novel (Lutrin and Pincus, 2007). In support of this, Eagleton (2005), Nurhandayani (2014) and Dlamini (2018) describe a theme as the reflective mirror and the image of realities that reflects differing and disintegrated African beliefs and values through the author's idea about human life. The issues addressed include Christianity, tribal wars and good versus evil. For instance, Gerard (1971) states that love is the main idea portrayed in *Pitseng* by Mofolo (1910). Similarly, each of the texts under study tells the author's message to the readers.

However, in some instances, the main idea is supported by the secondary ideas (sub-themes) that contribute to the development of the main idea. Moleleki (1993) maintains that a text may have a few sub-themes that are subordinate to the main theme but aid its generation. Similarly, Nurhandayani (2014) clarifies that the sub-themes may seem less important than the main idea even though they take part in the development of the main theme. For example, the sub-theme is revenge reflected by Amos Mwana in *Peo Ena e Jetswe ke Wena*, which is written by Moephuli (1982) (Moleleki, 1993). The message in the novel is conveyed by the fore stated aspects jointly. However, in particular, a sub-theme will be looked at in the chosen texts to find how it has been portrayed. The study, then, intends to find how the issue of *bongaka* is portrayed in the selected novels.

The focal point of this study is to analyse how *bongaka* is depicted in the selected Sesotho texts. It is, however, worth mentioning that since the missionaries brought literacy to the Basotho, the literacy (education) has helped in the development of Sesotho literature. Nonetheless, the content of the works printed at that time was mainly biblical (Gerald, 1971). The printed material promoted the Western religion, not the Basotho culture as most printed material was biblical. The fact that the cultural issues were never written for future reference has led to the loss of some important information that could have benefitted the future generations. On the stated issue, Arowolo (2010) argues that the Western civilisation and culture tainted the traditional values of Africa. Likewise, Madiga (2000) affirms that the Christian religion had torn apart the African culture and filtered in it the Western culture. As a result, Africa, Lesotho included, has been very weak and vulnerable since the arrival of the westerners. Lesotho is now enduring cultural imperialism as some Basotho; for example, prefer the Western culture over the traditional ones.

On this account, Igboin (2011), too, believes that colonialism altered the beliefs and values of the Africans. Igboin (2011) further thinks that the colonial rulers promoted their religious values. Igboin (2011) also maintains that the colonialism is to be blamed for adjusting the beliefs and values of the Africans significantly, just as its structure was destroyed. Moreover, Morekwa (2004) asserts that the colonisers forced the Christians to detach themselves from the traditional healing and condemned it to be evil. Similarly, Manala (2013) has a view that the Christianity has reckoned the African customs as pagan and evil. As a result, “the descendants of ethnic groups that experienced greater missionary contact, are today more likely to self-identify as Christians” (Nunn, 2010:147).

On the same issue, Madiga (2000) deliberates that the Christian converts belittle their original African culture and regard it as heathenism. All these have led to the rejection of the African culture. The aforesaid information brings to light on how the African cultures like *bongaka* were abandoned. The study, therefore, investigates the portrayal of *bongaka* in the selected Sesotho novels.

In addition, Arazeem (2011) realises that the establishment of the Western medicine and culture by missionaries and colonisers has led to the traditional health care system in Africa (the African ways of maintaining individual wellness), being undermined and stigmatised even by the

Africans. On the same vein, Motlamelle (1985) postulates that in the past, the Basotho were always seen with incisions, but that is rare in the contemporary times due to the existence of the Western medicine, as *bongaka* is questioned and suppressed. Arazeem (2011) further states that the African medicine were legally disallowed and declared unconstitutional as it was believed that diseases were caused by witchcraft, and that was regarded as the sign of backwardness and superstition in the Western view.

Regarding the neglect of the African health care system, Koenane (2014) realises that when ill, most Africans choose to consult the Western medical practitioners other than the traditional practitioners. This is due to the Western ideology domination. Others still consult traditional healers even after consulting the Western practitioners or the other way round. However, Shai-Mahoko (1997) has observed that the indigenous health practices are regarded as deceitful by the Western societies.

As for the indigenous health systems, they are marginalised and neglected in the contemporary times. The traditional medicine was also a dominant system used in Africa and globally before the arrival of the Western medicine (Akinawo and Akpunne, 2019). Regardless of how the African traditional medicines are viewed by the modernised Africans and Western societies, some Africans still rely on them.

Again, the investigation on *bongaka* results from diseases that have been a leading cause of mortality and that still poses a threat to public health in urban and rural areas in all ethnic groups, as well as, in developed and developing countries (Pan, Litscher, Gao, Zhou, Yu, Chen, Zhang, Tang, Sun and Ko, 2014). However, Segoete (1983) and Matšela (1990) state that in the past, the diseases were not as prevalent as they are today, and that the common illnesses were headache and stomachache, to mention but a few. The situation, therefore, calls for the health care system intervention.

In relation to the diseases, which *lingaka* treat amongst others, Koenane (2014) defines a disease as the holistic suffering of an individual that can be found in any culture. Diseases can be treated by herbal therapy, which is a traditional use of plants and plant extracts as medicines (Pan *et al.* 2014). It is another way of treating illnesses in *bongaka* as mentioned earlier. In addition, Kala

(2017) clarifies that the use of medicinal plants has too gained a wide recognition. The study, therefore, explores how ailments are treated in the selected texts.

Concerning the ways of treating illnesses, Abbott (2014) realises that medicinal knowledge in indigenous cultures embodies plant, animal and mineral-based medicines, spiritual therapies and manual techniques intended to heal illness or maintain wellbeing. Ways of treating illnesses are part of practices of *bongaka*, which the current study wishes to find how they are done.

Moreover, diseases are handled differently by the societies. Benedict (2014) explains that societies have health care systems aimed at ensuring health by diagnosing, preventing and curing diseases. According to Segoe (1983), some illnesses are treated by drinking traditional medicine, through incisions or nasal ingestion, bathing and steaming and performing some rituals amongst the Basotho. The study examines how diseases in the selected texts are cured. On the same note, Motlamelle (1985) observes that in *bongaka*, there is medicine for everything. Motlamelle (1985) continues to clarify that there are medicines for physical and mental illnesses, social disharmony, spiritual difficulties, protection, love and luck. Also, Koenane (2014) clarifies that *bongaka* works in a socio-cultural, psychological and spiritual way. Thus, an individual is relieved from social, cultural, psychological and spiritual conditions. Consequently, the current study examines how illnesses are treated as portrayed in the selected Sesotho texts.

As stated earlier, illnesses and ailments are treated through *bongaka*. *Bongaka* is the medical practice that includes diagnosing, treating and preventing illnesses for the wellbeing. In the same vein, Kpobi, Swartz and Omenyo (2018), Ozioma and Achinwe (2019) and Mothibe and Sibanda (2019) describe *bongaka* as a holistic health care system that has progressed and accumulated over the years encompassing beliefs, ideas and practices recognised by the community to provide health care services. Furthermore, WHO (2004: xv) defines *bongaka* as:

The diverse health practices, approaches, knowledge and beliefs incorporating plant, animal and/or mineral-based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain wellbeing, as well as to treat, diagnose or prevent illness.

The aforementioned practices show amongst others, various ways of treatment and medicines that address differing ailments cured through *bongaka*. The study adopts the given definitions and uses those definitions within the context of the Basotho as the definitions appear to cover the

concept of *bongaka*. The practices are carried out by experienced and knowledgeable indigenous medical practitioners that heal, protect and promote better health.

With regard to traditional medical practice, Kala (2017), Habtom (2018) and Alegbeleye (2019) explain that the traditional medical practice is as old as humankind. It has long roots and has even existed before the advent of modern medicine. It is still accepted by some communities in every country in the prevention and treatment of physical and mental disorders, as well as a social imbalance. In addition, Motlamelle (1985) explains that *bongaka* has been supporting lives of our forefathers for decades.

The aforementioned traditional medical practices are executed by the traditional medical practitioners. Habtom (2018) defines traditional medical practitioners as people who are recognised by the community, and they are competent in providing health care services by employing traditional medical substances. They even use other methods that include social, cultural and religious backgrounds that may improve and promote good health. According to Lesitsi (2002), *lingaka* “medical practitioners/healers” unite the living and God as well as the ancestors. Normally, *lingaka* can be easily noticed by their appearance most of the time. Moteetee and Van Wyk (2011) posit that traditional healers can be identified by a headdress known as *kuoane*, which is a hat made of a monkey skin decorated with feathers, gall bladders and eagle’s claws, carrying a shoulder strap of horns “*lenaka*” and a bag of divining bones. The study also intends to discover how *lingaka* dress.

On the aforesaid matter, Matšela (1990) and Lesitsi (2002) articulate that, there are various types of *lingaka*, and each type has a unique way of acquiring knowledge and serving the society. They include *senohe* “diviner/someone who sees visions of the future”, who divines by head and foretells an individual’s fortunes and misfortunes. They acquire their divinity from the ancestors as a gift. There is also *selaoli* “one who uses divining bones”. This one uses *litaola* “divining bones” to diagnose and knows traditional medicines in order to give relevant treatment. The other type is *ngaka-chitja* “herbalist”; they know medicinal plants and their use. There is even *ngakana-ka-hetla* “charlatan, who is not trained”; charlatans help people with medicinal plants and divines as well even though they are not trained. They are popularly known as cheats (Moteetee and Van Wyk, 2011).

There is also *lethuela* “sangoma”, who also diagnoses, prescribes medication and performs medical rituals (Martin, 2014). *Lethuela/bothuela* is categorised under *bongaka* ba Sesotho “Sesotho medical practices”. However, *lethuela/bothuela* does not originate in Lesotho although it is common (Rakotsoana, 2001; Lesitsi, 2002). As a result, *lethuela*, like *ngaka*, plays a vital role such as healing in the lives of the Basotho. The study, therefore, examines *bongaka* as portrayed in *Chaka*, *Meokho ea Thabo* and *Molahluoa*.

The indigenous health practices, medicines and practitioners are lately monitored by the World Health Organisation (WHO). In support of this, WHO (2013) has discovered that 70% to 95% of the world population use traditional medicines to manage health. It cites that, there is a gradual acceptance of its contribution to the health care system. It, therefore, plans to manage it by regulating the traditional medicine products, practices and practitioners in order to strengthen their quality, safety, proper use and effectiveness. The involvement of the WHO in the traditional medical practices implicates the recovery of once lost indigenous culture such as *bongaka*.

In accordance with the discussion in this section, the current study explores the presentation of *bongaka*, the procedures used in administering *bongaka* as well as the perceptions of characters about *bongaka* and its significance in the selected novels.

### ***1.2 Research Motivation***

The researcher has realised that *bongaka* is no longer trusted and respected by some of the Basotho. Some see it as lies and sorcery. It is on these grounds that this study investigates the presentation of *bongaka*, the procedures used in administering *bongaka*, as well as the perceptions of the characters regarding *bongaka* as depicted in the chosen books.

### ***1.3 The Statement of the Problem***

The Africans, like other societies, have their medical health systems that include herbal medicine, traditional healers and methods of treating diseases. However, Manala (2013) has a view that, it is seen as pagan and evil. Some scholars like Pinkoane, Greeff and Williams (2005) have explored the therapeutic techniques used by traditional healers in South-Sotho traditional healing process in South Africa. Nonetheless, their study has not addressed *bongaka* in the Sesotho novels.

Moreover, some researchers like Martins (2007), Mahlaka (2021) and Ncheke (2021) have analysed texts that the current study is analysing. However, they have focused on the portrayal of female characters, chieftaincy and the culture of *ho khetela molekane* respectively. The concept of *bongaka* is also rare amongst the literature scholars but common in other fields such as health sciences. It is for this reason that the current study is set out to investigate how *bongaka* is presented in the selected texts, procedures used in administering *bongaka* and the perceptions of characters about *bongaka* in the chosen books.

### *1.3.1 Research Questions*

1. How is *bongaka* presented in the selected texts?
2. What are the procedures used in administering *bongaka* in the identified texts?
3. What are the perceptions of the characters about *bongaka* in the chosen texts?

### *1.3.2 Hypotheses*

1. The chosen novels present *lingaka* on the basis of their outward and physical features and internal traits. They have a unique appearance with (unique) dress code. They also carry medicinal apparatus wherever they go. They use opaque language during service. They charge a price for services rendered.
2. In the selected texts, *lingaka* diagnose ailments or troubles of patients. They treat patients by incisions, give medicinal prescriptions to patients and even use incantations. They also treat ailments by ointments, use poultices, sprinkle and peg families with traditional medicines and use charms on weapons.
3. The characters have some beliefs regarding medical practicioning. The characters perceive indigenous medical practicioning and healing as effective. Again, the traditional healers are confident about their work. Some patient's consult indigenous healers during difficulty too.

### *1.4 Purpose of the Study*

The purpose of this study is to investigate the presentation of *bongaka* in the selected texts, the procedures used in administering *bongaka*; as well as the perceptions of characters about *bongaka* in the chosen texts.

## **1.5 Rationale**

The researcher has observed that *bongaka* is one of the cultural practices that face criticism by some members of the society although others still appreciate it. The portrayal of *bongaka* in Sesotho texts has received little attention from scholars who have analysed Sesotho novels. For these reasons, the current study examines the presentation, procedures used in administering *bongaka*. The study further looks at the perceptions of characters about *bongaka* as portrayed in the selected Sesotho texts.

## **1.6 Scope of the Study**

The study explores how *bongaka* is presented, the procedures used in administering it and the perceptions of characters about *bongaka* as presented in *Meokho ea Thabo* by Khaketla (1983), *Molahluoa* by Tšasanyane-Ralengau (2001) and *Chaka* by Mofolo (2003).

## **1.7 Review of Related Literature**

### **1.7.1 Introduction**

The section examines the related literature to *bongaka* and the Sesotho research done on novels. The literature is organised thematically under the following headings: scholarly works on *Meokho ea Thabo*, *Chaka* and *Molahluoa*, treating illnesses in the traditional medical practices and the contribution of traditional medicinal plants on the traditional medical practices as well as the people's perceptions about traditional medical practices.

### **1.7.2 Scholarly Works on *Meokho ea Thabo*, *Chaka* and *Molahluoa***

Martins (2007) analysed *Molahluoa* to unravel how female writers portray female characters. Martins used the Feminist Literary Criticism and other sub-theories of the Feminism and gathered data through documentary sources. Martins' (2007) study found that the female characters are depicted as having good or bad attributes. It was further revealed that the female characters are presented in a biased way by female authors. Their study is qualitative in nature. The current study is also qualitative in nature and uses documentary method of collecting data as Martins did. However, Martins' (2007) study focused on the portrayal of the female characters and analysed many characters looking at traits, such as, physical appearance and behaviour of characters amongst others. The current study looks at the presentation of *bongaka* in *Molahluoa*.

In addition, Zulu (2012) carried a study to observe whether there have been gains in the narrative of gender equality or not in older Sesotho novels. Zulu's (2012) study found that a novel is a powerful social instrument of representation as it uses literary devices, such as, characterisation, plot and setting to construct shared meanings within a cultural space. Therefore, the characters that a novel constructs reflect real issues in cultural notions. The Sesotho novel is, thus, seen as a creation useful in cultural representation. Zulu's (2012) study analysed the novel like the current study. However, the current study intends to find how *bongaka* is presented in the selected texts.

On the one hand, Chaka (2016) conducted a study on land, botho and identity in Thomas Mofolo's novels to demonstrate how Mofolo constructs a meaning of identity through the narratives of land, humanistic values and nationhood. They find that in *Chaka*, Mofolo coils Sotho and Nguni cultures to explain the meaning of *botho* as a basis of individual and social identity. Chaka's (2016) study looked at the three novels of Mofolo: *Moeti oa Bochabela* (1907), *Pitseng* (1910) and *Chaka* (1925), yet the current study focuses on one novel by Mofolo, which is *Chaka*. They looked at identity as another aspect in *Chaka*, other than the presentation of the sub-theme *bongaka*, which the latter is the concern of the present study.

On the other hand, Sandwith (2018) conducted a study to present a reading of the multiple staging of *Chaka by Mofolo* (2003). Sandwith assesses the changes in the material and paratextual production of the text to determine the changes in the material and paratextual shapes that the text has accrued on its journey through time and space. They continued to pursue the African authored text during colonial, apartheid post-colonial and post-apartheid contexts. Sandwith's (2018) study further uncovered that *Chaka* has appeared in several formats, editing and translations. The study has also found that *Chaka* has been reworked as abridgments and serialisation and has been produced as a graphic novel. Their study, therefore, concluded that the changing material object accords a rich manuscript of the traces of earlier interventions and engagements and sources that are important for both literary criticism and historiography.

Sandwith's (2018) study informs the current study on developments that can be made in novels. Although the current study is analysing the same book, it looks at how *bongaka* is presented, not the changes in the material and paratextual production of *Chaka*. This means that Sandwith's study did not look at how *bongaka* is portrayed.

Similarly, Mahlaka (2021) studied chieftaincy in *Chaka* by Mofolo (2003) in the development of Sesotho literary works. The purpose was to find how chieftaincy is attained and the consequences of preserving chieftaincy in a chief's family. They employed qualitative research design, collected data through textual data collection method and analysed data with the Relative Deprivation Theory. Mahlaka's (2021) study concluded that chieftaincy has a great and valuable position in the culture of the Africans.

The current study adopts the previous study's research design and data collection method as it is also stationed on texts. However, Mahlaka's (2021) study focused on chieftaincy while the current study explores the presentation of *bongaka* in *Chaka* and the other selected texts. In their study, Mahlaka (2021) used the Relative Deprivation Theory while the current study uses the Afrocentricity.

Again, Ncheke (2021) carried a study looking at the culture of *ho khethela molekane* as portrayed in the novel, *Meokho ea Thabo*. In their qualitative study, Ncheke (2021) used purposive sampling and the Bowen Family System Theory. Ncheke's (2021) (study) found that the culture of *ho khethela molekane* is influenced by socio-cultural factors and has its merits. Ncheke (2021) continued to expound that children find it difficult to accept their parents' choice but ultimately discover that they meet their expectations and standards. Their study concluded that *ho khethela molekane* is the responsibility of parents, and they should be allowed to perform their duty

The previous study's discoveries are adopted by the current study. The discoveries show the roles that are played by the novels in conscientising the society about various social issues such as *ho khethela molekane*. Nevertheless, Ncheke's (2021) study concentrated on the culture of *ho khethela molekane* within the Bowen Family System Theory while the latter examines the presentation of *bongaka* using the Afrocentricity.

The reviewed researchers' works have put forward that chieftaincy is important to the Africans; *ho khethela molekane* has merits; and that the female characters are presented in a biased way. They also identified that the text can appear in several formats. The texts that this study is analysing have already been analysed, but the focus was on different aspects. Consequently, the current study investigates how *bongaka* is presented in the selected texts.

### 1.7.3 Treating Illnesses in Traditional Medical Practices

Kajawu, Chingarande, Jack, Ward and Taylor (2016) also explored the African traditional medicinal practices on the patients with mental disorders in Harare, applying exploratory qualitative methods and interviews. They noticed that herbalists are the main healing category and are consulted mainly by women with problems associated with witchcraft. Kajawu *et al.* (2016) study even found that the traditional healers are also valuable and underused as a mental health resource. The healers use distinct treatment methods such as spiritual power that meets cultural expectation.

Kajawu *et al.*'s (2016) study finding, which states that the traditional healers are valuable, as well as the one indicating that the African traditional herbalists help in solving the women's problems, is adopted in this study. The findings show the value of the traditional healers in healing the mental disorders using the spiritual powers. Their study further informs the current study on the ability of the traditional medical practices in healing the mental diseases and protecting people against the witchcraft. Different from their study, the current study employs qualitative research design and documentary methods. The present study also reviews *bongaka* in the selected texts while Kajawu *et al.*'s (2016) study has not centred their investigation on *bongaka* in the Sesotho texts. Rather, they looked at how illnesses are treated through traditional medical practice using exploratory qualitative methods and interviews.

Kala (2017), too, reviewed the strength of the traditional health care system and medicinal plants in India that have been contributing to health care. The medicinal plants have been used from time, immemorial and are also the community's number one priority for chronic diseases. Kala's (2017) study used extensive literature survey. They found that the Indians' system of medicine functions through the local health tradition and the classical scientific system of medicine. Besides, most communities use plants as the primary source of health care even though traditional knowledge is under threat of misuse.

By discovering that the Indian medicinal plants are the primary source of health care, Kala's (2017) study has informed the current study on the importance of the traditional medical practices. Kala's (2017) study indicates that the traditional health care system treats chronic

diseases with the medicinal plants. However, their study is based on the Indian medicinal plants whilst the current study focuses on *bongaka* portrayed in the selected Sesotho texts.

Alegbeleye (2019) evaluated the traditional medical practices to examine some claims, outcomes of use and the general knowledge of the benefits and safety of herbal medicine in Cameroon. They discovered that the African traditional medicine as a holistic health care system is organised into divination, spiritualism and herbalism. Alegbeleye (2019) clarified that the traditional medicine is part of local traditions, culture and taboos that makes it acceptable and demanded. They continued explaining that it is directly and indirectly contributing to modern medicine despite its toxicity that may endanger the user's health. Alegbeleye (2019) further realised that some traditional medical practitioners claim the success that is not verifiable.

Both studies are addressing indigenous medical practices. Alegbeleye's (2019) study has mentioned that the African traditional medicine is organised into divination, spiritualism and herbalism; therefore, the notion is incorporated in this study as it stipulates the practices in *bongaka*, which the current study investigates. However, Alegbeleye's (2019) study used structured interviews whereas the current study employs documentary sources. Even though, Alegbeleye's (2019) study argues that the traditional medical practitioners claim success, such claim is not verifiable; that is, the argument is debatable because the traditional medical practices have been supporting the societies before the introduction of the modern medicines.

#### 1.7.4 *The Contribution of Traditional Medicinal Plants in Traditional Medical Practices*

Karunamoorthi, Jegajeevanram, Vijayalakshmi and Mengistie (2013) explored the significance of the traditional systems of medicine, particularly the traditional medicinal plants as a primary health care modality in developing and resource-poor countries. They further identified the existing challenges and the opportunities to preserve the traditional medicinal plants using the Boolean search strategy. They found that the traditional medicinal plants serve as an important source and as a tool to treat various ailments in developing countries. Karunamoorthi *et al.*'s (2013) findings show the effectiveness of the traditional medicines in curing diseases. Their study is also based on the traditional medicines, which are used in *bongaka*. However, the current study is investigating the presentation of *bongaka* in the chosen Sesotho novels, which is not the case with their study.

Moreover, Benedict (2014) and Kwame (2016) carried out studies on the traditional medicine. Benedict (2014) looked at how health systems amongst the African societies ensure healthy life. Benedict (2014) realised that the role played by the traditional medical practitioners in rural areas in the health care should be considered. They further recognised that indigenous medical practices should also be strengthened. Benedict mentioned that attention should be given to procedures that need to be eliminated and modified in the health care system. The traditional medical practitioner's contribution to health care should be improved too. Their discoveries are adopted as they are likely to expand the coverage for the current study by implicating the perception and acceptance of indigenous medicine used in *bongaka*.

Kwame (2016) also carried out a study on the traditional medicine healing practices and healing amongst Dagomba of Ghana, inclusive of influences towards its choice in the formal Ghanaian health system. Kwame (2016) discovered that amongst the Dagomba, the traditional healing is mainly affected by their cultural norms and health philosophies. They believe that illness is caused by internal and external forces, and that the choice of the healing system relies on the nature of the illness. Kwame's (2016) study has given the causes of illness, which lead to the use of practices of *bongaka*. Their study further looked at the healing practices, which are part of *bongaka* that the current study is investigating. Therefore, their study informs the current study on what influences the society to choose the indigenous healing practices. Their study used in-depth individual interviews, focus group discussion, qualitative questionnaires, as well as personal observations whereas the current study employs the documentary method.

In addition, Moteetee and Seleteng-Kose (2016) conducted a study on the traditional medicinal plants. Their study objected to show the importance of the medicinal plants used in *bongaka*. They used observation, documentary sources and interviewed the traditional medicinal practitioners in Maseru. As a result, Moteetee and Seleteng-Kose's (2016) finding indicated that 87 plant species treat reproductive ailments, and they identified the plants that treat the reproductive ailments on both the Basotho male and female. Those documented plant species treat several reproductive problems, such as, infertility and treatment of breast and cervical cancer, amongst others. Their study further revealed the ability of the traditional medicines in curing illnesses. Their findings enlighten the current study on the effectiveness of indigenous medical practices. Their study and the current one used the documentary method of collecting

data; however, their study is not dealing with *bongaka* in the Sesotho novels, which is the focus in the present study.

Furthermore, Mogumeri, Chatanga, Raditladi, Makara and Taraira (2016) conducted a study to describe how the medicinal plants are used in Lesotho, not *bongaka*, emphasising ethnomedical information and conservation status of the plants. They used questionnaires and interviews while the current study uses documentary method. However, their study is focused on the use of medicinal plants whereas the current study looks at the presentation of *bongaka* in the selected Sesotho texts. Their study described the danger that the medicinal plants face in Lesotho, and how they can be saved. In a way, it addresses medicinal plants that are part of *bongaka*. Therefore, their study disclosed that the medicinal plants used in *bongaka* are at risk of extinction, yet they treat most diseases. They are even sold, thereby contributing to the economy of the country. The contribution of medicinal plants in traditional medical practices has been reviewed.

On the other hand, Mabaleha, Zietsman, Wilhelm and Bonnet (2019) determined the medicinal plants that treat the mental illnesses in Berea, Leribe and Maseru. They used unstructured and semi-structured, one-on-one interviews. Mabaleha *et al.*'s (2019) study revealed the medicinal plants that heal mental illnesses. Their study showed the efficacy of the traditional medicine in healing the illnesses. Therefore, the current study investigates the presentation of *bongaka* in the selected Sesotho texts as *bongaka* treats illnesses.

#### *1.7.5 People's Perceptions on Traditional Medical Practices*

Bereda (2002) analysed the role of the traditional healing as a health care delivery system. The purpose is to determine whether the health practitioners appreciate and understand traditional healing system. Bereda used mixed method research design, incidental and purposive sampling, as well as open ended and close ended questionnaires on 15 participants.

Bereda's (2002) study found that some health professionals do consider the importance of some traditional practices and believe that the traditional healers can be used at primary level of intervention as village health workers, providing diagnosis services to the community. They even

indicate that the health consumers should be allowed to seek help from the traditional healthcare system if they desire.

Bereda's (2002) findings, which state that the health consumers should be given freedom to choose the health system that they desire, and the one that consider the traditional healers as important, are adopted. In addition, the findings indicate the perception of other people on *bongaka*, which is what the current study also, intends to find. Bereda used mixed method research design, as well as incidental and purposive sampling. However, the current study adopts qualitative research design and purposive sampling as the current study is dealing with the texts.

Furthermore, Pinkoane, Greeff and Williams (2005) investigated the relationship between the traditional healers and patients. They wanted their views about the South-Sotho traditional healing process. The scholars used qualitative design, purposive sampling method and collected data through video camera and semi-structured interviews. They found that the manner in which the traditional healers are perceived by the patients and the needs, as well as the expectations of patients, may be a driving force behind their continuous persistence to consult the traditional healers. They further discovered that the traditional healers are able and have power to treat the illness that black people suffer because of transgressing cultural norms.

Pinkoane *et al.*'s (2005) study focused on therapeutic techniques used in the healing process, the traditional healer, patient relationship, as well as their views of the South-Sotho traditional healing process while the current study investigates the presentation of *bongaka* in the Sesotho texts. However, the current study adopts the research design, sampling method and the findings stating that the patient's perceptions, needs and expectations are a motivation behind choosing the traditional healer.

Lastly, Orcherton, Orcherton and Kensen (2021) looked at how the traditional health practices are perceived by the iTaukei people living in villages and peri-urban areas in Fijian Islands. They focused on its perception, success, importance and factors influencing its choice. They used qualitative research approach, ethnography and case study research designs, and data were collected from six villages. They found that the knowledge that the healers used to treat common illnesses is recently dispersed and shared with community members. Again, the traditional health

practices are mostly used due to their effectiveness and efficiency, amongst others, in healing spiritual and mental problems.

Orcherton *et al.*'s (2021) qualitative research design is adopted as the current study is dealing with texts not numerical data. Their findings are also adopted as they highlight how the society views the traditional health practices. Nevertheless, their study even focused at the traditional healing practices success, importance and influence of choice whereas the current study is assessing the presentation of *bongaka* in the Sesotho texts.

#### *1.7.6 Conclusion*

The section reviewed the works of the scholars on the texts under study, the traditional medical practices in treating illnesses, the contribution of medicinal plants on traditional medical practices and the perceptions on the traditional medical practices. However, the reviewed scholars have not explored *bongaka* in the Sesotho novels. It has been revealed that some members of the society appreciate the traditional medical practices even though they co-exist with the modern medicines.

#### **1.8 Theoretical Framework**

The section presents the theoretical framework. The current study adopts the Afrocentricity Theory to analyse the presentation of *bongaka*. Some developments have been done by the Afrocentrists. Mgbeadichie (2015) indicates that Du Bois employed the theory in 1930 to project black experiences and practice. Mgbeadichie (2015) clarifies that the people like E.W. Blyden, W.E.B. Du Bois, J. Rogers and Woodson formed a school of thought known as the Afrocentric Education based on the African values. Mgbeadichie further mentions that Marcus Garvey is the first person to claim that ancient Egypt gave the world civilisation. Regarding the work done by the Africans back then, it is evident they fought for their identity and liberation.

Moreover, Chawane (2016) explains that the Afrocentricity has been developed during the civil rights in the United States of America. It was institutionalised in the Temple University School and has given rise to the Black Nationalist thought, Negritude and Pan Africanism in varying forms such as Black power management of 1960. Chawane further explains that the

Afrocentricity was popularised by Molefi Kete Asante, a leading theorist on the Afrocentricity, who developed and articulated it (Walker and Burbanks, 2010).

Anderson and Asante (2012) assert that the Afrocentricity emerged as the theory of social change and anti-oppression seeking agency and action. It also came as a response to the cultural imposition and biases brought by the Eurocentric theorists. Walker and Burbanks (2010) and Anderson and Asante (2012) pronounce that the Afrocentricity looks at the processes that the Europeans used to marginalise Africans, and how they negated the agency of the Africans and the histories of Africa. They further explain that the Europeans invalidated and deemed illegitimate culture, histories and thoughts of Africa from the past that the Africans might have tried to hold on to.

In addition, Chawane (2016) posits that the Afrocentricity is an intellectual movement, political view and historical evolution that emphasises the African culture and achievements. They further state that it is an academic exercise that is explained in terms of methodology, theory and ideology. Chawane further asserts that theoretically, it puts the African people at the centre of any analysis of the African phenomena in terms of actions and behaviour. In relation to ideology, the Afrocentricity serves as the base on which knowledge should be grounded.

Anderson and Asante (2012) conclude that the Afrocentricity has, consequently, been used in communication, sociology, social work, philosophy and literature. As an ideology of the Africans, it can also analyse *bongaka* as part of the culture portrayed in some novels. In particular, the presentation, the procedures used in administering *bongaka*, as well as the perceptions of the characters regarding *bongaka* as depicted in the chosen texts.

The origin of the Afrocentricity is, therefore, based on various reasons and purposes such as counteracting the Eurocentricity. The Afrocentrists are committed to liberating the Africans from the European injustice and strive for an appreciation of the African values and beliefs. The theory has started in the United States of America in the 19<sup>th</sup> century; it first appeared in an 1827 editorial Freedom's Journal in the first black newspapers in the United States of America (Chawane, 2016). Chawane also attests that it emerged to challenge the Eurocentric perspective of looking at the world from their point of view, and due to experiences of slaves that resulted

from the transatlantic slave trade. Therefore, the Africans made efforts to liberate themselves from the Westerners as early as the 19<sup>th</sup> century.

Additionally, Walker and Burbanks (2010) and Chawane (2016) describe the Afrocentricity as the theory that analyses and interprets, amongst others, culture and history of the society from a conceptual, methodological and theoretical frameworks. According to Early, Moses, Wilson and Lefkowitz (1994:45), the Afrocentricity is “an intellectual movement that stresses the culture and achievements of Africans.”

Furthermore, Chawane (2016) states that the Afrocentricity puts Africa and her people at the centre and privilege the actions of the Africans and their descent to reconstruct the global African identity and subjectivity. It even proposes that the Africans are misunderstood when using viewpoints and terms other than that of Africa to study Africa.

The Afrocentricity further rejects the disempowerment of the African people in their culture (Mgbeadichie, 2015). Selepe (2008) and Davis, Williams and Akinyela (2018) have also realised that the Afrocentricity is a way of restoring and denoting the African cultural identity through literary studies as it is grounded in experiences and knowledge of the Africans. However, some scholars contend that there is no unity of thought in the continent of Africa (Chawane, 2016). As a result, the realisation that the Africans have about the deprivation of their identity and their oppression has led to their initiatives in claiming back what was taken from them.

Furthermore, Mazama (2001) and Dlamini (2018) state that the Afrocentricity has gained popularity in America, the Caribbean, Europe and Africa. Their view is that it has instilled the spirit of pride and victory to the Africans and non-whites for they can voice their grievances and freely talk of their culture. The researcher believes that the popularity was a result of great numbers of the Africans and non-whites in the given countries. They were taken to Europe for slavery and forced to change their folkways (Walker and Burbanks, 2010).

In line with the tenets of the theory, Mazama (2001) explains that the Afrocentricity has the following concepts: centre/location/place, dislocation and relocation. Mazama states that the centre is constructed on beliefs and culture and detects an individual's identity. Chawane (2016) supports that the Blacks must look at knowledge from the view point of the Africans. Dislocation,

on the one hand, occurs when a person is using ideas and practices of another culture while relocation, on the other hand, depends on an individual's preparedness to accept the agency based upon the reverence to the ancestors (Mazama, 2001).

In addition, Asante (2009) contends that the Afrocentricity elevates the centrality of the African culture and activates consciousness of the African ideals and values that have to be conveyed in a respected manner. They aver that the black people should be at the centre and be central to their history and culture so that they act as agents, actors and participants rather than as marginals. In that case, it becomes a revolutionary idea as it studies any phenomenon from a standpoint of the black people as subjects, not objects. Centrality also allows the Africans to be prepared to act upon their interpretation of what is in the best interest of the black people as a historically oppressed population.

The study uses the aforesaid Afrocentricity tenets by Asante (2009), Walker and Burbanks (2010) and Anderson and Asante (2012) to examine the presentation of *bongaka*. The procedures that are used in administering *bongaka*, as well as the perceptions of the characters about *bongaka* and its significance as depicted in the chosen books, are also looked at from the perspectives of the Africans. The analysis is from the view point of the Africans where the black people participate in their cultural issues.

## **1.9 Methodology**

### **1.9.1 Introduction**

The section outlines the methods and steps that the researcher took in designing and collecting data for the study. Those were meant to aid in the analysis of *Meokho ea Thabo*, *Chaka* and *Molahluoa* to bring to light how *bongaka* is presented in these texts. Therefore, the section provides the research approach, participants, sample and sampling method, data collection method and data analysis procedure.

### **1.9.2 Research Approach**

According to Kumar (2011), a research approach is a plan that outlines the structure and strategy of investigation. There are three main research approaches. They are qualitative, quantitative and mixed methods. The study has, therefore, adopted qualitative research approach. It is an

approach used for exploring and understanding the meaning that the individuals or groups ascribe to a social or human problem (Creswell, 2014). The current study is reviewing *bongaka* from the Sesotho texts as *bongaka* is a phenomenon that supports people in real life situations (Motlamelle, 1985). The approach has been selected due to its nature as it allows the researcher to explore a phenomenon, interpret and understand it (Creswell, 2014). The current study's data were presented in words and sentences to portray the human conduct that delineates *bongaka* in the selected texts. The study has not engaged in the numerical data. Data analysed were viewed from the text-oriented perspective.

Moreover, the qualitative approach was used as it lets the researcher to read, and analyse the way *bongaka* is presented in the selected texts. According to Terre Blanche, Durrheim and Painter (2006), the qualitative research approach enables the researcher to engage in open and in-depth descriptions. It even identifies and attempts to understand categories of information that emerge from the data. Kumar (2011) further asserts that the qualitative research approach focuses on understanding, explaining, exploring, discovering and clarifying situations, feelings, perceptions, attitudes, values, beliefs and experiences of a group of people. Therefore, the study uses qualitative research approach to explore and understand how *bongaka* is presented.

### 1.9.3 Method of Data Collection

Data collection is a process of gathering relevant information that needs to be analysed (Igwenagu, 2016). The practice is carried out to get information that will answer the questions asked in a research. The data collection method used is the documentary method. The documentary method is the analysis of documents containing information about the phenomenon being studied (Mogalakwe, 2006). The documentary research is suitable for this study as it enables the researcher to explore the relevant information about *bongaka* in the selected novels. Besides, information can be accessed any time convenient to the researcher (Creswell, 2014). Therefore, the data for this study were obtained from the following texts: *Chaka* by Mofolo, *Meokho ea Thabo* by Khaketla and *Molahluoa* by Tšasanyane-Ralengau. Other relevant and additional sources of information to the study, such as, available literature, scholarly articles and dissertations were inquired.

#### 1.9.4 Population

Population for this study is the Sesotho novels that have addressed *bongaka*. According to McMillan and Schumacher (2014:143) population as the term used in qualitative research, refer to “the group of elements or cases, whether individuals, objects or events that conform to specific criteria and to which we intend to generalise the results of the research.” In this study, population is the Sesotho novels written by the Basotho, particularly the Sesotho novels published in 1983, 2001 and 2003 that have addressed the issue of *bongaka*. The researcher seeks to find how *bongaka* has been presented throughout the identified years. The range of years is aimed at observing the portrayal of *bongaka* over varying times.

##### 1.9.4.1 Sample

The study has selected three Sesotho novels as its sample. McMillan and Schumacher (2014:143) defines sample as “the group of subjects or participants from whom the data are collected.” The researcher chose three texts published in 1983, 2001 and 2003. The chosen texts are representatives of the Sesotho novels that have depicted *bongaka* and portrayed it in the development of the Sesotho novels. Therefore, *Chaka*, *Meokho ea Thabo* and *Molahluoa* are novels chosen as representatives. They are written by the Basotho and published in different years. The researcher believes that the varying years have their own challenges, which have intrigued the authors’ interest to write about incidents of that time that include *bongaka*. It has to be noted that *Chaka* by Mofolo was first published in 1926 and *Meokho ea Thabo* by Khaketla in 1951. In this study, only the representatives of the Sesotho novels that have information on *bongaka* can be investigated; for this reason, a sample has been chosen.

##### 1.9.4.2 Sampling Method

The selection of the population to be studied in qualitative research is referred to as sampling. The study employed non-random sampling method. Non-random sampling is a sampling technique that allows the researcher to decide on samples based on the researcher’s personal feelings or opinions on the matter under investigation (Datta, 2018). As a result, the non-random sampling method has been selected as it allows the researcher to use their judgment when choosing a sample that represents the population under study based on the researcher’s knowledge of population (McMillan and Schumacher, 2014). Since this is a qualitative research

study, the non-random sampling method was, therefore, used. Besides, the sampling method allowed the researcher to make her judgments on how *bongaka* is presented.

The researcher opted for a purposive sampling method. Kumar (2011) states that the purposive sampling method is a method that gives a researcher a chance to use their judgment to choose the text that provides the information needed to achieve the objectives of the study. The chosen sampling method enabled the researcher to use their knowledge to select a sample useful for research. Hence, the researcher has chosen *Chaka*, *Meokho ea Thabo* and *Molahluoa* to give information on *bongaka*. Furthermore, only three texts have been chosen as representatives of the publication from 1983, 2001 and 2003 to see how *bongaka* has been presented as a cultural practice through varying decades. The three texts seemed to be adequate considering the length and the purpose of the study.

The choice is based on the fact that the researcher is a Sesotho teacher and has read the selected texts and got intrigued by their message. After reading and re-reading the selected texts from the researcher's collection and from the library at her workplace, it was realised that the texts portray practices of *bongaka* on various situations as a sub-theme, which the study probes. The researcher then chose the words and sentences from the texts that reflect *bongaka*.

#### 1.9.5 Method of Data Analysis and Interpretation

The collected data was analysed and interpreted. According to Creswell (2014), data analysis and interpretation include dividing and taking apart data, as well as putting it back together in themes emanating from the research questions. As a result, the data were analysed thematically using the Afrocentricity theory as it looks at matters in an African view (Chawane, 2016). The analysis is categorised into chapters. The chapters have the following headings from chapter two to four respectively: the presentation of *bongaka*, the procedures used in administering *bongaka* and the perceptions of characters about *bongaka*. The study has 52 excerpts; chapter two has excerpt 1-14, while chapter three has excerpt 15-34 and the last chapter of the analysis has excerpt 35-52. The excerpts are presented under the subheadings in the chapters and their literal translations are provided. The chapter headings enabled the researcher to unpack words that communicate behaviours, actions and emotions of characters on the presentation of *bongaka*. The section has

addressed the research approach, method of collecting data, population, sampling method and method of analysing and interpreting data on *bongaka*.

### 1.10 *Organisation of the Study*

The study is organised into the following chapters: chapter one deals with the introduction, the background information to the study and the statement of the problem, the research questions and the hypotheses, the purpose of the study, the rationale as well as scope of the study, the theoretical framework, the research methodology and the organisation of the study.

Chapter two analyses the presentation of *bongaka* in *Chaka*, *Meokho ea Thabo*, and *Molahluoa*.

Chapter three concerns itself with the procedures used in administering *bongaka* in the selected texts.

Chapter four ends the analysis with examining the perceptions of characters about *bongaka* in the chosen texts.

Chapter five provides the conclusion of the study as well as recommendations.

## CHAPTER TWO

### THE PRESENTATION OF *BONGAKA* IN *CHAKA*, *MEOKHO EA THABO* AND *MOLAHLUOA*

#### 2.1 Introduction

The chapter examines how *bongaka* is presented in the selected texts. Presentation in this study refers to how the practices and practitioners of *bongaka* are shown in the selected texts. Pradesh (2015) explains that the presentation is the practice of demonstrating and elucidating the content of a topic. The section sets out to investigate the appearance of *lingaka*. The medical apparatus used by *lingaka* and their dress code are also viewed. The study further examines the language of divination used by *lingaka*. Fourteen examples that reflect the presentation of *lingaka* have been cited from the selected texts. The study employed the Afrocentricity theory as its analytical tool. The theory advocates that the Africans are dislocated and should be relocated, be at the centre and be central to their culture.

#### 2.2 The Appearance of *Lingaka*

In this study, appearance means the way *lingaka* look. According to Ogden (2013) appearance refers to the physical and abstract picture that we have in our minds of the human body. The appearance could, therefore, involve the nature or the qualities that an individual has, which can be seen or be reflected in their actions or their feelings and thoughts. Ogden (2013) clarifies that there are mental pictures and representations involved in the appearance of an individual. The appearance might be external or could reflect the internal characteristics. The external appearance could include the character's dressing, physical features, such as hair, height and weight whereas the internal traits might encompass the external events based on how the characters feel or think. The feelings and thoughts can be revealed by behaviour, such as, insecurity, fear, curiosity or generosity. Therefore, this section analyses the facial expression of *lingaka*, their physical appearance and their internal character traits, which can be reflected in their behaviour and on their facial expressions.

### 2.2.1 Facial Expressions of *Lingaka*

Facial expressions, in this study, refer to the reactions seen on the extracts. On this issue, Zebrowitz (1996) states that facial expressions are communicative, and that they may express anger, disgust or happiness. The examples of facial expressions can be viewed in example 1 and 2 below.

1

*A fumana monna oa ngaka ea lilemo li mahareng a mo talimile ka chalimo ea mofuta, a fumana sefahleho sa monna eo se soentse.* (Mofolo, 2003:39-40)

(He found a middle-aged man who is a traditional healer looking at him in a strange way, he finds the man's face frowned).

2

*Mahlo a thalatsa a sa tsitse eka o bona ntho e 'ngoe.* (Tšasanyane-Ralengau, 2002:67)

(His eyes were moving around as if he was seeing something).

The above extracts demonstrate the looks on the faces of *lingaka*. The look in the eyes reflects various emotional expressions such as misery or anger. Calvo and Nummenmaa (2008) support that emotional expressions reveal the intentions and needs of people, thereby indicating what observers can expect, and how they should adjust their behaviour. Therefore, the looks in the above examples could shock the observers. In example 1, Chaka meets the middle-aged man, who is looking at him (Chaka) in a strange way, Chaka might not have expected from a stranger. The look is unusual such that the author refers to it as *chalimo ea mofuta* translated as “a strange look” The way the man is staring at Chaka seems like he is searching for some information from Chaka or is trying to read his mind, or to find how he is feeling. Alternatively, *ngaka* has already foreseen some information about Chaka. The strange look is an indication of the ability of *ngaka* to sense the challenging situation that he has to deal with.

Chaka also realised that the man's face is frowned as the author relates: *sefahleho sa monna eo se soentse* “the man's face was frowned”. The look may be linked to the man's crookedness. *Ho soenya* “frowned” could as well be associated with emotional feelings. The look can even be seen as an unfriendly behaviour. The stated behaviour is reflected on the face of *ngaka*.

Therefore, the man can be viewed as an unrighteous person. *Lingaka* might look ruthless based on the nature of the issues that they are dealing with.

Example 2 focuses on Jafeta's eyes when he arrives at Ratalimo's home. They are not steady, he looks everywhere in the house as if he is in search of something. He looks like he is sensing something wrong due to his ability and knowledge of his work. The look in his eyes probably emanates from the preliminary diagnoses that he could be making. The look suggests that Jafeta is studying the condition of the family.

Based on what is seen on the faces of the selected *lingaka*, their facial appearance tells that they can realise a problem on time. This is done even before *lingaka* get into the real examinations. *Ngaka* looks at Chaka in a strange look. Molahluoa also observes that Jafeta's eyes are in search of something. Both *lingaka* look unusual. They might look strange because they have foreseen the trouble faced by Chaka and the family of Ratalimo. This could have been instigated by their ability to foresee the unseen. In this case, *lingaka* are participating in their culture and are at the centre of their culture. They were able to detect the problem as they viewed the situation from the perspective of the Africans, not the Western view. Their ability conforms to the Afrocentricity purpose of seeing the Africans as subjects in their culture. Mazama (2001) has a view that the Africans have to be proud of their culture and embrace it as it defines them.

### 2.2.2 *Internal Character Traits of lingaka*

In this study, internal character traits refer to the inward feeling in a person that can be observed in individuals' behaviour or reflected in the individuals' appearance. The internal character traits determine the personality of a person. In support of this, Yunus, Wahab, Ismail and Othman (2018) explain that personality is seen as a unique pattern of maintaining feelings, thoughts and actions that show the character of an individual. They further clarify that internal character traits include traits, such as, honesty or compassion. The character's behaviour would, therefore, be examined in this section as shown in example 3 below from *Chaka*:

3

*Ka har'a mahlo a hae, a bona lonya le sehloho se fetisang, a bona motho ea pelo e mpe ho feta babolai, lehlabaphieo* (Mofolo, 2003:40).

(In the man's eyes, he saw a ruthless and heartless man ever; he saw someone who is more heartless than serial killers, a traitor).

In example 3, the personality of *ngaka* is reflected in his eyes. His surpassing cruelty, meanness, evilness and that of being a traitor could easily be seen in his eyes as stipulated in the above example. It could be concluded that *lingaka* never have peace since they fight ailments that are caused by evil spirits sometimes. In the face of Isanusi, Chaka perceives wickedness. Isanusi could have been worried about Chaka's life. The appearance might also tell about his strengths and bring hope to those who may need his services and for those who know his work.

The looks on Isanusi show his emotions due to what he might have foreseen in Chaka's misery. From the view point of the Africans only seers can foresee the unknown; therefore, he is central to his culture. This aligns with the concept of centrality in the Afrocentricity, which advocates that the African people should be viewed, and they should view themselves as agents of their culture. The unfriendly look on Isanusi, consequently, implies that *lingaka* pay attention to issues that involve their job.

### 2.2.3 Physical features of *lingaka*

Physical features in this study are the features of the human body that are observable such as height, weight, size and shape. The mentioned features allow people to describe others in terms of their visible features. The following examples show physical features of *lingaka* in *Molahluoa, Meokho ea Thabo* and *Chaka*. -

4

*Jafeta o ne a le molelele, a le motenya, a le motšo eka mosili, Limpa tse ntšo tsena li ituletse feela kantle li sa apesoa* (Tšasanyane-Ralengau, 2002:67).

(Jafeta was tall, fat and was as black as soot. His bare black belly was just exposed).

5

*Thabana le mosali oa ngaka ba fihla. Mosali eo a hlile a le 'mele* (Khaketla, 1983:14).

(Thabana arrived with a female *ngaka*. That woman has a heavily built body).

*A le moriri o maebe-ebe* (Mofolo, 2003:39).

(He had a swinging hair dropped on all sides).

The examples 4-6 reflect the physique of *lingaka*. Examples 4 and 5 depict Jafeta and *lethuela* respectively in the following manner: *a le molelele, a le motenya, a hlile a le 'mele* “was tall, fat and has a huge body.” In an African perspective, the characteristics could be linked with good health, strength and shape of the chosen *lingaka* as delineated in the extracts. Their strength could give them energy to help patients all the time. The strength might result from the physical performance of *lingaka*'s duties, which require them to move from one place to the other seeing patients. It could also be due to their healthy living as they use medicines, which might keep them healthy. The authors have differentiated *lethuela* and Jafeta from 'Malehlohonolo and 'Mamoeketsi who are presented in this manner: *a le mokhutšoane* “was short” (Tšasanyane-Ralengau, 2002:6) and *a tšabeha ke ho ota* “was dreadfully thin” (Khaketla, 1983:141) respectively. On this issue, Estrada, Castillo, Vega, Sotelo and Murua (2018) state that people can do physical activities with ease if they are physically fit. In the same way, if Jafeta and *lethuela* are physical fit, they could reach their patients whenever they are needed. Zebrowitz (1996) explains that taller people are regarded as dominant. Consequently, Jafeta dominates other *lingaka* in healing and is, therefore, considered as a powerful *ngaka*.

As a result, sometimes a physique could be reflected on the looks of a person, for instance, in the size of the body. On this issue, Segoete (1983) says that in the olden days, women who were considered to have beautiful bodies were fat and overweight but young Basotho men could be identified with strong bodies. Therefore, in an African view, the selected *lingaka* reflect the Basotho with their bodies. At times, the physique of *lingaka* might be linked to their satisfaction in what they are doing and might imply that they have accepted their calling. It could even indicate good health since *lingaka* use medicines that can keep them healthy. Therefore, maintaining the African features, places *lingaka* in the African societies as recommended by Afrocentricity and they can be identified as Africans.

Example 4 presents Jafeta with a very dark complexion, unlike 'Mantai (Molahluoa's mother) and 'Malehlohonolo, who are presented in the following manner: *a le mosehlana, a le*

*mosoothoana* “with a light and brown complexion” respectively (Tšasanyane-Ralengau, 2002:6). From the standpoint of Africans, the dark complexion is common amongst the Basotho. However, unlike other characters, the author depicts Jafeta darker than others. Somehow, Jafeta’s looks may be linked to the traditional medicines that he uses and deals with, and he might have applied the traditional medicines to protect himself against evil spirits and to scare evil doers.

Example 6 illustrates the looks of the man whom Chaka meets, later known to be Isanusi. Chaka realises that the man has a swinging hair and that adds to his odd looking. The hair is described as *moriri o maebe-ebe* “swinging hair.” Something that is *maebe-ebe* is not put in order or taken care of. Therefore, Isanusi’s hair is swinging and has dropped on all sides of his head, probably covering some parts of his face. Nevertheless, that depends on the length of the hair. Concerning the nature of the hair, Motlamelle (1985) and Matšela (1990) assert that *lingaka* especially *mathuela* keep dreaded hair. It can be presumed based on the aforesaid description of *mathuela* that Isanusi is *lethuela* considering his hair.

Tšasanyane-Ralengau, Khaketla and Mofolo have presented the outward and internal appearance of *lingaka*. *Lethuela* and Jafeta are described by their appearance. Jafeta is further identified by his complexion and Isanusi by his hair. In these novels, *lingaka* are, therefore, preserving the appearance of *lingaka* and *mathuela* as the practitioners of *bongaka*. The way *lingaka* look portrays them as physically fit, healthy, well-structured and strengthened with the traditional medicine from the perspective of the Africans. This coincides with the Afrocentricity’s view as it strives to give the Africans their consciousness back (Chawane, 2016). This in turn liberates them from the European oppressions of being slimmer as they look like the Basotho.

The description of Jafeta given in the above discussion caused the reaction below:

7

*’Maseephephe (Molahluoa) o ne a sa eelloe hore esale a ema har’a ntlo a shebile Jafeta* (Tšasanyane-Ralengau, 2002:67).

(’Maseephephe (Molahluoa) was not aware that she had been standing in the middle of the house for a while, staring at Jafeta).

Molahluoa stood still at the centre of the house unexpectedly staring at Jafeta. Her reaction towards Jafeta implies that she is horrified or even surprised. She might have seen someone with similar physical features somewhere and is frightened to see him now. She is stunned by Jafeta's looks too. People usually stare at others because they are surprised or frightened. Even Molahluoa might be impressed by Jafeta as she is staring at him. Therefore, Jafeta looks in a way that makes people pay attention to him. The look might result from medicines that he is using as the medicines protect and strengthen them against evil spirits. However, in Sesotho, traditional medicines give people dignity. Molahluoa's reaction towards Jafeta indicates that she is dislocated and is viewing Jafeta in the lens of another culture. In support of this, Mazama (2001) stresses that dislocation occurs when an African lives in borrowed cultural terms. Therefore, Molahluoa might have viewed Jafeta in the lens of another culture.

*Lingaka* are presented keeping swinging hair, as Isanusi is portrayed having hair that hangs down on all sides of his head. *Lingaka* also wear tattered blankets and decorated cloaks. This is observable on the way Jafeta and *lethuela* are dressed whereas the physical features are reflected on their huge bodies.

Mofolo presents *lingaka* looking strange and scary while Khaketla portrays them with huge body as *lethuela* is not identified with any strange looks. Unlike, Mofolo and Khaketla, Tšasanyane-Ralengau presents them partially dressed and having strange eyes that also scare other characters. The Afrocentricity supports *lingaka* by maintaining features of the African people as they are acting as agents of their cultural issues, which the Europeans once invalidated and deemed illegitimate (Anderson and Asante, 2012). In the selected texts, *lingaka* have been depicted looking different from other characters.

### **2.3 Dress Code of *Lingaka***

In this study, a dress code means the expected way of dressing. Easterling, Leslie and Jones (1992) clarify that dress code market services. In some professions, such as, military forces and nursing, workers could be seen wearing clothes that are identical to them. In the same manner, *lingaka* have their way of dressing. They could even be seen carrying tools that they use. The examples 8-9 are from *Meokho ea Thabo* and *Molahluoa* respectively, and they portray the dress code of *lingaka*.

### 2.3.1 Clothes Worn by Lingaka

The section presents how *lingaka* dress as depicted in *Meokho ea Thabo* and *Molahluoa*.

8

*A apere liaparo tse tšoeu tse entsoeng ka maqapha, hohle 'meleng ho eena ho leketla mangelengene ho le liipone tse nyenyane* (Khaketla, 1983:14).

(She was wearing white clothes made of cloaks covered with craft jingle bells/beads and small mirrors all over his body).

9

*Molaleng a roetse sefaha se sesoeru, se fasitsoeng seipone. A apere kobo e thokoa ea letairi le khathetseng le masoba* (Tšasanyane-Ralengau, 2002:67).

(On his neck, he was wearing a white bead, tied with a mirror. He was also wearing a grey dilapidated blanket.)

The two examples, 8 and 9 show a dress code of two different *lingaka*. In one of the examples *lethuela* is presented wearing a white cloak stripped with jingle bells and mirrors while in the other, *ngaka* known as Jafeta is depicted wearing a tattered blanket. In the eighth example, *lethuela* is dressed in white. The white colour has various meanings: it could mean light, peace and purity, amongst others. For instance, the Lesotho flag has a white colour, which represents peace. In the Roman Catholic Church, *bana ba Maria* “children of Mary” wear white dresses, which signifies their purity. *Lethuela* could also wear white cloak to imply her pure thinking.

*Lethuela* could also wear a white cloak to show that she can see what an ordinary person cannot see. The white colour might also indicate that *lethuela* is a courageous and powerful person. On the same account, during consultation, *mathuela* could be heard saying: *Leseli!* “Light!” and *Khanya!* “Brightness!” Both words refer to light, so this shows that they are seeking clarity on the patient’s problems. They even light their consultation rooms during consultation. On this matter, Shange and Ross (2022) explain that spiritually, white colour is associated with light, positivity, purity and health. The colour of the cloak also signifies the ancestor behind the *lethuela*. On this issue, Martin (2014) explains that a white cloak worn by *lethuela* represents a lion.

In example 9, Jafeta is depicted in this state: *A apere kobo e thokoa ea letairi le khathetseng le masoba* “was wearing a grey dilapidated blanket.” The blanket associates Jafeta with other Basotho who could be seen wearing the blankets most of the time. The Basotho men used to wear *lefoqo* “a blanket made from a cowhide”, and nothing was worn beneath it. They also wore *setsiba* “a loincloth” (Segoete, 1983). Jafeta is, therefore, dressed like the Basotho as a practitioner of *bongaka*. In support, Bosko (2007) explains that the Basotho wear their blankets all the time for instance, the bereaved Basotho women wear blankets throughout their bereavement. Bosko (2007) further states that a blanket could have different meanings. It might denote that the wife is denying her husband the sexual rights. In this case, Jafeta could be wearing the blanket as a norm since it is dilapidated, indicating that he has used it for a long time. Dressing in a manner that represents one’s society is regarded by the Afrocentricity as being located. In support of this, Mazama (2001) states that the Africans should practice their culture in a consistent way as that indicates that they are active in their culture.

Like in most professions, the dress code of *lingaka* identifies them. Therefore, *lingaka* have distinguishable attire that reveals them. This is portrayed by both Khaketla and Tšasanyane-Ralengau in their texts when depicting *lingaka* dressed in a unique way. However, Motlamelle (1985) and Matšela (1990) identify dreaded hair, wearing beads and carrying *lechoba* as the dress code for *lethuela*. The manner in which *lethuela* and Jafeta are dressed shows that they are relocated to their culture as they are dressed in such a way that identifies them as *lingaka*. This is in line with the concept of relocation in the Afrocentricity. It poses that the Afrocentricity is the answer to the cultural imposition and biases of the Eurocentric, therefore, argues that it is vital to know and understand the culture and psychological location of the Africans (Anderson and Asante, 2012).

### 2.3.2 Accessories Made from Wild Animal Parts

Wild animals are animals that grow and live independently without being controlled by people. However, some were hunted in the past for meat while some were killed to get their skins, which could be turned into the accessories by people. On this issue, Van Uhm (2018) states that wildlife attracts people from all parts of the world. Some animals and their products are traded for various reasons. For instance, *lingaka* use various parts of the wild animals for different purposes; for example, they make clothes with animal skins. In support of this, Neiman, Leslie and

Wilkson (2019) posit that Xhosa and Sotho traditional healers highly value animal constituents and derivatives for curative purposes. They further explain that animal skins are mostly used. The section, therefore, looks at the use of accessories made from the wild animal parts by *lingaka*. The examples that follow from Mofolo, Tšasanyane-Ralengau and Khaketla show accessories made from the wild animal skins.

10

*Chaka a hla a tseba ka baka la likhetsi, linakeli le litšoene, hore ke ngaka* (Mofolo, 2003:40).

(Chaka has known that the man is *ngaka* because of his bags of medicine, skunks, and monkeys).

11

*Lehetleng o jere khetsi ea tona e entsoeng ka letlalo la katse. Letsohong teng o lechoba. Hloohong o ne a roetse letlalo la tšoene, molaleng a roetse sefaha se sesoeru se fasitsoeng leotoana la tlholo* (Tšasanyane-Ralengau, 2002:67).

(He has carried a huge *khetsi* (a bag of medicine) made up of a cat skin. He is also carrying *lechoba* ‘a fly-whisk’ in his hand. He was wearing a monkey skin on his head, on a neck was a white bead tied by a red hare’s foot)

12

*Ngaka ea kena e le lerumo le nchocho, ea kena e roetse katiba ea tšoene* (Khaketla, 1983:14).

(Ngaka entered carrying a sharp spear, wearing a hat made of a monkey skin).

The excerpts from 10-12 identify *lingaka* with accessories, such as, bags of medicines, hats and spears made of a monkey, cat and skunk skin. *Lingaka* use the wild animal skins to make hats or apparatus, such as, a bag of medicine, depending on the characteristics of the animal. On this matter, Wood (1999) explains that *linakeli* are animals commonly known for secreting defensive odour to repel their predators. Due to the ability of *linakeli* to drive away predators, *lingaka* could use their parts on their accessories with the same intention in their field of work to chase away the evil doers and keep away ailments, evil spirits and misfortunes.

Some animals like *litšoene*, too, are venerated by some tribes (Kgari-Masondo, 2014). They are, therefore, used by the Basotho to mark different clans. *Litšoene* are characterised by intelligence, courage, trickery and mischief. On this matter, Pinto-Marroquin, Aristizabal, Garcia-Del, Ruan-Soto and Seria-Silva (2021) support that monkeys are perceived to have moral principles and their skins are used to make cultural artifacts. In other instances, within the Basotho, the witches use *litšoene* or *thokolosi* to do their evil deeds. Conversely, Segoe (1983) asserts that *tšoene* is one of the divining bones. If it is in the middle, it is an indication that a person has been bewitched. In this case, Chaka identifies Isanusi as *ngaka* because of *litšoene*.

Cats also exist as wild by nature and as domesticated animals. They are characterised with sharp instincts and guardianship. On this issue, Neiman and Wentz (2019) clarify that the traditional healers have a belief that animal traits could be transferred from animals to people. Therefore, Tlhasinyane could have made his *khetsi* with a cat skin for reasons similar to the ones stated above.

In examples 10 and 11, Isanusi and Jafeta are presented carrying *likhetsi*. The bags of medicine make Isanusi and Jafeta to be viewed as *lingaka*. Chaka knew from his community that the accessories could not be carried by any other person especially at the same time, except *lingaka*. *Lingaka* usually carry *khetsi* wherever they go to ensure that they do not leave some medicines that they may need to heal their patients. This suggests that *lingaka* carry medicines that protect them, or they are carrying various medicines that treat ailments and the divining bones. On the same matter, Motlamelle (1985) expounds that *ngaka* carries a small *khetsi* that contains medicines that protect him. The presence of *khetsi* shows that *ngaka* could provide services any time. It is also a sign that they are *lingaka*, so people could ask for their medical services any time. It further enables *ngaka* to attend to any emergencies related to their work that may occur in their presence.

As a result, the wild animal skins that are used in making accessories stated earlier, suggest that the men are *lingaka* of a high calibre who could dispel witches and mischievous acts. The ordinary people do not carry the traditional medicines in such quantities. The accessories even enable *lingaka* to readily render services when they are needed as they have medicines with them. Moreover, *lingaka* could be regarded as acknowledging the traits that the animals have if they

use their skins when making their accessories. Isanusi and Jafeta are depicted carrying *likhetsi* that allow other characters to identify them. They, therefore, locate well with centrality, which is the concept of the Afrocentricity. The Afrocentricity expects the Africans to actively participate in their culture and not be objects controlled by the Whites (Mazama, 2001). Isanusi and Jafeta treat ailments with indigenous medicines as they are carrying them in their bags, not the Western medicines.

Example 11 further depicts Jafeta arriving at Ratalimo's home holding *lechoba* "fly-whisk". *Lechoba* is made from tails of the animals such as cows. The Basotho use *lechoba* to drive away flies. Sometimes *lechoba* is part of the attire in the traditional dances such as *mokhibo*. On this account, Matšela (1990) explains that *lingaka* usually carry *lechoba* wherever they go. Jafeta comes to Ratalimo's family carrying *lechoba* so that he could use it if needed. Carrying apparatus made of the local animals in *bongaka* concur with the Afrocentricity belief, which stresses that the Africans should move away from the European ways of thinking and living (Mazama, 2001). Therefore, from the stand point of Africans, Jafeta is located to his culture by using fly-whisk and wearing a hat made from the local animal skins.

On the same example, Jafeta is presented using white beads tied with a red hare's foot on the neck as his accessory. About the use of beads by *lingaka*, Thornton (2017) clarifies that the beads enhance, protect and strengthen the healers to resist forces around them. Shange and Ross (2022) further state that the white beads indicate that *ngaka* has completed the training. The white beads could even be regarded as a sign of purity (Zungu, 2000). In other cases, they could be seen threaded on the healer's hair. However, Rakotsoana (2001) supports that *mathuela* wear beads around their necks, wrists and ankles to symbolise the water snake that is behind their calling. Jafeta could also be *lethuela* as he is wearing beads. Therefore, *lifaha* "beads" could be regarded as protective tools to *lingaka* that guide them in their work. Moreover, Jafeta is also wearing *sefaha* "bead" tied with *leotoana la tlholo* "a red hare's foot". Hares are characterised as fast-running and intelligent animals. Therefore, *leotoana la tlholo* "a red hare's foot" worn by *lingaka* might be used with the same understanding that Jafeta could be skilful in his work too. -

In example 12, *ngaka* is presented holding a spear when checking on patients. A spear is a traditional weapon that was used by the Basotho warriors in the past. It was also used by the

Basotho men for self-defence at their homes. In other occasions, it could be noticed outside homes of *lingaka*. During hail storm, *lingaka* could be seen pointing at the direction of the storm with a spear to divert it (Motlamelle 1985).

The section has presented *lingaka* carrying *likhetsi*, *lerumo* and *lechoba* made from or decorated by the animal skins. The stated apparatus allows *lingaka* to be easily identified. They are also useful as *khetsi* carries medicines and divining bones that *ngaka* needs when healing. *Lechoba* is also needed when spraying with the traditional medicine and *lerumo* is carried as an indication of the powers of *ngaka*. *Lingaka* use the local animals to make varying accessories that allow other characters to identify them. The accessories made from the wild animal skins carried by *lingaka* can be viewed by the Africans as showing their readiness to render services. *Lingaka* are, therefore, relocated to their culture irrespective of the dominant Western health services in Africa. In the Afrocentricity's view, the African revolutionary shift in thinking adjusts to black disorientation, decentredness and lack of agency (Asante, 2009). Similarly, in the selected texts, *lingaka* use materials made from the animal skins.

#### **2.4 Language of Divination**

In this study, language use refers to the language *lingaka* use during divination. *Lingaka* could make a plea, praise *litaola* or reveal the unknown information about the patient. This section presents and analyses the language that *lingaka* use when divining their patients. This is done to expose how language presents *lingaka* as opposed to daily language or one used by ordinary people. The excerpts have been provided below for demonstration.

13

*Masapo a khomo tse shoeleng, malaola tse phelang, nyebekolla, u ntše liphiri le makunutu. Lelapa la Ratalimo ke lena le tsietsing* (Tšasanyane-Ralengau, 2002:68).

(Bones of the dead cattle, diviners of the living, dig, take out the hidden secrets. The family of Ratalimo is in trouble).

14

*Khatoutou ea bana ba Hlatsoane, khatoutou e katiloe mosili, ha se mosili ke mohlabelo'a basali, tšoene e finne mafito ka hohle. Mosali ea lony'a sehloho Ntsoaki, o tsoakile bohobe le lehatlelo, a hae mathe eb'e be litomoso* (Khaketla, 1983:106-107).

(The container of Hlatsoane's children, a container that is filled up with soot, it is not soot, it is women's medicine, a monkey has tightened knots everywhere. A crooked woman, Ntsoaki has mixed bread with women's menses, and leavened it with her saliva.)

The above examples present Jafeta and Tlhasinyane who is known as *ngaka* in the text praising their divining bones. In his praise in example 13, Jafeta is presented talking to *litaola* and calling them bones of the dead cattle, which divine the living thereby showing their use. Jafeta shows his plea as he directly requests *litaola* to disclose the problems faced by Ratalimo's family. Jafeta further states that the family is in trouble and seeks the problem to be revealed. On this account, Shange and Ross (2022) explain that the diviners diagnose the patient's illness by throwing divining bones. Jafeta also diagnoses using *litaola*. Likewise, Podolecka (2016) mentions that the diviners contact ancestral spirits to ask for advice and requests that they unveil the future of the patient.

The peculiar language that Jafeta uses in divination aligns with relocation as the concept of the Afrocentricity, which expects the Africans to embrace themselves as Africans and define themselves in their own terms (Mazama, 2001). Talking to *litaola* in a way that Jafeta did, shows the preparedness of Jafeta to accept the agency based upon the reverence to the ancestors. Therefore, Jafeta appreciates and uses his culture as he praises *litaola* in his language and states his requests.

Tlhasinyane is presented praising *litaola* in example 14 to find why Moeketsi is not coming home. In his praises, Tlhasinyane points out, *khatoutou* "a container", *mosili* "soot", *mohlabelo 'a basali* "women medicine", *tšoene* "a monkey" and *lehatlelo la basali* "women's periods". The words used by Tlhasinyane are ordinary, but may have a different meaning in the context of *bongaka*. About the stated matter, Motlamelle (1985) explains that some words used when divining, are new to patients, others are only known and used by *lingaka*. Therefore, the language used by Tlhasinyane could be understood by him only. Praising *litaola* locates Tlhasinyane in his cultural practice in the view of Africans as he uses the indigenous ways of finding the cause of the problem.

The texts presented *lingaka* praising their *litaola*. On this matter, Motlamelle (1985) clarifies that the manner in which divining bones have fallen, their praises and interpretation were a way

through which our fore-fathers knew the cause of their illnesses. On the perspectives of the Afrocentricity, the African *lingaka* are relocated to their culture by using the unique language when praising *litaola*, this shows *lingaka*'s preparedness to accept the existence of the ancestors. As a result, they elevate the centrality of the African culture (Mazama, 2001).

## **2.5 Conclusion**

The selected texts have portrayed the appearance of *lingaka* as scary and *lingaka* keeping swinging hair, amongst others. For instance, Chaka meets Isanusi with hair that was hanging down on all sides; he looks like a traitor. *Lingaka* carry accessories such as *lechoba*. Jafeta is also seen carrying one. *Lingaka* can be easily identified by their dress code. Jafeta and *lethueta* are portrayed wearing hats made of the monkey skin. The texts have also revealed that *lingaka* use a special language during divination. The act can be seen where Jafeta and Tlhasinyane conduct divination. The initiatives of the characters to use *bongaka* are in line with the Afrocentricity perspective as it aims at placing the Africans in control of their lives (Mazama, 2001). Characters and *lingaka* are also in control of their culture as they use it.

## CHAPTER THREE

### PROCEDURES USED IN ADMINISTERING *BONGAKA* IN *CHAKA*, *MEOKHO EA THABO* AND *MOLAHLUOA*

#### 3.1 *Introduction*

The chapter analyses the healing procedures used in administering *bongaka* in the selected texts. The healing procedures that are used in administering *bongaka* in this study are the health measures taken to manage, treat and combat diseases or disorders. They are also meant to address the patient's needs and problems, and to maintain individual well-being. The measures include divination, spiritualism and herbalism. Chaitanya, Baye, Ali and Usamo (2021) explain that an illness is considered to be a bodily disorder that has natural and supernatural causes. They further explain that the causes must be treated through various methods, such as, divinations, incantations, animal sacrifices, exorcisms and herbs based on the cultural, religious background knowledge and community beliefs. They perceive divination as a healing process where the healer seeks guidance from the ancestors. They consider spiritualism as seeking spiritual protection through sacrifices and regard herbalism as using herbs to cure diseases. The stated methods are examined in the selected texts and analysed.

The study uses the Afrocentricity as its analytic tool. The Afrocentricity advocates that the black people should be located to their culture. The section analyses excerpt 15-34 that address the administration and service fees charged by *lingaka* and various procedures that are used in administering *bongaka*. The following procedures are analysed, medical prescriptions given by *lingaka*, diagnosis of ailments or troubles, use of incisions, use of incantations and the application of medicines in different ways, such as, use of ointments, use of poultices, sprinkling and pegging with traditional medicines and use of charms.

#### 3.2 *Administration and Service Charges by Lingaka*

In this study, administration fees are fees to be paid before services are provided. The service charge means the service fee paid to *lingaka* when rendering their services. The study looks at the charges paid before the service provision and after, under the administration fee and post consultation fee as the characters are to pay for the services supplied by *lingaka*. However, the

fees vary depending on the financial status of the patient (Koenane, 2014). The section, therefore, investigates how *lingaka* charge their services as presented in the selected texts.

### 3.2.1 Administration fee Charged by *Lingaka*

In this study, administration fee refers to the amount of money that the characters are expected to pay before they are helped by *lingaka*. The money has different names depending on its purpose. It could be called *ho khantšetsa litaola* “to light for *litaola*”, *ho lokolla mokotla* “to open the bag of medicine”, *pula molomo* “one that open the mouth” and *liphehiso* “food for *ngaka*”. On this matter, Motlamelle (1985) explains that before *lingaka* work, they state how they should be paid. The payment includes money for opening the bag of medicine and food for *ngaka*. In addition, Moteetee and Van Wyk (2011) clarify that the initial fee, which is either a sheep or a goat, is paid before the diviner could do anything. The type of payments listed above is paid before *lingaka* could provide services. The example from Khaketla’s text follows:

15

*Ka nako ea joale ke tla batla lipoli tse peli feela tsa likatapere;  
tseo ke tsa liphehiso, tseo u lokollang mokotla ka tsona. (Khaketla,  
1983:105)*

(I will request two goats for now, as an advance meant to open the bag of medicine).

In the above quotation, Tlhasinyane is presented asking for two goats before he can attend to the family problems. The goats are intended to initiate the healing process. The goats are not regarded as the payment but are given to untie the bag of medicine. Lesitsi (2002) clarifies that in Sesotho, the medicine works perfectly well if the payment has been made in advance to open the bag of medicine. On this note, *lingaka* have their working conditions that characters should adhere to.

The discussion has disclosed that *lingaka* charge an initial fee intended to open the bag of divining bones. The payment is meant to instigate the communication between the ancestors and

*ngaka*. The manner in which the services are paid for is decided by *lingaka*. Their decision aligns with the centrality as the concept of the Afrocentricity. It places the African values and ideas at the centre of the African life (Mazama, 2001). *Lingaka* are taking control of charging their services.

### 3.2.2 *Post-consultation Charges by Lingaka*

In this study, post-consultation fees are service charges that are paid after the service has been provided. The Basotho calls the service charge *tefo* “payment”. It is normally paid when the patient has been cured. Motlamente (1985) and Moteete and Van Wyk (2011) reveal that *ngaka* is paid when the treatment has been successful. Then, *ngaka* treats other members of the family without paying anything since payment has already been made (Sekese, 1983). Therefore, the charge caters for every family member health needs. The section examines how services of *bongaka* are paid as portrayed in the selected texts. The examples from 16-18 on post-consultation fees are taken from *Meokho ea Thabo*, *Chaka* and *Molahluoa* correspondingly.

16

*Tefo ea ka ke khomo, feela e tla tsoa ha moshanyana a fihlile.*  
(Khaketla, 1983:105)

(You will pay me a cow, but it will be paid once the boy (Moeketsi) has arrived.)

17

*Ke u fumantšitse litakatso tsa pelo ea hau kaofela, u itokisetse ke hona hore mohla ke khutlang moo ke eang teng u 'nee manamanenyana a litefo tsa ka.* (Mofolo, 2003:152)

(I have made you find all your heart desires, get yourself ready so that when I return, you give me some calves as my payment).

18

*Monna-moholo (Ratalimo) a qalella ho lefa Jafeta ... a ntša maloti a mashome a mabeli ho tloha moo ba ea sakeng a mo supisa khatala* (Tšasanyane-Ralengau, 2002:69)

(The old-man (Ratalimo) started paying Jafeta ... he gave him twenty maloti; from there, they went to the animal kraal and showed Jafeta a sheep).

The illustrations in examples 16 to 18 reflect *lingaka* requesting to be paid with cows after rendering their services to the characters. In the tradition of the Basotho, a cow serves as a means of payment for most services (Tšehlo-Ramonate, 2013). The services include bride wealth, accompanying the deceased and a payment for services of *bongaka* and a fine in the local courts (Sekese, 1983). Therefore, the price charged by Tlhasinyane and Isanusi for the services that they offered fall within the standard charges of the Basotho. In example 16, *ngaka* needs his payment *ha moshanyana a fihlile* “when the boy has arrived”. This says that the family will pay only when *Moeketsi* has returned. In example 17, *ngaka* has already done the work and the results are visible as the quotation states, *ke u fumantšitse litakatso tsa pelo ea hau kaofela*, translated as “I made you find all your heart desires.” Based on the example 16 and 17, *lingaka* requests their payment when the results of their service are visible.

Excerpt 17 presents *ngaka*, claiming unspecified calves, *u 'nee manamanenyana a litefo tsa ka* “you give me calves as my payment”. The difference on the number of cows may be associated with the word *litakatso* “desires”, which represent several services provided that call for more cows. The practices discussed in this section show *lingaka* rendering services to characters and charging fees. In the Afrocentricity’s view, the acts put Africa and her people at the centre as Ratalimo and the family of *Moeketsi* are using their traditional healing methods.

In example 18, Ratalimo is portrayed paying Jafeta with M20.00 and a sheep. The act indicates that Ratalimo already knows the value of the services provided. Therefore, *lingaka* are presented charging different prices. Different from examples 16 and 17, in example 18, payment is made even before the results can be seen. As a result, the amount to be paid and the time it should be paid depend on individual *ngaka*. Regarding the payment, Motlamelle (1985) elucidates that for treatments made by *ngaka*, either being curing a person or securing a family site, a patient has to pay a cow. Ratalimo takes the responsibility of paying Jafeta. This shows that he understands that the services were not free. His willingness to pay shows his agency in his culture. On this matter, Mazama (2001) asserts that the African people are at liberty to practise their culture. Ratalimo has shown that as he pays Jafeta.

*Lingaka* are presented charging fees for their services, but the amount and time of payment lie on the individuals. For instance, Tlhasinyane requests *liphehiso* before working and tells the family

that it will pay a cow when Moeketsi has returned. However, Jafeta is paid M20.00 and a sheep. Contrarily, Isanusi asks for the unspecified number of cows (calves) as his payment after Chaka's accomplishments.

### **3.3 Medicinal Prescription Given by Lingaka**

In this study, medicinal prescription refers to a directive by *lingaka* on how traditional medicines should be used. Medicinal prescription guides characters on how to use medicines as a way of treating diseases and maintaining well-being. The medicinal prescriptions are given so that the medicines could give the intended results. They might be carried out by *lingaka* or any other person closely related to the patient. Therefore, they would be observed in the examples 19 to 21 below from *Chaka* and *Meokho ea Thabo*.

19

*Mohla khoeli e eang fifing, Chaka, a tsohele nokeng; ha a qeta ho tola, a iphatse ka moriana ona, a nt'o nyoloha.* (Mofolo, 2003:16)

(When the moon is not visible at night, Chaka should go and bath at the river very early in the morning; afterwards, he should incise with this medicine and come back home).

20

*Mohla u ngolang hlahlobo moriana ona u o tšele enkeng eo u ngolang ka eona.* (Khaketla, 1983:68)

(When writing examination, you should pour this medicine in your ink).

21

*Mosali-moholo u tsohe hoseng-seng, ha letsatsi le qala ho chaba lithabeng, ebe o nka thupa ea mofifi e makala, u fehla moriana ka eona. U etse joalo u e-so iphotle, u e-so bue le motho. U fehle moriana hofihlela lekoeba le batla le tsoela fatše* (Khaketla, 1983:105).

(Old woman, wake up very early, when the first rays of the sun hit the mountain tops, then take a branch of *mofifi* "Rhamnus prinoides", churn the medicine. Do so before washing your face, and talking to anyone. Churn the medicine until the foam is about to dribble).

The extracts above show medicinal prescriptions given to Chaka, Fumane and 'Mamoeketsi respectively on how they should use the medicine. In example 19, Chaka is told to go and bath at the river early in the morning. Then, he should incise himself while there and apply the medicine on the incisions. The instruction should be carried as given so that Chaka could get what he expects.

In excerpt 19, Chaka is requested to go to the river when the moon is not visible. If Chaka is to bath at this time, then the phases of the moon are significant in *bongaka*. On this matter, Alcock (2014) states that amongst the Zulus, during the time when the moon is not visible, people do not do any important activities such as working at the fields on the following day. If this is not a working day, Chaka would have time to bath at the river. Besides, at this time, it is still dark; and Chaka would not be seen or be identified when going to and while at the river. *Lingaka* give medicinal prescriptions that are to be carried in order.

The instruction specifies that Chaka should go to the river very early. This shows that some treatments require abundant water and confidentiality. On this issue, Ozioma and Achinwe (2019) verify that at times, *ngaka* requires a person to bath at the river at the specific times for a prescribed number of days. The same has happened to Chaka as he is instructed to bath at the river very early in the morning. Chaitanya *et al.* (2021) explain that spiritual baths are intended to drive evil spirits away. Chaka might be requested to bath at the river for protection. Moreover, Mboweni and de Crom (2016) support that the Basotho regard a river as a spiritual sanctuary where they meet their ancestors. The regular baths by Chaka may also be spiritual, since he is not expected to bath at any place except the river.

The instruction further expects Chaka to follow it in a proposed order: *ha a qeta ho tola, a iphatse ka moriana ona, a nt'o nyoloha* “after he has finished bathing, he should incise himself afterwards, then return home”. Chaka should bath to remove evil spells first, then incise before going back home. Chaka has to carry the instructions in their order to get the expected results. Usually, incisions are done by *lingaka* at patient's homes or *lingaka*'s working places. In this case, Chaka is instructed to incise himself at the river after bathing.

In example 20, Fumane is ordered to mix the traditional medicine with ink when she is writing the examinations. The medicine is intended to help her to do well in her examinations. It would also protect her against any evil doings or illnesses during the examinations. Fumane should use medicines as directed by *ngaka* to pass her examinations. *Ngaka* expects the medicine to be added in the ink during the examinations only. Regarding the instruction given, Koenane (2014) explains that the healers give the instructions that must be followed as given. Fumane should also use the medicine as directed.

Example 21 depicts Tlhasinyane giving 'Mamoeketsi the medicinal prescriptions and telling her how to carry them out. Tlhasinyane, then, instructs 'Mamoeketsi to wake up very early in the morning when the first rays of the sun strike the mountain tops. 'Mamoeketsi is required to use the medicine before doing anything. At this time, 'Mamoeketsi's mind is still relaxed; and she is likely to concentrate on what she is doing.

*Ho chaba* "to rise" in the above example, as in example 19, marks the beginning of the new day. It even denotes that 'Mamoeketsi should start her day searching for Moeketsi. The same should happen with Chaka; he has to begin his day by bathing at the river with the traditional medicines. The Basotho performs some rituals at this time. On this matter, Lesitsi (2002) explains that the family members would gather outside a family having a feast in the morning. The family members will then throw the froth of the beer towards the first rays of the sun through their mouths, facing east. This indicates that the Basotho regard that time as important. It is as well appropriate for 'Mamoeketsi and Chaka to perform the ritual at that time before they do anything. The instruction further states: ... *ebe o nka thupa ea mofifi e makala, u fehla moriana ka eona* "then take a branch of *mofifi* 'Rhamnus prinoides". 'Mamoeketsi is supposed to churn the medicine with a branch of Rhamnus prinoides. The tree is used for curative purposes. It is widely used as a protective charm to ward off evil spirits, lightning and brings good luck in hunting (Dlamini and Turner 2002). The Rhamnus prinoides branch is used in churning the medicine to produce foam.

Tlhasinyane further instructs 'Mamoeketsi to churn the medicine until it is foamy but has to be careful that the foam does not spill. Even 'Mamoeketsi could wait for Moeketsi with patience. It could be assumed that if the foam forms when medicine is churned by 'Mamoeketsi, Moeketsi might decide to come back home. Furthermore, 'Mamoeketsi is expected to carry out the ritual

before bathing or even talking to anybody as that might impede the ritual. 'Mamoeketsi should also carry out the instructions following every step with the hope that Moeketsi would come back. Failure to comply with the orders of *ngaka* could hinder the coming back of Moeketsi.

As shown above, *lingaka* give the characters instructions on how to use the medicine. Guiding characters on the use of medication to get the expected results aligns with location in the Afrocentricity perspective. Location requests that the Africans should practise their culture and understand it (Mazama, 2001). In this section, *lingaka* give their patients instructions on the use of the medicine; in so doing, both *lingaka* and patients are practising *bongaka*, therefore, are located to their culture.

### 3.4 *Diagnosis of Ailments or Troubles*

Diagnosing is a way of finding hidden information about the characters. On this matter, Mothibe and Sibanda (2019) posit that the healers could use the following diagnostic methods: spirit possession or use of divining bones to uncover the patient's problems. Thus, *lingaka* could foretell the unknown information and predict the future of the characters through divination. Lesitsi (2002) adds that *litaola* can be trusted as they reveal the truth about a patient. Divination can be observed from the examples 22-24 below in *Meokho ea Thabo*, *Molahluoa* and *Chaka*.

22

*Mosali enoa oa ngaka a nka lese a le sheba eaba oa thola, oa imamela. Kamor'a motsotsoana a imametse, a bua mantsoenyana a mang a Sezulu. Ba 'na ba utloa hangata a kenya amadlozi.* (Khaketla, 1983:14)

(This woman who is *ngaka* took the sick baby, looked at her, and kept quiet and thought deeply. After thinking deeply for a while, she said some words in Zulu. They heard her often saying *amadlodzi* "ancestors").

23

*A (Jafeta) fa monna moholo litaola a re a li hemele. A li nka ka liatla tse peli, a li belikisa ka matsohong eka oa li futhumetsa; a ntse a li rokela ... a li lahla, a thola motsotsoana ... a li sheba, a ntse a li khoatha ka thupa, a li phethola a li beha ka mahlopho.* (Molahluoa, 2002:68)

(He (Jafeta) gave the old man *litaola* to breathe in them. He took *litaola* with two hands, turned them in his hands as if he was

warming them; praising them ... he kept quiet for a moment ... he looked at them, poking them with a stick, he turned them and put them in order.)

24

*Eaba mosali eo (ngaka) o tšoara mothapo oa letsoho la Chaka a mamela a re: litaba tsa bophelo ba ngoana enoa li kholo haholo 'me li boima.* (Mofolo, 2003:16)

(Then, the woman grasped the blood vessel on Chaka's hand, listened and said: the issues of this child's life are great and difficult.)

The examples above show *lingaka* using divining methods to diagnose their patients. *Lethuela* divines by looking at the baby while *ngaka* touches the blood veins and Jafeta uses *litaola*. In example 22, *lethuela* diagnoses the baby by looking at her. *Lethuela* is often heard saying, *amadlozi* "ancestors". This could mean that she was talking to the ancestors. On this issue, Morekwa (2004:17) states that, "a diviner can tell the person's problems by looking at them without using anything." Therefore, *lingaka* usually revere the ancestors for the answer relating to the patient's problems. *Lingaka* then communicate the answer back to the patient. In the same manner, *ngaka* looks at the baby to find what is troubling her.

In example 23, Jafeta gives Ratalimo *litaola*: *A fa monna moholo litaola a re a li hemele* "He gave the old man *litaola* to breath in them". The divination process requires the family member to take part. In this case, Ratalimo is given *litaola* to breathe in them. The act is possibly aimed at involving Ratalimo in the divination process. It also draws in Ratalimo's ancestors to provide solution to the family problem. Divination is intended to bring the problem of Ratalimo to the fore. On the same note, Ozioma and Achinwe (2019) explain that the process of divination is the initial step in the African treatment and medicine. In the same way, Jafeta starts helping the family by divining, *a li nka ka liatla tse peli, a li belikisa ka matsohong eka oa li futhumetsa; a ntse a li rokela ... a li lahla*. Jafeta "took them (*litaola*) in his two hands, turns them in the hands as if he is warming them, praises them and throws them."

With reference to the above discussions, *ho laola* "to divine" also involves revering the ancestors for answers and solutions to the problem that exists. On this issue, Podolecka (2016) mentions

that *lingaka* contact the ancestral spirits seek advice and ask them to unveil the future of the patients. Jafeta also searches for Ratalimo's problem with *litaola*. After throwing *litaola*, Jafeta *a li khoatha ka thupa, a li phethola a li beha ka mahlopho*, "Jafeta re-arranges *litaola* with a stick turns them and put them in categories". The pattern in which they fall adopts the problem that the patients have. On the stated issue, Motlamelle (1985) clarifies that the Basotho elders used to know the source of their illness or problems through how *litaola* have fallen. Therefore, *litaola* could reveal the patients' ailments and suggest treatment. Again, *ngaka* grasps the blood veins in Chaka's hand in example 24 in search of information pertaining to Chaka's life. She discovers that Chaka's future is great and difficult. About divination, Moteetee and Van Wyk (2011) articulate that the diviners foresee the unknown. Similarly, *ngaka* gives details of matters connected to Chaka's life after touching him, which was not known.

The selected texts present *lingaka* using various divination methods to find the problems of their patients. The patients are requested to breathe on the *litaola* during divination. They are diagnosed by being grasped on their hands. The future fortunes or bad luck of patients is told. Some patients are diagnosed by being looked at. Based on the use of *litaola*, Mothibe and Sibanda (2019) clarify that *litaola* are thrown by either a patient or the diviner. Then, *litaola* "the bones" fall in a pattern decided by the ancestors that unfold information about the patient as reflected in *Molahluoa*.

The section has revealed the use of divination by *lingaka* to discover their patient's hidden health related matters. Divination shows that the characters are using their traditional healing methods and are, therefore, participants in their culture. The Afrocentricity regards the characters located to their culture when they make use of their culture. The process of divination shows the individual character's preparedness to accept the agency based on the reverence for the ancestors (Mazama, 2001). *Lingaka* have revered the ancestors by engaging on divination.

### **3.5 Use of Incisions**

Incisions are cuts made on the skin, for treatment of diseases. The cuts are made and then rubbed with the traditional medicines intended to cure the diseases being treated. Incisions could be made to cure an illness or for fortification and to enhance one's beauty. The excerpts 25-27 below illustrate incisions portrayed in *Chaka*, *Meokho ea Thabo* and *Molahluoa*.

25

*A (Isanusi) qala ka ho kuta moriri oa tlopo ... a phatsa Chaka pelong, a sesetsa a tutubetse. A hatlela moriana oo metsing a nt'o opa liatla a li lebisitse ho Chaka moo a phatsitseng. (Mofolo, 2003:46)*

(He (Isanusi) started by cutting Chaka's tuft of hair on top of the head ... he incised Chaka adjacent to the heart and applied some medicine with his eyes closed. He washed the hands in water, and then clapped the hands towards Chaka's incisions).

26

*Ka phirimana, ha Fumane a tla tsoha a theoha ... 'Mafumane a phatsa morali. (Khaketla, 1983:67)*

(In the evening before Fumane left home ... 'Mafumane incised her).

27

*A (Jafeta) mo (Molahluoa) kopa hore a khumame a mo behe tlhaka bohareng ba hlooho. (Tšasanyane-Ralengau, 2002:69)*

(He (Jafeta) asked her (Molahluoa) to kneel so that he could incise her at the centre of her head).

The examples 25-27 above portray Chaka, Fumane and Molahluoa being incised. In example 25, *Isanusi* incises Chaka adjacent to the heart, applied medicine with his eyes closed. *Isanusi* further washes his hands and claps hands towards Chaka's incisions. The heart is considered to be a vital organ as it supplies other parts of the body with blood. Therefore, the medicine will be easily dissolved and assimilated to the blood and act as intended. The heart is also the basis of sensation, emotions excitement and intelligence (Rahman and Hassan, 2013). When incising Chaka, *Isanusi* works with eyes closed. This might imply that he is focusing on what he is doing. In example 26, Fumane is fortified with traditional medicines before she goes to school so that she could perform well in her examinations. Fumane is incised by her mother at home. Chaka had also incised himself as revealed in section 3.1. As a result, *lingaka* allow patients to self-treat themselves.

Example 27 presents Jafeta incising Molahluoa to protect and strengthen her against the witchcraft. The incision is made on the head, which is at the top of her body to secure the entire body and prevent any misfortunes to befall her. The head is a very important part of the body. In support of this, Ugochukwu-Smooth (2018) asserts that amongst the Europeans, the head is regarded as the source of power, a container of sacred force, a seat of vital energy and an active principle of the whole individual. It appears that Molahluoa has been incised where her powers originate to strengthen her. In the Sesotho culture, there is a belief that babies should not be touched on the head, failure to adhere to this may result in physical deformation of the baby. Concerning the head, Oxnard (2015) explains that the human head controls the various parts of the body such as the respiratory system. Therefore, Jafeta incises Molahluoa on the head, which regulates most parts of her body, thereby, healing or securing the entire body. –

The texts have revealed that the patients could be incised for their wellbeing. For instance, Chaka is incised adjacent to the heart, Molahluoa on the head while the areas incised on Fumane are not disclosed. Regarding incisions, Mothibe and Sibanda (2019) explain that *lingaka* apply medicine as paste on the incision cuts. In that way, the medicine will enter the system of the patients. Therefore, through the incisions, medicine gets dissolved in the blood of the patients; and it is then expected to work as planned. *Lingaka* use incisions to treat patients.

In relation to treating patients with incisions, the use of the incisions relocates *lingaka* to their cultural practices as opposed to the Western ways of healing. Asante (2009) affirms that the Afrocentricity is of the opinion that the African people should declare their agency in their culture in order to achieve sanity. The section has brought forth the adherence of characters to their traditional ways of treatment.-

### ***3.6 Use of Incantations***

The study uses incantations to refer to a series of words that are said as a magic spell. According to Duru (2016:64), incantations means, “a ritual recitation of words or sounds believed to have a magical effect.” The recited words are, therefore, meant to change the patient situation. In support Tajudeen (2019) explains that incantations are in a poetic form. They further articulate that through incantations, wishes come true instantly. Consequently, the incantations are powerful and could fulfill the requested wishes. Some words said by *lingaka* in the process of

treating their patients are identified and interpreted in this section. The examples 28-30 below from *Chaka*, *Molahluoa* and *Meokho ea Thabo* are on incantations:

28

*Ma-lumella-ba ileng, ma-lumella-ba-isoang, e seng ka tšoanelo, mo lumelle, mo amohela, mo tlietse mahlohonolo kaofela a ba ileng a mo lale holimo joale ka phoka e lalang fatše ... lira tsa hae li ke li nyamele kaofela ha a hlaha.* (Mofolo, 2003:46)

(Those who allow the ones gone, the ones taken unlawfully, accept him, bring him good luck of those who are gone like frost ... may all his enemies vanish when he appears).

29

*Jafeta a leba sakeng. Ha a fihla teng a fihla a li tsoaka, a li k'hoefa ka mathe a ntse a honotha ntho e sa utloahaleng* (Tšasanyane-Ralengau, 2002:68).

(Jafeta went to the kraal. When he got there, he mixed his medicines and spewed saliva on the medicines and mumbles).

30

*Ha u tšela metsi a ho qala ka nkhong u re: "Moeketsi ke re u khutlele hae." U 'ne a rialo ho fihlela nkho e tlala* (Khaketla, 1983:105).

(When you (Lineo) first pour water in a bucket, you should say: "Moeketsi, I am saying that you should come back home." You have to repeat the words till the bucket is full).

In the excerpt 28, Isanusi is portrayed saying some words. Lineo is also required to utter the given words as part of the treatment conveying what the medicine should do in quotation 29. However, what Tšasanyane is saying cannot be heard. The first example depicts Isanusi instructing medicines. He instructs the medicine to enable Chaka to be accepted and to bring him good fortunes. The instruction indicates that words have power in the process of treating patients. The wishes are expected to turn into reality (Tajudeen, 2019). Therefore, we expect Chaka to succeed and have good fortunes as Isanusi is wishing.

In his words, Isanusi says, *mo lumelle* “allow him”; the words imply that Isanusi is talking to someone in control of Chaka’s future. It seems that the person has the power to allow Chaka to succeed his father in chieftaincy. Isanusi tells the person whom he is talking to, to permit Chaka to take the place of his father in chieftainship. The command further requires that *lira tsa hae li ke li nyamele kaofela ha a hlaha*, “may all his enemies vanish as he appears.” In his series of words, Isanusi directs the medicine to get rid of Chaka’s enemies. As a result, whatever is expected from the medicine is said by Isanusi. Concerning what Isanusi said, Kajawu *et al.* (2016) affirm that the healers shout words that heal when treating patients. On this matter, Isanusi shouts, entreating words to the medicine so that Chaka could get what he wants.

Example 29, presents Jafeta talking to the medicine when he mixes it in a way that people cannot hear. He is even spewing saliva. *Ho k’hoefa* “to spew” may signal rebuking by the person doing it. The act indicates that Jafeta is talking to the medicines. He could also be directing the medicines towards something since in Sesotho, the traditional medicines are instructed. The Basotho use saliva to reprimand bad behaviour and heal illness such as *setšoa* “a skin disease.” On this matter, Lesitsi (2002) supports that in Sesotho, if one spews saliva; they condemn another person’s bad behaviour. *Lingaka* might use saliva with the same intention. Jafeta could be ordering the medicine to protect the family against the evil spirits. Similarly, Nabofa (1996) adds that saliva gives power to curses and corrects evildoers if used in a negative way. It can, therefore, be assumed that Jafeta wards off the evil spirit by spewing saliva and rumbling.

In example 30, Tlhasinyane tells Lineo words that Lineo should say when pouring water in the bucket. She should say: *Moeketsi ke re u khutlele hae* “Moeketsi, I am saying that you should come back home”. The instruction further requests Lineo to repeatedly tell Moeketsi to return, *U ’ne o rialo ho fihlela nkho e tlala* “you have to repeat the words till the bucket is full”. She should repeat the words to stress and emphasise what she requests. Repeating would make her concentrate on what she is doing. She even has to think of what she needs and say it repeatedly as whatever she is ordered to say would happen as she wishes. On this issue, Duru (2016) states that incantations are words used when communicating with the spirits. Duru (2016) further states that the incantation takes place when a ritual is performed. Therefore, Lineo is talking to the spirits in request of Moeketsi’s return. The power of Lineo’s words could make Moeketsi come as called.

The selected texts have shown that another way of treating patients and addressing their problems is through the use of the incantations. The texts have revealed that the person administering the medicine has to express the needs and wishes expected from the medicine. For example, Isanusi commands the medicine to bring good luck for Chaka. Jafeta also mumbles when preparing the medicines; he is probably telling the medicine what it should do to Ratalimo's family. Lineo should also call Moeketsi when pouring water in a bucket until it is full. In relation to the incantations discussed in this section, Mothibe and Sibanda (2019) state that other *lingaka* use incantations as treatment. Therefore, *lingaka* command their medicine, talk to it and use words as another way of meeting their patient's desires.

Treating the African patients using the African ways of treatment such as incantations, positions the Africans in their culture. The Afrocentricity regards the use of words in treating patients agreeing with location as the concept of the Afrocentricity. Location regards the belief individuals have on their culture determining their identity that in turn determines their place in life (Mazama, 2001). Likewise, *lingaka* and the characters that they are helping are located to their culture by believing in the power of the incantations and using them.

### ***3.7 The Application of Traditional Medicine***

The application of the traditional medicine in this study denotes the act of using the traditional medicine in its different forms and ways. These include the use of ointments, spraying and pegging, the use of poultices and the use of charms. The stated ways of treatment are discussed in this section. The extracts 31-34 below from *Chaka* and *Meokho ea Thabo* portray the application of traditional medicines.

#### ***3.7.1 Medicinal Mixtures***

In this study, medicinal mixtures refer to the combination of medicines with other substances such as animal fat. Medicinal plants and animal parts are sometimes mixed to make medicines (Koenane, 2014). In example 31, the quotation from *Chaka* portrays the use of medicinal mixtures.

*Isanusi a phunya Chaka phatleng, a phahamisa letlalo eaba o subela moriana o tsoakiloeng le booko ba kuena. Isanusi a luba-luba moriana o setseng a o nea Chaka, a re kamehla ha a nyoloha molapong a n'o o tlola joale ka mafura, a pikitle haholo moo litlhaka li leng teng. (Mofolo, 2003:46, 47)*

(Isanusi pierced Chaka on the forehead; he lifted Chaka's skin on the forehead and planted in a medicine mixed with crocodile brain. He then mixed the remaining medicine and gave it to Chaka to use as an ointment after his regular bathing at the river, and must rub intensively on the incision scars).

Extract 31 stipulates that Isanusi inserted medicine mixed with crocodile brain under Chaka's skin. At times some African traditional medical practitioners use the animal products in their treatments (Kajawu *et al*, 2016). If the medicine is planted, it would protect and toughen Chaka all the time. Then, Isanusi prepares the remaining medicine and gives it to Chaka to apply on his incisions after bathing. The medicine could be re-applied after every bathing to renew its protective powers so that Chaka is always protected. For this reason, Isanusi gives Chaka a mixture to use after the regular bathing. *Lingaka* treat patients in a manner that suits the patient needs. Treating Chaka with indigenous medicines shows that both Chaka and Isanusi are located in their culture. The Afrocentricity advocates that individuals are entitled to practice their culture as long as it does not interfere with the collective well-being (Mazama, 2001). Both Chaka and Isanusi are practicing their culture and are not intrusive.

### 3.7.2 Use of Poultices

A poultice is a dressing of wound or an inflammation with boiled indigenous medicinal plants applied on the affected area while still hot to reduce aches. In support of this, Romm, Gonora, Hoffman, Yarnell, Abscal and Coven (2010) clarify that poultice is used for wounds and bruises. The excerpt from *Meokho ea Thabo* follows:

32

*Ngaka a tsoa a cheka moriananyana a o pheha, ha o se o betse a o tšola. Eare ha o le fofo, a o nka a 'na a thoba leseanyana lena sefubeng ka oona. (Khaketla, 1983:15)*

(*Ngaka* went out and dug some medicine, boiled it and removed it from the fire. When it was warm, he took it and treated the baby on the chest).

From excerpt 32 above, *lethuela* goes out to dig the medicinal plants that can cure the baby. She prepares the medicine and treats the affected area of the baby. The medicine that treats the patient is collected from the nearby area. This shows that *lingaka* use the local medicinal plants to cure their patients. In this excerpt, the baby's chest is soothed by the herbal poultice. On the stated issue, Motlamelle (1985) explains that the traditional medicines play an important role in curing illnesses. Therefore, the treatment would heal the baby. The use of the local medicinal herbs in treating the patients shows the relationship that exists between *lingaka* and the environment. This relationship is in line with the Afrocentricity concept of location. Mazama (2001) argues that the Africans have lost their true self due to the European culture as they have adopted it; therefore, they have to replace the European ways of living with the African ways. Thus, *lethuela* is acting in accordance with what Mazama (2001) is suggesting by using the local herbs.

### 3.7.3 *Sprinkling and Pegging with Traditional Medicines*

Another way of fortifying family compound is by sprinkling and pegging. Sprinkling, in this study, refers to spraying droplets of water mixed with medicines in an area whereas pegging would mean securing the homestead with the pegs smeared with traditional medicines. The section looks into how *lingaka* fortify the patient's homes as demonstrated in the example that follows.

33

*Hona joale mpheng metsi ka basekomo ke fafatse ke pote matlo ana kantle. Ho tloha moo a leba lintlheng tse 'ne tsa setša a ntse a fata hanyane a tšela lethonyana, a qetella ka ho pota matlo kaofela a ntse a foka ka lechoba.* (Tšasanyane-Ralengau, 2002:68)

(Now, give me water in a washing basin to spray around the houses. From there, he went to four corners of the site digging and pouring something. He completed by spraying with the fly-whisk around the houses).

The quotation 33 shows that Jafeta pegs and sprays with traditional medicines at Ratalimo's family. Sprinkling spreads the medicine over a large area and at remote areas especially with the fly-whisk. The sprinkled areas are protected against evil doings. Regarding sprinkling, Moteetee and Van Wyk (2011) aver that some medicines are used to protect people from sorcery or to counteract its effects. The measures taken by Jafeta could be considered as securing the family against evil spirits. Jafeta also pegs Ratalimo's family as follows: *a leba lintlheng tse 'ne tsa setša a ntse a fata hanyane a tšela lethonyana* "he went to the four corners of the site pouring something" On top of *ho foka* "to sprinkle" with traditional medicine, Jafeta buries some medicines at the corners of the yard. *Ngaka* uses the fortifying mixture on the family to ensure and assure their clients safety against the evil doings. In this case, it is buried in the corners of the yard to hide and keep it safe for a long time. The medicine is buried in distant areas to prevent evil spirits to come closer to the house. The pegging process could be aimed at driving the evil spirits out of the family site. Similarly, Motlamelle (1985) asserts that pegging is done to drive evil spirits away from the family. Even Ratalimo's family will be safe from evil spirits.

*Lingaka* also use pegging and sprinkling as ways of fortifying homes. Jafeta treats Ratalimo's family by pegging and sprinkling with the traditional medicines. The treatment in Ratalimo's family conforms to the Afrocentricity notion. On this issue, Asante (2009) states that an incident can be understood if Africans are located to their culture. Therefore, treating a family with pegging and sprinkling is a common practice that locates Jafeta amongst the Basotho.

#### 3.7.4 Use of Charms

Charms, in this study, are considered to be the medicines that are aimed at protecting the patients from harm. Charms could be used on the characters or their tools. The following extract from Chaka illustrates the use of charms.

34

*Ngaka ea etsetsa Chaka mosaqa ka lekala la sefate se fumanehang lebopong la leoatle. Ea hopa mooko oa thupa eo sebakanyana, eaba e sunya moriana. Ea boela ea etsetsa Chaka theko ea lerumo e khutšoanyane ea subela moriana oo, ea nt'o cheseletsa lerumo leo ka oona.* (Mofolo, 2003:47-48)

(*Ngaka* made a stick for Chaka with a branch of a tree from the coast. He removed some heartwood, and then inserted the

medicine. He further made a short spear socket and inserted the medicine and sealed the spear with the same medicine).

In excerpt 34 above, Isanusi makes weapons for Chaka with a branch of the tree from the coast, then, fortify the weapons with medicine. Isanusi removes the heartwood from the branch and inserts medicine in the hollow. The medicine will be in the weapon for a longer time. In this way, it would stay with Chaka constantly. The medicine in the weapons could make the weapons deadly and might also make Chaka defeat his enemies. The fortified weapons might improve Chaka's fighting skills. On this issue, Lesitsi (2002) states that *lingaka* are trusted to protect warriors and accompany them to war. Isanusi is also fortifying Chaka's weapons to guard him against his opponents. Even the Basotho herd-boys reinforce their fighting sticks with the traditional medicine so that they could injure or overpower their challengers. Therefore, the charms could be used on the weapons to enhance the holders fighting skills. Isanusi buttresses Chaka's weapons with the traditional medicines. The fortification of the weapons shows that both Isanusi and Jafeta are in line with the Afrocentricity concept of location. In this regard, Asante (2009) illuminates that the Afrocentricity studies ideas, concepts and events from the African point of view. Consequently, reinforcing Chaka's weapons as Isanusi does is normal in their culture.

The discussion has revealed that the traditional medicines could be applied as an ointment. Chaka is supposed to use it after his regular bathing. Some mixtures could be planted under the skin as in the case of Chaka. Medicines could also fortify weapons as Chaka's spear and stick have medicines inserted in them. In some instances, medicines could be sprinkled or pegged as Jafeta is seen doing so at Ratalimo's family. The medicines, sometimes, are used as poultices depending on the problem as in Thabana's baby. As a result, what *lingaka* and the characters did in using the services of *bongaka* is regarded by the Afrocentrists as being located to their culture because they are not using the European ways of treatment.

### **3.8 Conclusion**

To conclude, the selected texts have portrayed healing procedures that are used in administering *bongaka*. The section has revealed that some problems could be solved by incantations. For example, Lineo has to call Moeketsi and tell him to come home while pouring water into a

bucket. Again, *lingaka* give instructions on how the medicines should be used. For instance, *ngaka* instructs Chaka to bath at the river and incise there. Fumane is told to pour medicine in ink while writing the examinations. 'Mamoeketsi is also given orders on how to use the medicine.

The chapter further illustrates the diagnostic procedures for administering *bongaka*. Three ways have been identified, *lethuela* divines Fumane by looking at her; *ngaka* diagnoses Chaka by touching him; and Jafeta used *litaola* to help Ratalimo family. Again, some characters were incised to address their needs and problems, reference can be made to Chaka. He has been incised adjacent to his heart while Molahluoa is incised on the centre of her head. The application of medicine in varying forms has also been presented. For example, medicine is inserted in Chaka's forehead. Again, Chaka has to apply medicine on his incisions, and the baby is dressed with the local herbs. Jafeta also secures the family of Ratalimo by sprinkling and pegging. It was further revealed that weapons could also be fortified. *Lingaka* have their way of treating their patients, the way they treat them put them and the characters that use practices of *bongaka* in their cultural sphere. In the view of the Afrocentricity, both *lingaka* and their patients are conforming to their culture as they are using *lingaka* for their health-related problems, not the Western ways of treatment.

## CHAPTER FOUR

### THE PERCEPTIONS OF THE CHARACTERS ABOUT *BONGAKA* IN *CHAKA*, *MEOKHO EA THABO* AND *MOLAHLUOA*

#### 4.1 Introduction

The chapter analyses the perceptions of the characters about *bongaka* in *Chaka*, *Meokho ea Thabo* and *Molahluoa*. In this study, perception means the manner in which characters perceive, understand or interpret *bongaka* in the selected texts. On the same note, McDonald (2012) explains perception as an individual way of seeing things. McDonald elucidates that a perception is obtained from one's experience. The purpose of the study is to analyse how the characters perceive *bongaka* in the selected novels. The study further investigates the significance of *bongaka*. For instance, *bongaka* can be considered valuable if it cures the sick or solves the problems that the characters face.

The study bases its analysis on the Afrocentricity theory. The theory advocates that the Africans should be relocated, be at the centre and be central to their culture. The chapter comprises of the characters' views on the medical practising, fortifying with traditional medicines, efficacy of indigenous medical practising, consulting indigenous healers during difficulty, abilities of *lingaka* and the traditional medical healer's self-assuredness. The section analyses excerpts 35-52.

#### 4.2 Characters' Views on *Bongaka*

Views on *bongaka* are opinions that the characters have about *bongaka*. The manner in which the characters see *bongaka* in the selected texts is looked at in this section and analysed. The extracts 35 and 36 below are from *Chaka* and *Meokho ea Thabo*:

35

*Chaka ha e se e le mohlankanyana, Nandi a mo isa ngakeng ela ea hae, hore a lokisoa ka lithare tse ka tsebang ho mo sireletsa bathong bana ba hlileng ba ratang ho timetsa hlooho ea hae.* (Mofolo, 2003:16)

(When Chaka was a teenager, Nandi took him to his *ngaka* to be protected with the traditional medicines against those who want to kill him).

36

*Ke fumana e le tsoanelo ea rona ho batla ngaka e tla khutlisa moshanyana eno hang-hang ... Ke ea bona Tlhasinyane a ke a tl'o sebetsa. Ke ee ke utloe ba re ke ntho eo a e tsebang haholo ea ho nyolla motho ha a haneletse makhooeng* (Khaketla, 1983:104).

(I find that it is our responsibility to look for *ngaka* who will return that boy immediately ... I will go and consult Tlhasinyane to work. I have heard that he is knowledgeable in that, especially in returning the people from the mines that have deserted their families).

The above excerpts indicate that Nandi and Motale are conversant with *lingaka*. From example 35, it can be noted that Nandi cherishes Chaka's life. She takes Chaka to *ngaka* to be treated with medicines that can protect him against the people who are troubling him. She is influenced by the torture that Chaka is enduring from other boys. Then, she fears that Chaka will be eliminated. As the following quotation states: *ba ratang ho timetsa hlooho ea hae*, "those who want to kill him" and *ho timetsa* means "to wipe out"; therefore, Nandi has a feeling that her son will be killed. The words indicate that Chaka's life is in danger. Then, Nandi seeks the protection from *ngaka* whom she consulted when Chaka was a baby on the matter.

The discussion above shows that Nandi believes and hopes that *ngaka* could reinforce Chaka so that he could defend himself against the people who are making him suffer. This implies that *lingaka* could save people's life. The decision of Nandi to take her son to *ngaka* for fortification is in line with the Afrocentricity's view, which proposes that Africans should repudiate the European ways of thinking and replace them with the African ways of doing things (Mazama, 2001). -

The example 36 reflects Motale choosing Tlhasinyane to find and return Moeketsi. Motale openly tells his faith in *bongaka* as he states that it is their duty to get *ngaka*. In order to find Moeketsi, the family seeks help from *ngaka* popular for his ability to return people who have run away from their families. This implies that *lingaka* have special skills as exemplified by Tlhasinyane, and that *bongaka* is valuable too. Motale's decision to use Tlhasinyane to bring

back Moeketsi shows that he values *bongaka*. Motale is, therefore, acting in accordance with the Afrocentricity principle of centrality, which suggests that the Africans should actively participate in their culture rather than being objects defined by whites (Mazama, 2001).

#### **4.3 Fortifying with Traditional Medicines**

In this study, fortification means using traditional medicines to protect individual characters against harm or enhance their abilities. The example from *Chaka* and *Meokho ea Thabo* shows the use of traditional medicines in fortifying characters as exemplified in examples 37-40 below:

37

*Mosali o ne a le teng ha Bungane (Pokane) ea tumileng haholo ka tsebo ea lihlare tsa 'mitsa tsa mahlohonolo, tsa hore morena a ratuoe haholo ke batho ba hae le ke marena a mang. Eare mohla a lomoloang ka lelomolo la habo, ha latoa mosali eo ho tla mo jesa nama. A mo lokisa ka lihlare tsa mahlohonolo, hore a tle a be hloahloa litabeng tsohle.* (Mofolo, 2003:11)

(There was a reputable woman at Bungane (Pokane). She was well-known for her knowledge of medicines that draw people to others. She knew the medicines for good luck, even the ones that make a chief to be loved by his people and other chiefs. When his traditional ceremonial ritual was performed, the same woman was called to give him meat. She prepared him with medicines for good luck so that he could be a proficient person).

38

*Ha ke na takatso tse ngata, pelo ea ka e llela borena ba ka boo ke bo tsoaletsoeng ... ke re u ntšebetse hore bo mpoele.* (Mofolo, 2003:45)

(I do not have many desires; my heart is craving for chieftaincy as it is my birthright ... treat me so that I could get it back).

39

*Kea kholoa hore ho ka ba molemo, 'Mafumane, hore ke batlele ngoana enoa litlakalanyana hobane a ea har'a mefuta esele, le*

*har'a mefuta e le oa Mazulu, mofuta o loeang haholo.* (Khaketla, 1983:67)

(I think it will be best, 'Mafumane, if I get some traditional medicines for the child because she is going to be in the midst of different tribes, especially the Zulu tribe, which is known for sorcery amongst most tribes).

40

*Mafumahali a batla ngaka ea reteletsa pelo ea Senzangakhona ho Nandi; ka mehla ha a re o ea teng, a jeoe ke letsoalo le bohloko, a be a khutle.* (Mofolo, 2003:13)

(The senior wives looked for *ngaka* to turn Senzangakhona against Nandi; whenever he wishes to visit her, he must feel frightened and end up returning).

The examples 37 to 40 portray *lingaka* as known and trusted for their knowledge of medicines. In example 37 *ngaka* is trusted to prepare Chaka with traditional medicines for good luck and in example 38; Chaka believes Isanusi could treat him to get his chieftaincy back. Thabana also considers getting traditional medicines for Fumane as she is going away. The senior wives of Senzangakhona also hope that *ngaka* would separate Nandi from Senzangakhona.

In example 37, *ngaka* is seen as highly famous in her knowledge of the herbs. She is cognisant of love spells that can help characters with their special needs. She knew love and luck spells. She is, therefore, described as: *ea tumileng haholo ka tsebo ea lihlare* “the woman who is well-known for her knowledge of medicines.” On this matter, Podolecka (2016) and Mothibe and Sibanda (2019) add that the traditional healing focuses on the holistic approach to health, which assumes that the body, mind and soul should be in harmony. As a result, *ngaka* could help the characters with their love matters and make them get fortunes. *Ngaka* is then called to give Chaka meat as a ritual. This is justified by this phrase, *eare mohla a lomoloang, ha latoa mosali eo ho tla mo jesa nama* “when his traditional ceremonial ritual was performed, the same woman was called to give him meat.” Chaka’s family has chosen *ngaka* because of her ability. Families usually select people with certain qualities such as good behaviour to execute the rituals so that the children could inherit their behaviours. On this issue, Lesitsi (2002) explains that for every ritual that is performed on the baby amongst the Basotho, the family always picks a well-

mannered person to do it. The choice is made so that the child could take after that person. In this case, *ngaka* is a renowned person as mentioned earlier. *Ngaka* prepares Chaka with medicines for good luck so that Chaka could be competent in everything he does. Nandi believes that *ngaka* could help her son to be successful. Therefore, *lingaka* are knowledgeable people who are recognised by the community. In the Afrocentricity perspective, this shows that they are located in their culture since they are not using foreign medical practitioners for their problem.

In example 38, Chaka states his desire to Isanusi. He tells Isanusi that the only thing that he needs is his chieftaincy, which he wishes that Isanusi could help him acquire. Chaka's yearning suggests that he treasures chieftaincy because he stated it as his craving. He says that *pele ea ka e llela borena* "my heart is craving for chieftaincy." The quotation stipulates that Chaka's love for chieftaincy is strong as it is what his heart desires. Chaka will be content if he attains chieftaincy as he states that, *ha ke na takatso tse ngata* "I do not have many desires." Chaka's urge to acquire chieftaincy results from his feeling that it is his birthright because he is the eldest son of Senzangakhona. Chaka believes Isanusi could help him (Chaka) to get his chieftaincy back. Chaka states that, *ke re u ntšebetse hore bo mpoele* "treat me so that I could get my chieftaincy back." In this example, Chaka tells Isanusi to fortify him. This implies that through *bongaka*, people could get what they desire. The use of Isanusi by Chaka to get chieftaincy, in the perspective of the Afrocentricity locates Chaka in his culture. In this regard, Walker and Burbanks (2010) maintains that the Afrocentrists are engaged in placing the Africans at the centre to reconnect them with their traditions, customs and norms.

Example 39 exhibits Thabana discussing the idea of getting the traditional medicines for Fumane with his wife. He finds it necessary to get some traditional medicines for her daughter's safety. He is worried that Fumane will be surrounded by the children from the Zulu tribe. He probably believes that the traditional medicines will save her from the Zulu witches as he specifies, *le har'a mefuta e le oa Mazulu, mofuta o loeang haholo* "amongst most tribes, the Zulu tribe is known for sorcery." Thabana is probably scared that her daughter might be bewitched. On this issue, Montesano (2020) postulates that witchcraft causes harm, death or misfortune. This is, therefore, an indication of the risk that Fumane might face, which worries Thabana. Matšela (1990) explains that witchcraft is counteracted by using the traditional medicines.

The discussion revealed that the traditional medicines could safeguard one against the witchcraft. The decision by Thabana to use the traditional medicines for his daughter's safety corresponds with centrality as the Afrocentricity principle. Centrality proposes that Africans must view themselves as agents rather than observers of their historical revolution and change. Mkabela (2005) clarifies that to be at the centre is to be located as agents in one's culture, not the other. Thabana is also an agent in his culture when fortifying his daughter with the traditional medicines.

Example 40 presents the senior wives of Senzangakhona consulting *ngaka* to turn Senzangakhona's back against Nandi. They believe that *ngaka* will separate Senzangakhona from Nandi. *Ho reteletsa* means "to turn a person against others." In this case, it signifies making Senzangakhona to dislike Nandi. The senior wives are, therefore, determined to wreck the relationship between Nandi and Senzangakhona. Zuma, Wight, Rochat and Moshabela (2016) attest that the traditional healers play a part in reconciling relationships. In this case, *ngaka* is consulted to separate a husband with his wife and son. This could indicate that *lingaka* are endowed with a profound knowledge of medicines that could destroy or build relationships. By seeking help from *ngaka*, the senior wives show their perception that *bongaka* has the ability to make a person abandon another person. This indicates that *lingaka* could change the relationship that exists between individuals. The use of the traditional medicines to alter Senzangakhona's relationship with Nandi aligns with the Afrocentricity as it focuses on uplifting the centrality of the African ideals and values to be expressed in their highest form (Asante 2009). This coincides with the purpose of using the traditional medicines in this section.

#### **4.4 Efficacy of Indigenous Medical Practitioning**

Efficacy, in this case, refers to the success of *bongaka* in solving the characters' problems. For instance, *bongaka* can be considered valuable if it solves problems that the patients are facing. The effectiveness of *bongaka* is revealed in examples given below from *Chaka* and *Meokho ea Thabo*. Examples 41, 42, 43 and 44 illustrate the success of medicine on Chaka whereas examples 45, 46 and 47 present the effects on Senzangakhona.

#### 4.4.1 Improved Fighting Skills

The section looks at the changes on Chaka after using the traditional medicine as seen in example 41.

41

*Ho tloha moo Chaka a lakatsa ntoa. Lihlare tsena tsa 'maka.  
Naheng a bata balisa ba bang maqeba a mabe, ea e-ba eena  
'mampoli. (Mofolo, 2003:17)*

(From there, Chaka desired war. The medicines aggravated him. Chaka injured other herd boys when fighting with them while herding. He ended up as their *'mampoli* “chief herd boy”).

In example 41, the use of traditional medicines by Chaka made him to be courageous. The effects of using the traditional medicines turn out to be prominent as he wins his fights. He then becomes *'mampoli*. *'Mampoli* is a boy who has proved through fighting to be the strongest by defeating others (Lesitsi, 2002). Chaka's ability improved after using the medicine as he then defeats others while herding. Chaka is able to protect himself against his tormentors after using the traditional medicines. The newly attained traits show that the fortification has been successful as Chaka is no longer tortured but conquers the herd boys. In general, medicines give power and dignity, and *lingaka* are even trustworthy.

#### 4.4.2 Bravery in Killing Wild Animals

The section analyses the courage that Chaka had after using the traditional medicine as illustrated in 42 and 43.

42

*Chaka ka ho hloka letsoalo a e emela, ea tlola ... eare e sa le  
holimo a e nyafa ka lerumo mohlabetsaneng, ha e fihla fatše ea oa  
ea oela ruri. (Mofolo, 2003:20)*

(Chaka, without fear, waited for it to jump ... when it was in the air, he speared it behind the shoulder blade; then, it died when it reached the ground).

43

*A (Chaka) e hlaba tlas'a sephaka ... ea e-shoa e khutsitse.* (Mofolo, 2003:31-32)

(He (Chaka) speared it at the back of its foreleg ... it, then, died silently).

The above examples depict Chaka as a brave young man knowing the right spot to stab wild animals to death. Example 42 presents Chaka attacking the lion. He fearlessly waits for the lion to jump, and then moves to the right position. He spears it at the right spot, and it dies instantly. In example 43, Chaka kills the hyena. The act also displays his acute killing skills. It seems that he knows the perfect spot to stab the animals to death. The incidents portray Chaka as brave and skilful at killing the wild animals after being treated by *ngaka*. Only a brave person could face the lion or the hyena. Therefore, Chaka is brave enough to face the wild animals after he has been fortified with the traditional medicines. As a result, the traditional medicines work. *Ngaka* gave Chaka medicines with a belief that he would be brave. He demonstrates that by killing the wild animals alone. Therefore, the medicines have also succeeded in making Chaka a courageous man.

#### 4.4.3 Acquisition of Fame

The section looks at Chaka's achievements after using the traditional medicine. Such achievements are demonstrated in example 44.

44

*Ke u file borena ba ntata'o bo neng bo u phonyohile, ka u fumanela setumo, ka u fumantša borena bo fetang ba Dingiswayo. U sa batla borena bo fetang boo?* (Mofolo, 2003:101)

(I helped you to get back your chieftaincy, made you famous and made you a greater king. Do you still wish to be the greatest ruler?)

From example 44, Isanusi is presented as a self-assured *ngaka* capable of restoring lost property and making Chaka famous. Isanusi fulfilled Chaka's ambition by giving him back his chieftainship. Chaka's kingdom is surpassing that of Dingiswayo with the help of Isanusi. Isanusi says, *ke u fumantšitse borena bo fetang ba Dingiswayo* "I helped you find chieftaincy

surpassing that of Dingiswayo.” The example confirms the ability and success of Isanusi in helping Chaka. Isanusi has even accomplished his promises by giving Chaka chieftaincy. This proves that *bongaka* works, *lingaka* could even be trusted. In support of this, Lesitsi (2002) announces that *lingaka* strengthens chiefs with the traditional medicines. In a similar vein, leaders, too, might be reinforced for their leadership positions and business people as well to take their businesses to greater heights. Furthermore, in the excerpt, Isanusi still indicates that there is a lot more that Chaka could gain through *bongaka*. He asks Chaka whether he is satisfied with what he has or he still wishes to be the greatest king. The question asked by Isanusi suggests a possibility for Chaka to become even the greatest king owning the largest kingdom.

As a result, the effects of the medicine used on Chaka are seen in his actions as mentioned earlier. This divulges that the traditional medicines have worked and have enhanced Chaka’s fighting skills. He is depicted as a plucky young man after using the medicine. He is even brave to confront fatal beasts such as the lion and the hyena. He killed them in two different occasions while a regiment of men and boys retreated out of fear. What is remarkable is that, Chaka’s bravery and fighting prowess rise to greater height after being treated by Isanusi. This in itself is proof that the traditional medicines and their practitioners have power to change the state of things and human aptitude. The success of *ngaka* to make Chaka proficient and Isanusi to get him (Chaka) his chieftaincy, locates well within the Afrocentricity. On this matter, Mazama (2001) confirms that the Afrocentricity states that culture determines the Africans’ life. In line with this, Chaka becomes *mampoli* and kills the wild animals after being prepared. Isanusi also strengthened Chaka to attain chieftainship.

#### 4.4.4 Success in Turning Senzangakhona against Nandi

The section focuses on the consequences of the initiatives of the senior wives of Senzangakhona in consulting *ngaka* as indicated in extracts 45-47.

45

*Senzangakhona a leleka Nandi a boela a se ke a araba letho ka ho hlorisoa ha Chaka.* (Mofolo, 2003:13-14)

(Senzangakhona expelled Nandi and never responded to the maltreatments made to Chaka).

46

*Senzangakhona a laela batho ba hae le ba ha Ncube kaofela a re: Molaeng!* (Mofolo, 2003:36)

(Senzangakhona instructed his people and all the Ncube's and said, kill him!)

47

*Leha pelo ea hae e le bohloko ruri, a khaotsa ho li romela.* (Mofolo, 2003:16)

(Even though his heart is broken, he stopped sending them).

Excerpts 45, 46 and 47 above present how Senzangakhona reacted after the other wives consulted *ngaka*. In example 45, Senzangakhona expelled Nandi from Nobamba. Neither did he respond to a report from Nandi informing him about regular beatings that Chaka was enduring. Senzangakhona did not take any action about the messages relating to the ill-treatment of Chaka. The fact that Senzangakhona did not respond to reports about Chaka's maltreatment indicates that he has stopped caring about Nandi and Chaka. He is doing what other wives expected after consulting *ngaka*. Another proof can be seen in example 46, which hints Senzangakhona's hatred to his son as he orders the crowd to kill Chaka. The order insinuates that he desires to get rid of Chaka, or he wants the crowd to kill Chaka for him.

In example 47, Senzangakhona cut ties with Nandi and Chaka as he no longer gives them their regular food. The animals were given as food to Chaka. Food was the only link between Nandi, Chaka and Senzangakhona; now that it has been stopped, that marks the end of their relationship too. This implies that Chaka is denied access to the royal family; he has no connection to it because his connection through his father has been stopped. There is no way that he can go back to fight for his position as a Senzangakhona's successor. Therefore, the traditional medicine and *lingaka* have changed Senzangakhona by turning him against Nandi and Chaka. The incident proves that *bongaka* is effective by helping senior wives as they wished.

The above discussion unfolds how the senior wives used *ngaka* to separate Senzangakhona from Nandi and Chaka. Afterwards, Senzangakhona threw Nandi out of Nobamba and ended the relationship with Nandi and Chaka. He stops giving them food and instructs that Chaka should

be killed. By helping the senior wives with the traditional medicines in their plan to separate Nandi from Senzangakhona, *ngaka* has identified himself as practitioner of *bongaka* in the Afrocentricity view. Asante (2009) indicates that the Afrocentricity elevates the centrality of the African ideals and values. In this case, the senior wives achieve their desire using an indigenous healer.

#### **4.5 Consulting Indigenous Healers during difficulty**

Consulting in this study means seeking help from an expert or taking further measures to restore health. The example from *Meokho ea Thabo* follows:

48

*Ho phefumoloha ha hae ho boima haholo. Moea oa hae tsamaea o ntse o khaoha likoto. Re lekile maqiti 'ohle a sesali, empa re hlotsoe. Ke bona ho molemo e le hore u mpe u e'o bitsa mosali eane oa ngaka. U mo kope a hle a tle le litlakalanyana. (Khaketla, 1983:14)*

(Her breath is very difficult. She is having shortness of breath. We have tried all the women's tricks, but we failed. It would be best if you call *ngaka*. Ask her to bring along some medicinal plants).

The example shows that when the characters encounter difficult situations, they seek help from *lingaka*. In the above excerpt, the family calls *ngaka* for their baby who is having breathing problems. Measures have been taken, but there was no help. Thabana is advised to call *ngaka* and to ask her to help with the traditional medicines. The family believes that the problem of their baby could be solved by *ngaka*. On this issue, Habtom (2018) clarifies that midwives deal with child delivery only. Therefore, they might not be able to handle health-related problems that the newborn is experiencing. *Lingaka* are helpful people who are consulted when there is an emergency. The idea of calling *ngaka* for the baby's problems shows that the family is located in its culture. The Afrocentricity recommends that the Africans should be subjects, not objects defined by the white supremacists (Mazama, 2001). The family on its own accord chooses to call the traditional healer as they believe that it would help them.

#### 4.6 Abilities of *Lingaka*

Ability, in this case, refers to the proficiency of *lingaka* in healing ailments. For instance, *lingaka* can be considered to be capable if they cure diseases. The example from *Meokho ea Thabo* follows in excerpt 49.

49

*Ngaka ea bolela hore ngoana ha a louoa, feela 'm'ae o kile a koloba, eaba ngoana oa hatsela, ke ka hoo matšoafu a hae a sebetsang ha boima. Lesea leo le 'nile la hola hantle le ho kula ha hae e le ha bana bohle ka baka la mosali eo oa ngaka. (Khaketla, 1983:15, 64)*

(*Ngaka* told the family that the baby is not bewitched, but her mother once got wet, and the baby caught cold at that time, which is why the baby is having breathing difficulty. The baby grew up without any problems; she got sick like any other baby because of that female *ngaka*.)

In example 49 above, *ngaka* discloses the cause of the illness of the baby to the family. *Ngaka* stresses that the baby is not bewitched. She reveals that the baby's problem emanates from her lungs, which is why she (the baby) breathes with difficulty. On this matter, Moteete and Van Wyk (2011) posit that the Basotho attribute unusual illnesses to witchcraft. On the contrary, the two scenarios; *ho koloba* "getting wet", which leads to *ho hatsela* "to be cold", might result in various respiratory problems, such as, cold and flu. The scenarios could put one's health at risk. Upon this observation, Mäkinen and Hassi (2009) clarify that people who have chronic obstructive pulmonary diseases are at risk of dying. Even the baby was in danger as 'Mathabana suspected.

The extract further implies that the baby was treated successfully and lived a normal life following the treatment. The text exposes that *lese a leo le 'nile la hola hantle* "the baby grew up without any problems." Therefore, the explanation given by *ngaka* indicates that she knows her work. Even the help that she provided shows the effectiveness of the traditional medicines. The clarification and help given by *ngaka* in relation to the baby conform to the Afrocentricity perspective, which calls for agency to place the African people within their culture (Smith, 2020). In this case, the baby's problem is solved by using *bongaka*.

#### 4.7 Traditional Medical Healer's Self-assuredness

In this study, the traditional medical healer's self-assuredness means the belief that *lingaka* have in their abilities. The section assesses the self-assuredness of *lingaka* on the basis of their services. The examples below on self-confidence are from *Meokho ea Thabo* and *Chaka*:

50

*Kotola, ke motho ea se nang thuto empa, ke tichere e kholo sekolong sa Qacha, bahlalefi ba ne ba re a tlosoe ha a ruteha. Ba mo etsetsa moferefere o mobe. A phallela ho 'na. Ka fihla ka 'mea li le peli. Leratanyana leno ke ne ke le qhale hang. Ka ona motsotso oo ke buang ka oona o ntse a le hona teng a ituletse hamonate.* (Khaketla, 1983:42)

(Kotola is a person who is less educated, but he is a head teacher at Qacha. The educated wanted him to be demoted because he is uneducated. They caused trouble for him. He came to me. I incised him, and the two incisions put away the ongoing noise. Even now as we speak, Kotola is still working there peacefully, occupying the same office.)

51

*Joale mpoelle litakatso tsa pelo ea hau, le seo u ratang hore har'a ntho tsohle ke bee melamu ho sona,* (Mofolo, 2003:45)

(Now tell me what your heart desires, even what you would want me to pay more attention on).

52

*Ke ntho eo ke e tsebang eno ea ho nyolla batho ba machepa. Ba bangata haholo bao ke seng ke nile ka ba nyolla. Tlhasinyane a ntša meriana ea hae, a ba nea eona. Kamor'a mona le lebelle, ho ke ke ha feta matsatsi a supileng a e-so fihle. Ha a ka a feta le ntsebise.* (Khaketla, 1983:104-105)

(I am an expert in returning people who do not want to come back to their homes. I have returned many. Tlhasinyane took out his medicine and gave them. After today, expect him to arrive within seven days if he does not turn up, let me know).

In the citations above, *lingaka* are confident about their work. They are aware of their expertise. In example 50, Kotola is less educated for being the head teacher. His qualification raises a concern for those who have higher qualifications for the position; they want him to be demoted. Kotola is described as *motho ea se nang mangolo* “one who does not have educational qualifications.”

The concerns caused a commotion. Instead of giving up his job, when it was at risk, Kotola consulted *ngaka*. *Ngaka* states: *A phallela ho 'na* “he came to me”, which means that Kotola came to *ngaka* for protection and was incised, *ka fihla ka 'mea li le peli* “I incised him with two incisions”. On the one hand, the words indicate, how light the matter was as it was dealt with only two incisions. On the other hand, the words show how useful his medicines are. Later on, the noise at the school ceased. *Ngaka* believes in the powers of his medicines and his abilities. As he says, *leratanyana leno ke ne ke le qhale hang* “I have put an end to the on-going noise.” *Ngaka* helped Kotola by giving him only two incisions. Consequently, Kotola remains in office after being treated by *ngaka*. His job was saved subsequent to the use of the traditional medicine as he has hoped. On this issue, Habtom (2018) explains that the traditional medicines prevent and treat physical and mental disorders, as well as social imbalances. From the above discussion, *ngaka* is self-assured that the traditional medicines work. When *ngaka* solves Kotola’s problem, he is regarded as being located to his culture in the view of the Afrocentricity. To be located means that one’s beliefs are based on their culture (Mazama, 2001). In the same manner, *ngaka* believes in his knowledge and the power of his medicine as he states that with two incision cuts he saved Kotola’s job.

In example 51, Chaka meets Isanusi. From their meeting, Isanusi requests Chaka to state his wishes. Isanusi knew that there is something that Chaka is longing for. His words assure Chaka that he will get anything he wishes. He gives the impression that with *bongaka*, every desire could be met. Chaka has to tell Isanusi his foremost aspiration so that Isanusi could give it special attention. Isanusi offers Chaka a chance to prioritise his wishes so that he could focus on them and prepare suitable medicines for them. In the discussion above, Isanusi presents himself as a confident person who has knowledge of the traditional medicine. He states: *mpolelle takatso tsa pelo ea hau* “tell me your heart desires.” Isanusi implicates that he can help Chaka with anything that he wants. It can be concluded that *lingaka* are proficient in what they are doing if

Isanusi is ready to give Chaka whatever he wants. By requesting Chaka to state anything that he needs, Isanusi is participating in his culture. As indicated by Mazama (2001), the Afrocentricity advocates that the Africans should be subjects not objects in their culture. In this case, Isanusi allows Chaka to say what he prefers most so that he could ensure that he gets it.

In example 52, Tlhasinyane also boasts about his expertise. He states that what is requested of him is what he knows best, *ke ntho eo ke e tsebang eno* “I am an expert on that.” He proudly states his abilities. He even gives evidence of what he has already done as follows, *ba bangata haholo bao ke seng ke 'nile ka ba nyolla* “I have returned many.” He is self-assured that Moeketsi will return home within seven days after the family had used the medicine. Tlhasinyane sounds certain about the time that Moeketsi would return.

Although he has a strong self-assurance, he still leaves a provision for failure. He asks the family to let him know if Moeketsi does not come during the speculated time. Tlhasinyane states, *ho ke ke ha feta matsatsi a supileng a e-so fihle. Ha a ka feta le ntsebise* “seven days will not lapse before he arrives. If they lapse, let me know.” In relation to the power of the traditional medicines, Motlamelle (1985) asserts that they are given some instructions over the issue that they are working on. The same thing is anticipated in this case. Tlhasinyane is self-assured of himself and his medicine as he leaves the family with the medicine to use it. What Tlhasinyane does by bragging about his dexterity projects not only his confidence as *ngaka*, but also his self-assuredness about his treatments. In this respect, Mazama (2001) accentuates that the Afrocentricity is based on the individual beliefs, which in turn determines one’s identity. As a result, Tlhasinyane praises himself with his experience in indigenous medical practice.

#### **4.8 Conclusion**

In conclusion, the texts present some *lingaka* solving the characters’ problems, fortifying the characters and curing illnesses and displaying their self-efficacy. For instance, Chaka is taken to *ngaka* to be fortified for his safety; the outcome is positive since Chaka becomes brave and changes into a skilful fighter. Thabana also protects her daughter from being bewitched by the Zulus. Concerning the trust that the characters have in *lingaka* as portrayed in the selected texts, the Afrocentricity regards both *lingaka* and the characters located at the centre of their culture, as they are participating in *bongaka*. However, Khaketla has also delineated *bongaka*, failing to

give the expected results. Tlhasinyane is well known and respected for returning people to their homes. Nevertheless, the efforts that Tlhasinyane made to return Moeketsi failed. On this issue, it could be realised that the outcome of the services of *bongaka* is unpredictable like in any other operation. The discussions have also revealed that *lingaka* differ in the degree of knowledge, Isanusi and Jafeta have succeeded in what they had done.

The chapter has considered how the traditional medicines are perceived. Khaketla portrays how the newborn illness was revealed. It further looks at how the traditional medicines enable individuals to attain their wishes as Kotola is saved from being demoted as the head teacher. Mofolo also presents Chaka wanting chieftaincy, and he obtains it with the help of Isanusi. In the same manner, the senior wives of Senzangakhona succeeded in separating Senzangakhona from Nandi and Chaka. In all the cases, the characters accomplished their desires. The traditional medicines have indeed been an answer to the character's needs. It has also been observed that Mofolo presents *lingaka* helping the characters to attain their personal wishes. The examples could be drawn from the case of the senior wives and the incidents of Chaka with both Isanusi and the other *ngaka*. Khaketla, contrarily, presents *lingaka* curing ailments and solving personal problems. A reference could be made to Fumane and Moeketsi.

## CHAPTER FIVE

### THE CONCLUSION

#### 5.0 Introduction

This chapter provides conclusion of the presentation of *bongaka* in the selected texts. The study has analysed the presentation of *bongaka* in *Chaka*, *Meokho ea Thabo* and *Molahluoa*. The study comprises five chapters. Chapter one is the introductory chapter; chapter two looks at the presentation of *bongaka*; chapter three focuses on the procedures in administering *bongaka*; the perceptions of the characters about *bongaka* are analysed in chapter four; and Chapter five provides conclusion of the study.

#### 5.1 Summary

The selected texts have portrayed *lingaka* having swinging hair, strange looking eyes and strong physique. *Lingaka* also have tools that are made of animal skins they use in their work. They may be seen carrying equipment such as *lechoba*. They can be easily identified by their dress code either wearing beads or clothes made from animal skins. Jafeta and *lethuella* are portrayed wearing hats made of the monkey skin. In other situations, *lingaka* charge fees for their services, but the amount and time of payment lies on the individual *ngaka*.

The selected texts have further portrayed healing procedures used in administering *bongaka*. It has been revealed that some problems could be solved by incantations. For example, Lineo has to call Moeketsi and tell him to come home while pouring water in a bucket. Again, *lingaka* give instructions on how the medicines should be used. For instance, *ngaka* instructs Chaka to bath at the river and incise there. The texts have also revealed that *lingaka* diagnose their patients' illnesses or problems. Diagnoses involve revering to the ancestors. Various diagnostic procedures in administering *bongaka* have been identified: *lethuella* divines Fumane by looking at her, *ngaka* diagnoses Chaka by touching him; and Jafeta uses *litaola* to diagnose Ratalimo's family problem. Again, some characters are incised to address their needs and problems. The application of medicine in varying forms has also been presented.

The texts also present some *lingaka* solving the characters' problems, fortifying characters, curing illnesses and displaying their self-assuredness. For instance, Chaka is taken to *ngaka* to be fortified for his safety; the outcome is positive since Chaka becomes brave and changes into a skilful fighter. Concerning the trust that the characters have in *lingaka* as portrayed in the selected books, the Afrocentricity regards both *lingaka* and characters located at the centre of their culture. However, Khaketla has delineated *bongaka* failing to give the expected results. Tlhasinyane is well known and respected for returning people to their homes. However, the efforts that Tlhasinyane made to return Moeketsi failed. On this issue, it could be realised that the outcome of the services of *bongaka* is unpredictable like in any other operation. The discussions have also revealed that *lingaka* differ in the degree of knowledge as Isanusi has succeeded in making Chaka a legendary hero.

Khaketla portrays how the newborn illness was revealed. He further looks at how the traditional medicines enable the individuals to attain their wishes as Kotola is saved from being demoted as the head teacher. Mofolo also presents Chaka wanting chieftaincy, and he obtains it with the help of Isanusi. The senior wives of Senzangakhona succeeded in separating Senzangakhona from Nandi and Chaka. It has also been observed that Mofolo presents *lingaka*, helping characters to attain their personal wishes. The examples could be drawn from the case of the senior wives and the incidents of Chaka with both Isanusi and the other *ngaka*. Khaketla, on the one hand, presents *lingaka* curing ailments and solving personal problems. On this issue, a reference could be made to Fumane and Moeketsi. In general, the texts have portrayed *bongaka* serving various purposes. For instance, Mofolo has shown that *lingaka* could fortify people to get their desires. Tšasanyane–Ralengau has also presented *lingaka* solving issues related to witchcraft. Moreover, Khaketla has revealed that *lingaka* can address both physical and social problems.

## **5.2 Recommendations**

It was observed that characters use the services of *bongaka*. The texts have portrayed that the characters got cured through *bongaka*, and the characters's personal issues are addressed too. This does not apply to characters only; even in real life, there are *lingaka* and they help in maintaining human physical and social well-being. Therefore, to support *lingaka*, let us acknowledge their existence and importance in our society, so *bongaka* has to be included in the

Sesotho literary texts. The Basotho authors should, therefore, include the cultural norms and practices in their writing as that will be a way of preserving the Sesotho culture.

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## APPENDICES

### ***APPEDIX A: SYNOPSIS OF MEOKHO EA THABO BY KHAKETLA***

*Meokho ea Thabo* is a novel about Moeketsi. He trained as a teacher. After training, *ngaka*, who had slept in his house, volunteered to help him to get employed; but he refused. Sometime later, Motale, Moeketsi's uncle, informs Moeketsi that he has chosen a wife for him. On hearing the news, Moeketsi ran away from home because he did not accept his parents' choice for a spouse. While he was away, his family called a traditional healer, Tlhasinyane, to bring him back. However, he failed until Moeketsi came back home on his own.

The other character is Fumane. She was born with some complications, which led her parents to call *lethuella* for help. She was given the traditional medicines when she was going to school for protection against the witchcraft and success by the same *lethuella*. Fumane also trained as a teacher. Subsequent to the completion of her studies, Fumane was told that her hand has been given for marriage to someone she did not know. Moeketsi and Fumane later became lovers but cannot marry because they wanted to obey their parents and to respect their decisions. They discovered later that their parents have chosen them for each other.

## **APPENDIX B: SYNOPSIS OF MOLAHLUOA BY TŠASANYANE-RALENGAU**

The novel is about a girl named Molahluoa. Her mother died while she was a year and three months. She was then given to a distant relative to raise her. The relative expected her to take care of the animals and do some other house chores such as drawing water from the well. She even stayed at the animal post alone. She met Talimo there, who later married her. Having spent most of her life looking after the animals, she did not know women's duties. Her mother-in-law, 'Matalimo, had to teach her.

On her baptism day, when she was already married, she saw 'Malehlohonolo, her guardian, in the church. She tried to reach her, but her guardian disappeared miraculously several times. She learned later that 'Malehlohonolo wanted to take her back to the animal post. The incident forced his father-in-law, Ratalimo, to get his traditional healer to renew the protection of the family and protect her, too, from the evil doings.

### ***APPENDIX C: SYNOPSIS OF CHAKA BY MOFOLO***

Chaka is a novel about the Zulu king, Senzangakhona. He has three wives but had no son. He married Nandi who gave birth to a son Chaka. The first cultural ritual done to Chaka was performed by a traditional healer. The healer was consulted again to protect Chaka when he was looking after the calves. He was always beaten by other herd boys when herding. The herd boys hated him as they have been told that he is an illegitimate child. Later on, the other wives gave birth to baby boys.

Thereafter, the step-mothers requested Senzangakhona to tell the society his successor. When he refused, they asked his advisers to intervene. He never listened to them, and then the senior wives consulted *ngaka* to make him hate Nandi. After being treated by the traditional healer, Chaka became stronger and won his fights all the time. He was even brave such that he killed a lion and a hyena alone. However, after killing the hyena, he fought with his brothers and injured them and that made his father to instruct his people to kill him. He ran away; and while running, he met Isanusi. Isanusi was his traditional healer who supported him with the traditional medicine into chieftaincy and through his reign.