

**TRADITIONAL HEALING
AMONG THE NGUNI PEOPLE**

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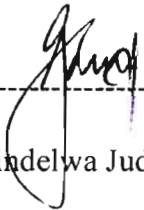
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PREFACE

DECLARATION OF ORIGINALITY

I hereby declare that this dissertation is my original work and has not been submitted in any form to another University. Where work of other researchers has been used, it has been duly acknowledged in the text.



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ABSTRACT

This study sought to ascertain the role that is played by traditional healers in healthcare delivery among the Nguni people of South Africa. Its objective is to ascertain who the traditional healers are, how they are trained for the profession, how they practice their profession including how people consult with them, how they gather information relevant to identify the problems of their clients, what interventions are put in place once health problems have been identified and generally the role traditional healers play in the well-being and upliftment of living conditions of their communities. Three traditional healers were interviewed and observed, generating important information for the study.

The study found out that traditional healers are respected traditional or community leaders whose main contribution to the community is practicing healthcare delivery by which they bring well-being to the generality of the people. Traditional healers are called to their profession by their ancestors. The training of traditional healers is by apprenticeship with experienced renowned traditional healers and the training takes place between two and six years. Training takes place in the skills of diagnosis or the gathering of information, through observation, interviews, divination and the interpretation of dreams to arrive at a decision as to the probable healthcare needs or health problems of patients. Traditional healers are generally trained to be capable of identifying different kinds of problems affecting people, whether these be physical, mental or interpersonal relationship problems. Training in skills to intervene in health matters are provided

including herbal medication, interpersonal interactions and as in group healing or ritual ceremonies as well as training in the skills of prevention of ill-health and promotion of health. Other skills in which traditional healers are trained include those of advocacy, mobilization and being custodians of the people's traditional culture.

Traditional healers are generally trusted for their competency and the efficacy of their intervention strategies and this explains the reason for the people's generally positive behaviour tendency towards the utilization of traditional healer's services. Traditional healers generally bring about well-being to the people in their communities.

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CHAPTER ONE

INTRODUCTION

1.1. Background to the study

Healing is a dynamic, transformational and on-going process in which individuals or groups are restored to health, wellness, wholeness, harmony, or state of equilibrium (Butler, 1998). In some cases healing is referred to as “cure” or “curing”. Since health is multifaceted and occurring at various levels, healing therefore is a process of restoration to health in various areas of life and at various levels. This is consistent with the World Health Organization (WHO, 1993), position on health which describes health as not just merely the absence of diseases and infirmity, but also a state of complete physical, mental and social well-being. This is holistic view of health which is also true of healing. Bodibe (1992) also observes that healing as an approach to health care is holistic but unfortunately has been almost totally ignored in South African context. Bodibe contended further that holistic healing has far reaching implications for healthcare delivery including counselling and psychotherapy. Conventional counselling is based on middle class Western values and sometimes does not address the needs of African people as the traditional psychotherapy does. For this reason Sue (1981, in Bodibe, (1992), advocates that traditional, or indigenous, healthcare delivery approaches should be allowed in healthcare system of non-Western people in order to address health conditions which are culture bound and cannot be adequately dealt with by Western therapeutic approaches.

As efforts are being currently made to integrate traditional healthcare practitioners into the mainstream healthcare system in South Africa, it is becoming more apparent that two healthcare

delivery – the Western biomedical system and traditional healthcare systems- which otherwise have been running parallel to one another would be brought together. According to Peltzer (2001), these two health care systems are fuelled by mutual suspicion and lack of communication and this is not in the best interest of the clients who make use of both types of healthcare services. Unfortunately the traditional healing is still very much less developed and largely in the hands of people with little or no formal education. Traditional healing is also shrouded in secrecy and mystery as it is undocumented and full of metaphysical elements. Successive apartheid governments refused to give African traditional healthcare practices appropriate recognition for it to develop. For example two legislations (the Witchcraft Suppression Act No. 3 of 1957 and the Criminal Procedure Act No 5 of 1977) were passed to ensure that traditional healing, or indigenous African healthcare practices were completely eradicated under the guise that it is primitive and unscientific. Holdstock (1982) in Bodibe (1992) also observed other forms of assault on indigenous African cultural practices at other level of the society when he stated that:

“Students wanting to do graduate theses in the area of indigenous healing are directly and indirectly discouraged to do so. Higher degree committees query research by psychology students in this area unless approached from a time-honoured Western methodological stance” (p. 150)

Realising the important roles culture play in healthcare delivery the current South African government is making effort to integrate traditional healthcare practices into the mainstream national Western biomedical system. Mafalo (1999) contends that incorporating traditional healing into healthcare system would only mean effective healthcare delivery, as Western

healthcare alone cannot address the health needs of the African people and therefore calls for research to build up knowledge base which can inform health care practices in such integrated system. The World Health Organization (WHO, 1993) has also called for more research in all aspects of traditional health methods, including traditional healing, since research into the traditional practices can only mean better understanding, reduce misconception and promote collaborative efforts among all medical practitioners including medical doctors, psychologists, traditional healers and other healthcare practitioners. Much of the research into African traditional health practices have been by researchers who are non-Africans from cultures different from Africans. Makinde (1998) is of the opinion that it is high time Africans conduct research into their own cultural practices since they are more likely to provide an insider perspective different from those outside the cultures and these African perspectives are likely to be richer and in-depth. After-all “if we are to truly begin to talk to Africans and not just about them, we need to hear the African side of the story from the African point of view” Makinde asserts.

As an African educational psychologist whose clients would be drawn mainly from indigenous African communities, understanding African traditional healing would go a long way to assisting the researcher to understand how the knowledge and other resources of the culture are being employed in providing mental healthcare to the people. With this knowledge the researcher would be in a position to provide psychological services that are relevant to the context of her practice including devices which her clients would be able to identify with. For this reason the researcher wishes to undertake this research with a view to gaining better understanding of the culture in which she will be practising. Information from the research is likely to improve the

quality of psychology practice of healthcare practitioners generally, not just of educational psychologists, or counsellors working in South Africa. Therefore, this study intend to explore traditional healing among the Nguni people of Eastern Cape and KwaZulu Natal with a view to ascertaining who the traditional healers are, their preparation, or training, before embarking on their practice, the services they render and how (including the healing process and its therapeutic elements), what the traditional healers consider as their contributions to their society's health care delivery and what they consider as the attitudes of people to their practices.

1.2. The purpose of this study

According to Polit and Hungler (1995) the problem statement may be stated as a research question form (the interrogative form) or as a broad statement of purpose (the declarative form). Essentially this study explored traditional healing practices among the Nguni people of South Africa. The study was particularly being designed to ascertain who qualifies to be referred to as a traditional healer, the training given to traditional healer before practice, the services traditional healers provide, where and how the services are provided, what traditional healers consider as their contributions to health care of their people and what they consider as the attitude of the people to their practices. To guide the research, therefore the following key questions were asked.

1.3. Key Questions

1. What qualifies one to be a traditional healer among the Ngunis of South Africa?
2. How does one become a traditional healer among the Ngunis?
3. What services do traditional healers provide, how and where?

4. What do traditional healers consider their contributions to mental healthcare delivery in their communities?
5. What do traditional healers consider as the attitude of people to their practices?

1.4. Delimitations of the study

The results of this study may not have universal applicability because it utilised a research approach that focused on a small number of participants. Focus was on Xhosas and Zulus, therefore the results are not applicable to all Nguni healers. There was no direct interaction with the beneficiaries of the services, clients; therefore it means that the information was not first hand information. The results were based on what the healers believe about their clients. Some healers may have felt uncomfortable and therefore withheld some information as traditional healing is generally known to be secretive and knowledge and experiences often kept as “business secrets” (Rankopo,1998)

On a related note, this study did not attempt to directly compare the techniques used by traditional healers with Western counselling techniques. Instead the Nguni healing techniques were evaluated on their own merit. Therefore the findings emerging from this study may not be directly compared to Western theories, techniques and research.

1.5. Research Methodology

The approach to this study was qualitative and relying on ethnography orientation. The effort in this research was to produce a comprehensive description and interpretive holistic cultural portraits of traditional health care practices, especially traditional healing. This study made use of a collective case study as it involved multiple individuals and the sole criterion for selecting

cases was finding individuals with appropriate or adequate knowledge and experience of the phenomenon under investigation (Stake, 1995). Traditional healthcare practitioners , and in particular, traditional healers in KwaZulu Natal and Eastern Cape provinces constituted the population of this study. The sample for the study was drawn through purposive and convenient selection and comprised three traditional healers, one from Durban, KwaZulu Natal, and one each from East London and Mount Fletcher, in the Eastern Cape Province. All three main categories of traditional healers; diviners, herbalists and faith healers were represented.

Interviews, observation, audio-taping, a reflective journal and field notes were all used to collect data. Data analysis was done in steps which included transcribing the interviews, participative analysis, eliciting patterns and themes from the content of the interview and also making interpretations based on the reflective journal and the field notes. Ethical issues like informed consent, (capacity, information and voluntariness), harm, anonymity, confidentiality and deception were discussed with the participants before the research was started and were also considered during and after the interviews.

1.6. Definition of terms

The purpose of this section is to define terms, words, names and concepts which are used in this thesis. For the purpose of this study the following definitions will be used:

1.6.1. Tradition

According to Gould and Kolb (1964) tradition is a neutral term used to denote the transmission, usually oral, activities, taste or belief from one generation to the next. This specifically refers to

the totality of socially transmitted behaviour patterns, beliefs and other factors related to thoughts and characteristics of a particular community.

1.6.2. Traditional Healing/Medicine

According to the World Health Organisation Technical Reports (1978) traditional medicine/healing is the sum of all the knowledge and practices , whether explicable or not, used in diagnosis, prevention and elimination of physical, mental, or social imbalance. It relies exclusively on practical experience and observation handed down from generation to generation.

1.6.3. Traditional Healers

Traditional healers are practitioners of traditional healing. They are regarded as individuals who specialise in in healing psychological, social, emotional, spiritual and holistic problems. Research indicates that they are selected by ancestors to join the profession. Among the Nguni people there are three main categories of traditional healers; diviners, herbalists and faith healers.

1.6.4. Diviners (amagqirha, izangoma)

These are traditional healers who are known for communicating with ancestors to diagnose client's problems. They both make predictions before problems occur or after they have occurred already and give reasons for their occurrence. They use different techniques for their intervention. Their intervention is holistic since they diagnose and also provide medication for different diseases.

1.6.5. Herbalist (ixhwele, inyanga)

This group of traditional healers specialises in mixing herbs to cure different diseases and ailments of their clients.

1.6.6. Faith Healers (abathandazeli)

Faith healers emerged as a result of a contact between indigeneous healthcare approaches and Christianity. Their therapeutic techniques include both indigenous practices as well as prayer.

1.6.7. Diseases

According to the World Health Organisation (1978) ill health or diseases is induced by an imbalance or disequilibrium in a person's total ecological system. Beeson and Scott (1986) state that diseases occurs when someone is literally "without ease" and is defined as any sickness , ailment or departure from the generally accepted norm of good health.

1.6.8. Client

A client is someone who visits traditional healers, with psychological, physiological or emotional problems with the hope that the problems will be solved.

1.7. Summary

The purpose of this research is to formulate hypotheses on the role played by traditional healers in healthcare delivery by answering the formulated research questions. This includes their

training, the interpersonal skills they use, the services they provide as well as how their clients perceive their services. This study made use of a multiple case study approach to investigate this information. Since this approach is mainly an inductive approach, hypotheses are formulated but not tested. Related literature indicates that there are different theories which explain traditional healing practices among the Nguni people. The following chapter addresses these theories.

CHAPTER TWO

THEORETICAL FRAMEWORK

2.1. Introduction

This chapter discusses the theoretical framework underlying traditional healing. The position taking is to review the relationship between culture and human development and how this impacts on healthcare beliefs and healthcare delivery practices among African people. The review looks at the theories to explain the relationship of people with their environment. The following theoretical perspectives are reviewed: Individualism versus Collectivism, Ecological Systems and Natural versus Supernatural theories.

2.2. Individualism –Collectivism

According to Magiani (2006) collectivism is a term that is used to describe any doctrine that stresses the importance of a collective, than the importance of the individual. According to him, the core belief of this theory is that individuals should be subordinate to the collective, which may be a group of individuals, a whole society, a race, a nation, a social class et and they are held responsible for their actions. This theory best describes the African people in terms of their beliefs, culture, customs, health seeking practices and healthcare delivery. Mbiti (1969) supports this by stating that the cardinal point in the understanding of the African view of man is that the individual exists for the group, “ whatever happens to the individual happens to the whole group , and whatever happens to the whole group happens to the individual” (p109) According to Hammond-Tooke (1998) there is a conceptual difference between the thought processes of individuals and the shared categories of thought of a culture that are inculcated from childhood

through the socialization process. Durkheim (1965) in his attempt to draw a distinction between Western and traditional thoughts states that the mentality of the individual is derived ultimately from the collective representation of his or her society, that is from the categories of thought that claim to make statements about reality, so that certain ways of thinking are directly associated with certain types of social structure. With regard to psychological and moral characteristics pertaining to African identity, personality and dignity, the emphasis is on community rather than on the individual (Makgoba, 1997, Mbiti, 1969) This theoretical view of man also finds explanation in Spinelli's (1994) proposition that each individual human defines him/herself in relation to others and that the self is the product of, or that, which emerges from, relational experiences. This therefore means personality development is influenced by this kind of socialization.

Campbell (1997) explains collectivism as having the following characteristics:

- A “we” consciousness where the views, needs and goals of the group are important.
- Behaviour that is a function of norms and duties imposed by the collective
- Shared beliefs that are highly significant
- Social behaviour that is dependent, emotionally attached and where one may be co-operative and self-sacrificing towards others.
- Collaboration and group solidarity
- Status that is achieved through contribution to the group.

Unity from the African perspective is also understood from *ubuntu* point of view. *Ubuntu* (humanness) serves as a spiritual foundation of African societies (Louw, 2003), which emphasises

that “a person is a person through persons”. The concept of *umntu ngumntu ngabantu* (as stated in Xhosa) informs collective consciousness reality with which African people are known. *Ubuntu* refers to personality characteristics inherent in African minds and it comprises sociality, patience, tolerance, acceptance and sympathy, as indicated by Nyasani (1997). This traditional African aphorism also articulates a basic respect and compassion for others and can also be interpreted as factual description and a rule of conduct of social ethic (Louw, 2003) Lack of these characteristics in a person’s personality indicates a lack of *ubuntu*. Nefale & Van Dyk (2003) indicate that human nature is viewed as interdependent inseparable whole and the group as embodiment of reality and the framework within which the individual can hope for any degree of self actualization.

This interdependence or interrelationship does not refer to human beings only, but also to all elements in the universe including the spirits. The person one is to become “through other persons” is ultimately an ancestor (Louw, 2003). Ancestors are seen as an extended family and dying is an ultimate homecoming and sharing with and care for are believed to occur between the living and the dead (Van Niekerk, 1994; Ndaba, 1994: 13-14). Central to an understanding of these beliefs and practices is an understanding of traditional religion, which embodies the Creator God and both living and dead (Edward, 2000). “The relationship with the ancestors and through the ancestors with God permeates all being”(Holdstock, 1981: 120). Based on this belief, Africans preserve a bond with one another, with the environment including plants and animals, ancestors and God. The relationship among these elements is believed to occur in a hierarchical manner, God is at the top, humans in the middle while animals, ancestors, plants and non-living organism are at the bottom. This bond is also characterized by the flow of life energy from the top to the bottom, which serves to unite these elements together. God is the ultimate source of life energy. The relationship that

human beings have with the plants and animals is also interdependent as human beings depend on them for food and medication while plants and animals also depend on human beings to survive. This means that for African people everything that in is the environment is seen as playing very important role in human life. This means that all elements in the universe are seen as connected or dependent on each other.

Based on the culture, which emphasises collectivism, people's understanding of the world around them is defined in terms of the realities in their environment, which in the African culture refers to collectivism or communal living. This includes their understanding of what is health and what is ill- health as well as its aetiology and cure. Illness is understood as lack of ubuntu, lack of homeostasis in one's life, poor interpersonal skills and other problems related to one or the group's relations or poor relations with the ancestors. Sobiecki (2003) supports this by stating that not only elements of a culture influence health especially what the culture perceives as healthy personality in general, but also culture defines what is or not considered ill-health or illness. In many traditional societies, mental health problems can be viewed as spiritual concerns and as occasions to renew one's commitment to a religious or spiritual system of belief (Broman, 1996). Many people of all racial and ethnic backgrounds believe that religion and spirituality favourably impact upon their lives and that well-being, good health, and religious commitment or faith, are integrally intertwined (Taylor, 1986, Bacote, 1984). Therefore the conception of health or ill-health is also informed by the concept of collectivism or communal living. In the African worldview, good health is considered to be harmonious relationships between the elements in the universe (Makunga, Edwards & Nzima 1998) in Rudnick (2000) this also includes harmonious relationships among human kind and the local ecology including plants and animals (Ngubane; 1977). Straker

(1994) describes this conception of health from traditional African perspective as maintenance of equilibrium between elements in the universe

Cure is therefore meant to bring balance or equilibrium between the individuals and their environment. Traditional healing practices serve to preserve individual, family and community homeostasis and bonds to transform them towards health. This is believed to be done by both Western and Indigenous African traditional healers, however with the latter playing a major role since they know the culture of their people and are also well informed by people's problems especially culture bound syndromes.

2. 3. Ecological Systems Theory

System theory is basically concerned with problems of relationships, of structures, and of interdependence, rather than with the constant attributes of object (Katz and Kahn, 1966). Merriman-Webster (1993) defines a system as a "regularly interacting or interdependent group of items forming a unified whole," which "is in, or tends to be in, equilibrium". "A system's attributes, which are the interdependence and interlinking of various subsystems within a given system, and the tendency toward attaining a balance, or equilibrium forces one to think in terms of multiple causation in contrast to the common habit of thinking in single-cause terms" (Negandi, 1987: 21)

According to Bronfenbrenner (1979) people are seen as shaped by and as active shapers of their social context. According to this theory the interdependence and interactions, which occur between the individual and the environment help to shape the individual within the social system (Donald,

Lazarus & Lolwana, 2002). Constructivism on the other hand refers to the philosophical belief that people construct their own reality (Oxford, 1997). Constructivists believe that people construct meaning from their interaction with the surroundings and this leads to construction of their realities of life. According to this theory, children from an early age create their understanding of their environment. Piaget (1973) supports this by stating that the child creates his or her own secure sense of the world through organization and adaptation to the environment. Vygotsky (1978) on the other hand states that knowledge is constructed primarily through social interaction and the construction of knowledge is rooted on a group context (Oxford, 1997). Knowledge is constructed through a relationship between the individual, the community and the world mediated by socially constructed ideas Dewey (1965) in Haralambos and Holborn (2004)

In this connection, understanding human behaviour and actions goes hand in hand with understanding their cultures, since cultures affect the way people think, feel, and believe (Segall, Dasen, Berry & Portinga, 1990). Shweder (1991) supports this by stating that it is through the culture that we think, feel and behave. Kashima (2000) supports Piaget by stating that people's cultures provide materials and symbolic tools by which humans adapt to their ecological and social environment and construct their images of the world and themselves. That is, in the process of adapting to their environment, people develop various ways of dealing with various situations and events within that environment including the development of mental healthcare delivery. Thus according to Mariach (2003) the development of systems to respond to diseases and restore health to individuals who are ill cannot be separated from the social, cultural and historic contents in which they occur.

The meaning of health and ill health is therefore based on people's interaction with their environment and their understanding of their culture. As stated earlier, ill-health from this perspective means social problems and lack of equilibrium, where an individual is not part of the interdependence and interrelations that occur among people. Failure to adjust to the environment and construct meaning of the surroundings is also indicative of illness. Parsons (1937) in Haralambos and Holborn (2004) supports this by stating that illness is a deviant behaviour because a sick person, whether mentally or physiologically, is not able to perform socially. The genesis of the ill-health or disturbance is in the person's relationship with others during the process of social interaction, which would result from lack of support from those around the individual. Illness of an individual is seen to be affecting the whole system, which means its equilibrium. Cure is therefore meant to restore the equilibrium. A positive therapeutic relationship is facilitated by support the sick person receives which signifies his/her acceptance as a social being (Parsons, 1937) in Haralambos and Holborn (2004).

Among Africans, cure can either be Western or traditional. However, it has been indicated that the acceptance of Western healing by Africans is superficial. This is why they to complete their treatment after consulting hospitals they go to traditional healers. This is also based on the fact that traditional healing does not occur in a vacuum, but within their culture. Thus the root of traditional healing among Africans today can be traced back to the time when the foundations of their cultures were being laid (Bojuwoye, 2005). Traditional healthcare delivery as an integral part of culture therefore represents the sum total of beliefs, attitudes, customs, methods and established practices indicative of the worldview of the people. From this discussion, it is evident that although

psychological disturbances can be determined by either intrapsychic or interpersonal factors, the African perspective emphasises the importance of the latter.

2.4. Natural and Supernatural theories of illness

Murdock (1980) classifies theories of illness causality among the African people into two main categories; namely, natural and supernatural. This also includes cultural metaphors used for describing health and ill health among Africans.

2.4.1. Natural Causes

According to Gumede (1990) this term refers to illness particularly infectious diseases like measles, influenza, small pox, chicken pox and the like. Before the introduction of Western healing, they were treated with a herb called *umhlonyane*, which was a well known treatment for flu. Accidents, injuries and congenital deformities were also classified in this group. These are natural biological causes of illness and diseases which just happen (Hammond-Tooke 1998) and which result from biological imbalances or genetic predisposition. This category is treated by both traditional healers and modern medical science.

2.4.2. Supernatural Causes

According to Murdock (1980) there are three categories of supernatural theories, which best describe the aetiology of illness in the African culture, namely, magical, mystical and animistic. Magical theories are based on the belief that Africans are close-knit communities struggling for survival together, yet there is also a form of competition, which is based on the scarcity of resources. It is then believed that witchcraft and sorcery are practised as a result of jealousy,

which is caused by competition so as to kill those who are progressive. Magical theories are based on the assumption that people become ill as a result of sorcerers or witches. According to Hammond Tooke (1989), sorcery refers to the use of medicine or magical substances to cause harm or kill like food poisoning, while witchcraft means the manipulation of psychic powers usually through mystical monsters like *impundulu* and *amafufunyane*.

Mystical theories explain the disorder in terms of the automation sequence of some act or experience of the afflicted person. Pollution states are part of this explanation. Terms like *umnyama* which means you are experiencing illness because of contact with places immediately associated with the major life events like death, birth and menstruation are part of this understanding. *Umkhondo*, which means a person has walked over a dangerous track, is part of this pollution belief, Hammond -Tooke (1998)

Animism on the other hand is the belief that everything is alive, animate, and conscious and possesses a soul and endowed with spirit or life energy. Apart from plants and animals, clouds, rocks water and other natural features are believed to have life. They all play a very important role in human life. According to this theory, personalized supernatural beings or souls reside within every object, controlling its existence and also influencing human life in general in the natural world. Central to this belief is the concept that humans possess soul and that these Souls have life apart from human bodies before and after death. According to Tylor (1971) animism is the most primitive stage of religion, in which the contemplation of dreams and trances and the observation of death led people to conceive of the Soul and human spirits, and that these spiritual

conceptions were projected onto the natural world. African traditional societies rely on animism to explain why things happen.

Animism best describes the African thought in which individuals are protected against any afflictions by ancestor who are dead relatives whose spirits are believed to be living and communicating with the living relatives. Everyone who dies is believed to join the world of the ancestors. As Ngubane (1977) states that although ancestors are invisible, they reside in household like everyone else. They may be in different places depending on their needs at that point in time, like rafters on the main hut, by the cattle byre, and other important places as perceived by them.

Failure to appease these spirits leads to mental and physical problems, which disturb the maintainance of equilibrium. This means that going against the will of the ancestors or not obeying them makes individuals feel stressed and experience anxiety and other forms of conflict. *Ukuthwasa* or becoming a traditional healer is part of this theory. The *sangoma* to be present with symptoms, which could be, diagnosed as showing mental illness while they are called by the ancestral to join the profession.

2.4.3. Cultural Metaphors of health

Another way to approach and understand the African traditional thinking and beliefs about health and illness is through the analysis of certain cultural metaphors that also define health and ill health. Jansen (1983) and Green (1994), state that there are four basic themes that relate to health

in its broadest sense among Africans, especially the Bantu speakers. These are purity, coolness, balance and social harmony.

- *Purity refers to the absence of contamination or pollution. People are considered well or healthy if they are pure, cool, and well balance. Contamination may be conceived in natural terms like deaths, miscarriages, traveling a long journey, menstrual blood etc. Coolness refers to moderate body temperatures and extreme qualities of temperature are believed to indicate illness.*
- *Balance in the African Worldview means the ability to maintain harmonious relations with the nature and spirits world) A negative expression may cause the spirits (ancestors) to withdraw their protection.*
- *Social harmony refers to maintaining good relationships with one's social world, which includes family and others with whom the person interacts. Disharmony leads to anger, stress, jealous depression etc.*

Dladla (2000) states that the term balance might be better understood as meaning 'moral order' in the systematical sense, in relation to the position of people vis-à-vis other people, the environment, the ancestors and the mystical forces that produce pollution. Ngubane (1997), in other words, balance should be understood to mean symmetry or order rather than, as usual the central pivot in counterpoise situation. According to him, balance is very crucial in health matters. Zulus conceive good health not only as consisting of a healthy body, but also as a healthy situation of everything that concerns them. Ill health is believed to come from the breach of this balance, certain actions or behaviours performed or adopted by the individual or their fellows. In his study of the concept of God in Africa Mbiti (1970) indicates that in the Bantu

cultural area, every event, happy or unhappy, including illness, is conceptualized and interpreted within a system of permanent search of harmony between the cosmos (nature), the humans(living and dead) and the transcendent (spirits and God) . From this, it is evident that good health is seen as harmony between the three spheres of beings.

2.5. Summary

The theoretical perspectives reviewed in this chapter provide a complementary relationship of culture to healing and specifically, African traditional healing. Individualism versus Collectivism defines culture as core social values and traces behaviour that exists outside the individual. This theory looks at community specific values, in this case Indigenous African values which include those of the Nguni people.

Ecological systems define culture as contexts and also look at the diversity in healing by looking at the interrelationships of individuals and their environments. Natural and Supernatural theories are specific to traditional healing and define Africans' perceptions of health and ill health as well as healthcare delivery approaches. These theories are part of the literature review, the rest of which is discussed in the following chapter.

CHAPTER THREE

LITERATURE REVIEW

3.1. Introduction

This chapter reviews the literature with regard to the roles and functions of traditional healing in healthcare delivery. The chapter examines the various traditional healthcare initiatives including those employing interpersonal relationship techniques. The review also include who the traditional healers are, how they enter the profession, the training they receive, what they understand about health, the causes of diseases and how to cure diseases and restore health to people who are sick.

3.2. South Africa

South Africa has a rich cultural heritage deriving from its indigenous ethnic elements, other parts of Africa, Asian and Western Europe cultures. Goodman (1984) and Gergen (2000) observe that culture is an important factor in human psychology, especially in healthcare delivery as culture creates and conditions specific problems involving health and illness as well as medical systems. Feirman (1985) provides a thoughtful discourse regarding the social and cultural determinants of health and illness by stating that the evolution of health cannot be separated from the broader social issues including the structures, systems and forces within that context. Camaroff (1982) had earlier alluded to the importance of understanding the relationship between culture and health, or illness. In support of this position Lindsay (1995) states that psychology does not operate in social, or value-free, vacuum. Wallerstein (1976) rightly observes that psychological field of endeavour centrally deals with culture including people's values and sensitivities, their

needs and rights including all areas where ethics and morals commingle with human activities and aspirations.

3.3. Culture and Healing

Vontress (2000), an authority in cross-cultural counselling, asserts that the practice of psychological counselling cannot be context-free since the individuals are reflections of the societies that produce them, including their states of minds. Counsellors would need to operate within the realities their clients understand (Vontress, 2000). It is further contended that true counselling cannot be achieved outside the context, or cultural realities of clients. According to Strupp and Hadley (1977) individuals enter counselling or therapy arena and do so not just to cure “symptoms” but to find greater meaning to life and to develop themselves as human beings.

It is further argued that individuals seeking therapy are encouraged to confront their beliefs, ideals and value systems, and by so doing, adapt to their ecological and social environment as well as construct their own images of the world and of themselves. The counsellor can only help the individual achieve this goal successfully by operating within the perspective of the reality the client understands and has been brought up. Otherwise no meaningful contribution to the individual’s mental health , and hence quality of life, can be expected when the individual is made to examine him/herself and to construct an image of the self outside the social, moral and cultural values s/he understands and has been assimilated (Bojuwoye,2001). This line of argument therefore tends to suggest that culture has significant role to play in the healthcare delivery, since people’s cultures particularly influence the attitude of people to health and healthcare delivery.

Culture and availability of resources also influences health seeking behaviour of communities. Different human societies have developed systems of dealing with ill health, improving mental health care and quality of life appropriate to their culture. Culture plays a significant role in people's thoughts, beliefs, behaviours and feelings as well as their understanding of the causes and or cure of illness (Bojuwoye, 2001). Therefore health care delivery methods do not occur in a vacuum, they are based on the people's culture. This becomes more evident in South Africa, where there are many different cultures and sub-cultures especially among the Black communities. Africans, since time immemorial, have developed systems of traditional healing practices for delivering mental health to their people.

Attitudes towards overcoming health problems are said to be very clearly linked to culture. To support this Furnham (1997) states that cultural attitudes towards illness, especially mental illness, affect availability and acceptability of professional help. He argued that to understand how people cure themselves, or why they seek help when they are suffering from specific health problems, it may be useful to explain people's beliefs regarding perceived efficacy of various cures. Rudnick (2000) found out that large numbers of South Africans (both indigenous Africans and Whites) regularly consult traditional healers even after hospitalization. It is also estimated that up to 80% of the South African population make use of traditional medicine and consult with traditional healers (Aids Foundation South Africa, 2006). In many rural areas of South Africa (especially the Eastern Cape Province) traditional herbal medicine and traditional healers are the only healthcare systems available (Mafalo, 1999, Aids Foundation South Africa, 2006). In these rural communities there are no infrastructural facilities for the delivery of Western-based

biomedical healthcare services. Furthermore the fact that Western-based biomedical healthcare delivery practices are considered to be “superficial” by African clients also makes traditional healing to be in high demand. Therefore there is the need to study traditional healing with regard to who the practitioners are, the training they receive before practice, the mental health services they provide including the therapeutic process, how traditional healers view their contribution to healthcare systems in their areas and what they consider as the attitude of the people towards their services.

3. 4. Health and Healing

According to Hamber (2003) healing is inevitably a lengthy and culturally bound process. It is defined as any strategy; process or activity that improves the health of individuals. The World Health Organisation (1993) defines health as not merely the absence of disease, but a positive state of physical, emotional and social being. It further defines psychological health as encapsulating, among other factors, subjective well-being, perceived self efficacy, autonomy, competence, inter-generational dependence and self actualization of one’s intellectual and emotional potential. The definition of the World Health Organisation has paved the way for the broader concepts of health care which is made up of different dimensions. Ansaugh, Hamrich and Rosato (2000) define these dimensions as follows:

***Spiritual health** is about exploring meaning and purpose in life by understanding values, ethics, love, friendship and others. This may or may not include one’s religion.*

***Emotional Health** is about the recognition and expression of one’s feelings and emotions as well as addressing interpersonal relationships.*

***Intellectual health** involves maintaining cognitive stimulation to prevent mental stagnation. It involves using available resources to expand knowledge. It is a lifelong process of mental challenges and creativity.*

***Occupational health** addresses career goals and paths and finding a balance between life at work and life at home.*

For any healing approach to be successful, one or some of these dimensions should be addressed to bring about health.

According to the World Health Organisation (1998) traditional medicine refers to health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicine, spiritual therapies, manual techniques and exercises applied singularly or in combination to treat, diagnose and prevent illness or maintain well-being. It comprises therapeutic practices that have been in existence often for hundreds of years, before the development and spread of modern scientific medicine and are still in use today. Other terms that are used as synonyms of traditional healing include traditional medicine, folk healing and *ubuntu* therapy. According to Edwards (2002) traditional healing approach refers to the perennial healing approaches that have been passed on over generations often in the form of oral transmission of knowledge, beliefs and practices that serve to both preserve individual, family and community homeostasis and to transform individuals and societies towards health. Ngoma (2004) states that traditional medicine can be understood as the health care practices which are unique to a specific culture (culture bound) that existed before the arrival of western medical practices.

According to Gumede (1990) South African traditional healing originates from KwaMadlantule Sub-Saharan countries many years ago, during the time of African trade and learning. It then spread to other Saharan countries, and that is how it reached South Africa. Human migration is responsible for its movement. Traditional healers play a very important role in restoring health. They do that in different ways according to their training and specialization. According to the World Health Organisation (1998), a healer is someone recognized by the community as competent to provide health care services, using a range of substances and methods based on the social, cultural, and religious belief systems. According to Ngoam (2004) there are three main categories of African traditional healers in South Africa; diviners (*Xhosa: amagqirha, Zulu: izangoma*), herbalists (*Xhosa: amaxhwele, Zulu: izinyanga*) and Faith Healers (*Xhosa: abathandazeli, Zulu abathandazi*). Traditional midwives (*ababelekisi*) are another category, which seems to have lost popularity these days.

3.4.1. Traditional Midwives (*ababelekisi*)

Women played a very important role in healing, especially during the Middle Ages. Hirst, (1990) states that the selection preference to the formal socialization of males ensures in the long run that more females than males encounter difficulties in their maturation and social development. This therefore explains why more women are involved in caring and helping careers. Traditional midwives make extensive use of indigenous plants to aid childbirth and to help through the whole process of birth. Although they were not trained in the Western approach, they played the roles of medical practitioners, pharmacist, social workers, and other caring and helping careers. Sanders (1998) in Mafalo (1999) argues that it is they, who discovered and

administered herbal remedies still important today, such as *ergot* for labour pain, *belladonna* to inhibit the uterine contractions during threatening miscarriages and *digitalis* for treating heart ailments. They were well known for controlling infant mortality.

3.4.2. Diviners (*amagqirha, izangoma*)

Turner (1992) in Ngoma (2006) explains that “divination” denotes inquiring about future events or matters, hidden or obscure, directed to a deity who, is believed will reply through significant token. The diviner combines aspects of the healer, medical doctor, psychologist, priest and social worker. They are believed and also claim to be able to cure a wide range of illnesses including, infertility, depression, grief social problems, infection, wounds, flu and many others. Van Biensbergen (2003) states that clients may consult *sangoma* for physical complaints, psychosomatic and psychic problems and for problems of social rather than individual physical nature such as bad luck in business, conflict, competition, bereavement in the family, major travelling, etc. Gumede (1990) states that the diagnosis of the diviners mainly concentrate on “*who*” did something and “*why*” unlike the Western approach which focuses on what the symptoms are or what caused the illness rather than why this is happening.

3.4.2.1. Becoming a sangoma

According to Gumede (1990) *sangomahood* guild is hereditary as it runs in families. It is possible to have more than one *sangoma* in one family. The Nguni people believe that people are called by the ancestors to join this profession; they do not choose to be healers. This specifically refers to diviners. Candidates of this profession present with symptoms, which do not necessarily mean they are ill and thus cannot be treated by cosmopolitan medicine. These illnesses are called

trouble (*inkathazo*) and have numerous disruptive symptoms. They manifest themselves in different ways like, anxiety, poor interpersonal skills, mood swings, and poor appetite, delusions, low libido that can lead to infertility, maladjustment and others. People who are called to this profession also neglect their personal appearance and hygiene. However, although these symptoms could be diagnosed by the western healing approach, their treatment only needs the intervention of a traditional healer, as stated that they are not real illness.

Hirst (1990) states that some typical psychological or emotional states that the prospective initiate's experience include *umbilini* (anxiety), *ukuxhuzula* (fainting fits) which often occur in the social or interpersonal context and which is not analogous to epilepsy. Negative dreams are also common. If there is no positive response to the ancestor's call, the initiates can have misfortunes in their interpersonal relationships and also resulting in cases loss of one's job. Hammond- Tooke (1989) indicates that to become a diviner the Nguni initiate has to be cured of *intwaso* condition through a series of rituals which include the use of special plant based medicine of the home frankincense (*ubulawu*).

The belief that when initiates present with these symptoms, the ancestors possess them, is not true according to the Nguni and African belief generally. The word "possessed has a negative connotation. Jansen (1992) supports this by pointing out that the Nguni differentiate between possession by alien spirits and the *ukuthwasa* calling by the ancestor spirits. He goes on to say, therefore, "possession" is the incorrect term to describe *ukuthwasa*, since often these spirits are said to merely talk to the diviner and not to possess the healer (Ngubane,1977: 103). Ngoma

(2006) states that the ancestors or “spirits” are not entities existing in another dimension, but are part of the diviner and there are various means to awaken such spirits in certain people.

According to Hammond- Tooke (1974) the ancestral spirits communicate the call to the candidate through dreams (*amathongo*, *amaphupha/amaphupho*) and visions (*imibono*) the content of which includes deceased relatives, sacred animals (*izilo*) and medicine (*amayeza*). People afflicted with *intwaso* can also dream of a river or water, which means their training, will take place under a river. In some cases, they dream of forests and animals and in those instances, training will occur in a forest. According to Ngoma (2004) “*ukuthwasa*” is “metaphoric” of a transformation that takes place gradually in the person who suffers an ordeal and subsequently becomes a diviner. The transformation is equated to undergoing a process of socialization as what Jung describes as the process of individuation. Hirst (1990) believes that the *ukuthwasa* symptoms mark the transformation of a candidate to a healer and is likened to a process of self-discovery and socialization. Lewis’s (1971) opinion is consistent with Hirst’s (1990) by stating that the healer is a “wounded surgeon who has suffered some sort of trauma which the diviner’s role supplies the appropriate therapy in the form of group support and new functional role as healer. Jansen (1992: 55) proposes that *ukuthwasa* can be explained by “a diagnosis that singles out recruitments to ritual leadership roles on the basis of greater sensitivity, ego strength and cultural receptivity in a time or situation of stress.

Ensick and Robertson (1996), state that the attitude towards *ukuthwasa* is ambivalent as it is regarded as both a gift from the ancestors and a burden which people do not wish on themselves or their children. Those who decide not to accept it, negotiate with the ancestors to be allowed

not go through training. As Gumede (1990) states that when patients have been told they are going through the *ukuthwasa* phase of the *sangoma* training process they may decide not to go through with the course of training. A ritual called *ukuvala idlozi*, which literally means to shut down the spirits, is performed by either a master *sangoma* or a herbalist or medicine man.

3.2.2. Sangoma training

A sangoma would undergo a period of apprenticeship under the supervision of a fully-fledged diviner. The training is in different skills. These include practice in divination (*imvumisa*) and training in herbal treatment (*impatho*). Ngoma (2004). The initiates leave their homes to live at trainer's house. In some cases, training occurs in rivers and forests where it is believed their ancestors are staying. Gumede (1990), states that the initiates undergo physical and mental exercises. When the initiates (*umkhwetha*) are ready to practise on their own they graduate as diviners and this process involves a series of rituals, the most important of which are *intlwayelo*, *intambo yosinga* and *goduswa* or *ingoduso*. These rituals are not performed solely for the new healers; they are for the broader kin group who are expected to participate in these rituals and support the novice healers in their endeavours. There are also rituals, which are meant to release the novices and announce to the community as healers.

Diviners use different instruments for divination. Some use objects such as bones and other objects which they throw on the floor. Hammond-Tooke (1974) states that the way objects fall once thrown indicates a form of communication with the ancestral spirits. Ventriloquists make use of the ancestral spirits. According to Gumede (1990) the enquirers do not state their enquiry but merely say "*izindaba zakho mngoma*" (we have come to listen to your news). The ancestral

spirits speak in a non clear whistling voice. The language of these spirits sounds like whistling. The diviner's function is to interpret to the client the message of the ancestors. Moreover, diviners use clairvoyance to read client's minds. This means the ability to use observation skills to make fairly accurate judgements based on non-verbal communication observed from the client.

Hand clappers are another category of healers that is well known among the Ngumi people. According to Gumede (1990) while the enquirers are still on their way approaching the healer's place, the diviner develops premonitions and experiences similar to the old *ukuthwasa* symptoms like sneezing, headache, heaviness on the shoulder, etc. The healer knows someone is coming to seek help. She snuffles, twitches, shrugs her shoulders and roars abnormally. When the enquirers ask the healer to make a divination, she asks them to clap their hands so that he/she can speak. The divination starts with a series of guesses as to the problem. The diviner tells the clients what the problem of the latter is. The clapping of hands by clients and relatives assist diviners as to the correction of guesses in relation to the problem of the patient. This sound made by clapping gives the diviner encouragement or power to do his/her work.

3. 4.3. Herbalist (*inyanga, igqirha*)

Herbalists make use of therapeutic procedures as well as plant medicines to treat their clients. Their main function is production of medication; they are not involved in diagnosis. They get training in medication, what to prescribe for different problems and how to mix herbs, made up of roots, barks, leaves minerals and animal parts. They spend years learning to treat illnesses using plants found in the field or forest. Gumede, (1990) states that the medicinal concoction and

dosage can be extremely complicated and the learning process involves being apprenticed to a master herbalist. When they have passed their internship, that is, once the teacher is satisfied as to their competence in knowledge and ability, they are allowed to practice on their own.

3.4.4. Faith Healers (abathandazeli, abathandazi)

This group of healers emerged as one of the categories of health care workers as a result of indigenous contact with Christianity. Edwards (1985), states that faith healers have assumed many of the diviner's traditional roles. There has been a proliferation of African Indigenous Churches (AIC) of which the Zionist Religion forms by far the largest religious denomination in South Africa. West (1975) distinguishes between faith healers and prophets. According to him, a faith healer is a Christian who may belong to a mission or independent church. Their power to heal is believed to come from God directly or indirectly. He defines a prophet as a healer who is found mainly in the Zionist and Apostolic churches, who has the ability to predict, heal and divine and his power to do so comes from God. They use different healing methods like prayer, Holy Water, Baths, Enemas and Steaming. These healers have a history of illness which was cured by another prophet.

3.5. THERAPY

According to Coleman, Butcher & Carson (1984) the goals of therapy can include such steps as:

- *Changing maladaptive behaviour patterns.*
- *Minimising or eliminating environmental conditions that may be causing and/or maintaining such behaviour.*

- *Improving interpersonal and other competencies.*
- *Resolving handicapping or disabling inner conflicts and alleviating personal distress.*
- *Modifying individual's inaccurate assumptions about themselves and their world.*
- *Fostering a clear-cut sense of self-identity.*

These assumptions seem to be shared by both western and traditional healing.

As Buhrman (1984; p. 21) in Rudnick (2000), states the following characteristics of healing in general and how clients feel about seeking help from the practitioners.

- *Being the centre of attention in the healing process is therapeutic.*
- *Dream interpretation to correct neuroses, including that brought on by ukuthwasa.*
- *The strong concordance of cultural beliefs shared by the client and the healer, for example belief regarding group harmony*
- *The emphasis on rituals as therapeutic tools*
- *The use of supernatural forces in healing ceremonies allows the client to readily suspend "ego control mechanisms" (p.96) and manifest in them feeling revitalised and enriched.*
- *Suprapersonal contact trivialise everyday problems and emphasise more metaphysical meaning systems.*
- *The unifying forces that suprapersonal contact has on family and community members facilitate family and group harmony.*
- *Endorphin release (in dance rituals) impacts on psychological functioning.*

This is typical of traditional African healing practices.

3.6. Therapeutic techniques

3.6.1. Preconsultation Briefing

Sometimes, therapy in traditional healing occurs in stages or phases. The first phase is meant for the development of rapport and history-taking. Sodi (1998) in her study identified phases of traditional healing which highlight some of its more unique parts. He states that the first phase sometimes occurs even before the clients consult with the healer, when they are still on their way. During this phase the healer's ancestors indicate who will be coming and the problems they will be bringing. By the time they arrive, the healer is well informed and has started by intervention as the process is already underway. Sodi (1998) calls this "preconsultation briefing". The diviner will only now use his/her diagnostic tools to diagnose and confirm the problems. This therefore completes the initial phase.

The second phase is when treatment commences which includes the prescription of medicines and rituals. Sodi (1998: 31) further states that animal slaughtering is a scapegoat "onto which personal and group conflicts are projected" and are thus able to restore harmonious relationships between the client and other people, as well as the client and the ancestors.

3.6.2. Altered State of Consciousness

Spiritual healing is a well-known form of intervention in traditional health matters. It dates back from time immemorial, since the beginning of traditional healing. According to Makinde (1998)

it incorporates a number of practices, principles and approaches considered important in many of these healing traditions include the following:

There is an alteration of the healer's state of consciousness. He has expertise in entering a variety of states of consciousness that differ from ordinary waking consciousness. These different states are used to facilitate therapeutic processes. There is also a considerable use of visualisation by the therapist and by the healee. Alteration of the healee's state of unconscious through trance induction is often used. Then a spiritual or transpersonal model is used to explain illness and therapeutic recovery.

Sollod (1993) states that these altered states of consciousness are deeper and more objective than just mere empathizing and may be beneficial for the therapeutic process.

Onyemaechi, (2001) in Akombo (2002) states that healing rhythms can help soothe and heal the mind, body and emotions. Drumming and movement are time-tested ways of clearing away stress, anxiety, and fears and can even be used to work on specific points of the body blockages. They can incorporate prayer, enhance health and promote healing and empowerment. Rhythmic drumming, expressive forms of music and movement and prayers/meditation that incorporate the use of subtle energy are among the most powerful therapeutic tools used by traditional societies to heal and transform patients emotionally, mentally and physically.

According to Akombo (2002) one of the aims of this treatment is to reduce the symptoms by encouraging the affected person to recall the event, to express feelings and to gain some sense of mastery over the experience. The "Drum" has been used in many countries especially in Africa

to help the victim recall the traumatic event and dance away the spirit. Behaviour techniques used include the graded exposure rhythms and melodies alike.

Beuster (1991) in Bodibe (1992) provides a comprehensive explanation of the healing practices of the Xhosa traditional healers. He states that the major form of treatment by the *igqirha* takes place during the *intlombe*. This kind of treatment is based on ritual dancing, singing, the relating of dreams and divination. These give the healer power to diagnose and communicate with the ancestors. These rituals have their specific requirements, like a *rondavel* where chanters, drummers, trainees and qualified *amagqirha* do a rhythmic circular dance known as *ukuxhentsa*. These songs are meant to get in touch with feelings while some of them are regarded as communication devices with the ancestors. It is believed that *ukuxhentsa* has a cathartic effect on the clients as they experience an emotional release. This treatment is meant for both the body and the mind of the client. During this dance the person's state of consciousness is altered as a result of the energy that is generated. This energy goes through different stages, initially, it is experienced as anxiety but it is later transformed into intuitive insight. This is referred to as *umbilini*.

Nefale and Van Dyk (2003) state that dancing can be used in the handling of trauma, which is suppressed in the subconscious mind of the clients. According to Buhrman (1984) the ancestor's divination is considered to be fantasies, projection from the unconscious, especially the cultural and collective layer, the archetypal. The sound sends the healer to the world, which involves strategies like rhythmic striking of the drum to generate these altered states consciousness. Inhaling frankincense (*impepho*), which is associated with changing the healer's conscious state

in order to communicate with the ancestors, also contributes to this change. In some cases, it is the client's state that is changed. Govt (1978) in Mafalo (1999) states that one of the ways of diagnosis used by traditional healers is by making the client drink medicine (*umuthi*) so that they can engage in self- diagnosis whereby the healer becomes an interpreter. When doing this, the clients are in an unconscious state.

3. 6.3. Dream Analysis/Interpretation

According to Ngoma (2004) in an African worldview, dreams are believed to be a way of communication between the living and the dead, which need to be interpreted by the ancestors. They are used as a medium by the ancestors to send messages and are taken very seriously as they serve as a guide for the healer's treatment of the client. They are believed to come from both the client's and the healer's ancestors. These ancestors both give the healer power to reveal some information about the client. Sometimes, clients bring their dreams to the healer for interpretation. Dreams also play a very important role during *ukuthwasa* process, the ancestors communicate their needs through them and during their training, and they serve as guides for their intervention. Gumede (1990) points out that an African dreaming of his father is message of something being amiss.

3.6.4. Story Telling

Madu (1997) states that African clients come to tell their stories, and the healer provides them with the insight into the dimensions they experience problems. According to Pillay (2003) story telling metaphors and narratives occupy a natural role in the African context because oral tradition is the preferred mode of communication. He further states that stories, narratives and

metaphors are considered to be catalysts that can stimulate safe controlled entry into emotions that have been repressed.

3.6.5. Dealing with the past

Clients are also helped to deal with their past so that they can concentrate in the present and future. This is what Mbigi (1995) calls “burning platform” According to him, this allows the client’s family, group or community to come to grips with their shadow and the depth of their guilt feelings, anger and frustration against god, ancestors, themselves and at interpersonal level. It focuses on the need to burn the past before renewal and a new life script, vision or relationship can occur. This is mostly used when people are experiencing grief. Dancing around the fire, singing and clapping hands to facilitate learning ways of living are the characteristics of this form of intervention.

3.6.6. Interdependence and Interaction

One of the techniques of traditional healing is interpretation of client’s relationships. This looks at the reciprocal influence between the client and such groups as the family, the environment and the community. This is what Nefale and Van Dyk (2002) call “life scripts” which may have been formed very early in life when we learned that for psychological and physical survival, we had to be in a certain way in our family, community and culture. These include the way people were socialised by their parents. Clients are helped to create scripts as a way of showing autonomy as adults.

Another way of divination is when family members consult with a diviner.

Hammond -Tooke (1989) describes the procedure:-

they sit down in a hut or in another area and the diviner squats opposite them. The diviner with the guidance of the ancestors makes a series of statements about a problem while they are clapping hands. If s/he is on the right track they shout out "Siyavuma" we agree with you. On the other hand if the clients are not satisfied or disagree with the statement they shout out "Phosa ngasemva" which means throw behind you. The sound made by clapping hands is believed to give the diviner power and communicate well with the ancestors.

3.6.7. Grief Therapy

According to Rankopo (1998), Africans have therapy related to death to assist the living relatives accept the reality of the loss and let the deceased rest in peace. A family has to perform a post-burial ritual when its member dies. Failure to do so is believed to lead to bad luck, which may lead to troubled souls. This bad luck can manifest in itself in the form of bad dreams, which include encounter with the dead person. This ritual is for cleansing the relatives.

3.6.8. Rituals

Rituals, according to Kiev (1989) are changed agents, how necessary they affect well-being, is of interest to this study. Ochoa de Eguilleor (1997) in Bojuwoye (2001) defines rituals as procedures prepared in a natural way in societies and families in order to guide and facilitate social, family and individual change. They are believed to permit the change of behaviour, cognition and emotional state of those performing the ceremony. The manipulation of the different forces of the universe which occurs during these ceremonies is believed to bring about

harmony to all the systems involved by being the source of warmth, support as well as affirmation of life and contacts with and between people. According to Butler (1998) the principle behind a typical ritual ceremony is similar to guided imagery in Western psychotherapy, which is for the purpose of developing insight and/or self-awareness as well as awareness of the world. As a result of rituals, clients get a better self awareness and understanding of their relationship with the universe which includes their ancestors.

Rituals involve a variety of forms like worship rites, rites of passage, birth, death, wedding, funeral, etc. According to Hammond –Tooke (1974), rituals for ancestor appeasement, often take the form of an animal sacrifice and the general form is that when such a ritual is performed, the hold of the household proceeds to the cattle byre and spends some time loudly praising the ancestor/s. According to Gumede (1990) the types of animals used are those that make noise when dying like cattle and goats as their crying indicates the approval of the ancestors. Rudnick (2000) states that in addition to the animals that have been slaughtered, brewed beer and frankincense (impepho) are also part of the ritual. Hammond-Tooke (1974) also notes that such rituals, besides their ritualistic significance of uniting the living and the dead, also unite the living in regular communal feasts. According to Gumede (1990), ill-health is used as a signal by the ancestors to indicate their displeasure in regard to unharmonious earthly relationship, or omission between people and ancestors.

3.6.9. Medication

The history of traditional medicines dates back many years ago, when Africans were a hunting and gathering society. Africans lived on hunting animals and gatherings plants for both food and

medication. Different plants, roots, and barks of trees are used for different problems. Some medicines are edible and thus taken orally, while others can be used for steaming, (*ukugquma, futha*), to smoke out (*ukushunqisela, ukuqhumisela*), emesis (*ukuphalaza, ukugabha*), enemetha (*ukuchatha, ukucima*) and other forms. Well-known plants to communicate with the ancestors are African Dream Root (*ubulawu*) and frankincense (*impepho*). The latter is burnt to facilitate ceremonial contact with the ancestors, especially by the *sangoma* initiates (*abakhwetha*). It can also be used to cleanse the house if it is believed to have negative energy and invite positive energy. It is also used by initiates to vomit so as to cleanse themselves before they make contact with the spiritual world (Ngoma, 2004).

3.7. Efficacy of traditional healing

It is evident that traditional healing still plays a very important role in South African society especially in the rural areas. According to Frank (1982), effective therapies, whether Western or non-Western, are usually characterised by elements of expectation, mastery, interpersonal relationships and emotional arousal. Research indicates that traditional healing possesses these elements. This means that when clients consult with a healer, they have expectations which should be met by the healer. These include the approach the healer uses, his/her ability, interpersonal skills etc. Frank believes that it is this expectation that motivates clients not only to seek help from the professional (healer, therapy), but the expectations also provide a strong impetus for the development of powerful morale in the clients as well as help to relieve symptoms of diseases.

The activity level also plays a very important role in determining the effectiveness of the approach in traditional healing. African clients believe that for an approach to be effective, it must have a high level of activity and be directive. As Butler (1998) states therapies which provide vigorous activities and interactions among participants are more likely to be perceived as more effective than those which fail to engage the body actively in an effort to let the healing energy generated to flow through every part of the patient's body. These activities include dancing and singing which are some of the most important characteristics of traditional healing. These activities are believed to uplift the spirits of the clients and emotional arousal. Onyemachi, (2005), Akombo, (2003), Nefale and Van Wyk, (2000) state that rhythmic drumming, music, and dancing are powerful therapeutic tools for reducing symptoms of stress and trauma. The physical exercises of these therapeutic techniques are also believed to have a positive effect on generalized anxiety disorders and simple phobia (Martinsen and Stephens, 1994).

The healer's personality also plays a very important role in expectations. Some personality types may attract more clients while other personality types may not be good for clients and therefore repel them. Traditional healing like any other form of therapy emphasizes the importance of a meaningful therapeutic relationship between the client and the healer. Gumede (1990) states that although traditional healing does not emphasise the same Rogerian relationship factors as Western psychotherapy, (for example, warmth, empathy, unconditional positive regard), it does place great stock in other relationship factors between the healer and the client. These are mostly oriented around the belief in expertise and rectitude of the healer.

Personality is also reflected in the healer's intellectual aspects which include knowledge, skills, language, culture and the approach the healer uses. Since traditional healers are believed to be mediators between the ancestors and their clients, they are well respected and trusted by their clients. Sharing a worldview with the healer facilitates the development of trust and hope in clients and makes them feel accepted. This makes them disclose freely to their healers, as they believe that they are well informed with their problems, especially culture bound syndromes. These make the therapist exercise some authority which is part of meeting client's expectations. As Bojuwoye (2001) states that this authority should not be misconstrued as negative in terms of probably being intimidating and hence destructive. Rather, it is one that is constructive and comes from the client's perception of the ability of the therapist to carry out the healing process to logical conclusion.

Many healers either Western or non-Western demonstrate this authority. Crafford (1996) indicated that these healers are perceived as occupying a position of extraordinary authority and are regarded with great reverence because of their knowledge and skills as reflected in their counsel, wisdom and their ability to read client's minds, as well their knowledge of the language, religion and philosophies of the culture and their uses to accurately describe and communicate the world as believed by people. According to Bojuwoye (2001) another factor which contributes to positive expectation by the client is the physical environment or setting for therapy. Traditional African healing believes in using shrines while spiritual healing uses churches or temples. These healing places also contribute the client's expectations since they are usually designed as sacred places and are perceived as symbolic (Hewson, 1989).

3.8. Conclusion

In South Africa, since the apartheid regime, the Western healing approaches had been the only ones legally allowed to practice since indigenous African approaches were abolished. These western approaches to healthcare delivery are also superficially accepted by indigenous African people since they are believed to occur in isolation to their culture, family and community. The treatment also addresses a patient's biological manifestation of the illness and does not attempt to heal spiritual aspects of illness (Conserveafrica, 2004).

The advantage of tradition healing among Africans is that it is based on client's culture, holistic and easily accessible and affordable. Conserveafrica (2004) states traditional African medicine takes a holistic approach: good health, disease, success or misfortune are not seen as chance occurrences but are believed arise from the actions of individuals and ancestral spirits according to the balance or imbalance between the individual and the social environment. One of the advantages of traditional healing is that the healers have a deep personal involvement in the healing processes. These healers are also very influential and respected by their communities and therefore play a very important role in assisting clients in the choice of health promoting style.

There are well-known traditional herbs like the African potato which for boosting the immune system and are used mostly by HIV positive clients. Some of the herbs are used to release stress, anxiety and other emotional problems while other plants are for curing opportunistic infections. Traditional healing practices however, have their drawbacks which causes them to be challenged by Western healing approaches. These include imprecise dosage, low hygienic standards, and the secrecy of some healing methods and the absence of written records about the patients.

3.9. Summary

The purpose of this chapter was to discuss traditional healing based on other researchers' findings. The chapter focused on the role played by traditional healers among the Nguni people which include their qualities, how they join the profession, the training they receive, their understanding of health and the techniques they employ in their healthcare delivery. This information was very useful to guide the researcher as to how to direct her research. The next chapter focuses on the researcher's methodology which she used to collect her data.

CHAPTER FOUR

RESEARCH METHODOLOGY

4.1. Introduction

This chapter focuses on the research methodology, which includes research design, participants, data collection method and data analysis. Since humans were involved, in this study, ethical matters related to the study are also discussed.

4.2. Research Design

The approach to this study was qualitative and relying on ethnography orientation. According to Fouche (2002) an ethnographer examines observable and learned patterns of behaviour, customs and way of life, listen to and record the voices of informants. The effort in this research was to produce a comprehensive description and interpretive holistic cultural portraits of traditional health care practices, especially traditional healing. The study was exploration, or in-depth analysis of a bounded system, which according to Creswell (1994), a case, or bounded system, may be referred to as a process, activity, event, or programme, involving an individual or multiple individuals. This study made use of collective case studies as it involved multiple individuals and the sole criterion for selecting cases was a way of finding individuals with appropriate or adequate knowledge of the phenomenon under investigation (Stake, 1995).

4.3. Participants

Traditional healthcare practitioners , and in particular, traditional healers in KwaZulu Natal and Eastern Cape provinces constituted the population of this study. Traditional healers were in the

best position to provide information needed for this study since they are deeply involved in the cultural practices related to healthcare and in particular traditional psychotherapy, or traditional healing. Key informants are usually selected because of their expertise in the relevant area of service, or because they wield power in the environment where the decisions have to be made (De Vos, 2002). Indigenous African traditional healers are regarded as the living libraries of African cultures and are very knowledgeable about the medicinal plants, cultural practices or techniques and other knowledge relevant to traditional healing practices (Bodibe, 1992).

The sample for the study was drawn through purposive and convenient selection and comprised three traditional healers, one from Durban, KwaZulu Natal, and one each from East London and Mount Fletcher, in the Eastern Cape Province. Since there are three main categories of traditional healers; diviners, herbalists and faith healers, this was taken into considerations in the selection to ensure that all the three categories are represented. Another criterion of importance in the selection and the quality of information for the study was the experience of the traditional healers. In this regard therefore all the selected subjects do not have less than ten years experiences in the practice of traditional healing. The use of key informants means that information for the study was collected from a small number of people known to be involved with the practice being investigated (De Vos, 2002).

Participant A

Participant A is a 75 year old female traditional healer who stays in one of the rural areas of Mount Fletcher. She has been practising as a traditional healer since 1966 after finishing her

training which started in 1961. She has 40 years experience in the profession and she is involved on a full time basis.

Participant B

Participant B is a 50 years old male traditional healer who stays in one of the East London townships. He has 25 years experience in traditional healing. He is in two categories of practice: as a diviner and as herbalist. He also occupies a senior position in one of the Government Departments in the Eastern Cape Province.

Participant C

Participant C is a 65 years old female traditional healer who has been in the profession for 22 years. She practices both as a faith healer and a diviner. She belongs to the Zionist Church. Before she joined this profession, she was employed as a nursing sister by one of the hospitals in Durban.

4.4. The Setting

The setting for the study was in the homes of the selected traditional healers. That is, in place where each healer consults with clients, practices and carries out ritual ceremonies or other activities related to traditional healing. Interviewing participants in such a place of practice did not only afford the researcher the opportunity to have direct familiarity with the environment of healing, but also enabled the researcher to meaningfully interpret information in relation to the setting, since the setting is part and parcel of the healing process. With a good understanding of

the context in which traditional healing is taking place the researcher stood a chance of better understanding the cultural practices of healing.

4.5. Data Collection Method

The main approach to sourcing information for this study was constructivist and interpretative in nature relying on Bronfenbrenner's (1997) premise that people are seen as active agents in their own development. People are actively participating in shaping their own environment, constructing their own realities and making meaning of their experiences. The reality of traditional healing was better explained by traditional healers who are engaged in the cultural practices. Therefore the approach to data collection was to allow the participants to freely express themselves and to describe their practices including shedding light on the training they received, the process they go through in providing healing to people who are ill and generally the evaluation of the services they provide to people and their communities to ensure good health and ideal human functioning in the communities. Thus since this is qualitative research, the attempt was to understand rather than explain, naturalistic observation rather than controlled measurement and the subjective exploration of reality from the perspective of an insider as opposed to the outsider's perspective that is predominantly in the quantitative paradigm (Fouche, & Delport, 2002)

Interview with key informants was the main method of data collection. The participants were asked questions and given opportunity to express themselves and tell their stories. Questions that were asked were open-ended and discovery oriented as the researcher tried to understand the participant's worlds from their own point of view and tried to share the meaning contained in the

cultural practices of healing. The interviews were expected to take between six and eight sessions spread over several days and with each session lasting for about 40 minutes, although there was flexibility in the length of each session as it was mostly determined by the participant. The interviews were tape recorded after written permission had been obtained from the participants. The tape recording was to allow for playback of the interview to offer opportunity for the researcher together with the participant to reconstruct, or cocreate the reality and meanings around the practices of traditional healing. The researcher also made use of a reflective journal which helped to document tensions and dilemmas in the study. This also assisted in shaping methodologies that took an indigenous perspective into account. Consent for observing sessions with the clients was sought with both the healer and the client. However, this was not done as both healers and clients felt this was violating their right to privacy and confidentiality. The researcher also jotted down her impression of the interview. Since this was done immediately after the interview session, these notes helped her to remember and explore the process of the interview.

Participants B and C wanted to be interviewed in English while Participant A was comfortable in expressing herself in Xhosa.

Apart from interviewing informants, the other method that was used for data gathering was observation. According to Fouche (2002) a rich source of information is contact with external world and direct observation thereof. It is further noted that people who are aware of what is going on around them, who are more sensitive to their surroundings are more likely to come up with interesting findings

4.6. Data Analysis

The following steps were followed:

1. The tape interviews were transcribed.
2. The researcher carefully listened to the tape recordings while simultaneously reading the transcribed interviews. Each participant's interviews were summarized accordingly and form the participant's biography as recounted by the researcher. The content of the interview lead to interpretation.
3. There was participative data analysis where traditional healers shared the meaning making process together with the researcher.
4. The researcher carefully read and re-read the original transcriptions and elicited patterns and themes, descriptions and/or categories which are relevant to the research context to the story around traditional healing among the Nguni people of South Africa. The stories of each participant were retold by the researcher. The way the story is recounted reflects the researcher's construction of what was being observed. She tried to reflect the stories as accurately as possible.
5. The researcher made use of the field notes to analyse the process of the interview.
6. The researcher then recounted the story of the stories. This portrayed the recurring themes that emerged from the stories of all three participants.

4.7. Ethical consideration

An important aspect of this study was the respect and consideration the researcher showed to the people who participated in the study. They were seen as indispensable and worthy partners in this study. The researcher recognized and ensured that respect, protection and promotion of their

rights were considered at all levels of research.. The following ethical considerations were discussed with the interviewees before the research was begun.

4.7.1. Informed Consent

This refers to the procedure by which research subjects chose whether or not they wished to participate in the study. This was done to protect the participants, not just the researcher or the institution. The following elements were dealt with:

4.7.1.1. Capacity

The researcher selected subjects who were capable of providing the kind of information needed for the study. This means that the subjects were people who were able to decide whether they wanted to participate, adults who are physically, socially, psychologically and mentally functioning well.

4.7.1.2. Information

This researcher ensured that the subjects were told, and they understood the purpose of the study and their roles as subjects. This briefing was given verbally and in writing in a manner and language that participants know and understand. This included the goal and objective of the research, name and address of researcher, the institution, and name and contact details of the supervisor. The subjects were also informed of the method that had been used for their selection. The informed consent form that provided this information was signed by both the participant and the researcher before the interviews started.

4.7.1.3. Voluntariness

Subjects were informed that it was of their choice to participate in the study; that is they would be doing this on their own free will and about their right to decline participation outright, or withdraw consent given at any stage of the research, without undesirable consequences, penalty and any other unacceptable reaction. They were also informed that they were free to object to and refuse permission to the use of data gathering devices; a tape recorder in the case of this study. There was no element of force, fraud, deceit like promising unrealistic benefits, duress or coercion to get subjects to participate. The researcher also ensured that she did not exploit the subjects by having too long sessions. Each session was about 40 minutes.

4.7.4. Harm

The researcher ensured that her subjects were protected from any kind of harm. As mentioned above, the true purpose of the study was explained to them. She also avoided questions that caused embarrassment or emotional turmoil by reminding them of unpleasant experiences, causing guilt, or invading their privacy. The participants were informed of their right not to respond to questions of this nature. The researcher tried to maintain the dignity of the subjects at all times. As Bailey (1997) recommends, the researcher also did not invoke her own values to label her respondents as “bad” and the goals of the research as “good” in order to justify any potential harm that might come to the “bad” subject because of the study.

4.7.2. Anonymity and confidentiality

Information on the extent of anonymity and confidentiality were provided to the participants. This included the firm commitment that the fact that they participated in the study and the

information given to the researcher would not be linked to them. By doing this, the researcher would be maintaining anonymity and confidentiality. They were informed that the information would be used in the study and would also be published, but it would be done in a way that ensures the individual's anonymity. Pseudonyms would be used to hide their identity. They were also told that if there would be any need in future for the data to be released; this would not be done without their consent. The researcher respected their right to privacy and confidentiality when the participants and their clients were not willing to be observed in a session.

4.7.3. Deception

The researcher ensured that she does not misrepresent the facts related to the purpose of the study, nature or consequences of the study. She also did not omit important facts related this information. Before subjects gave consent, she made it a point that they were well informed about the study. When analysing data the researcher ensured that subjects were not misrepresented as this would mean that the participants had not fully consented to the study.

4.8. Summary

The purpose of this chapter is to give an in-depth discussion of the research methodology that was used to collect and analyse data as well ethical issues that were dealt with before, during and after the interviews. To indicate that the planned methods were followed, the next chapter will look at the profiles of the participants to see whether they were suitable candidates for the study. The last chapter will focus on interpretation of results, limitations of the study and recommendations for future research.

CHAPTER FIVE

RESULTS

5.1. Introduction

This chapter presents the results of the interviews with traditional healers. The results are presented in terms of training received, the therapeutic techniques they use, the kinds of problems brought to traditional healers, how clients are charged for the services they receive as well as what they consider as the attitudes of the people towards their practices.

5.2. Selection of Traditional Healers

Based on the information gathered from the interviews, the traditional healers believed they were selected by their ancestors to join the profession. Signs that a person is to become a traditional healer are called *ukuthwasa* experience. These signs include a number of physical and psychological illnesses some of which resemble those of either schizophrenia or pregnancy (Rudnick, 2000). The participants described their experience of their being called by their ancestors as follows:

Participant A:

“When I was 8 years old I started to have unusual dreams although I did not know what they really meant. I would see myself in a big forest playing with snakes, lions and other dangerous forest animal. After that I saw an old woman bringing a small baby to me to take care of. She would then commend me for taking care of the baby and would then tell me that I was going to be good for the job she had chosen

for me. This did not make sense to me. This woman became a frequent visitor in my dreams and for me this was strange as I did not know her. The next phase was characterised by unusual illnesses like having abnormal menstrual cycles which took months, sore legs that would make me unable to walk, severe headache and backache. I was bed- ridden for three months”.

Participant B:

“When I was about 9 I started to have unusual dreams which used to annoy me as I couldn’t understand their meaning. In this dream I was looking after my father’s cattle in the veld and an old man would come and play with me. I used to ask him who he was and his response would be “you’ll know me one day”. This continued for some time after which the old man told me that he wanted me to help people who are struggling. I thought he wanted me to help them financially and this confused me as my family was also struggling financially. At a later stage he asked me to tell my father that he wanted me to help other people but I did not”.

Participant C :

“I was 8 years old when I started to see my deceased grandmother, whom I did not even know, talking to me in a dream. She used to come and offer me something that was in her closed fist. As I come close, she would reverse back. I told my family about the dream but no one understood its meaning. The woman later told me that she wanted me to be a traditional healer, isangoma (diviner)but

again this did not mean anything to me and my family as we were Christians .” My father associated that with Satanism or witchcraft”.

The participants reported that due to the fact that they never responded timeously to the ancestor’s demands, they experienced serious problems which according to the traditional healers were indicative of the wrath of the ancestors. The dreams became more intense that they later experienced both diurnal and nocturnal visions. People thought they were becoming schizophrenic and they interpreted these symptoms as both auditory and visual hallucinations. Participant A became bed ridden, Participant B’s ancestors abducted him and took him to the forest where his training started, to show their serious form of wrath.

Participant C indicated that she experienced complicated grief due to the death of many people in her family. The traditional healer that she consulted with told her that this was caused by the wrath of the ancestors. She believes that the pain and loss she experienced contributed to her wanting to take other people’s pains and live with them. She also indicated that for one to be a healer, s/he needs to be in touch with the ground or the mother earth before s/he connects with other parts of life. This is symbolic connection with nature.

The participants also believe that the illness symptoms they experienced before becoming a healer also affected their social life. Participant C lost friends and family and felt alienated. People complained of her strange behaviour. There were also so many deaths in her family within a very short period. Participant A’s relations with her in- laws became sour each day and the only person who supported her was her husband. She reported that people would just be angry with her without reasons and she ended having no one to talk to. Participant B also

ended up being alienated as other learners thought he was mentally disturbed. To deal with these situations, the participants indicated that they did the following:

Participant A

“I had to check what was going on in my life as I was always ill and people were no more supportive and I also did not want to lose my husband as my in-laws had declared me physically unfit and were forcing my husband to take me back home. After the healer’s diagnosis that I was called by my great grandmother to be a diviner, I started preparing for the training, in fact I looked forward to it”.

Participant B “

“The symptoms of ukuthwasa became serious after I had completed my matric. My father’s argument was I should get a job first so that I could pay for my training. However, I couldn’t get one. My father suggested that I train in herbalism as this was going to be shorter and cheaper ”.He only understood the seriousness of the problem when I was abducted by the ancestors which was an indication of the fact that they did not approve of my training.

Participant C ”

It was after all my misfortunes that I decide to consult a traditional healer to understand what was going on in my life. I was still not sure whether I was following the right route. This is where I got to know that I was being called by my

grandmother to become a healer". It became difficult for my family to accept this and they took it as a disgrace for the Christian family.

5.3. Training

All the participants indicated that their *ukuthwasa* symptoms were diagnosed by traditional healers. These healers indicated to them the seriousness of the symptoms and the consequences of not obeying the instructions of the ancestors. They also indicated that the ancestors were already very angry with them and not obeying their instructions would make things serious for them. The results of the interview indicate that it was not easy for them to accept this calling. Only participant A was looking forward to it. The other participant's attitude towards the profession was ambivalent and was also surrounded by confusion. It appears that other factors like their religious background, educational status and pressure from their families or other people. As the two participants indicated:

Participant B

"I was very confused, I did not know what to do as people were laughing at me indicating that education and traditional healing were not in any way related. Their belief was that it is a profession for uneducated people."

Participant C

"My acceptance of the profession was surrounded with confusion and denial I decided to follow faith healing training. My Christian background and pressure from relatives also facilitated my attitude towards the profession. The belief was

that faith healing was better than the other forms of traditional healing and was close to Christianity since it uses prayer.

Participant A got training in one category, as a diviner while participants B's training was trained as a herbalist and as a diviner while Participant C's was in faith healing as well as in divination. Their ambivalent attitude towards the profession contributed to this. Because it took time for all the participants to respond to the requirements of their ancestors, *ukungxengeza* rituals had to be performed before they started with their training. This ritual is for appeasing the ancestors as they were very angry. The participants indicated that after this ritual their ancestors showed them in dreams who their supervisors would be. The next rituals were meant to cleanse the participants and introduce them to their ancestors and they were performed by their supervisors who were fully fledged and well experienced *sangomas* (diviners). Although there were some differences in their training, there were many similarities as well. They all trained in divination, diagnosis and intervention techniques. These included bone throwing, handclapping, altered state of consciousness, mixing herbs, dream analysis, communicating with the ancestors by using *impepho* (frankincense) and performing rituals. Their training also included learning about different medicinal plants or plants with psychoactive properties as well as learning about different illnesses or diseases and how to manage them.

As already mentioned Participants B and C got training in two different categories. Participant B indicated that his training as a herbalist took 3 months and it was not as intense as diviner training. He also believes that this category is not necessarily appointed by ancestors; people can just join it out of interest. He indicated that his training focused on

mixing herbs and knowing different herbs to cure different illnesses. He was supervised by a fully fledged herbalist who also took him to different forests to learn about the different medicinal plants. As he was not staying with his supervisor, he was scheduled to go for his training for four days a week. Participant C initially trained as a faith healer. She had to go to Mozambique for it as her diviner told her to go to her grandmother (ancestor)'s home of origin. She indicated that her maternal relatives were very much against training as a diviner and recommended faith healing training. Before training started, a goat was slaughtered to introduce her to her ancestors and also cleanse her. The Roman Catholic incense was burnt to bring her next to God. After this she joined a group of trainees in the Zion Church. This training focused on prayer, how one prays for clients, changing ordinary water to holy water and also cleansing client's homes through prayer. This was done under the supervision of a fully-fledged faith healer. This took seven weeks after which they were ordained as fully fledged faith healers. After this she started practising as a faith healer, however, her ancestor indicated that she wanted her to train as a sangoma, hence she went for training.

Their training period as *sangomas* (diviners) differed, Participant A 's took 5 years and it occurred in Mount Frere, Participant B's took 2 years in King William's Town while it took eighteen months for participant C and it occurred in Durban.. The participants indicated that the end of their trainings were marked by rituals which were for introducing them to the community as fully fledged diviners and also gave them permission to start practising independently. Participants indicated that they also attend in-service courses which are meant to empower them in different areas. The government has introduced many programmes like HIV/AIDS, Life Skills and others for healers (see attachments, certificates and course material). The Nelson Mandela School of Medicine also trained close to 200 traditional

health practitioners from Durban on HIV/AIDS this year . This course was aimed at closing the gap that exists between Western trained and traditional healers, as well as involve the latter in public health sector. This programme will be monitored by the Department of Health. This discussion indicates that traditional healers are already involved in treating HIV/AIDS and other sexually transmitted diseases and the Department of Health is starting to involve them although this relationship seems to be in the infancy stage.

5.4. Consultation

The participants indicated that clients consult with them for a wide range of problems, which may be that which has to do with the person, family or community. They are either referred by friends, other healers or self referrals. When they arrive, they are welcomed by the (healers) participants and wait in the waiting room for their turn. The healers practice in their consulting rooms. It is indicated that they consult on different kinds of illness such as HIV/AIDS, sexually transmitted diseases, other infectious diseases, bad luck, poor social relationships culture bound syndromes like *ukuthwasa* and witchcraft, physical and psychological problems and they also come for protection against afflictions. According to Hewson (1998) protection includes propitiation for real possible offences that are wittingly or unwittingly incurred against others. This may accomplished by performing ceremonial acts , using medicine against disequilibrium , or wearing totemic objects such as wrist bands for infants.

All the participants indicated that they make these bands for their clients and Participant C indicated that she also makes the wrist band for adults called *isiphandla* and is made from the skin of the animal that was slaughtered for the client's ritual. The participants assert that they

can cure all of them, except HIV/AIDS. Family or group therapy plays a very important role in African traditional healing. This is in keeping with the cultural belief that perceives healthcare as a matter of collectives or shared fate, (sharing in each other's burden). The participants indicated that in some cases a client presents with a problem which is often only a symptom of illness of the whole family. This is why the whole family has to come for healing. Haley (1962) in Coleman et al, (1984) supports this by stating that psychopathology in the individual is a product of the way he deals with intimate relations, the way they deal with him and the way other family members involve him in their relationship with each other.

All the participants indicated that they have knowledge of some symptoms of HIV infection. When they observe them in clients, they refer them to Western trained biomedical practitioners. They provide patients with some herbal medication which can boost the immune system thus protect patients against opportunistic infections. It is evident that although participants deal with a wide range of diseases, the most common ones are culture bound syndromes like *ukuthwasa*, other ancestor related problems like witchcraft. These problems since they affect one's social being can be referred to as interpersonal problems. They all have reached the level of supervision; however Participants B and C are not interested in following that route while Participant A does it on a full time basis. In some cases they have to complete their consultation by performing rituals which are wanted by the client's ancestors.

They indicated that they cure both natural and supernatural illnesses. However, they indicated that they specialise in culture bound syndromes since they are the only ones who

are well informed about them. Western trained healers are unable to handle these illnesses; instead they diagnose them as somatoform or psychotic disorders.

5.5. Diagnosis

Diagnosis and implementation of intervention strategies overlap. As diagnosis is being undertaken, traditional healers also implement intervention strategies. According to Hirst (1990) diagnosis appears to be used to access the greater transpersonal field of information to gain information for healing. Information is gathered from various sources to make a decision with regards to what is thought to be the problem of a person. All the participants indicated that they determine the nature of the problem by examining the symptoms, by use of diagnostic questions to reveal the illness taking into consideration the patient's social relationships and physical environment.

Information is collected through observation, altered state of conscious; interview with clients, dream interpretation, pre-consultation briefing and divination. The participants indicated that they communicate with their ancestors as well as the ancestors of the clients who also show them the dynamics of the client's problems. Participant C believes that to have a complete diagnosis, the healer must connect with her ancestors, the client's ancestors and God. This is in keeping with the Collectivism ideology which states that Africans preserve a bond with one another, with the environment including plants and animals, ancestors and God. This is simply an aspect of spirituality and the need to appeal to higher power in the matter of ill-health. Below is a discussion of the sources of information for diagnosis.

5.5.1. Altered State of Conscious

Going into an altered state of conscious is to enable the healer and client to access the spirit world and obtain information about the client's problem. One way of achieving altered state of consciousness is by burning frankincense (*impepho*) the smoke of which is inhaled by both the healer and the client. This leads to an altered state of consciousness which all participants reported to experience. This means entering states of consciousness that differ from the ordinary waking consciousness which is accompanied by visualisation. Altered state of consciousness helps participants to relax, to be receptive to suggestion (as in hypnosis) and be involved in the process of meditation or guided imagery. One of the participants described this experience as follows:

*“When I am dealing with very complicated cases I burn **impepho**, inhale its smoke and then use drumming, singing and dancing. I also ask clients to clap their hands. I then communicate with the ancestors who use my voice to communicate the diagnosis to the clients and the session occurs in that way. This to me occurs like a vision but when I regain my state of consciousness I remember everything. Sometimes I do this by meditation. I take my clients to a place along the coast where I do some exercises like sitting by the sand beach with the breeze which relaxes and facilitates meditation and this facilitates response to suggestive statements that I have made. The sea and the exercises which facilitate visualisation and make me communicate with the ancestors”.*

5.5.2. Observation

The participants indicated that they also use observation to gather information they do not only rely on verbal communication they also pay particular attention to body languages and non-verbal communication generally. All the participants indicated that they are trained to observe and make fairly accurate decisions based on the symptoms of the diseases they observe in their clients. This clairvoyance ability facilitates information gathering leading fairly accurate to deductions about what the healer thinks is in the client's mind or thinking.

5.5.3. Interview with the clients

Participants indicated that before they start with the clients they do an intake interview which is for the development of rapport and history taking. This information helps them as they get all the dynamics of the case before they make a diagnosis. This interview is for getting to know the client more intimately. This means gathering information about client's biodata and factors which may be associated with client's problems like environmental and socio-economic conditions, family and neighbourhood relationships, career and leisure and their role in the community.

5.5.4. Dream Interpretation/Analysis

The participants indicated that they interpret client's dreams which they bring to them. In most cases, these dreams are about their ancestors, whose messages are not clear to clients. They therefore bring them to their healers for interpretation. As the healers have indicated above, this can happen in two ways, during a normal state of conscious as well as during an altered one.

5.5.5. Pre Consultation Briefing

The participants also indicated that sometimes before clients come they appear to them either in a dream or a diurnal vision. This is as in a premonition which provides healers with information about the nature of their problem and before they arrive (pre consultation briefing) consultation and diagnosis start. The ancestors tell her *who* will be coming and *why*.

5.6. Divination

Divination can be viewed as a way to access information that is normally beyond the reach and control of the rational mind. It is also part of diagnosis, although here also some intervention strategies are implemented. Diviners use different ways of divination, however communicating with the ancestors is basic to all forms. According to Winkelman, & Peak (2004) traditional cultures throughout the world have long relied on divination for diagnosing illnesses and for problem solving. As Gumede (1990) states there are different types of *izangoma*; *izangoma zamathambo* (Bone throwers) *izangoma zehlombe* (Hand clappers) *izangoma zezabhulo* (Stick diviners) and *abalozzi* (Ventriloquists).

It appeared that participants used a combination of some of these divination techniques; bone throwing and hand clapping. They all indicated that they use bones of animals and birds and sometimes stones. The clients come with their problem and the healers take their bones, praise their ancestors as well as the client's ancestors and thereafter throw bones on the ground. The pattern formed by the bones on the ground serves as a communication between

the *sangoma* and the spirit world. They read the pattern which gives the dynamics of the case and also helps the *sangoma* to make a diagnosis.

Participant A indicated that drumming, singing, dancing and handclapping give her more encouragement to get the information that she requires. Although these activities are well known for facilitating an altered state of consciousness, they are also used on their own as divination techniques. Participant B does the same although he indicated that he does not use handclapping. Singing, praying and handclapping work very well for Participant C. The participants indicated that handclapping gives them power to make statements after which the clients clap their hands saying “Siyavuma” (we agree) and if they don’t they say “phosa ngasemva” (throw behind you). They all indicated that clients are also expected to play a very important role to encourage them in these activities. As Ngoma (2004) states this seems a good way to check the divining powers and authenticity of the diviner since if they persist in giving wrong information the inquirers can leave and go elsewhere.

Their dress code also facilitates their divination, as Participant A indicated that her red and white wrist and ankle beads and her black and white head cloth also facilitate her communication with the ancestors. Participant B also indicated that he has blue and white beads that he wears across the shoulder which give him more power for divination while Participant C uses her regalia which is meant for consultation and facilitates her communication with the ancestors.

5.7. Therapeutic Environment

The participants use different places as their consultation rooms; Participant C uses her main bedroom, the furniture which consists of a grass mat, colourful cloths, her silver stick, her traditional healing regalia, diagnostic bones and medication. She mentioned that the fabric that was used to make her regalia was shown to her by her ancestors in a dream. It is blue with yellow, white and red tapes. She sleeps on her grass mat. This indicates that Participant C works on the principle that it is important to be close to the ancestors at all times. Sleeping on the grass mat is to be close to the earth and to the rest of elements in the universe and this facilitates communication. A specially designated room is a creation of a sacred place where all elements in the universe meet. Participant A has a special rondavel for her consultation while Participant B has a room in her house specially reserved for consultation. They all believe that ancestors visit or dwell in their consulting rooms especially when they are consulting with clients. As Ngubane (1977) states that although ancestors are invisible, they reside in the household like everyone else.

During a therapy session, Participant C sits on this mat and she has another one which is used by clients. The participant also reported that showing respect to the ancestors even before the whole process of consultation starts plays a very important role for example, she expects clients to have proper dressing when they come for sessions and take off their shoes before getting into the consultation room. .

5.8. Intervention Strategies

After collecting all the necessary information and understanding all the dynamics of the case, the healer then comes up with a conclusion and tells the client what the problem is. The next step is to consider intervention strategies that will help heal the client. These may include herbal medication, instructions as to what to do or or ritual ceremonies. These strategies are discussed below.

5.8.1. Medication

All the participants indicated that to treat their client's problems they provide them with herbal medication. The type of medication they provide depends on the client's problems. These can be taken in different ways, like *ukusela/ukuphuza* (orally), by *ukufutha* (steaming), *ukuchatha/ukucima* (enema), *ukugabha* (regurgitating) and *ukuhlamba* (bathing). Most of those that are taken orally are cooked by the diviner so that the clients get them ready for use. They are referred to as *imbiza* (pot) which is attributed to the fact that they are cooked by the traditional pot. For cleansing clients they all indicated that they use *ukufutha*, *ukugabha* and *ukuhlamba*. For bad luck which is caused by witchcraft, they give clients a mixture of herbs for *ukukhafula* (to spute). When doing this they call the names of witches responsible for their illness. Participants A and B also indicated that for cleansing homesteads they leave clients with a mixture of herbs called *intelezi* so that they can use it for *ukuchela* sprinkling the whole yard early in the morning and in the evening. This is done by *itshoba* which is an oxtail attached to a stick. Every homestead is expected to have one as it is used when performing traditional rituals. These two participants also indicated that sometimes they give

clients instructions to prepare the medication at home. Participant B indicated that since he also practices as a herbalist, sometimes when diviners need herbalists to finish off their rituals, they consult with him. Participant C on the other hand indicated that even with this type of medication, her clients have to come to her place every morning and afternoon. She indicated that she wants to ensure that her medication is prepared accordingly.

5. 9.2. Ritual Ceremonies

The results of the interviews with the participants indicate that rituals play a very important role in traditional healing. These sets of actions are believed to have a symbolic meaning or value to the members of a community. Each culture has got its own set of rituals which are prescribed by that particular culture and community. They involve the healer, the individual client, the extended family and the community at large, depending on the type of ritual that is performed. Basically, rituals are meant for spiritual and emotional needs, maintaining harmonious relations between people and between the physical and spiritual world. The participants indicated that rituals are for taking people's wellness in a holistic way by addressing physical, spiritual, emotional and social being. According to them, rituals differ in terms of size, the number of people to be involved, the number and size of animals to be slaughtered and the type of rituals. In terms of size and people to be involved, they indicated that there are kinship and community rituals. The former are meant for a family and relatives while the latter involve the whole community. Family rituals have a symbolic meaning for family members, and are valued by the participants so that they would like the activity to be carried on in the future (Imber-Black, 1988). They are used for transmitting family traditions, culture and practices from one generation to the next.. They can either be celebrations as

weddings, marriage, thanksgiving, initiation ceremony, rituals specifically meant for appeasing the ancestors and rituals that are associated with bad luck like death. Community rituals include the whole community and the participants indicated that this type of ritual occurs at a neutral place like an open space, sometimes they can be done at the chief's place.

In terms of their purposes, they mentioned that the rituals that they perform for their clients include cleansing, festivals, conclusionary ritual those specifically meant for the ancestors and bathing. Cleansing rituals are done to clean the people from misfortunes or bad luck. Cleansing can be done for an individual, family or entire community. A post death ritual is a good example of this type. The bile of the animal is mixed with *intelezi* (aloe) and water in a big bath and all close relatives use it to bath their bodies. This mixture is for cleansing the bad luck which is associated with death. This occurs at the deceased's home. Bathing is also another form of cleansing. The participants indicated that they also use bathing to cleanse their clients. They do it for a few individuals like a family. It is also for removing bad luck. They mix water with herbs which are for cleansing them.

Celebration rituals are those that are used for celebrating important events or achievements like the birth of a child, initiation celebration and marriage. Conclusionary rituals are meant to help the living complete any unfinished emotional business with deceased and to say goodbye to the physical presence of that person. These include funerals and memorial services. In all these rituals the prescription as to the types and number of animals to be slaughtered is determined by the nature of the problem, the ancestor being appeased and the affordability of the people involved.

The participants indicated that many of the traditional rituals are sacrifices to the ancestors. These are usually of animals, cows, goats and hens. These animals are sacrificed as offerings to spiritual world when something wrong has been done. They indicated that ancestors can cause illness as a warning of that wrong doing. They all indicated that for each ritual to be performed there are basic requirements. These include the use of traditional beer, *impepho* (incense), sticks of the *ubulawu* (*silene capensis*) which is also referred to as an African dream root and animals to be slaughtered. Different families use different types of *ubulawu* and the healer has to be well informed about that. They indicated that all these facilitate communication with the ancestors. The foam of the beer indicates whether the ancestors have blessed the ritual or not, the incense is burnt to invite their presence to the ritual while the foam of *ubulawu* is also used to communicate with them. Incense foams produce a pleasant odour which makes people feel good. It is in such atmosphere that all elements in nature meet.

According to the participants the sacrificial animal should make a sound (bellow) to communicate the approval of the ancestors. Not making a sound is a sign of the rejection of the ritual. They also indicated that rituals should also be accompanied by harmonious relationships among the members of the family. In the atmosphere of relating together and sharing, during ritual ceremonies people are expected to put their differences, grudges and conflicts aside and do what is culturally accepted. If animosity continues during and after the ceremony it means forgiveness has not taken place and healing is also affected. Therefore the ritual would be culturally considered as rejected and has to be done again.

The participants believe that all rituals have a therapeutic effect. Many of group rituals include singing, dancing, testimonials and story telling. These activities release tension, stress and pressure and any blockages that affect mental, physical, emotional and social health. They believe that group rituals are more effective than individual rituals, since Africans place a sick person in a social and spiritual context.

5.10. Charges

It is evident that traditional healer's charges are not high and therefore affordable, even financially struggling people can access their services. Their consultation is between **R25** and **R30**, however, if other services like prescribing medication are part of the treatment, these are charged separately. For example Participant C his charges are indicated that she charges as much as **R2500** for *ukuvala amanzi amnyama*, which is a ritual, meant cleansing and strengthening of a household. She indicated that this is based on the fact that she has to do a lot of activities for it. For other forms of household strengthening she charges less than that. Participant A's cleansing ranges between **R15000** and **R2000** while Participant C's is between **R1000** and **R1500**. These charges are also determined by the period taken to cure the illness. Participant A's client card indicates that clients are allowed to pay a portion of the charge and pay the remaining amount later. The participants also indicated that initially, in the traditional African style, traditional healer's charges were not cash; it used to be a cow. Once they feel they have succeeded in treating individual/individuals, the family would then give them the cow. However, they indicated that cattle are expensive and some of their clients do not even have them, the new system of payment has moved away from that, they

take cash nowadays. After she has completed her course of healing the client, participant C charges between **R650** and **R1000** depending on the type of intervention. Participant B stated that his range between **R1000** and **R1400** while Participant A indicated that since she practices in the rural area, sometimes people can't afford to pay and for treatment she is flexible, they can pay cash or in kind. She indicated that sometimes they give him cattle. Otherwise hers is between R1000 and R15000

5.11. Client's Perceptions of Traditional Healing Services

The participants believe that their services are of value to their communities. They indicated that although some clients consult with medical practitioners for their illnesses, they complete their treatment by coming to the traditional healers. The numbers of clients that consult with them and has also indicated that their services are of value. Their services to the community include procurement of health, ensuring harmonious relationships between people through helping to settle quarrels and teaching interpersonal relationship skills, values and attitudes, they help people plan their careers and build for the future through dream interpretation and divination. As traditional leaders in the community, they are also opinion moulders and play significant influence in people's behaviour. They serve in many roles as community medical doctors, psychologists or counsellors, religious priests and cultural guides. They are available to people and in any case especially in rural areas they are the only healthcare practitioners people consult with as there are no biomedical practitioners. The issue of cost of their services also makes them very popular among people. They indicated that they cure both natural and supernatural problems but they are the only ones who deal with culture bound syndromes, Western healers are not trained in this field.

5.12. Summary

The results of the study indicate that three participants, from Durban, Mount Fletcher East London are practising as traditional healers among the Nguni people. Although they have a lot in common, there are some differences in how they deliver their services. Participant A, is practising as a Xhosa diviner (igqirha) but there are indications that there are similarities between her and participant C. This could be caused by the fact that she is in the borders of the Eastern Cape and KwaZulu Natal. She also shares some things with participant B since they are both traditional healers. There are more differences between Participants A and C since they are from different places. These differences therefore suggest that there are some differences in the practices of the Nguni people and therefore we can't generalise these findings to all Nguni people. The next chapter will focus on conclusion based on the interviews with the healers which will answer the critical questions.

CHAPTER SIX

DISCUSSION (CONCLUSION AND RECOMMENDATIONS)

6.1. Introduction

The purpose of the study was to ascertain the role that traditional healers play in healthcare delivery services among the Nguni people. Specifically the study sought to find out who traditional healers are, the training they receive before they practice, the services traditional healers provide, where and how the services are provided, what traditional healers consider as their contributions to health care of their people and what they consider as the attitude of the people to their practices. One to one indepth interviews were adopted as a method for gathering data for the study. Three traditional healers participated in the study. The results of the study were presented in Chapter five. This chapter discusses the results, concludes and makes recommendations.

6.2. Discussion of the results

The study found that traditional healers play a very important role in health care delivery among the Nguni people of the Eastern Cape and KwaZulu Natal and they are well respected by their clients. They were found to be the main healthcare providers in rural areas of the two provinces where majority of people live. They are also respected traditional and community leaders. The people have confidence in their healthcare practices as they make use of the cultural knowledge and tools of the people to deliver health. People's attitude to them is positive and this has been responsible for their success. For instance Idowu (1975)

states that for any healing system to be meaningful and effective for Africans it must give prominence to their cultural background. He further states that African healers focus on stimulating their client's belief systems.

The interviews with the traditional healers indicated that they, especially diviners and faith healers are selected by their ancestors to join the healing profession; they cannot do it out of interest. Thorpe (1991) states that traditional healers are called and that this calling comes in a form of an illness, characterized by body pains, and that during the illness, the individual begins to waste away and has little appetite for food. Louw and Pretorius (1995) in Ngoma (2006) indicate that *intwaso* (the process of experiencing the symptoms) is characterised by a range of symptoms including excessive unusual dreams and visions and psychic experiences (Hirst, 1990). All the symptoms of *intwaso* are associated with healing powers which are reputedly bestowed upon the diviner by the ancestors as a result of having suffered the affliction. Although the symptoms differed from one participant to the other ailments such as headache, stomach-ache, poor appetite and pains all over the body and weight loss and dreams were common.

The study found out that among the Nguni people of KwaZulu Natal and Eastern Cape provinces, there were four categories of traditional healers, diviners, herbalists, faith healers and birth attendants. However the latter group is no more popular. Although traditional healers are appointed by their ancestors to join the profession, it is not a requirement for herbalists. Some of them join their profession out of their own colition. The study also found

out that one healer can practice in more than one categories. For example one healer can be a diviner and a faith healer at the same time.

The training of traditional healers is by apprenticeship with experienced renowned traditional healers. As Bodibe (1992) states qualifying as a traditional healer involves an apprenticeship under the tutelage of a qualified traditional healer. Gelfand (1964) in Bodibe (1992) states that the qualified healer works closely with the pupil, teaching him/her traditional healing techniques. Training is in skills of gathering information relevant to coming to conclusion about the health problems of patients.

Training takes a long time. It is difficult; many things to learn and practice to ensure mastery so that people served are not harmed. The duration of the training is determined by the ability of the trainee as well as the trainer's style. It is therefore paved according to the trainee's pace. Bodibe (1992) supports this by stating that like other forms of learning the learner's ability and the teacher's strategy can impede or facilitate the process of learning. This explains why training as diviner takes between 2 to 5 years. Diviners train in different forms of divination hence they use different styles and techniques. Drumming and dancing seemed to be common among participants.

Traditional healers are trained in providing intervention in matters of ill-health. Their trainings differ. Diviners focus on divination, dream interpretation, and herbal medication. Herbalists get trained in prescription and the mixing of herbal concoctions while faith healers are trained in prayer and in rare cases in the mixing of herbs. For medication, faith healers

generally prescribe water which has been prayed upon, usually called holy water. Faith healing training basically occurs in church. The use of different methods and attending to various aspects of health, social, physical, spiritual, career, etc. make for holistic healing by diviners. They assess, diagnose and intervene in matters of diseases or ill-health. Ngoma (2004) states that diviners function as diagnosticians, discovering the cause of any misfortunes, but also redress social and psychological problems. Vontress (2000) depicts healers as consultants for physical and psychological problems. Herbalists only prescribe and mix herbs. They also diagnose and provide medication, however, for all problems that clients consult with, they provide the same kind of holy water. Some of the interventions include counselling and ritual ceremonies. This is in keeping with Ngoma (2004) assertion that much of the healing provided by diviners includes rituals, psychotherapy and medical treatment. Rituals can serve both as curative and preventive methods. Actually traditional healers are trained in the skills of prevention and health promotion.

Diviners get their powers to help people from the ancestors. They are mediators between the living and the dead (ancestors). They are the only ones who can communicate with them and pass the message to their clients. They communicate with both their ancestors and the client's ancestors who tell them what the client's problems are. This communication occurs in two ways, in client's normal state or in their altered state of uncouncienceness. In the latter state the ancestors use the healer's voice to communicate the client's problem to them. Clients also bring dreams to them for interpretation.

The study found that consultation usually occurs at the healer's home while rituals are performed at the client's homes where their ancestors are. Among the Nguni, people consult the sangoma as a group since they believe that the main cause of illness is social imbalance. Individual consultation occurs in rare cases. Rituals are group activities which are basically meant to restore social balance. For instance, Ngoma (2004) states that rituals allow for orderly behaviour crisis. Healers can recreate the family through rituals and by resolving social conflicts they can foster group and community cohesion. Medication can be prepared by the healer or be given to the clients to prepare. Apart from restoring health; traditional healers also play a very important role in advocacy, mobilization and being custodians of the people's culture. Among the Nguni, traditional healers are perceived as doctors, psychologists, pharmacists and social workers because of their holistic approach when addressing ill-health, which is by addressing all levels of wellness

The study also found that there are also in-service courses for traditional healing which is meant for continuing professional development and also touches on the areas in which they did not receive training like HIV/AIDS and sexually transmitted infections and Life skills (Participant A's attachments) Traditional healers have also started using Patient's cards; however they indicated that this is very difficult for those who do not have formal education to use them. They also practice according to the Code of Ethics which is prescribed by the Traditional Healers Organisation.

In the view of traditional healers, African people prefer their services to Western healthcare practitioners. The healers believe that the most important ingredient of a good healer-client relationship is sharing a worldview with clients. In that way, the services of traditional healers are given first preference because these healers are well informed about their client's culture and are also the only ones who treat culture bound syndromes. These are the illnesses that are diagnosed as psychosis by Western healers like doctors, psychiatrists and psychologists. This means that these inaccurate diagnoses can lead to rehabilitation of clients in mental hospitals when there is no need for that. Based on this, the healers believe that they play a very important role in mental healthcare delivery among the Nguni.

6.5. Recommendations

The following recommendations would help improve on the finding of people intending researching the same topic.

- Traditional healing should be integrated in healthcare deliver practices in South Africa. There are indications that this has started, however, it is still in its infancy stage and many organizations are still not aware of the changes and therefore still need to be educated.
- For this integration to occur successfully there is a need for Western trained health practitioners to change their attitude towards traditional healers. There should be mutual respect and recognition of each service as a competent and independent

category of healthcare delivery approach. At the moment the relationship between the two categories is characterized by superiority and inferiority complexes.

- Sharing of ideas and skills between these two categories of healthcare delivery would also be helpful to clients since they are the recipients of both services. In other words integration should aim at what is in the best interests of the clients.
- Traditional healers should be included in all debates and forums that deal with healthcare delivery in South Africa.
- Most traditional healers are illiterate and this somehow affects their functioning. It becomes difficult for them to keep their records and in that case, they cannot provide important information like statistics. To remedy this situation, the Department of Health should collaborate with the Department of Education to provide basic education for these practitioners to be trained in record keeping and the use of modern technology in their practices
- Biomedical practitioners need to involve traditional healers in research and documentation of their herbal medication and therapeutic practices.
- South Africa is one of the hardest hit countries by HIV/AIDS especially in the rural areas. Therefore, this means that there should be more training for traditional healers for their expanded role in HIV/AIDS treatment and prevention

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APPENDIX A

ETHICAL CLEARANCE

CERTIFICATE

RESEARCH OFFICE (GOVAN MBEKI CENTRE)
WESTVILLE CAMPUS
TELEPHONE NO.: 031 – 2603587
EMAIL : ximbap@ukzn.ac.za

9 MAY 2007

MS. LJ Mpono (20300196)
EDUCATIONAL STUDIES

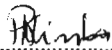
Dear Ms. Mpono

ETHICAL CLEARANCE APPROVAL NUMBER: HSS/0215/07M

I wish to confirm that ethical clearance has been granted for the following project:

“Traditional healing among the Nguni People”

Yours faithfully


.....
MS. PHUMELELE XIMBA
RESEARCH OFFICE

cc. Faculty Research Office (Derek Buchler)
cc. Supervisor (Prof. O Bojuwoye)

2007-05-14

APPENDIX B

CONCERT FORM

INTERVIEW SCHEDULE

UNIVERSITY OF KWAZULU NATAL
FACULTY OF EDUCATION
SCHOOL OF EDUCATIONAL STUDIES
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY
EDGEWOOD CAMPUS

RESEARCH PARTICIPANT CONSENT FORM

Introduction

My name is Lindelwa Judith Mpono. I am a Masters degree Student Researcher from the University of KwaZulu Natal, School of Educational Studies, division of Educational Psychology. My research topic is: Traditional Healing among the Nguni People.

Aims of the Study

The aims of this study are as follows:

1. To gather information that will lead to a clear understanding of the intervention in health problems by traditional healers. In this regard the researcher wants to find out how and where traditional healers conduct their healing practices, the training they receive before they can practice and the process of healing they conduct to bring health to people.
2. The study aims at gathering information relevant to cultural healthcare systems which can assist government in its current effort to integrate traditional healthcare with the mainstream healthcare system in the country. Psychologists, psychiatrists, medical doctors and other healthcare practitioners also stand to benefit from information from a research study like this as such information will

not only serve to inform them of alternative healthcare systems but also of possible ways of collaboration in healthcare delivery.

3. To gather information that will help to reduce misconceptions that are associated with traditional healing.

Procedures

As a very important informant on traditional healthcare delivery, the researcher needs your consent as to the following:

- (i) There will be a series of interviews with you until sufficient information has been gathered. Notes will be written and audio-tapes will be used.
- (ii) The researcher may publish / present knowledge (excluding any identifying information) gained from the research in recognized journals or may discuss it with her supervisor. Where necessary, pseudonyms will be used.
- (iii) Apart from the situations mentioned above, the researcher will maintain strict confidentiality with regards to all information gained during the interviews. The information may not be released to no one without your informed consent.
- (iv) Biographical details of the participant will be represented by pseudonyms that will not bear references to your identity thus further ensuring anonymity and confidentiality.
- (v) Please note that your participation is voluntary, you are free to withdraw at any stage of the research.

- (vi) During the interviews you may be asked about things or aspects that are sensitive and upsetting. You have the right to choose not to talk about any aspects that you are not comfortable with.

I have read and accept the conditions as listed above:

Name of participant:

Signature:

Signature of Researcher

Date:

Name of Supervisor Professor O Bojuwoye

Contact Details: University of KwaZulu Natal
 School of Educational Studies
 Edgewood campus

Phone Number 031 260758

Email Address bojuwoyeo@ukzn.ac.za

THE INTERVIEW TOPICS

Questions will be asked around the following areas; training of healers, therapeutic activities and environment, the instruments they use , their charges , diagnosis, client's main problems and how the subjects see the roles they are playing in the healthcare delivery of their communities.

1. TRAINING OF HEALERS

These are examples of questions that will be posed about the training of healers.

- (i) How did you become a healer?
- (ii) What training did you undergo before starting to practise your profession?
- (ii) What did you learn while in training?

2. THERAPEUTIC ENVIRONMENT

The following are examples of questions that will be asked on therapeutic environment.

- (i) Where do you conduct your healing sessions?
- (ii) Tell me about living arrangements when a patient has to be admitted and stay over for some time.

3.OBJECTS/INSTRUMENTS USED

To get information on the instruments they use, these are examples of questions that will be asked.

- (i) Can you describe some instruments used for healing ?
- (ii) How do you use each of them?

4. DIAGNOSIS

These are basic questions that will be asked about the diagnosis of traditional healers.

- (i) Can you describe how you conduct a typical session with a client?
- (ii) How do you get to know your client's problems ?

5. MAIN CAUSE OF CLIENT'S PROBLEMS

These questions will serve as a guide for client's problems.

- (i) What types of problems do clients bring to you ?
- (ii) What are the main causes of problems clients bring to you to deal with?
- (iii) How do you deal with client's dreams ?

6. THERAPEUTIC METHODS

The following are examples of questions will be asked to get information about their therapeutic methods.

- (i) Can you describe some of the methods or techniques you use to treat your clients?
- (ii) Describe the procedures/steps you follow, including activities and roles played by clients.
- (iii)What other factors or things play a very important role in healing ?
- (iv)How would you describe the, role of ancestral spirits in healing?

7. TRADITIONAL HEALERS CONTRIBUTION TO MENTAL HEALTH

- (i) Tell me about your contribution to mental healthcare delivery in your community

8. PEOPLE'S ATTITUDES IN TRADITIONAL HEALING

- (i) What are the attitudes of people towards your practices ?
- (ii) How do clients know about you ?

9. CHARGES

- (i) How do you charge your clients per session?

APPENDIX C

TRADITIONAL HEALER'S ORGANISATION (THO)

CODE OF ETHICS



Traditional Healers Organization (THO) Code of Ethics

Preamble

As custodians of Indigenous Knowledge, Culture and Traditions it is imperative for Traditional Healers and all staff members to strictly adhere to the Traditional Health Practitioners Code of Ethics. This Code of Ethics has been applied for generations in a format that was passed on verbally through Traditional Healer training. The importance of this Code of Ethics is just as relevant now, if not more relevant, in light of the poor public perception of the Traditional Healing Profession; owing to the damaging affects of the misperception about the profession by colonialism, Christianity and the apartheid system. Due to the current reality of the HIV/AIDS pandemic and of the rapid increase of those needing the services of Professional Traditional Healers it is imperative that we ensure these standards are adhered to protect the Profession and all citizens of South Africa. Currently there are many charlatans, pretending to be 'Traditional Healers', attempting to take advantage of those in need of professional Traditional Healer services. There are also a number of trained Traditional Healers that are abusing their skills, knowledge and power in order to make money. It is the responsibility of every Traditional Healer to ensure that professionalism is maintained by all Traditional Health Practitioners at all times. It is the role of every member (including staff), Traditional Healer to rigorously pursue the role of a monitor of the Profession to safeguard any breach of ethics by anyone claiming to be a Traditional Healer or THO family member. The role of monitor is also that of all THO staff members and the general public. Notes: **The word member is applicable to both our staff and practitioners within the profession that are registered at THO.**

Values

Based on the desire to advance and improve people's lives, we are committed to the following fundamental values that underpin the mission and objectives of THO. All members including the staff membership of THO are committed to:

- ✓ Being responsive to the needs, health and welfare of the people of South Africa.
- ✓ Accountability and transparency.
- ✓ Participatory democracy.
- ✓ People-centered development.
- ✓ Respecting the rights, culture and dignity of all people within the framework of the Bill of Rights, as enshrined in the South African constitution, and enhancing race and gender equity.
- ✓ Ensuring the organisation remains true to its mission and objectives.
- ✓ Mutual cooperation, collaboration and networking with other agencies around issues of mutual concern.
- ✓ Striving for excellence, including efficient, effective, professional service provision at all levels.
- ✓ Promoting volunteerism, and active volunteer involvement at all levels.

Code of Ethics

1. Traditional Health Practitioners Professional Ethics:

- 1.1 No member and practitioner shall be involved in any act that causes actual physical, emotional, mental, spiritual, sexual or financial harm or abuse to a patient, thwasa or any other person, or a substantial risk of such harm or abuse;
- 1.2 No member and practitioner shall cause harm or injury to a patient, thwasa or other person as a result of unsafe professional practices or a substantial risk of such harm or injury;

- 2.10 No member or staff member shall participate in the persistent criticism of THO or its office bearers, except when canvassing for a special meeting or a vote of no confidence as provided for in the constitution;
- 2.11 All members and staff members must maintain confidentiality about the internal affairs of THO, or against local, provincial and national membership structures;
- 2.12 No member or staff member shall hold dual membership in any rival organisation not affiliated to THO, aiding any rival organisation or organising rival organisations;
- 2.13 Members and staff members shall attend relevant meeting when reasonably expected to do so, unless they have just cause;
- 2.14 Members will not take part in personal attacks of any office bearer or staff member employed in the infrastructure of THO and its members. This is equally binding on all staff members of THO and its membership;
- 2.15 There shall be no publication in any manner of any information outside the grievance procedure;
- 2.16 Failing to appear, without just cause, when called upon to do so before the disciplinary committee of THO or its membership is further cause for misconduct;
- 2.17 Any members elected and employed to office shall perform and fulfill the duties of that office;
- 2.18 It is cause for misconduct when there is irregular or unconstitutional use of funds of the organisation by any member thereof, and more specifically, the failure of any member who has received moneys on behalf of the organisation to account the receipt of such money, or who fails to attend to proper banking procedures of such funds in the designated banking account of the organisation as outlined in the constitution;
- 2.19 No member shall conduct themselves in a disorderly manner or use foul language in any public place or engage in physical abuse and violence with members and clients of the organisation;
- 2.20 No member shall use hate speech or language that hopes to discriminate against other.

The above are regulations which specify the rules of Conduct and Code of Ethics – Traditional Health Practitioner Professional Ethics and the THO General Ethics to which a THO member / Health Care Professional / Traditional Health Practitioner shall adhere in order that disciplinary steps not be taken against her or him.

The following are guidelines and examples of acts that breach each point of the Code of Professional Ethics for Traditional Health Practitioners:

- 1.3 Members and Practitioners shall not practice / render professional services whilst under the influence of any substance (alcohol or drugs etc) that impairs the practitioner's ability to render professional services;
- 1.4 Members, Traditional Healers and Amathwasa are not to participate in any act that, in the opinion of the professional board / council, substantially lowers the dignity or damages the reputation of persons practicing the profession;
- 1.5 All members, Trainees / Amathwasa shall be treated equally, regardless of the financial or social status;
- 1.6 Participating in any other act or omission on the part of a practitioner that, in the opinion of the professional board / council, indicates that the spiritual, emotional, physical or mental health or bodily dignity of any member of the public might be at risk should the practitioner continue to practise his or her profession constitutes unethical behaviour;
- 1.7 No member or practitioner shall practice without mentorship unless they have undergone at least two (2) years Ithwasa and three (3) years part-time, continual mentorship, or for Amagedla, they shall not practice without at least two (2) years full-time and three (3) years part-time continual, mentorship, guidance and support;

2. General THO Ethics:

- 2.1 Obedience to the THO constitution, rules and regulations of members;
- 2.2 Maintaining Professional behaviour and adhering to the strict Code of Ethics of Traditional Health Practitioners;
- 2.3 All members shall adhere to the provisions of the THO constitution at international, national and provincial levels or shall not take action other than those provided for, and laid down in the THO grievance procedures;
- 2.4 No press, radio or television statement shall be made unless properly authorised by the organisation on behalf of which such statement is apparently made;
- 2.5 There shall be no publishing or distributing of any pamphlet or written document on the affairs of THO without the consent of the organisation;
- 2.6 There shall be no calling, holding or attending protest meetings, or arranging any other form of protest against the organisation in any manner contrary to the provisions of the grievance procedure provided for in the constitution;
- 2.7 No member or staff member shall take part in any political activities on behalf of, or in the name of, the organisation in contravention to the THO constitution;
- 2.8 No member or staff member shall be involved in threatening, intimidating behaviour or any form of inducing any member or other person into taking action other than provided for in the constitution;
- 2.9 No member or staff member shall organise or take part in any boycotts on behalf of the organisation without the consent of the organisation;

APPENDIX D

CERTIFICATES AND NOTES OF IN-SERVICE

COURSES

ATTENDED

Module One

Self Development

1. Building a positive self image

Exercise one

Think about your patients and other Traditional Healers in your area for few minutes. How do you think they would describe u'?

My Patients says that I am

Other Traditional Healers say that I am

Exercise Two

- (a) Name five things you like about yourself.
- (b) Name five things you don't like about yourself.

2. Building Self Confidence

- (a) Free- part of yourself which is known to you and others. Example a good speaker.
- (b) Hidden- part of yourself, which is known to you but not shared with others.
- (c) Dark- part of yourself which is unknown to others and also you. Example talents and abilities, which don't you, have and others have never seen you.
- (d) Feedback- one way by which others open up the blind side of yours by letting u know what they see in which u don't see in yourself.
- (e) Sharing- one way of opening yourself more to others.
- (f) Revelation (disclosure)- an experience during which part of the dark area of yourself is suddenly revealed.

3. Decision Making Process

- (a) Define the problem.
- (b) Explore all options.
- (c) Choose.
- (d) Identify.
- (e) Decide
- (f) Evaluate

4. Goal Setting and Planning

Exercise 3

- (a) What is your that your want to achieve in the next 2 years.
- (b) What do you have to do to achieve this goal
- (c) What skills, training, education would you need to achieve this.
- (d) Is there anything else you might need to achieve your goal

5. Managing Yourself

Exercise 4

- (a) Imagine that you have been invited to speak about THO at the community meeting in your area (09h00) Write out what time you would wake up and everything you would do between then and the time you end. Also write how long you would take to give a speech.

Module 2

Mediation and Conflict Resolution

Workshop plan (aims and Objectives)

- 1.To understand and explore the nature of conflict
- 2.To provide a practical understanding of mediation and arbitration
- 3.How it can be used to resolve interpersonal disputes
- 4.To provide a basic understanding of other disputes resolution processes and procedures
5. To provide practical experience in using the skills of mediation

ACTIVITY 1

1 Exploring Conflict and its dynamics

What is a conflict?

-is a state of tension between parties, a clash, a difference of opinion, disagreement and so on

Types of conflicts

Conflicts can be divided into two main areas:

A Intra and Inter Group Conflict

B Intra and Inter Personal Conflict

ACTIVITY 2

Appropriate dispute resolution process

Six Main ways of dealing with conflict

1.Negotiation

- Process where two or more parties try to reach agreement through communication and dialogue.

2.Mediation

-Is a private, informal and voluntary process in which an impartial third party (mediator) assists the disputants to resolve their problems

3.Counselling

Process deals with personal, social, psychological problems and difficulties.

4.Litigation

Process carried out in public courts where a judge or magistrate has been appointed by the state to make ruling in terms of law.

5. Arbitration

Process in which a third party assists the disputants to resolve their problem and will listen to the stories of the disputants and make a decision, which is final and binding.

Styles of Managing Conflict

- 1.Avoiding
2. Compromising
3. Accommodating
4. Cooperating or joint problem Solving

ACTIVITY 6

The mediation process

- Introduction
- Story Telling
- Clarification of positions issues and interest
- Problem solving and negotiations
- Reach agreement

ACTIVITY 7

Importance of arbitration

After the two parties didn't reach the agreement that is where the arbitrator comes to listen to their stories and make a decision, which is final and binding.

Mediation and conflict Resolution Exercise

THO Case Study

Applying your mediation and arbitration skills in solving a problem in one of the THO Regions.

1. A Master Healer (Gobela) complains to a Field Officer for placing him/her in the same training room as his/her initiate (ithwasa). The F/O then organizes a meeting between the two parties involved in an attempt assist them reach a solution. During the time of discussion the Master Healer threatens to pull out of the training and discontinue with his/her plans of organising a workshop the following week. After these attempts the F/O calls upon the Senior Promoter to mediate on the matter with the F/O relating the matter to the Snr. Promoter in the presence of the parties involved. After closely listening to the matter the Snr. Promoter then gives each party the opportunity to relate her/his side of the story. The Promoter will request that the two parties come up with possible solutions to their problem. If amongst the possible solution there is a point of understanding and agreement then the case will be closed with both parties consenting. Should one of the parties dissatisfied with the possible solutions, then the senior promoter may issue final decision based on the Ethics and Code of Conduct on the THO.

A better and democratic way to mediate over a matter.

Which of the basic elements of mediation are you familiar with in your region and how is it differently managed with the one highlighted in the case study?

Why do you think the processes employed are either good or bad?

Session 3: Module2: Understanding Policies and Legislation

- Understanding government national policies.
- Understanding THO national policies and procedures.
- Understanding health, rights and responsibilities of patients.

2.1 National Patient's Rights Charter.

-the National Patients' Rights Charter was developed by the National Department of Health.

EVERY PATIENT HAS THE RIGHT TO:

- A healthy and safe environment

Everyone has the right to a healthy and safe environment that will ensure their physical and mental health or wellbeing, including adequate water supply, sanitation and waste disposal as well protection from all forms of environmental danger, such as pollution, infection etc.

- Participation in decision making

Every citizen has the right to participate in the development of health policies and everyone has the right to participate in decision-making on matters affecting one's health.

- Access to Health Care

Everyone has the right of access to health care services that include:

- i. Receiving timely emergency care-at any health care facility that is open regardless of one's ability to pay.
- ii. Treatment and Rehabilitation-that must be made known to the patient to enable the patient to understand such treatment or rehabilitation and the consequences thereof;
- iii. Provision for special needs- in the case of newborn infants, children, pregnant women, the aged, disabled persons, patients in pain, persons living with HIV and AIDS or AIDS patients;
- iv. Counseling-without discrimination, coercion or violence on matters such as reproductive health, cancer or HIV and AIDS.
- v. Palliative Care- that is affordable and effective in cases of incurable or terminal illness.
- vi. A positive disposition-displayed by health care providers that demonstrate courtesy, human dignity, patience, empathy and tolerance.
- vii. Health information-that includes the availability of health services and how best to use such services and such information shall be in the language understood by their patient.

- Knowledge of one's health insurance or medical scheme.

A member of a health insurance or medical aid scheme is entitled to information about that insurance or medical aid scheme and to challenge, where necessary, the decisions of such insurance or medical aid scheme relating to the member.

- Choice of health service

Everyone has the right to choose a particular health care provider for services, or a particular health facility for treatment provided that such choice shall not be contrary

- v. Palliative Care- that is affordable and effective in cases of incurable or terminal illness.
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- Choice of health service

Everyone has the right to choose a particular health care provider for services, or a particular health facility for treatment provided that such choice shall not be contrary to the ethical standards applicable to such health care providers or facilities and the choice of facilities in line with prescribed service delivery guidelines.

- Be treated by a named health care provider.

Everyone has the right to know the person that is providing health care and therefore must be attended to by clearly identified health care providers.

- Confidentiality and Privacy

Information concerning one's health, including information concerning treatment may only be disclosed with informed consent, except when required in terms of any law or an order of court.

- Informed Consent

Everyone has the right to be given full and accurate information about the nature of one's illness, diagnostic procedure, the proposed treatment and costs involved, for any decision that affects anyone of these elements.

- Be referred for a second opinion

Everyone has the right to be referred for second opinion on request to a health provider of one's choice.

- Continuity of Care

No one shall be abandoned by a health care professional worker or a health facility, which initially took responsibility for one's health.

- Complain about health service

Everyone has the right to complain about health care services and to have such complaints investigated and to receive a full response on such investigation.

Every patient or client has the following responsibilities:

- To take care of his or health.
- To care for and protect the environment.
- To respect the rights of other patients and health providers.
- To utilize the health care system properly and not abuse it.
- To know his or her local health services and what they offer.
- To provide health care providers with relevant and accurate information for diagnostic, treatment, rehabilitation or counseling purposes.

The inspector will visit the business and check the following things

- Town planner, to see if the business is in an area that is zoned for business purpose.
- To see that the business follows all the health rules.
- To see that the business is not a fire hazard.
- Mechanical Engineer
- The inspectors must visit the business within 35 days

The Council will not give a licence if:

- The place where the owner does business is unsafe or unhygienic.
- The person is not considered to be suitable person to open a business, because he/she has a criminal conviction, or has a reputation of cheating people in the community.

Does the business licence have to be renewed.

- Traders do not have to apply for a new licence every year, but they do have to apply for a new licence if:
 - They move their business to other premises.
 - They sell the business, the new owner will have to apply for a licence.

1. According to the law, it is regarded as a criminal offence to operate without a licence.
2. The owner of the business could be fined up to R1000.00 or be given a prison sentence of up to three years.

How to calculate for your profit

- For an example, The amount that Thabo pays for the T-Shirts at the shop in town is called the buying price, which is R10.00 per T-shirt. (R10.00 *4).
- Thabo sells his R15.00 and money is called selling price.
- R5.00 that was added is call margin price.
- Before you can get the profit, you have to deduct some expenses in order to get profit.

Keeping Stock Records

It means writing records down:

- All the stock that comes into you business.
- All the stock that is in your business.
- All the stock that goes out of your business.
- It is useful to keep stock records of your products
- Stock records are essential because they help you see the following things:
 - What you have sold.
 - How much you have sold.
 - When the products where sold.
 - What is missing.
 - What is still left behind

Session 11: Module 7: Training and Certification Policy

Training and Certification Policy

Introduction

- ✓ Training is not only one of most important ways in which the organisation meets its needs in building the capacity requirements to its members, it is also a way of making the THO members improve their skills.

Purpose of the policy

- ✓ The purpose of this policy is to make sure that all the learners understand the importance of THO training and upholding a good ethical code for certificate awarding.

Training and Certification Process

- ✓ Respect diversity of a group, be accommodative of other peoples cultures and believes
- ✓ All trainers should be supported and ensure that they work in a safe and healthy environment
- ✓ It is the responsibility of both the trainer (as a person) and the organisation to ensure that trainers sent out to train are competent and knowledgeable on related policies – knowledge of content and application is important
- ✓ Language used by trainer should not be complicated to learners in such instances a competent interpreter should be used to transmit information
- ✓ All learners should be able to describe each topic exactly as shown on training materials, we need clear. quality, easy to relate to materials.
- ✓ All learners will be subjected to a user friendly test or assessment process to check level of knowledge and practical skills gained
- ✓ All training workshops of the organisation at all levels should be considered of learners literacy level and therefore use different types of teaching aid e.g. role plays, drama, group discussions, story telling, case studies from local newspapers or THO related and others
- ✓ Do not give confusing information at once as this may impact negatively during assessment
- ✓ Make learning fun, add humour and use some brain teasers, be a real coach
- ✓ All enough time for feedback and questions from all parties, encourage active participation
- ✓ Be lead by the need factor
- ✓ Be able to manage conflict and group dynamics, team building exercises are encouraged at this point
- ✓ The trainer, as the highest decision maker at the time should have good management and administration skills
- ✓ Trainers should not give false information and can not also be allowed to give NO as an answer
- ✓ All trainers should research thoroughly on topics before presentations are made

Session 10: Module 6- Governance

- **Roles and Responsibilities of Regional Councils.**
- **Strengthening community action through participation.**
- **A model of community participation in Traditional Health Care systems delivery.**
- **Risk management and Internal Control.**
- **Decision Making**

GOVERNANCE

1. STRENGTHENING COMMUNITY ACTION THROUGH PARTICIPATION

Why is community involvement in Traditional Health important?

- The right of an individual to make decisions regarding their health is a fundamental human right and therefore to be valued in itself.
- Active participation leads to greater insight regarding causation of ill health.
- Taking greater personal responsibility is vital for a healthy lifestyle.
- Initiating personal health actions can reduce the need for health services.
- Greater vigilance by consumers improves quality of care, accountability of personnel and contains the costs of health services.

Optimizing community participation in health

-Community participation can take many forms-its ultimate impact depends on the extent to which it truly empowers and passes control to the participants. In practice the approach tends to be more complex but can be graded into an approach that is systematically geared towards achieving optimum participation:

Degree of participation in health

- **Coercion:** strong power is used either directly or indirectly, using participation as a means of controlling the community.
- **Compliance:** participation is used as a rubber stamp for the provider to achieve predefined goals and decisions.
- **Contribution:** limited recognition is given to the added value that participants offer, usually in the form of payments or services.
- **Organisation:** participation is used as a vehicle for structural development through supporting organization.
- **Empowerment:** participants are enabled to use resources available to them and take increasing control of their own lives.
- **Partnership:** Control is shared between provider and empowered community participants.
- **Governance:** empowered community participants actively involved in providing overarching legitimating, guidance and support to programme personnel.

SMALL BUSINESS DEVELOPMENT

If you want to start a small business, you have to ask you are self-the following questions:

- i. Do I have a market for my product or service?
- ii. Do I have the skills necessary to start my business?
- iii. Do I have the necessary resource to start my business or can I get them?

Starting a Business

-There are different ways of starting a business. If you want to start a business, you must decide whether you want your business to be:

- Sole Trader or Sole Proprietor.
-Means one person owns the business.
-The law does not make a difference between the things that belong to you and the things that belong to your business, which are called the assets.
- Partnership
 - Business that has between two and 20 partners.
 - Should sign a written agreement.
 - The agreement must be like this:
 - What happens to the assets of the business, for example the tools and the furniture, if the partnership ends
 - How the partners will share the profit.
 - What happens if one partner wants to leave the partnership
- Every time a new partner joins, the partners must sign a new agreement.
- Close Corporation
 - The people who own the Close Corporation I called members
 - The CC has work according to the Close Corporations Act
- Company
-Companies has to obey all the rules of the Companies Act.

Which type of the business need a licence

-The business must have a licence if it has anything to do with:

- Making or selling food which can go off.
- Health and entertainment activities, night clubs, disco or showing films
- Selling alcohol.

No licence is necessary if:

- The person makes and sells the food from their home.
- The trader has hawkers' licence.

How to get a business licence

- To sell alcohol, you must apply to the Liquor Board for a liquor licence.
- For the other types of business licences, you must contact the local council, which will give you an application form.
- The business owner has to come with a copy of Identity Document and an application fee.



“TRADITIONAL HEALTH PROMOTER’S LICENCE”

Basic Leadership Development Course

This is to certify that

Participant A

has successfully completed a four-day training course in basic leadership development management. This course qualifies the learner to be the organizations consultant.

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