Conceptions of illness from an African Perspective in KwaZulu-Natal, South Africa: Views from Traditional Healers

Ayanda Charity Mthethwa

208516422

Supervisor: Prof Augustine Nwoye

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DECLARATION

I, Ayanda Charity Mthethwa, declare that

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2. This thesis has not been submitted for any degree or examination at any other university.

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ABSTRACT

South Africa is a diverse country with different belief systems that are largely determined by culture. Culture can be said to dictate and underpin many life events and their understanding, including that of illness. Illness is a common phenomenon which affects all living beings. Assumptions or theories of illness, its origin, maintenance, and treatment or intervention approaches are rooted in culture. Influential in South Africa's health care system is a Western perspective which to a certain extent comes short when addressing African understanding of illness. Looking at South Africa, an integrated health care system is warranted if the needs of many are to be adequately addressed. Achieving this requirement however calls for an inclusive health care system that is sensitive to the cultural background of individuals. Prior to that taking place, a thorough investigation into the African worldview is needed in order to develop informed policies and make the necessary transformations. The current study intended to make a contribution in this regard.

This study explored the conceptions of illness from an African perspective by seeking the views of traditional healers in the KwaZulu-Natal culture-area. Traditional healers were seen as the drivers of the African perspective with regard to illness. This study aimed to explore how traditional healers in the culture-area under study conceptualised illness, the various methods of treatment and intervention which the traditional healers utilised, and what informed their decision making in terms of treatment or intervention approaches. The interpretive design of the qualitative approach was used. The process gave rise to non-probability sampling of seven traditional healers. Structured interviews were used to collect data which were analysed thematically. The study revealed that traditional healers conceptualised illness in categories of classification with respect to their causes, either natural or spiritual. It further revealed that traditional healers made use of disposing of, cleansing, herbs, prayer and holy water as a form of treatment intervention for the majority of the illness presented to them. Lastly the study revealed that choice of treatment or intervention was informed by the traditional healer's gift 'to see beyond the observed', through the influence of ancestors and by means of prayer.

Implications of these findings were drawn and recommendations for further studies were made.

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CHAPTER ONE
INTRODUCTION

1.1. Background of the Study

Illness is one of the most unpleasant human conditions that all human beings experience at some point in their life. The manifestation of illness and what maintains it, as well as the approaches to treatment of illness differ from culture to culture throughout the world. There are many different perspectives and approaches that serve to understand and explain illness holistically, some of which take note of culture and context, and some of which take note of biology and nature to mention just a few. In this regard, a world survey carried out by Murdock (1980) on theories of illness identified four types of theories of illness causation, namely, spiritual aggression, sorcery, witchcraft, and mystical retribution for taboo violation. In this survey, biology played no part in the formation of illness. The origin of illness was attributed to external causes, all of which are not readily observable and researchable by means of empirical scientific procedures. Corroborating this study, Conrad and Baker (2010, p. 68) maintain that "certain illnesses come to have cultural meanings that are not reducible to biology".

The present study was designed to explore and understand African perspectives of illness, especially as understood from the views of traditional healers in the KwaZulu-Natal province. The World Health Organization website shows that there are over 200 000 traditional healers in South Africa (World Health Organization, 2016). According to Kale (1995), traditional healers were present in South Africa before its colonisation by the Dutch in the 17th century. This implies that traditional healers have long been a part of the understanding and treatment of illness amongst Black South African people. However due to modernisation and the coming about of western methods of understanding illness, not enough has been done in the profiling of the African perspectives of illness, as well as identifying the treatment and intervention methods they prefer. Western theories of illness are rooted in biology, psychological and social causes to mention but a few. The etiology of most of these illnesses can be empirically tested in medical laboratories and with some psychological assessment processes, whilst with regard to African theories of illness; this is in most cases not possible.

Traditional healers play an intrinsic role in African people's approach to illness management. It is estimated that 60 to 80 % of Black South Africans consult traditional healers before going to primary health practitioners (Truter, 2007).

There are different types of traditional healers in South Africa. They include diviners (*sangoma*), herbalists (*inyanga*), traditional birth attendants (*ababelethisi*) and faith healers (*abathandazi*). Having a better insight and a rich understanding of the conceptions of illness from an African perspective from traditional healers who are currently practicing as traditional health practitioners is expected to provide a comprehensive knowledge base and will allow for greater understanding of illness from this perspective as compared to other perspectives (e.g., Western perspective) which are dominant in the public sphere since it is utilised by many people in South Africa. Traditional healers typically hold powerful positions in rural communities. They are respected and given honour for their roles in most South African societies (Hewson, 1998; Truter, 2007). The traditional healer's roles in many African societies is that of physician, counsellor, psychiatrist and priest, and people visit traditional healers for difficulties ranging from social predicaments to major medical illnesses (Truter, 2007). This is a clear indication that African perspectives of illness are used and trusted by most people.

An African perspective on illness is governed by an African worldview or what is termed African cosmology. In terms of clarification of African cosmology, it "is simply the way in which Africans perceive, conceive and contemplate their universe; the lens through which they view reality, a phenomenon which affects their value systems and attitudinal orientation" (Kanu, 2013, p. 533). An African cosmology is seen in three dimensional components in which the physical and the spiritual are intertwined. The African cosmos is like an isosceles triangle, God is at the apex, ancestors at the base and man at the centre (Onuwa, 1994; Kanu, 2013). What connects the triangle through mediation is known as divinities, it is at this level that most traditional healers operate. Hence, according to Mokgobi, "the traditional African philosophy of illness in most cases encompasses relations between God, ancestors and the universe" (Mokgobi, 2014, p.25). The spiritual world is a contributing factor in illness from an African perspective; and it is against this background that this study aimed to explore the conceptualization of illness from the perspective of traditional healers in KwaZulu-Natal.

South Africa is a diverse country; there often have been talks about the need for collaboration between the African and Western perspectives to medical practice. One positive outcome of this is reflected in the new employment policy that allows employees to submit a sick note or a note of consultation coming from a traditional healer. The new legislation passed by Government, in this regard marks an attempt legally to recognise that African traditional healers in South Africa play a substantial role as part of the health system in the country (Moagi, 2009). However, what is argued in this research is that before there is to be such integration, it would be important to understand how illness is conceptualized, and the various approaches to illness treatment and intervention that traditional healers make use of. It is in the light of this need that this study seeks to make a contribution, namely to contribute data for understanding the perspective of illness causation and management among traditional healers in KwaZulu-Natal.

1.2. Statement of the Problem

African people have long relied on an indigenous health care system which has its roots in ancient history and traditional healers have been the engineers of this health care system. With modernization and the arrival of Western understanding of medicine and technological advancement for managing illness, an alternative situation emerged which saw African people alternating between making use of a traditional and modern health care systems respectively. This has seen a difference in theoretical underpinning, conceptualization, as well as in modality which may in some cases be complementary and not in others. According to writers such as Moagi (2009), many South African people still consult with traditional healers when confronted with illness either physical, social, or psychological in nature. Yet not much knowledge has accumulated about what informs traditional healers' perspectives of illness, the grounds for the diagnostic decisions they make, and the treatment or intervention procedures they follow in the management of their clients. The gap in knowledge in this regard is more problematic when attention is directed to KwaZulu-Natal where little or no research is available, to the best of the researcher's knowledge, regarding their general theories of illness causation, the diagnostic approaches they employ in understanding the source of a given illness, and the treatment and intervention modalities they follow. Addressing this problem is the major preoccupation of the present study.

1.3. Purpose of the Study

The purpose of this study was to explore how illness is conceptualised from the perspective of traditional healers from KwaZulu-Natal. An exploration of their various methods and forms of treatment for illness was also undertaken.

1.4. Objectives of the Study

The following were among the major objectives of the study:

1.4.1   To gain insight into conceptions of illness from the perspective of traditional healers from KwaZulu-Natal.

1.4.2   To explore the forms of treatment and interventions that traditional healers in KwaZulu-Natal employ in the context of their work.

1.4.3   To understand what informs the choice of treatment or intervention of illness among traditional healers in KwaZulu-Natal.

1.5. Research Questions

1.5.1   How do traditional healers in KwaZulu-Natal province conceptualise illness?

1.5.2   What forms of diagnostic and treatment and intervention procedures do traditional healers in KwaZulu-Natal province make use of or engage in?

1.5.3   What informs the choice of diagnostic, treatment and intervention procedures which traditional healers from KwaZulu-Natal make?

1.6. Significance of the Study

The significance of this study follows from the fact that it is one of the few studies that focuses on understanding the illness perspectives and approaches to illness treatment of traditional healers from KwaZulu-Natal. KwaZulu-Natal is one of the largest provinces in South Africa in which the Zulu people are in the majority. It is expected that through such a study more knowledge about the practice of traditional healing in South Africa will emerge. Harvesting such a data will be of immense benefit in the persistent attempt being made to promote the integration of the services of both the African and Western medical approaches in the country's health system. Being informed and learning to appreciate the different

illness perspectives allows for better fluency in the management of health and illness in the South African context.

1.7. Assumptions of the Study

It is the assumption of this study that traditional healers would know best about the African perspective as a premise and a framework in which illness is conceptualised. According to writers like Kale (1995), Truter (2007), and Moagi (2009), traditional healers hold high positions in African societies, acting as advisors, counsellors, doctors, and psychiatrists among the multiple roles they assume. In African societies traditional healers are the 'go-to person' health practitioners when illnesses or diseases strike. They are interveners in the context of social, psychological and spiritual problems of people. This has been a tradition for many decades, thus making traditional healers drivers of the African perspective on illness and the operationality of an alternative indigenous health care system in the different countries of Africa. It is also the assumption of this study that traditional health practitioners who have been in practice for a number of years and those who come highly recommended would possess the knowledge of the epistemologies and ontologies of the African perspective to illness and would be willing to share this knowledge with the researcher.

1.8. Scope and Delimitations of the Study

The study is interpretive in nature and focuses on gaining the views of traditional healers on the African perspective of illness. Furthermore, it is part of the scope of this study to explore the intervention and treatment methods used as well as what informs their decisions in this regard. The sample of the study consisted only of traditional healers from KwaZulu-Natal. The structured interview method was used as the primary means of obtaining data for responding to the research questions investigated. The study made use of a non-probability sampling method known as purposive sampling in order to identify resourceful candidates to contribute their views on the key questions of the study. The method used for data analysis was thematic analysis adopted from Braun and Clark (2006). Thematic analysis highlights, pinpoints, examines, and records the major themes extracted from the data. In this regard, themes are patterns across data sets that are important to the portrayal of the phenomenon under study, and are related with answering the research questions of the study.

1.8.1. Types of traditional healers

It was assumed in this study that there are different types of traditional healers in KwaZulu-Natal and this study aimed to be diverse and sampled participants from all types of healers in order to obtain broader views of the group in answering the research questions under investigation.

1.8.2. The sample size

Due to the nature of the research design and the expected data that it yields, initially the sample size was restricted to nine participants so that the data would be manageable, reportable and gathered within the time frame allocated for the study. However, after interviewing the seventh participant, no new information was being reported. Therefore, the study consisted of seven participants.

1.8.3. Location of the study

The study was located in KwaZulu- Natal, an area largely inhabited by the Zulu people of South Africa. Within the country of South Africa there are different tribes who also have traditional healers who may not necessarily subscribe or follow some of the processes that Zulu traditional healers adhere to. The inability of the study to include samples of traditional healers from other provinces other than KwaZulu-Natal could therefore pose as one of the limitations of the present study.

1.9. Operational definition of terms

Illness: This is taken in this study to refer to the subjective experience of ailment or sense of not being well and healthy. Such subjective experience of illness may be attributable to a biological-based disease or infection. However, it may also be due to a feeling of psychological or spiritual imbalance. Perceptions of illness are highly culture-related while illness due to disease etiology usually is not (Boorse, 1975; Holdstock, 2000; O'Neil, 2006).

Ancestors: In African cultures, the term ancestor refers to the living dead (Mbiti, 1969), or the elders who have passed on and were given deserving burial and funeral rites, and who are now considered to be closer to God, and act as messengers and intercede in the welfare of their descendants. Ancestors are revered and appeased through certain African traditional protocols.

Idlozi: This refers to the singular form of the word for ancestor in the Zulu language.

Africentricity: In this study this term refers to a worldview or perspective that is African centered (Mkhize, 2006).

Cosmology: This term is used in this study to refer to a people's worldview (Viriri & Mungwini, 2010).

Traditional healer: This refers to individual practitioners who practice under an African indigenous system (Moagi, 2009; Kale, 1995).

Umthandazi or Faith healer: This refers to a person who integrates in her healing practice the use of Christian rituals and African traditional practices (Freeman and Motsei, 1992).

Isangoma or diviner: This refers to a person who received a calling to be a diviner, and underwent training known as *ukuthwasa* before taking up the practice. Diviners make use of herbal medicine and techniques in a clairvoyant manner (Ngubane, 1981).

Inyanga or herbalist: This refers to a person who uses indigenous African herbal medicine, sometimes referred to as a traditional doctor (Freeman and Motsei, 1992). *Izinyanga* is a plural term for herbalist

Spiritual giftedness or *isiphiwo*: This refers to the gift of being able to foretell the past, present and future. The people so endowed are said to possess the power of seeing with the 'third eye.'

Ukwabulelwa: In this study this refers to a process of uncovering the source of an illness through a vision.

Seeing or *ukubona*: refers to having a vision or a revelation.

Isithunywa or Sent (direct translation): This refers to a spiritual entity which helps communicate visions of messages from the spiritual world. This is also referred to as the hermeneut (Nwoye, 2015).

Ukuvikeleka or Protection: A term used to refer to ancestral protection.

Ukugeza or bathing: In this study this refers to a procedure in which an individual is taken to a river to be cleansed with a mixture of herbs and or holy water.

1.10. Summary and over view of the study

The thesis is composed of five chapters, each chapter dealing with a different aspect of the study. Chapter 1 is the introduction and defines the aims, scope, and the study problem, the research questions investigated as well as the basic terminologies used in the study.

Chapter 2 is divided into four parts. Part one consists of the introduction, the notions of illness, and a review of previous studies. Part two focuses on highlighting the concept of African cosmology and is further divided into four sections. Section one is concerned with a review of the concept of holism. Section two reviews the concept of macro-cosmos. Section three highlights the meaning of the term meso-cosmos. Section four clarifies the concept of micro-cosmos. Part three presents the conceptual framework of the study. Part four outlines the theories of illness that provide an anchor to the present study. Part five of the literature review looks at the different types of traditional healers and covers the three different categories of traditional healers.

Chapter three presents the methodology.

Chapter four of the study presents the results of the study. This is organized into five parts, namely the introduction, descriptive analysis of distributions of respondents, presentation of results of the research, and summary of findings.

Chapter five of the study is concerned with the discussion, interpretation, and conclusion of the study. The concluding sections of the chapter outlined the recommendations for policy and practice, the study limitations, and recommendations for further research.

CHAPTER TWO
LITERATURE REVIEW

2.1. Introduction

Traditional healers play a significant role in heath and illness among many South Africans and have long since been a primary source of assistant for people suffering from illness and other forms of subjective disharmony (Semenya & Potgeter, 2014). It is predictable that 70% of Black South Africans consult traditional healers who include diviners, herbalists, faith healers, and traditional birth attendants (Robertson, 2006). This figure concurs with Truter's (2007) estimated figures that 60 % to 80% of the people consult traditional healers. Such high figures gives an insight into understanding the fact that well over half of South Africans seek help from traditional healers. Many consider traditional healers to provide more holistic care that focuses more on the presenting individual, is more accessible and to have an approach that is more appropriate than the usual western medical practitioner could give, and is therefore more acceptable to the community (Robertson, 2006). Against the above, it warrants that African perspectives of illness and the forms of treatment and interventions used by traditional healers, be it in individuals, families or communities, be clearly understood and acknowledged since they have an important role in the lives of many South Africans.

2.2. The notions of culture and illness

African perspectives are largely influenced by culture. Therefore illness is understood and explained in most cases through cultural context. Cultural and national determinants of lay beliefs of illness are very important; particularly as they validate the subsistence of forms of descriptions of illness which are fairly dissimilar from those which originate from Western medicine (Fitzprick, 1979; Furnham, Akande & Baguma, 1999). Cultural aspects impact the perception, classification, and description of illness (Fitzprick, 1979). Unfortunately, most of the explanations of illness that are of public knowledge in South Africa are those of western origin. These consist of knowledge brought about by research studies and experiments, and continue to dominate the discourse of illness and treatment in South Africa. Yet it can be seen that African ways of understanding and treating illness are also of relevance when it comes to the Black African context. Furthermore, South Africa consists of a diversified

population with many different worldviews and cultures on illness and its etiologies for whom western perspectives are not the only alternative for understanding and managing illness.

2.3. Previous studies

Various studies have been done to understand illness from an African perspective indirectly in that these studies looked at understanding conceptions of illness by individuals by looking at their views and understanding. This means that the views generated are not directly from traditional healers.

One of the studies was done between Britain, South Africa and Uganda by Furnman, Akande & Baguma (1999) which looked into the beliefs about health and illness. The study revealed that South Africans put more emphasis on supernatural forces, fate and societal factors as influencing wellbeing as compared to British participants. Beliefs about illness are likely to influence where the individual will go to get assistance with the illness. In this regard, illness that is said to arise through supernatural forces or fate may not be treatable through the avenue of western medicine.

Laher (2014) reported a study which explored the conceptualisation of illness in African, Hindu and Islamic tradition which further engages with the ideology of supernatural forces being a part of health and illness. She stated that Africans, Hindus, and members of the religion of Islam acknowledge mind and body as being important and a part of health, and the role the mind and body play in illness. Her study, however, added a third element, namely spirits, in understanding the phenomenon of illness among the three cultural groups studied. In this regard, she concluded with the observation that "all three traditions recognise physical and mental illness in the same way as they are conceptualised in Western literature, but they also recognise a third category of illness termed spiritual illness" (Laher, 2014, p.193). Spiritual illness, according to Laher's (2014) study, implicates the action of supernatural forces that cannot be seen, yet play an important role in the illness. Broadly, spiritual illness can be understood under three dissimilar forms, namely, spirit possession, black magic, and ill will (Laher, 2014).

Another study carried out in the rural part of KwaZulu Natal in KwaDlangezwa about the causes of illness revealed that people largely attribute illness to supernatural forces, witchcraft, punishment for disobedience to supernatural spirits, and that illness is a form of control by human spirit and demons that enter the human body and dwell in the body (Nkosi,

2012). All these forms of illness can be treated by traditional healers and most of them have a cultural element to them in which Western methods fall short in practice. For most South Africans, illness is understood in the framework of spiritual illness, hence the importance of the present research which sought to achieve better understanding and explanations from traditional healers who stand in a strategic position to provide this knowledge.

2.4. African cosmology

South Africa is a diversified country with different people from all walks of life with different ethnicity, cultures, traditions and religions which hold sway in many people's lives. Some of the illness traditions extant in South Africa are favoured more than others whilst others are seen as absurd and foreign. With the introduction of westernisation in South Africa came a lot of changes, one of which took place in the cultural arena (Viriri & Mungwini, 2010). The traditional cultural values of many African people were critiqued and some were forced to abandon these cultural values, whilst others continued to maintain their indigenous ways alongside their practice of Christianity which came with westernisation. Thus, despite strong western cultural influences, a majority of indigenous African people of South Africa hold on to their traditional cultural values (Bujuwoye, 2000). The traditional African cultural values and beliefs have their foundations in the African cosmology or worldview. Specifically, the African world view is governed by what is termed African cosmology. Under the African worldview, the term cosmology is used to refer to the relationship of man and the universe. In this cosmology the practice of religion is key. According to Kanu (2013), African cosmology is the way in which Africans perceive, conceive, and contemplate the universe. In other words, it refers to "the lens through which reality is perceived, which affects their value systems and attitudinal orientation" (Kanu, 2013, p. 533). The African world view is also seen as a way of life as it defines the way of being, norms, rules, ideology, myths and how individuals carry themselves. African cosmos is seen in three dimensional ways in which the physical and the spiritual are intertwined. The African cosmos is like an isosceles triangle, with God at the apex, ancestors at the base and man at the centre (Onuwa, 1994; Kanu, 2013). The African universe is divided into two dimensions, namely, the physical dimension and the spiritual dimension. At the spiritual dimension God is the apex while at the physical dimension man is the apex. Connecting the two dimensions is ancestors or "the living dead" who act as a conjoiner of the two dimensions (Mbiti, 1969). Ijioma

(2005) describes the African universe in another manner, with God, man (and earth resources) and ancestors being seen to inhabit the sky, the earth and underworld respectively. The African universe can be said to be interactive as each dimension influences the other and the nature of the system is reciprocal. Bujuwoye (2000) maintains that the connection of the extraordinary worlds and there sanctity are the two main facets of the traditional African worldview. In the African perspective the ancestors are seen as interceding in virtually all aspects of life, including helping with marital and interpersonal relationship conflicts, bringing about good health, averting illness, assisting in obtaining good fortune and averting natural disasters and accidents (Edwards, Makunga, Thwala, & Mbele, 2009). Health is considered a harmonious connection between the physical and the spiritual in the realm of African cosmology. Illness is then viewed as an indication of disharmony or disalignment in nature, especially between an individual, ancestors and other spiritual entities (Skuse, 2007; Mkhize, 2006). In the African perspective illness can also be caused by disconnection between an individual and the spiritual world, and can also be caused by mystical, animistic and magical causes. Magical and animistic causation refer to illness inflicted by others in the material world or supernatural world, through human employment of witchcraft (magical) or animistic (ancestors). According to Ngubane (1977), Africans also recognise some illnesses as natural crises that just happen, for example, influenza, chicken pox, etcetera.

2.4.1. The concept of holism in African cosmology

For traditional Africans, health is not just health of the physical body. Health consists of physical, psychological, spiritual, and emotive constancy of the individual, the family system and community system. This integrated view of health is based on the African unitary view of reality- cosmology and brings to life the concept of Holism. Crawford and Lipsedge (2004) maintain that the Zulu beliefs system regarding illness and suffering is closely tied up with religious beliefs, historical beliefs, social relationships and cosmology. A person is not seen as an individual but part of a system. When illness strikes, the whole system is disrupted; it calls for a healing that will restore health in the entire system. The African perspective of illness does not follow the western perspective which focuses on the individual and the entity ill in the individual, but follows a belief that there is some illness that western medicine cannot treat which calls for spiritual intervention (Moagi, 2009). Traditional healing aims to include all aspects of psychological healing and to go to the origin of illness or the cause by

consulting through mediation, in order to tell the client what has gone wrong and what the cause of the illness is. African medicine or practice has been rooted in the holistic approach. Principals followed by traditional health practitioners when treating patients include first that patients or clients must be completely satisfied that they and their symptoms are taken seriously, and that they are given enough time to express fears. Second, the healer studies the patient or client as a whole and does not separate illness as psychological or physiological. Third, the traditional healer does not take the patient or client as an isolated individual but as a vital constituent of a family and a community which speaks to the cosmos, to be discussed below (Kale, 1995).

2.4.2. The macro-cosmos

The macro-cosmos is the level at which God is experienced by the individuals. Since the coming about of international churches and the wide spread of Christianity among the African people, the relation of individuals at this level is experienced as more direct, in the sense that individuals are able to pray, communicate and engage in religious activities that symbolise interactions with God (Viljoen, 1997). Faith healers can be said to operate in this level, however still in cognisant of the meso and micro cosmos. Health and illness is also experienced as natural causes and living prophesises of what was professed in the bible, for example in the bible it was professed that there will be illnesses that cannot be treated, therefore when illness strikes and is untreatable, it is believed that this is the living prophesy. In the macro-cosmos level faith and or religion as well as a belief in a higher being can be said to be the underpinning mechanism.

2.4.3. The meso-cosmos

The meso-cosmos is the level at which the ancestors, malevolent spirits, and sorcery dominate. This is the level in which most traditional healers, especially diviners, operate. Health and illness are as a result of harmony or conflict between the individual and the ancestors. A breakdown of the association can pave way to illness that is as a result of malignant spirits and sorcery. For example, ancestors are appeased from time to time through symbolic rituals that are performed. If this is not done, an individual may suffer consequences such as illness; this is also an indication of disharmony between ancestors at the meso-cosmos level and man.

2.4.4. The micro-cosmos

The micro-cosmos is the level at which individuals exist within the context of the collective. This is the systemic level in which individuals are part of the system and their actions as a collective is subject to widespread consequences. For example, operational in this level, elders may believe that illness is brought about because of the sins of their forefathers, and individuals in distress or ill are said to be punished for the sins of their elders. This level is functional as a system, for example, in earlier days when illness and disease struck, collectives would go in the mountain to pray, appease and make a sacrifice in order to restore health (Sow, 1980; Motoane, 2012).

2.5. Conceptual framework: The africentric paradigm

Africentricity is a concept that can be applied in any culture (Asante, 1991). It speaks to making context relevance when understanding people of different cultures. Therefore, the africentric paradigm can be seen as an extension and application of a frame of reference wherein phenomena, (in this case illness) are regarded from the viewpoint of an African person (Asante, 1991). It takes into consideration the life experiences, history, culture and traditions of African people.

The africentric paradigm maintains that mental health and illness, such as those referred to as extraordinary or abnormal illness, carry hidden messages which must first be decoded if meaningful intervention/ treatment is to occur (Nwoye, 2015). Indigenous African people seek beyond lay information regarding their source of illness that may be seen to move beyond the biological, psychological, and social aspect of their illness to including the spiritual aspect governed by African cosmology. Nwoye (2015, p. 305) maintains that African people will seek to know "who is speaking through such illness and what they expect them to do to effect a cure". That calls for further investigation or explorations of how the illness has come about and ultimately how it can be treated.

The africentric paradigm in contrast to western paradigm recognizes the possibility of illness not only arising from illness of the body (biological, physical), or that of the mind (psychological), or in the social context, but rather arising from the spiritual aspect and ancestral background of the individual manifesting the illness (Engel, 1977; Nwoye, 2015). When such illness is encountered, indigenous African traditional healers are consulted who

act as intermediaries between the physical world and the spiritual world or the ancestors. Seen against the above, the africentric paradigm is a framework in which African perspectives are mapped and understood in terms of illness, and goes beyond the Western bio-psycho-social-model of illness to include the spiritual element in the etiology of certain illnesses confronted in Africa (Nwoye, 2015). Graham (1999) maintains that spirituality forms the cornerstone of the African-centered worldview. This means that the factor of spirituality is an important element in the understanding of African people's conceptions of the many phenomena of the world, including illness.

The africentric paradigm has been adopted as the conceptual framework of this study. It helps to conceptualise this study and to make sense of how traditional healers from KwaZulu-Natal come to understand illness, as well as how that understanding influences their intervention and treatment procedures in health care and management practices.

2.6. Theories of illness

2.6.1. Conceptions of illness from a western perspective

From a western standpoint, illness and health look at different components that involve the biological, the social and the mental. The biological (physical) aspect implies maintenance of homoeostasis within the individual body. The social aspect involves the behavioural aspect of the individual. The mental aspects involve the psychological, emotional and mental state of the individual.

A person is considered ill to some degree if there is an important function which cannot be totally fulfilled (Nordenfeldt, 1993). Illness can be understood as a development of a simple medical difficulty or condition to the appearance of incapacitating indicators and symptoms. The fundamental meaning is that an individual can have a disease without being ill and can be ill without having a disease; it is also possible to have a disease without having knowledge of having it. Boorse (1975) advanced some clarifications on the character of illness:

1. An illness is a sensibly grave disease with debilitating effects which make it unwelcome because of its undesirable qualities.

2. It requires management and can be defined as a medical problem in terms of injury, defect, or disability, and thus requires medical care.

3. Illness is often viewed as a lawful rationalisation for generally undesirable behaviour. This may mean that an individual who is ill can be excused from full filling their roles and responsibility because of the fact that they are ill. In general those around the ill may show understanding and empathise by affirming that the person is incompetent in their roles and responsibility due to illness. In this sense there is a diminished moral or even social accountability for the ill.

4. Illness is a relative term as it could differ by culture, place, individual, and time. This will then determine how the illness is addressed and the level of seriousness it is awarded. (Boorse, 1975).

As can be deduced from the above extract, illness from a western perspective is differentiated, the mind and body are seen as separate, whereas in African belief mind and body are seen as one (Maiello, 2008).

2.7. Conception of illness from an African perspective

Illness in the African perspective is understood and organised on the basis of its root cause. The concept of illness recognises two categories of illness which are *umkhuhlane,* known as illness of natural causes, and *Ukufa kwabantu,* known as spiritual illness. *Ukufa kwabantu* is divided into three different types of spiritual illness which is conceptualised in three different theories, namely, the animistic, magical and mystical theories (Moagi, 2006). These can be said to be quite common forms of illness along with *umkhuhlane.* Mostly *ukufa kwabantu*, spiritual illness, requires a spiritual intervention and ideally is understood and treated by traditional health practitioners. A belief in the existence of magical powers is dominant to the African worldview, and mystical influences are believed to be an underlying cause in a variety of circumstances including illness causation (Mbiti, 1990; Meyers, 2000).

2.7.1. Illness of natural causes - *umkhuhlane*

Umkhuhlane refers to illness of natural causes, which is acknowledged by the Western perspective; and includes common illnesses such as epilepsy and asthma, to mention but a few (Ngubane 1977; Crawford & Lipsedge, 2004). It can also be linked to the naturalistic system that Foster and Anderson (1978) alluded to, which includes modern germs as

something that causes illness. Helman (1994) maintains that, in the naturalistic system, illness is explained in impersonal and systemic terms. It can be due to natural forces or to conditions such as cold or wind or to imbalance within the individual or his or her social environment.

2.7.2. Ancestral displeasure theory – animistic theory

Animistic theories attribute illness to be due to personalised supernatural agents such as the ancestors or other spiritual forces. These forces are then said to cause the individual to be in ill health. In other cases, a series of misfortunes or illnesses can beset a person in which the explanation can be given a communal basis (Moagi, 2009). In some cases, failure to perform or honour certain rituals can act as precipitating factor to illness in the African context. There is often a complex interplay of rules, boundaries, roles, and principles which individual Africans have to abide by. If these are not respected and followed, or the opposite is done, an illness can result as a form of punishment from the ancestors for the individual defaulter. By not abiding by the cultural guidelines and injunctions of the ancestors, the individual is causing a disruption in the system, which can only be restored by doing what is required through a spiritual intervention. It is only then when the illness can be healed or treated.

2.7.3. The bewitchment theory of illness causation – magical theories

Illness within the magical theories is attributed to malicious acts of a malevolent human being who makes use of magical entities as means to harm the victim. This kind of illness casualty is assumed to be linear and personal (Bakker & Mokwena, 1998; Meyers, 2000). These magical entities take on different forms, all giving rise to illness or distress to the afflicted person. Some of the common illnesses are *amafufunyane, idliso, uvalo, and umeqo. Amafufunyane* refers to the inducement of malignant spirits directed at another person. Each victim responds in different ways, such as weeping, screaming, or throwing themselves on the floor. At times, possessed individuals can exhibit extreme behaviours such as aggression, self-injury, or hysteria (Ngubane, 1977; Meyers, 2000). Within the Diagnostic and Statistical Manual of Mental Disorders, version 5 (DSM-V), some of these symptoms can be related to mania, a depressive episode, or a psychotic episode. *Idliso* which is illness caused by an episode of poisoning (*idliso*) refers to sorcery, in which harmful concoctions or substances known as *umuthi* are put in the victim's food, which causes the individual to be ill. Sometimes the effect of this poisoning is experienced by the victim as a snake moving in their stomach (Farrand, 1988, p. 102; Washington, 2010) which can be interpreted as an instance of paranoid manifestation in the victim concerned. *Uvalo,* which is attributed to

sorcery, refers to the problem of induced anxiety, and is aimed at lowering the defences of the targeted victims (Washington, 2010). All these malicious acts can act as precipitants to illness falling under the magical theories of illness causation.

2.7.4. Spirit possession theory of illness causation – mystical theories

Illness that is explained by means of mystical theory in the African context is attributed to the automatic consequences of some actions or experiences that a person has undergone (Washington, 2010). There are two forms of such illness among the Zulu of South Africa, namely *Umnyama* and *Umkhondo omubi*. U*mnyama* refers to illness or adversity due to coming in contact with places or people directly associated with major life and death events, such as birth, death, menstruation or sexual intercourse (Washington, 2010). It is believed that individuals confronted with these situations are bestowed with darkness (*isinyama)* which can lead to adversity, misfortune and illness. For example if an individual has sexual intercourse with a widow they can experience *umnyama. Umkhondo omubi* refers to a dangerous track or ecological health hazard such as lightening. Most illnesses attributed to mystical theories are largely related to beliefs that people hold in relation to events that people come across. For example, it is an African traditional belief that an African man cannot see his wife giving birth because that is considered bad luck and will lead to misfortune and distress.

These theories are central to Zulu cosmology, ontology, and axiology in that they address health and wellness as well as theories of correct human interactions as understood in the Zulu culture. The presence of one of these illnesses suggests that ancestral powers have withdrawn their protection from the person, perhaps as a result of failure to act in a harmonious way with the community (Washington, 2010).

2.8. Different categories of Traditional Healers

A traditional healer in the South African context is a person who has a gift of receiving spiritual guidance from the ancestral world (Moagi, 2009). The ancestral world is not a physical entity but a spiritual one which only traditional healers have access to. To be given access or guidance one would have been selected or bestowed with this gift. Within traditional healers, there are different types of traditional healers who differ in their foundation, premises, philosophy, knowledge system and traditional health practice. Just like within the profession of psychology there are different specialisations such as counselling

psychologist, educational psychologist, and clinical psychologist etcetera. Mokgobi (2014) explains that the term traditional healer is an umbrella concept that incorporates different types of healers with different types of training and expertise. Traditional healers are referred to by different names according to the different tribes. For the purpose of this study, only three types of traditional healers were included in the study sample and have been discussed as understood among the Nguni (Zulu) tribe, namely the herbalist known as *inyanga,* the diviner, known as *sangoma,* and the faith healer, known as *umthandazi.*

2.8.1. The herbalist - *inyanga*

Izinyanga, sometimes called "traditional doctors", make use of herb medicine as well as medicine of animal origin, (Kale, 1994). Most of the remedies they provide come from natural substances which are mostly indigenous and are not known or accessible to the general public. They have vast knowledge of curative herbs which they acquire generally from an older person who is an expert in the trade and has earned respect from the community because of his or her success (Truter, 2007). Through the process of mentorship, one shadows under a well renowned herbalist to learn and acquire all information, and practice the principles of being *inyanga.* Herbalists are ordinary people who do not receive a calling or possess specialised power. 90 % of *izinyanga* are said to be male (Kale, 1994: Truter, 2007). It is not clear why the ratio of male to women is this high, but it can also be attributed to the tasks that herbalists engage in, such as going out into the bush in search for herbs, hunting animals and certain entities in animals, and mixing these for remedies, with much of these practices being male dominated in a typical African community.

Among their expertise, herbalists are known to treat diseases, engage in preventive and prophylactic treatment, ceremonies and symbolism as well as preparations for being lucky (Truter, 2007). Herbalists are also expected to identify and commend medicines for daily illnesses and ailments, to avert and to relieve bad luck or wickedness, to provide protection against witchcraft and misfortune, and to bring wealth and contentment. Some herbalists often set up shops to sell their remedies whilst others are consulted in a one-on-one consultation, in which after identifying and naming symptoms a remedy is then prescribed. Some of the mostly used medicines are the black, red and white herbal medicine: *imithi emnyama, embovu, nemhlophe* respectively. These encompass an array of different types of medicine, to be used in a certain way, at a certain time of day, and for different reasons (Mokgobi, 2010).

2.8.2. The diviners – I*sangoma*

Izangoma or diviners are regarded as the most senior of traditional healers (Truter, 2007). According to Truter (2007 and Mokgobi (2010), 90% of diviners are female. It is however not clear why this is the case. Within the *izangoma* practitioners there are three types of specialization namely, *isangoma samathambo* – bone throwers, *isangoma sesibuko* - mirror diviners, and *isangoma sabalozi* - whistle spirits or ancestor diviners. For the purposes of this study, the general diviner category will be discussed. Diviners receive a calling from ancestors, *abaphansi abangasekho*, the living dead, to become a healer. The calling generally comes in a form of a dream and sometimes through illness such as fainting, manic episode, etcetera (Edwards, 2010). They possess unique and special powers which allow them to engage with the spirit world in order to assist clients. The calling is generally something that one cannot ignore and must be accepted. Diviners undergo training which involves a formal and meticulous process. The training can take up to months and sometimes years depending on how fast the trainee learns (Truter, 2007; Kale, 1994; Edwards, 2010; Peek, 1991). The training is conducted by a senior diviner who is experienced and usually involves learning how to throw bones and to control the trance-like states where communication with the spirits takes place (Truter, 2007). After completion of training a big ritual is carried out to make the necessary transition for the trainee to return back home and start practicing. This can be understood in graduation terms, where one graduates upon completion of a qualification.

Some diviners have knowledge of herbs and some do not. It depends on the training they received. According to Truter (2007), diviners operate within traditional religious supernatural contexts and act as a medium with the ancestral sprits. They analyse the specific causes of specific events, and interpret messages and dreams coming from the ancestors. Their focus is on diagnosing the unexplainable; determining the causes of illness using the help of ancestral spirits, and organizing and performing treatment or intervention as instructed by the ancestors.

"Diviners treat illness primarily through facilitating the direct intervention of the spiritual world" (Obinna, 2012, p.142). If an illness is believed to be instigated by unfitting behaviour on the part of the client for example, a remedy or cure for the illness can only come through spiritual intervention. Diviners seek input from the spiritual world to understand the causes of illness and how to prescribe a cure (Nwoye, 2015).

2.8.3. Faith healers – *abathandazi*

Abathandazi, also known as *abaprofethi* or prophets, are the last type of traditional healers who participated in this study. According to Truter (2007), faith healers are usually professed Christians who belong to either Christian missions or African indigenous churches. Their practice does not involve training or require vast indigenous knowledge like the previous two types of traditional healers. They primarily make use of laying hands on and praying for clients, or providing holy water and ashes as well as making use of candle lights and incense. Their power is derived from God and the spirits. Sometimes faith healers draw their power through a combination of the Christian Holy Spirit and ancestral sprits. In such cases they also act as mediums between the spirit world and the physical world. According to Edwards (2010, p.215), "the faith healers' Christian faith embraces ancestral spirituality (*umoya*), which gains further meaning with reference to the third person of the Trinity or Holy Spirit (*umoya ongcwele).* Christ is viewed as the ancestral divine, Son of God and the peace, truth, power, love and wisdom; and the inspirational African indigenous healing is experienced as one and the same time and place in the body and breath of particular individual communal ancestral spirituality as graced and mediated by the trinity of God, Christ and the Holy Spirit". Faith healers do not undergo training or apprenticeship. In most cases, they undergo a purification process in which they are cleansed in order to be rid of darkness or omens to make them more accessible to ancestors, which will allow them to be used and guided by the spirit. Faith healing is sometimes more preferred because the principles used are seen to assimilate both Christian and African traditional beliefs. They frequently understand illness from the clients view point and perceptions (Truter, 2007).

2.9. Chapter Summary

This chapter has reviewed the important literature and theories on illness causation to show what has been done by others on the subject of the present investigation. It presents the Africentric paradigm which serves as the conceptual framework of the study. It highlights the major theories of illness as understood in the African worldview, particularly among the Zulu people of South Africa. Lastly the chapter discussed the different categories of traditional healers who constitute the key participants of the present study. A clarification of the study's methodology is taken up in the next chapter.

CHAPTER THREE

METHODOLOGY

3.1. Introduction

This chapter discusses the methodological aspect of the study; with the aim of clarifying the procedures and principles which were adhered to in implementing the study.

3.2. Design of the study

The study is grounded on an interpretive design. The interpretive design aims to interpret and describe data collected in context. The interpretive design believes that people's subjective experience is real and should be taken seriously (Blanche & Kelly, 2004).

Guided by this design, the study focused on the subjective experiences of traditional healers: their beliefs, assumptions, experiences and orientation to practice. Interpretive research design relies on first-hand information or accounts, with such accounts being the primary sources which are presented in detail in engaging language. Against this background, the present study sought to understand the conceptions of illness and the various intervention approaches to illness from an African perspective through the views of traditional healers from KwaZulu-Natal. The traditional healers were thus the primary sources whose rich information and accounts were being sought in the course of this research. The very key point in interpretive research design is derived from the fundamental idea of understanding things in context. In social sciences, understanding things in context is translated to mean that human creations, conceptions, words, actions and experience can only be understood in relation to the context in which they take place, be it personal or societal (Blanche & Kelly, 2004).

The goal of interpretive research is to build contextually grounded knowledge and the focus is on the participants' internal world and local knowledge in which they are experts (Schwarts-Shea & Yanow, 2013). Seen from this perspective, traditional healers are experts in African perspectives of health and illness, as well as cure. They stand in a commanding position to provide a rich context for answering the questions of this research and for sufficiently understanding the stance in which illness is conceptualised from an African perspective.

3.3. Location of the study

This study was conducted in the area west of Durban in KwaZulu Natal, South Africa, a place that consists of a mixture of urban and semi urban areas. Participants were selected from areas such as St Wendolins, Mbedula, Klaarwater, Savanna Park, and Nteke. Most of these areas are townships and are underdeveloped, but are striving towards better living conditions. The area is predominantly occupied by Zulu speaking South Africans.

3.4. Study population and sample

The study population was composed of traditional healers. A sample of nine participants was initially selected; however, the final sample of the study consisted of seven participants. The participants were further divided into groups according to domain specialisation, namely, 3 diviners (*izangoma*), 2 faith healers (a*bathandazi*) and 2 herbalists (i*zinyanga)*

3.4.1. Inclusion and exclusion criteria

The participants of this study consisted of traditional healers with a specific focus on diviners (*izangoma*), herbalists (*izinyanga)* and faith healers (*abathandazi).* Participants were sampled from each category of traditional healers to conform to the principle of stratification. In qualitative research the selection of respondents cannot follow the procedures of quantitative sampling because the purpose is not to count opinions or people but to explore the range of opinions and different representation of an issue within a population of interest to the study (Gaskell, 2000; Parker, 2012). In this particular study, conceptions and views are not counted or measured, but qualitatively interpreted and analysed. Bowen (2008) concurs with Parker (2012) when he maintains that the sample size is not of utter importance, rather the sample adequacy and quality of the data that participants report (Bowen, 2008). The goal of this study in selecting this particular stratified sample was to achieve adequacy by involving the different categories of traditional healers because they represent the different categories of the target population of attention to the study.

3.5. Sampling techniques and sample size

The study made use of purposive, non-probability sampling. Non-probability sampling is used mainly for convenience and availability of relevant participants for the study. According to Henry, "nonprobability sampling actually comprises a collection of sampling approaches that have the distinguishing characteristic that subjective judgement plays a role in sampling selection" (Henry, 1998, p. 104). The use of such a sampling procedure in this study was

based on whether or not the participant meets the criteria required for participating in the study, that is, whether they are traditional healers. Indeed, the study made use of this particular method of sampling largely because of the type of participants required which are traditional healers within a certain kind of specialization. The advantage of this method is that it is less expensive and more efficient, and the method helped the researcher to identify information-rich participants for the study (Saddler, Lee, Lim & Fullerton, 2010). Under non-probability sampling, the study has made use of purposive sampling, also known as judgment sampling. In this type of sampling the intention is to select participants whom one knows to possess the information that is needed for the study. According to Bernard (2002), and Lewis and Shepard, in purposive sampling "simply put, the researcher decides what needs to be known and sets out to find people who can and are willing to provide information by virtue of knowledge and experience" (Lewis & Shepard, 2006, p.147). For this particular study this method was judged appropriate because the study was not seeking just any traditional healer. The study required people with vast knowledge and experience as well as particular domain specific participants whose framework of practice are of an African perspective. The advantage of this method is that it is directive in its approach; the chances of meeting participants with no useful information to share are slim. The disadvantages are that not everyone stands a chance to be selected which is also an inherent limit of the sample size decided upon in the present study. The principle of saturation was adopted in knowing when the sample was sufficient for the study. In the case of the present study, after hearing the third person in the diviner category and the second person in the faith healer and herbalist category, it was discovered that no new information was being revealed, and the decision to consolidate the use of a sample of three members from the diviner category and two members from the two categories was made.

3.6. Research Instrument

The data was collected by a means of standardised open-ended interview (see appendix 3a). With that said, it should be noted that standardised interviews can pose a limitation of being inflexible and restrictive therefore as the interviews unfolded it became apparent that the researcher gravitated towards a more flexible style of interviewing in order to retrieve the necessary data. All the interviews were audio recorded with permission from the participant and later transcribed in writing and then translated into English. The interview schedule as well as the transcribed interviews were translated by the researcher, as the researchers primary language is isiZulu. The translated interview schedule and the transcribed interviews

were then peer reviewed to double check spelling and meaning. A method of direct translation was adopted; were direct word- for- word was translated.

According to Kelly (2006), interviews allow for an opportunity to get to know participants quite closely, so that we can comprehend their thoughts and emotions and feelings. In this study, the interview technique was used because it allowed opportunity for more interactional conversations in which the raw data could be extracted from participants, and opened a context for further probing and in which request for clarity could be made. A style of intensive interviewing as proposed by Charnaz was adopted; a technique she described as a "gently-guided, one sided conversation that explores research participant perspective on their personal experience with the research topic" (Charnaz, 2014, p.56). Such a style of interviewing allowed the present researcher a context for gathering more data around the research topic. The interview questions for this study were guided by the research aims and the questions that the study sought out to answer. The first few questions in the interview guide were intended to build rapport and to establish credibility of the participant.

3.6.1. Quality criteria

Validity and reliability in qualitative research have been debated amongst many academics for a long time mainly because their immediate application can be seen mostly in quantitative research. According to Licolin and Cuba (as cited in Golafishani, 2003, p. 601), "in qualitative paradigms the terms credibility, neutrality or confirmability, consistency or dependability and applicability or transferability are to be the essential criteria for quality". These are the various ways in which the reliability and validity is assured in a qualitative study.

To ensure validity and reliability the study made use of a thick descriptive approach in reporting data analysis in order to provide detailed data. Furthermore, the researcher employed member checking as means of ensuring validity. Peer review which Creswell and Miller (2000) termed members checking is described as a validity procedure that shifts from the researcher to participants in the study. This is a process where by a re-analysis of the data interpretation and the process is done. In this study the supervisor acted as a peer reviewer.

Creditability addresses issues of the research results and seeks to assure that the research itself reflects the accurate experiences and views of participants and the context is represented truthfully. Credibility is an important aspect of qualitative research and is a way in which validity is ascertained in such a research paradigm (Shanton, 2004). To make sure

that this was adhered to, the study made the audio tapes and transcription available to the supervisor for confirmation purposes. No identifying information was audio taped and the participants were addressed as 'Mam' or 'Sir'. Should, by any chance, during the interview audio taping process, information that could identify the participant was discovered, this was immediately deleted from the recording.

Transferability is concerned with the question of the extent to which the research findings can be simulated into a different context or setting (environment). In other words, it is similar to the term generalizability in quantitative research. Context or situations are unique to each case; at times they may share some characteristics and sometimes may be the opposite. Due to the nature and the uniqueness of the participants involved in this particular study, transferability can only be limited to context or situations that are similar to those in which the research was undertaken

Dependability is concerned with the question of the extent to which the findings of the research can be repeated, and when done so, if they can yield the same result as in the original turn. Shanton (2004) maintains that dependability issues can be addressed directly by the processes involved in the study, where by the study results are reported in detail in order to allow future researchers to engage in a similar study and discover the same findings. In this study the researcher strived to be transparent in the whole research process and provided in great detail the description of its findings.

3.7. Data Analysis

The data were analysed using the thematic analysis procedure following six phases of thematic analysis as proposed by Braun and Clarke (2006). This assisted in making sure that all the data gathered were interpreted. According to Braun and Clarke, "thematic analysis is a method for identifying, analysing, and reporting on patterns within the data" (Braun & Clarke, 2006, p.79). This was done in detail. There are two approaches in thematic analysis, namely inductive thematic analysis and theoretical thematic analysis. This study has made use of an inductive approach in which the themes identified are strongly linked to the data themselves (Patton, 1990; Braun & Clarke, 2006). This allowed for data to be thoroughly interpreted and described in great detail. Furthermore, the inductive thematic approach is more encompassing and provides rich information. When data are gathered inductively, it is to come up with all possible explanations about a phenomenon of inquiry and to build the data up for a comprehensive understanding of the phenomenon, in this particular case, the

conceptions of illness and the various approaches and treatment or intervention from an African perspective as viewed by the traditional healers studied.

The data for the study were generated through interviews; the interview records were then transcribed and translated from IsiZulu into English. During the analysis phase, the researcher began by reading through each interview transcript and re-listening to the audio-tapes of the interview data in order to become familiar with the data. The second step involved generating codes in the form of a numbering system which was guided by the research questions. The third step involved re-analysing the identified codes in order to establish patterns or themes in the data by taking note of content that keeps coming up in the data. The fourth step involved the task of reviewing the themes identified in order to set apart the overarching themes of the study. The fifth step involved labelling the themes and further analysing the themes themselves in order to check for subthemes. The last step included the task of reporting the results as presented in chapter 4.

3.8. Ethical considerations

To ensure good ethical practice in undertaking the present study, the research made use of an approach known as principalism adopted by Beauchamp & Childress (2001) (as cited in Wassenaar, 2006, p. 67). Similarly, the four guiding ethical principles were adhered to in the research, namely, autonomy and respect for the dignity of persons, non-maleficence, beneficence, and justice.

3.8.1. Autonomy and respect for the dignity of persons

All persons who participated in the research were respected and shielded from any perceived threat. This was done by making sure that the participants were made to feel comfortable, and were any cue of discomfort from a participant was noted, it was addressed immediately. According to Mkhize, "the principle of autonomy finds its most immediate application in the requirement of informed consent", (Mkhize, 2006, p. 27). A formal consent form outlining the purpose and the details of the research was given to all participants who were asked to sign the aforementioned form (see appendix 2a). The form ensured them of their rights as well as the conditions of their voluntariness, that they can terminate the interview at any time should they wish to. The content of the consent form was also read verbally to all participants. The consent form was also made available in another language (see appendix 2b), namely Zulu, to make sure that each participant knew what they were signing up for.

3.8.2. Non-maleficence

The study ensured that no harm befell any of the participants. Participants were encouraged at all stages to feel free to verbalise themselves should they feel that they were being harmed, including being offended, disrespected or deceived, unintentionally or intentionally.

3.8.3. Beneficence

Participants in the study were told about the aims of the study and how their valuable insight and contribution would add to the knowledge base on African perspectives of illness and their views as traditional health practitioners (see appendix 1a). The study provided a platform for them to make known how they view illness, the various approaches for healing that they employ, and how they facilitate treatment and interventions.

3.8.4. Justice

A fair selection of participants was ensured. This was done through ensuring that both genders were represented, as well as making use of different age groups, and members from different categories of traditional healers. As was mentioned before, the study made use of purposive sampling. Feedback of the results would also be communicated to the participants once the study has been completed.

3.9. Chapter Summary

The study made use of an interpretive design. It was conducted on the western outskirts of Durban. A sample of seven diverse participants consisting of traditional healers were selected through purposive sampling, and within this sampling method convenience sampling was used. The data were generated through interviews guided by an intensive style of interviewing in the manner proposed by Charnaz (2014). The data were analysed following an inductive approach through a process known as thematic analysis as proposed by Braun & Clark (2006). The results of the study are now presented in the chapter 4.

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CHAPTER FOUR

RESULTS OF THE STUDY

</div>

4.1. Introduction

This chapter presents the results of the study. The presentation will be organized according to the research themes investigated. The research themes are encompassed in the major research questions of the study. Before the main results of the study are presented, a descriptive analysis of the demographic distribution of respondents will first be highlighted, as given in Table 4.1 below.

4.2. Descriptive Analysis of Distribution of Respondents

Table 4.1: Demographics of participants

Participant	Category	Years of practice	Age group	Registered or not registered	Number or consults per day	Refer
Participant 1	Herbalist/faith healer – *inyanga/umthandazi*	26	35 - 50	Registered	5	no
Participant 2	Herbalist/*inyanga*	30 +	50 - 70	Registered	3	Yes
Participant 3	Diviner – *isangoma*	2	25 - 35	Not registered	Not sure	Yes, inter
Participant 4	Faith Healer/ *umthandazi*	16	35 - 50	Not registered	Varies	Yes
Participant 5	Diviner/*isangoma*	21	40 - 60	Registered	10	Yes
Participant 6	Diviner/*isangoma*	7	25 - 35	Not registered	Varies	Yes
Participant 7	Faith healer/ *Umthandazi*	40	40 - 70	Not registered	2	Yes

The participants of the study consisted of seven traditional healers, three from the diviner's category, two participants from the faith healers category and two participants from the herbalist's category. Some of the participants specialized in one category while others specialized in two different domains, for example participant one is a faith healer and a herbalist, and participant six began as a faith healer and then became a diviner (underwent training as a diviner). It is also worth noting that traditional healers often borrow techniques or even principles of other categories, just as a counselling psychologist would use some techniques used by an educational psychologist. On the whole, however, the categories can be said to be mutually exclusive.

To establish credibility of participants, they were asked for the number of years that they have been in practice. Most of the participants have been in practice for more than 10 years with the exception of participants three and six, who however come highly recommended. Participants were also asked for the number of people they may see per day, which varied from a minimum of two to a maximum of ten. The number of clients was mostly mediated by the age and the formal employment status of the participant.

Participants were conveniently selected from different areas in the locations that were targeted. The gender variables were not of particular interest. However, it is worth mentioning that participants included three females and four males. For the purpose of establishing credibility, the participants were also asked if they were registered with a board, be it in the province or within the country. Out of the seven, participants four indicated that they were registered. Participant four indicated that as a faith healer, she is guided and regulated by the Holy Spirit and the Bible rather than a structured board.

4.3. Presentation of results research theme by research theme

4.3.1.   First theme: Conceptualization of illness

Under this research theme, participants described illness as something that is multicomponental and differs for each individual. They also went on to describe different types of illness which can be categorized as those of natural causes and spiritual illness which they further subdivided into categories, illness by bewitchment, ancestor's infuriation, and spirit possession.

4.3.1.1. Illness as multicomponental

When participants were asked what illness is, they commonly pointed out that illness is quite a complex phenomenon that is unique and varies with each individual:

Extract 1

> *"Kuyidlela ezahluka hlukeni ongeke ukwazi ukubeka okukodwa ukuthi kungena kanjani ngoba ukugula kuke kufike kungafani okubaphathayo abantu. Nezinhlelo zokungena azifani, kuphela ukufinca mangabe umuntu esesondela kuwena ubone ukuthi bekungene kanjani lokhu, ngokwambulelwa"*

> There are many different aspects to illness, in which you cannot pinpoint one as to how illness comes to be, because the illnesses people suffer from are not the same.

Even the way illness is contracted is not the same, the only thing though, when a person comes close to you, you can then see how the person got ill through a revelation. (**Participant one**)

Extract 2

"Noma ngingeke mhlampe ngakwazi ukuchaza ngoba umasikhuluma ngokugula sisi, sikhuluma ngezinto ezahlukeni".

Although it hard for me to explain, when we are talking about illness what are we talking about, because illness sister differs in many ways. (**Participant six**)

Extract 3

"Kuhlukene ngane yami ukugula, khona ukugula ngesimo sokudlala imoya yabantu abadala, kukhona ukugula ngezifo zikaThixo nje ezikhona emhlabeni, kuhlukeni ehhe"

Illness differs my child, there is illness because of ancestral spirits, there is illness of natural causes, and it varies. (**Participant seven**)

4.3.1.2. Illness of natural causes and spiritual illness

When participants extended their responses and got into the components of illness, they commonly identified two types of illness, which were illness of natural causes and spiritual illness. Spiritual illness was further divided into three types. What was quite significant was that faith healers believed illness of natural causes was as a result of what was prophesied in the Bible, while the other two categories, diviners and herbalists, did not make note of any specific explanations.

Extract 4

"Kuhlukene ngane yami ukugula, khona ukugula ngesimo sokudlala imoya yabantu abadala, kukhona ukugula ngezifo zikaThixo nje ezikhona emhlabeni, kuhlukeni ehhe. Yabo lokhu okukbuswa imoya yabantu abadala kwikinga ngoba kufaneke ukuthi udlule, noma ungasathwasanga kodwa kumele ulenze igobongo lakhona, kuyadamba ehhe, kuyadamba imimoya".

Illness differs my child, there is illness because of ancestral spirits, there is illness of natural causes, and it varies. You see being taken over by spirits of the ancestors is a

problem because the person has to go through, even if they don't train to be a diviner, but they have to pass through *gobongo* (traditional ritual), then it gets better, it gets better. (**Participant seven**)

Extract 5

"Ukuthakathwa, nokungahlali emasikweni, iculture yake umuntu, kwenze izikinga ngoba usuke esedayisekile, engasavikelekile, nezinto ebezingaqondile kuye ngoba akasekho covered".

Bewitchment, not fulfilling traditional requirement, the culture of the person, because the person has become vulnerable, unprotected, even things that were not meant for the person because they are no longer protected. (**Participant one)**

Extract 6

"kwisintu ukugula, ukugula ngesintu kukhona ukugula kwesintu, igazi lakho, imimoya, lemoya iqamuka ihlasele umuntu. Uyabona mawuhlaselwa imimoya, ikakhulukazi mawuhlaselwa imimoya, khona imimoya efikayo, umuntu akhale, umuntu ahayize, abantu bakholelwa kakhulu ukuthi ubulawa usibanibani omunye umuntu kanti cha, umoya oqamuka ngaphandle umuhaqe".

In the African perspective illness, illness in the African perspective, it blood with spirits, these spirits attack the person. When you are attacked by spirits, more especially spirits, there are spirits that attack a person and they just start screaming, people believe that the person has been bewitched by another person when that is not the case, there are spirits that come embody and attack him. (**Participant two**)

Extract 7

"Besekuba nokugula lokhu okudinga iphilisi, besekuba khona ukugula ngokomoya, where lapho kuzodingakala ipsychosocial support futhi nakhona, nangala sikhona isiZulu yabo, so kuba khona nalokhoke. Ngike ngisho ukuthi mina ukugula kuningi, it just mase uhlele phansi funeke ukucubungule ukuthi kahle kahle lomuntu lo kuthiwa uyagula upethwe yini, yabo".

Then there is illness that needs medication, and then there is spiritual illness, where there is a need for psychosocial support and also African ways of healing, so there is also that. I always say that there are many illnesses, it just when you sit down you

have to analyze carefully as to what is the person's illness you see. (**Participant three**)

Extract 8

"Okay, ukugula komuntu kuhlukene, khona ukugula komuntu ngalezizifo esezikhona, lezozifo lezi uNkulunkulu ayeziprofethile angithi ebhayibelini lakhe, zonke o-BP, oshukela, cancer, whatever kulezizifo nje, kovela izifo eziningi ngenkathi yokugcina, ezingalapheki, so whatever eyenzeka manje kube isiprofetho".

Okay, an illness that a person would have differs, there is illness that a person may have which is caused by natural causes, illness which God professed in his Bible, all such as BP, diabetes, cancer, whatever illness, there will be many illnesses in the end of times, which can't be cured, so whatever that is happening now is a prophesy. (**Participant four)**

Extract 9

Interviewee: *"Kunento enjenake la, ukugula okuye kungene ngesandla somuntu kukekube kanje; kuyenzeka layikhaya kube nengane ezimisele ngokufunda, iyafunda, iyazikandla. Layikhaya kuyahlushekwa vele, ogrey no white nani nani ayibatholi ngaleyondlela njengezingane zonke, noma nje ngezingane zakomakhelwane, noma nje ngezingane ezinye, but idonsa kanzima, ifundeke, ibekezele kulesosimo sakubo esinjalo angithi".*

There is something like this, here their illness that comes about because of another person like this; you find that in a home there is a child that is a hard worker at school, the child is committed. The home/family is living under poverty, grey, white (school clothes) and other things, the child doesn't get like other children, or like the child next door, or like other kids, but even though they are struggling, the child studies, and accepts that situation.

Interviewer: Mmm

Interviewee: *"Banele babone abantu, okanye omunye umuntu abone ukuthi okay, leyangane leya iyowuvusa umuzi angithi"*

When other people see, or another person sees that, okay, that child will take that family out of poverty.

Interviewer: Mmm

  *"Uzobe esenza something eliwumuthi. Angafaka ngisho ekambeni umuthi,
  athathe umkhonto amemeze igama laleyangane, 'leyangane ayihlanye,
  ayicoshe amaphepha, ayingabi ilutho', yonke into akayithandayo kulowo
  muthi wakhe awenzayo. Yes, kuyenzeka. Into ezokwenzeka kuwena obizwa
  igama lakho uzovele uphithane ikanda, uhlanye, uhambe ucosha amaphepha
  emngwaqeni, kuyenzeka impela ngesandla somuntu".*

  They will then mix something like herbs. They would put herbs in a zulu
  bowl, take a spear, call out the child's name, 'the child must go mad', 'pick up
  papers', 'be nothing', all that they like in that herb that they have mixed. Yes,
  it happens. What going to happen to the child, whose name is called, they will
  then go crazy and pick up papers in the street, it happens through another
  person's hand. (**Participant four**)

Extract 10

  *"Ukugula…he… ngizakuthini mina lento. Ukugula, kubakhona ukugula okunje
  ngokoBP, okuqale ngenxa yokuthi umuntu uhlukumezekile, ahlukumezeke umuntu
  ehlukumezwa izingane zakhe, or khona into emhlukumezayo, ebeseba nalento
  ekuthiwa Ibp, kukhona ukugula kwesifo okuthiwa yini, idrop. Lesisifo esiyidrop
  besenziwe ngamabomu kumuntu, besenziwe entombazaneni ebecupha lo
  ebesehlangane naye, abasehlanganise izinto ezinigi omanyazino kanje esenza ukuthi
  uma umuntu enokuqoma, afike umuntu abenekinga, lomuntu fuze aye kuphi, kumuntu
  wesizulu. Khona isifo esenziwayo ekuthiwa umuntu unama fithi, aye kwabanye
  abathandazi ngenxesha enamandla bathi nakhu, nakhu funeke kwenziwe amasiko
  kanti akunjalo, ube umuntu uthuyelwe ngesilwane abe seba namafithi, ngenzeke
  ukuthi kumele umthathe ayogeza, akiphe isilwane ebesimlandela, bese uyamlapha,
  aberyt. Kungadluli izinsuku ezintathu namo ezimbili umuntu engekho ryt, funeke
  kufike elesibili eseryt umuntu, athi ngilalile angisenalutho, kuphele inyanga
  yesithathu esengenalutho. Oh, then kunehlaba, ihlaba leli ekuthiwa isibobo, lesibobo
  asizizelanga ngani, asizifikelanga ukuba isibobo nje, isibobo sokuqutshelwa umese,
  ngenzeka isibobo, mulaphe lomuntu, qale ukumlapha, uthathe amanzi. Mina ngilapha
  ngamanzi ezinye izinyanga zenza kanjalo, ufake amanzi ebhakadeni uwabusise
  amanzi bese uyamkafula, qende ke ngimjobeke, ngikiphe lesisifo, ngibone ukuba*

akusona esekuqutselwa ngiyamtshela bese ngiyamulungisake futhi, bese ngiyakumlungisa ngalomese lowokuhlaba phansi, ngimjobeke siphume lesisibobo, uma ngabe akusona esokwenziwa asiphumi".

Illness, what I can say. Illness, there is illness like BP, first because the person is in distress, the person is in distress because of his or her children, or something else is causing the distress, then they develop blood pressure. Then there is illness that is called "drop", this illness is transmitted intentionally to another person, setting a trap for the lady that the person is with, they mix a lot of things so the person doesn't have an affair, if they do they end up having a problem. That person needs to go to a traditional healer. There is illness, were it is said that the person has epileptic seizures, they go to faith healers when they have a chance and they are told that they need to do cultural stuff when that is not true, then the person is sent an evil spirit *(slwane)*, and then they develop seizures. This person needs to get cleansed, dispose of the evil spirits, and then I treat them so they can be okay. Three or two days should not go pass without the person having been well, when the second day comes he must feel better, and they must say I slept well, I have nothing, it has been 3 months. Oh *(nehlaba)* then there's somatic complaints, a somatic complaint that is called *isibobo* this somatic concern didn't just develop, if it a somatic pain from bewitchment, this person has to be treated firstly with water. I treat with water, some traditional healers do that, I get rid of the illness. I can see when it is bewitchment, I tell the person, then we work on the intervention, I then intervene, *(ngimujobe)*, then the somatic pain is relieved, if it not because of bewitchment it is not relieved. **(Participant five**)

Extract 11

 "Ei noma kunzima sis ukuthi ngisuke ngiqonde straight lapho ukuthi masikhuluma ngokugula sikhuluma ngani, ngoba kahle kahle ukugula kuhlukene kaningi kubantu, kukhona umuntu othola ukuthi, sikhuluma ngokugula, khona ukugula okusegazini, kuphinde kuzoba khona ukugula okuzozenzelwa mhlampe abantu abadala ngekinga mhlampe ezithize ekumele ukuthi ayilungise. Manje ingakho nginga kwazi ukuthi ngihlale gqo kulowombuzo wakho wokuthi kahle kahle masikhuluma ngokugula sikhuluma ngani ngoba njengoba sengichazile ukuthi kuhlukene kaningi"

Although it hard for me to explain sister what we talking about when we are talking about illness because illness differs in many ways in people. There is a person you

find, we talking about illness (participant reaffirms topic being discussed), there is illness of the blood, and then there is illness that is inflicted by ancestors, when someone has to do something (perform a ritual). So that is why I say I can't answer your question directly in terms of when we speak about illness what are we talking about because as I explained that it differs in many ways. (**Participant six**)

In responding to the theme of conceptualization of illness, most participants identified what illness was and the different types of illness, while others got into a specific category of illness in more details. Extract 4 provides a more detailed account of the bewitchment theory of illness. Participant 4 got into detail with a specific example of mental illness that is inflicted by a person engulfed with envy and jealousy on to an unsuspecting victim. The participant went on to discussing how this may be viewed as psychosis when in fact it has a more complicated origin. Participant 7 identified illness that comes to be because of ancestral sprits which ties in with the calling illness, and sometimes ties in with the ancestral displeasure theory. Participant 1 identified illness that arises through the ancestral displeasure theory and the bewitchment theory of illness, which are encompassed in spiritual illness. Participant 2 made note of illness of natural causes and spiritual illness, namely, bewitchment and spiritual possession. Participant 3 cited illness of natural causes and spiritual illness. Participant 5 cited illness of natural causes, and spiritual illness, where spiritual illness refers to the bewitchment theory of illness, with an emphasis on physical illness. Participant 6 cited illness that comes to be because of illness of natural causes and spiritual illness, under that spiritual illness touching upon the ancestral displeasure theory. Participant 7 cited natural causes of illness, and spiritual illness.

4.3.2. Second theme: Forms of treatment and interventions by traditional healers

In responding to the question about treatment or interventions utilized by traditional healers, the following themes came up: 'disposing of', 'cleansing' and 'making use of herbs.' These procedures are dependent on each other, yet at the same time can be independent processes. For an example, a client can be cleansed without having gone through a 'process of disposing of' and a client can be treated with herbs without being cleansed. Most of the participants made mention of this process as interlinked, while others mentioned it as a separate treatment or method of intervention. It is worth noting that most participants were reluctant to engage with this question because they felt the researcher wanted to know explicit details, for example, the types of herbs used, quantities, etcetera, therefore the treatment or interventions

are not presented in detail. There have been attempts in South Africa to regulate traditional healing or practice; this is evidenced with a requirement to register as a practitioner. However, this has not fully fledged in application or practice. There are many individuals who practice as traditional healers who are not registered, some due to lack of education and literacy (for example participant 7) and others due to being imposters in the profession (for extortion purposes- individuals who are not trained and have no supernatural powers but claim to be traditional healers). It is the opinion of the researcher that the participants opted to not share their most intimate practices or information with regards to intervention/treatment methods with the researcher who is a stranger to the participants as a way of protecting what is sacred to them and the profession (so the information is not used malevolently),

The other theme that came up, with particular reference to the different traditional healers was 'the use of holy water' and 'praying,' including praying for the client by placing hands, mostly by faith healers.

Extract 12

The following extract is taken from a participant who was describing how he ideally would treat someone who has suffered a stroke, psychosis or who was being followed by a lover who has passed on. He described that he would first have 'to dispose of the bad spirits.'

Interviewer: *Mangabe isilahliweke lento esuke ikuyena umuntu imugulisa, yini elandelayo,*

When you have disposed of the bad agent or spirits that was causing the person to be ill, what follows after?

Interviewee: *"Amatreatment ahluka hlukeni, ukumbuyisela esimeni akade eyisona engakahaqwa ilomoya".*

Its different types of treatment, in order to restore the person to a state they were in before they got ill.

Interviewer: *For example, istroke nje, mhlampe kuyake kwenzeke kanjani kuyena?*

For example, with a person with a stroke maybe, what process do you follow?

Interviewee: *"kuba nemithi ayiphuzaya, nemithi agcwatshwa ngayo ukuze impilo yakhe ibuyele esimweni"*

There is herbal medicine that the person is instructed to drink, and an incision is done, so they can go back to being well.

Interviewer: *Nophambene ngokwekhanda naye kuba kunjalo?*

Even with the psychotically ill person it is the same procedure?

Interviewee*:* *"Kuba nemith ayisebenzisayo emva kwalokhu ukuze isimo sibuyele engakahaqwa ilomoya".*

Again there is herbal medicine that the person has to take so they are not affected by bad spirits again**. (Participant one)**

The following is Participant 3's response to the questions of intervention and treatment in relation to some of the common illnesses with which his clients present with.

Extract 13

Interviewee: *"Ngomuthi bese ngimukhela ngezandla zami umuthi".*

Through herbs. I go get herbs for the person personally.

Interviewer*:* *Ukuphi okunye mhlampe abake bafike ngakho?*

What else do people who come to you present with?

Interviewee*:* *"Abafika ngakho ikhanda, kakhulukazi abafika la bepethwe ikhanda, athi akuvumi ukuthi ngenze lutho, ukungalali ebusuku, ethi akalali ikhanda, akalali. Ngiyake ngenze umuthi, leyonto ngiyilungise, ngihambe ngomugeza".*

They come because of headaches, particularly they come having a headache, and the person says they can't do anything, they can't sleep at night, and they can't sleep because of the headache. So I generally mix herbs and fix that, and then go and cleanse the person.

Interviewer*:* *Kushuthi* sometimes *umuntu uyakhulekelwa, noma uyanikezwa imithi yokuthi alungise ikhanda lakhe, nama uhamba ayogezwa emfuleni. Mhlampe uma esuke egezwa kusuke kukishwani?*

That means sometimes the person is prayed for or given herbs, herbs to help with the headache, or they are cleansed in the river. Maybe, when they are cleansed what are they being cleansed of?

Interviewee: *"Kukhishwa isithunzi esikuye, kukishwa lesi'sithinzi esikuye, mina ngithi buya*
                nenkukhu, kanye nokunye, mese ngihamba ngokugeza nje"

                Disposing of a bad omen that is inside him, we get rid of the omen in him, I
                tell the person to come back with chicken and other things, and then I just go
                to cleanse him. (**Participant two**)

The following is a response by **Participant six** which echoes what **Participant one** and t**wo**
have pointed out.

Extract 14

> *"Uma ngizoqala nje sisi uma sikhuluma ngesilwane, zikhonake izinto abantu*
> *abazenzayo, umuntu uyake asuke, sengike ngachaza phambilini, ukuthi umuntu*
> *uzokunika umuthi oqonde gqo lapho noma akunike isiwasho esizoqonda gqo lapho.*
> *Uma ngabe unesilwane funeke ngiqale ngenze lento ekuthiwa ukuyosilahla isilwane,*
> *uma ngosilahla isilwane funeke ngikugeze, kwilake ekulapheni angikwazi ukuthi*
> *ngoba ngiyakwazi ukuthi umuthi wesilwane uma kanje, sengiqonda gqo kusona,*
> *faneke kube nezindawo engizoqala kuzona mande ngiya esilwaneni, lapho ngenzela*
> *ukuthi ube sesisekelweni esiryt. Faneke ngisilahle okokuqala, okwesibili faneke*
> *ngikugeze, okwethathu sengilapha sona isilwane".*

> When I have to start sister, we talking about evil spirits (participant reaffirms topic), it
> exists, and people do it. A person may, as I explained before, ask that a healer may
> give him a herb that deals directly with it or give you holy water that deals with it
> directly. If it is an evil spirit, you have to start by something called 'disposing of',
> when I go get rid of the evil spirit I have to cleanse the person, then I start treating the
> person, I can't just because I know that this herb is for evil spirit, I then deal with it
> directly, I have to start somewhere then deal with the evil spirit, I do that so the
> person has the right foundation. I have to get rid of, then cleanse the person, and then
> treat the person. (**Participant six**)

Extract 15 (treatment and interventions)

Interviewee: *"I think ispiritual gene, like ukwazi, qale nibond nomuntu. For me ngike ngithi*
                ukulapha umuntu ngokwesizulu nangokwesingisi it more of counselling bese

first you need to know the roots. I hate umuntu othi asenze into, khona ukuthi
umuntu agule mese ethi ay asilaphe lokhu okumphethe manje singayi
ukubuyele emumva, yes singaqala ngalokhu okumpethe manje, sikudambise
but eventually we compelled ukuthi sibuyele back to the roots. So kahle kahle
leli khanda, njengoba nami ngiphethwe ikhanda kahle kahle lelikhanda elani"

I think the spiritual gene, like, to know, you have to bond with the person first. For me I say treating a person in an African way or western way is more of counselling and first you need to know the root cause. I hate a person who says let's do something, that the person is ill, let's treat what they have without going back, yes we could start with what the person presents with, alleviate it but eventually we are compelled to go back to the root cause. So in actual fact this headache that this person has, what is it for.

Interviewer: Mm

Interviewee: *"So sobheka ukuthi kuze kube nalento why kukuthi kwaba ukuthi kwaba ukuthi so sesibuyela emumva sesiyipholisile le kahle, sobuya siqala emumva".*

So I look for the reason why this has happened, we go back when the illness is better, we then have to go back.

Interviewer: *Okay, iziphi izidlela ozisebenzisayo ukulapha noma ukungelela ekugulweni, so it more like amatreatment akho nama intervention, not ukukhuluma ngezinto ezisentitive ozenzayo but izinto oyake uzihlele nabantu mangabe efika umuntu egula?*

Okay, what other methods do you use to treat or intervene in illness? So it more like your treatment and interventions, not to speak about sacred and sensitive aspect but things that you organize when people come to you ill?

Interviewee: *"It depends ukuthi upethwe yini, kwenye indawo kuzondingeka ukuthi sisebenzise umuthi, kwenye indawo, mina ngisebenze kakhulu ngilapha ekhaya phakathi ekhaya kakhulu lakuthi nomhlaba bawubuka uwubuke la yabo. Ngisebenzile kakhulu ngo muthi nawo, ngaphinde ngasebenza kakhulu ngesiwasho, nomthandazoke. Khona umuntu ongadingi umuthi, ongadinge siwashana sakho osuke edinga nje ukuthi umbambe ngesandla ukhuleke kuphela".*

It depends on what the person is presenting with, in some cases you need to use herbs, in other cases; I work at my home, treat at home, where I can see things clearly. I work with herbs mostly, I also use holy water, and prayer as well. Some people don't need herbs; or holy water but some just need to be placed hands and prayed for.

Interviewer: *Okay so it mostly umuthi, kuya ngokuthi umuntu unani*

Okay so it is mostly herbs and it depends on what the person presents with?

Interviewee*:   "Ehhe"*

Yes. (**Participant three**)

4.3.3. Third theme: Choice or decision of treatment and intervention

Question three of the research questions sought to understand more of what informed the choice of treatment by traditional healers. To unpack this question more, it was necessary to understand how the choice of treatment was made when a client has consulted or was presenting with a certain type of illness. For example, broad illustrations within the field of psychology, wherein a client would come for a consultation, go through an evaluation phase, which may include assessment, and then a decision is made in terms of treatment or intervention which may include therapy or pharmacotherapy.

There are three themes that emerged in response to this question. The results showed that participants attributed choice of treatment to the traditional healers' 'gift' of seeing, which is the ability to foretell and communicate with the ancestors, 'praying' and 'the guidance of ancestors.' Although the third theme of ancestors ties in with the first theme of the gift, it has been separated due to how the participant provided a detailed account of what informs the choice of treatment or intervention that is unique to how the other participants responded.

4.3.3.1. The notion of the gift, prayer, and ancestors.

The above extracts are related the theme of the gift, the ability of seeing more than meets the eye, which is an inherent ability that makes traditional healers different from ordinary individuals.

Extract 16 (the gift)

Interviewee: *"Isiphiwo sami. Ukumbona, ngibona methi nje engazile ukuzohlola, enalesi*

simo okanye kudingakala into ethile engamsiza, noma ephethwe into ethile

njengoba eaffecteke kanje. Kulele ekutheni umuntu uze ngani, bese

ngilawulwa isiphiwo ukuthi okuzoshesha kumenze aberyt, uluphi uhlelo".

It is my gift (pause). I see even though the person has not come to consult, maybe they came for advice, or to ask for something that can help him or has a certain illness and how it is affecting the person. It's depends on why the person is consulting, then I use my gift to decide what is the best and quick method of treatment suited for the person. (**Participant one)**

Extract 17

Interviewee*: "Ngiyamubona uma efika"*

I see the person when he comes.

Interviewer: *Mm, so ukubona umuntu ikhona ikukwambulelayo ukuthi ikinga yalomuntu ila*

So by seeing the person, it reveals to you were the problem is?

Interviewee: *"Yah, uma engekho yena kuthiwa ulele phansi ekhaya, abakwazi ukumthatha*

ngike ngithi abalethe into yakhe"

Yes, when the person cannot come because he is bedridden at home, and they cannot come with him, I ask them to bring something of his.

Interviewer: *ayiqokayo?*

Something he wears?

Interviewee: *"Yah, abalethe into ayiqokayo, abamuqokise kuqala bese beyiletha.*

Uyabonake ngithi abalethe ingubo yakhe, ngicele ingubo yakhe, iyona

ezongitshela ingubo yakhe ukuthi unani engekho la, engekho yena, balethe

ingubo yakhe. Ngibe sengiybheka ingubo yakhe ngiyibheka, ngibe sengibona

ukuthi unani, ingubo yakhe izokhuluma nami, ayi ngoba ngibone yena,

ngikhulume nengubo yakhe, ngikhulume nayo ingubo yakhe, iyona

ezongitshela ukuthi kufaneke ngimusize kanjani, ngibuka ingubo yakhe".

Yes, they bring something he wears, they put it on him first then they bring it. You see, I ask them to bring his clothing item, I ask for his clothes, that will

tell me, the clothing item tells me what this person suffers from whilst he is not here, they bring his clothing. I then look at the item, look at it, then I see what he has, the item speaks to me, not because I saw him. I speak to the item, speak to it, the item then tells me that I have to help the person in this way, through viewing the person's item. (**Participant Two**)

Extract 18

"Akangitsheli ukuthi uyagula, ubonwa yimi ukuthi uyagula, okay, okusho ukuthi, ubonwa imina ukuthi okay, izinca zakhe ezingasasebenzi, igazi lakhe, angifune imithi ezoqondana nokuklina igazi lakhe, imithambo yakhe yegazi, linyakaze igazi lakhe, bese ngimnikeza imithi youkuphuza, ngihambe ngoyithenga, ayiphuze aze alulame, bese ngiyajabulake"

A person does not tell me that they ill, I am the one who sees that they ill, so he is seen by me, "elements" of his body are not functioning well, his blood, so let me look for herbs that will be suitable to cleanse his blood. His veins, blood, so he can have blood circulation, and then I give him something to drink. I go and buy the herbs, he drinks it until he gets better then I am happy. (**Participant Two**)

Extract 19 (prayer)

Participant Four was first referring to a client who would come and indicate that they were ill because they have been bewitched. She explains that she first prays and consults with the Holy Spirit for guidance before assisting a client; she will then pray again to find out from the Holy Spirit how she can help this client, ultimately treat or intervene.

"Sengizomuthakathisa lomuntu, sengizothakatha mina qobo lwami ngoba ngesikhathi yena ethi uhlushwa umakhelwane u1 2 3 angithi, njengoba efike la uzofuna umuthi ozomusiza kulento ayibekwe umakhelwane kanti uqamba amanga, so ingakho mina njengomthandazi fanele ngithandaze ngicele uNkulunkulu nomoya oyigcwele ukuthi awungitshele ukuthi yes, lomuntu unale kinga nalekinga, futhi akufanele kube uyena ongitshelayo, faneke kube imina omutshelayo ukuthi lalela; uthi umoya oyigcwele wena unekinga, uno 1 no 2 no 3. Uzobe'sethi uyisolva kanjani lekinga, ngiphinde ngikhuleke ngizwe ukuthi okay, faneke enze lomuntu u 1, no 2, no 3".

I would now help the person to practice witchcraft, I myself would practice witchcraft at that time when they come and say they have been bewitched by a neighbor, when

in fact they are lying, so that why as a faith healer I have to pray for the person and ask God and the Holy Spirit to tell me what kind of problem the person has, the person doesn't have to tell me, I have to be the one to tell the person and say listen, the Holy Spirit is saying you have this and that. They will then ask how they can solve this problem, I then pray again, and I hear that, okay, the person has to do 1, 2 and 3. **(Participant four)**

Extract 20

"Ehhe, ngiqale ngikhuleke, ngidonse isithunywa, singilekelele nangu umuntu uxakekile ehluphekile ucele ukusizwa, angizenzeli, ngeke ngisuke nginjena nje ngifike ngikhulume, ngicela amandla asezulwini ukuthi uNkulunkulu angilekelele angisize, zivuleke izindaba zomuntu, nezikinga zakhe"

Yes, I start by praying, I call upon the "sent", to help me, I say there's a person who is troubled and is asking for help, I don't do it myself as I am like this, I speak and ask for powers from the heavens for God to help me help this person, for the person's concerns to be revealed. **(Participant seven)**

Extract 21 (ancestors)

Participant 6's response is quite unique, in that he provides a detailed account of what informs his choice of treatment. He goes through what can be termed as a thorough history intake on the illness before he makes the decision on treatment or intervention.

"Mmhu…er indlela engiyakhe ngiyisebenzise, engiyakhe ngikubheke kakhulu kuba sekutheni ngibheke ukuthi ukugula kwakhe kunesikhathi esingakanani, mhlampe uke wazama ukuklapha esikhathini esinga phambilini, makuwukuthi ufika vele nesigulo akhomba ukuthi isigulo esimhluphayo funeke ngithole ukuthi uke wazama phambilini ukusilapha, ngesikhathi esilapha kwenzekeni, kukhona yini umahluko awubonile noma kuqubekile kwayaphambili, ngesikhathi eya kulomuntu wokuqala izinto zokumsiza, ngabe mhlampe umnike umuthi wokuchatha, mengaba umuthi wokuphalaza, mhlampe bengabe umuthi woku geza. Kuthe lokhu mayekwenza wathi isizathu isiphi ezoze amnike lemithi, funeke ngibheke konke lapho. Ngibheke ukuthi lento inesikhathi esingakanani ukuze ngiqonde khona gqo. Yebo".

Mm, the method I usually use, I usually look; it rests on me looking at the person's illness in terms of how long has the person had it, maybe they have tried getting help

before, is it an illness that has been troubling him, I have to find out if the person has tried to treat the illness before, when they treated the illness what happened, did they see any difference or did it continue, when they went to the first person for help, did they maybe give him herbs for enema (*chatha)* or to induce vomiting(*ukupalaza*), or herbs to bath in. I have to look at all of that. Look at how long this person has been ill in order to address the illness directly. Yes.

Interviewer: *So kubukeka ongathi abelaphi bendabuko umuntu bambuka ubuyena bonke,*

umuntu ophelele. Ngoba uke wachaza ukuthi okay, unekhanda lomuntu, leli khanda lisukaphi (yebo), from ekwazini ukuthi lisukaphi funeke uqondisise ukuthi useke wazama yini ukuthi akulaphe lokhu kugula, Iziphi izindlela azisebenzisile, ikuphi okusebenzile, ukuphi okungasebenzanga (yah), bese kuyima umsiza ngalokhu kugula.

So it seems like traditional healers look at the person holistically, because you mentioned that when a person has a headache, you first want to know what is the root cause of the headache, from there you then try to understand whether the person has tried treating it before, and in what way, what worked and what didn't work, only then you assist the person with the illness?

Interviewee: *"Yah ngoba uyazi ukuthi ikakhulukazi lokhu kungisizaphi mina sisi, kungisiza ekuthenini singa gidagida endaweni eyodwa nalo muntu, ngoba njengoba ngimbuza ukuthi lento mlampe usulashwe abantu abangaki yabo asho babebangak, bakulapha kanjani, angifuni ukuthi ukulaphe ngani ngifuna ukuthi ukulaphe kanjani, umuthi awusebenzisile uthe usebenzise kanjani, ukuze nami ngiphinde ngibheke ngoba kunokwenzeka ukuthi abantu abadala bangitshele ukuthi munikeze umuthi owukuthi, kanti bona basabheke into endala uyabo. Uma kuwukuthi umuthi onjalo ubeseke wawuthola mina sekumele ngidlule kwisigaba 2 or isigaba 3, yah, ngoba ngesinye isikhathi kuya kufike umuntu akutshele ukuthi uyinyanga yesi7, mase esho njalo, sekufaneke wena wenze sho ukuthi uyaqina ukuthi leyonto uya yenzisisa ukuze agcine kuwena njengoba usuwunamba 7, angaze abale nawe athi wena usunyanga yesieight, ilokho engike ngikuqaphelise kakhulu ukuthi bakulaphile, bahlulekephi, ngibe sengikubhekela nami ngokwami, ngoba ngifuna ukwenza sho, ngoba angifuni ukuhlulwa isifo".*

Yes because you know in particular how this helps me sister; it helps me to not go round in circles in one place with the person, because as I ask how many people has he consulted, and then they say how they were treated, I don't want to know what was used for treatment, or what herbs they used, so that I don't do the same because you may find out that the ancestors are telling me to give him a certain herb, however, they seeing something that is in the past. When I know that the person has used a certain herb before, then I have to go to the second phase or third phase, yes, because sometimes a person will come and tell you that you are the seventh traditional healer that they have consulted, when a person says that, one needs to make sure that the person gets help and that you are the last person since you are the seventh, so that they don't count you (as traditional healer) that you were the eighth person. That is what I carefully look at, where they have failed, and then I look at my intervention, because I want to make sure, I don't want to be beaten by illness. (**Participant six**)

4.4. Summary of the findings

The findings of this study revealed that traditional healers saw illness as something that is multicomponental and varied. They believed illness took on two forms, namely, illness of natural causes and spiritual illness. Spiritual illness included illness that comes about through bewitchment, ancestral displeasure and spirit possession. These three conceptual frameworks of illness also can be said to be quite complex, as they involve a lot of other elements that need to be broken down further, but which are not within the parameters of this study. The findings further revealed that most traditional healers engaged in similar treatment or intervention methods which included disposing of, cleansing, and making use of different types of herbs. Within treatment or intervention, praying and holy water were also common among faith healers. The findings of the study lastly revealed that the gift of seeing, the ancestors' guidance, and praying to the Holy Spirit for assistance was what informed the choice of treatment among traditional healers. Extracts from the actual interviews with participants were also included and coupled with an attempt at interpretation of the context in which the extract and dialogue transpired.

4.5. Chapter Summary

This chapter has provided a presentation of the research result by research questions. It was arranged according to the themes discovered in the data as per research question.

CHAPTER FIVE

DISCUSSION AND CONCLUSION

5.1. Introduction

This study explored the conceptions of illness from an African perspective, seeking the views of traditional healers in KwaZulu-Natal. This study sought to understand how illness is conceptualised, the various treatment or intervention methods that traditional healers employ, and what informed the choice of and decision about treatment. The present chapter discusses the results of the study and concludes with a short account of the implications of the study and recommendations for policy and practice, as well as noting the limitations and scope of the study, and finally making recommendations for future research.

5.2. Discussion of Results, Research Theme by Research Theme

The discussion of the results will be organized along the lines of the major research themes explored in the study as follows.

5.2.1. The conceptualization of illness from an African perspective

The first aim of this study was to explore the conceptualization of illness by traditional healers. The results of the study show that most of the participants were of the firm view that illness is a complex phenomenon that is multicomponental and perceptions differed for each individual. On the whole, all the traditional healers who participated in this study did not split illness as it is normally split within the western perspective. Maiello (2008) maintains that traditional healers have a holistic approach to illness which includes the biological, psychological, social and spiritual dimension. In sum however, two approaches for classifying illness were identified, namely illness from natural causes and spiritual illness.

5.2.1.1. Illness of natural causes

In commenting on the theme of illness of natural causes, most of the participants referred to illness of the blood and illness that needs medication, which is sometimes referred to as

umkhuhlane in the literature. *Umkhuhlane* refers to common colds or general illness, including familial or genetic disorders, epilepsy, and asthma amongst other things (Washington, 2010; Edwards, 2010). Participants did not separate the biological (physical), social, and psychological aspect of illness of natural causes since, according to them, illness is a unitary term in the African perspective. It was noted in the data, however, that faith healers believed the cause of illness of natural causes to be a living prophesy of the Bible. The reader can refer to **extract eight** in the previous chapter (p.33), where the participant lists some of the illness that are believed to be a prophesy and fall under the theme or even category of illness of natural causes.

5.2.1.2. Spiritual illness

The notion of spiritual illness was noted as an overarching theme among the participants, with participants mentioning three of the sources of spiritual illness, which included bewitchment, ancestral displeasure and spirit possession.

The World Health Organization (WHO) maintains that spiritual health is one of four dimensions of well-being which include physical, social and mental. It further asserts that the spiritual dimension is a phenomenon that belongs to realms of ideas, beliefs, values and ethics that have arisen in the minds and conscience of human beings. The WHO however, does not define spiritual illness. The present study clarifies the dimensions of spiritual illness that traditional healers come across among their clients. These are discussed below.

a. Illness by bewitchment

Most of the participants in the study identified spiritual illness to be as a result of bewitchment. Defined by Burhmann (1982), bewitchment is a state in which a person employs mystical powers to interfere with the individual and one is no longer protected by ancestors. From the information gathered from the study's participants, bewitchment is an act of a malicious person who is driven by envy and who has the intent of harming another individual and sometimes to the extent of even killing the unsuspecting victim (Ivey & Meyers, 2008; Gareston, 1981; Nkosi, 2012). Perpetrators may also experience the victim as a threat to be removed. The perpetrator of these actions can be one's own family member, relative, neighbour, friend, colleague, or lover (Beuster, 1997; Farrand, 1988). In rare cases, the perpetrator is unknown or is not close to the victim.

Commenting under this theme, Ember and Ember (1985) maintain that witchcraft is said to cause illness by means of thoughts and emotions. The intentions are to harm, hinder, or kill the other person. However, sometimes it is to get the other person under their control or even to fall in love with them. **Extract nine** (see chapter 4, p.33) from this study captures this well, when **Participant four** gives an account on the process of bewitchment. Herein we have a child, who happens to be the unsuspecting victim. The perpetrator who is the neighbor, who experiences the child as a threat, in that he might grow up to be a high achieving young man who helps out his family and removes them from a situation of poverty. The neighbor can be said to be driven by envy, and jealousy for not wanting to see this family living a better life, and, as a result, decides to bewitch the child.

Bewitchment involves all kinds of "techniques" that include using a mixture of herbs, also referred to as *umuthi,* which refers to a substance capable of healing or harming, depending on its use, and sinister elements like the victim's underwear, hair strand, pubic hair, etcetera, and sending shades, setting traps, using poison, calling the person's name *okambeni* (zulu bowl) and wishing upon them all kinds of misfortune, amongst many other things. The desired effects are to kill, cause misfortune, loss of job or academic failure, induce anxiety, cause distress in interpersonal relationships, bring about family conflict, induce insomnia, bring on psychosis by inducing hallucinations, delusions, or dissociation, or even causing someone to commit suicide, amongst others (Mbiti, 1990; Beuster, 1997; Ivey & Meyers, 2008; Ngubane, 1977). The above list of effects of bewitchment can be said to have a physiological, psychological and social effect on the victim's wellbeing. This is captured well in **extract nine,** in chapter 4 (p.33) when **Participant four** continued with her account. She made mention of a mixture of herbs, a ritualistic act of using a spear and calling the victims' name, and the result of this, which appears to be mental illness in the intended victim.

In historical literature, the term "witch doctor" was used when referring to a traditional healer who uses dark magic. Most of the perpetrators are not witch doctors, nor do they possess any supernatural powers. However, they enlist the help of those traditional healers who have opted to use their powers malevolently. According Ivey and Meyers , "African traditional healing is thus associated with witchcraft in so far as bewitchment is a common diagnosis when illness or misfortune befalls a patient" (Ivey & Meyers, 2008, p.60). Most of the participants of this study identified illness as coming about through bewitchment. This means that among other things, they conceptualised illness through what may be termed in current literature the bewitchment theory.

b. Illness from ancestral displeasure

Most of the participants identified ancestral displeasure as another way in which illness could be understood in the African perspective, in terms of its source. Nkosi (2012) maintains that illness includes punishment as a result of being disobedient to spiritual forces which include ancestors. Here, ancestors include people who have passed on, who are believed to have become ancestral spirits (Ngubane, 1977; Mbiti, 1990; Ivey & Meyers, 2008) who solely provide protection to their living relatives, providing fortune and health amongst other things. They are also believed to be closer to the higher being and to act as mediators between the living and the higher being. The relationship between individuals and their ancestors is very important, it can be said to be interactive through divination, and is reciprocal in nature. This relationship thrives on being harmonious which is important with regards to illness and health (Maiello, 2008).

Ancestors are revered and honored through rituals known as *umsebenzi*; they are thanked and appeased in this way. Rituals involve the slaughtering of chickens, goats, and cows, and having a feast. Some of the rituals involve cultural and traditional elements, for example life cycle rituals like *umhlonyane,* or African womanhood*, umemulo* which is the ceremony for coming of age girls*,* and *isipandla (A bangle made out of animal skin which has been slaughted for ceremony)* (Hammon-Tooke, 1989). These can also be considered givens, as things that must be done with the help of a traditional healer.

When ancestors are not honored, or are neglected and certain traditions and cultural givens are not kept, ancestors may withdraw their protection, thereby leaving the individual or family vulnerable to all kinds of misfortune, distress and illness. They are said to punish those in their lineage (Van Rheenen, 1998). They may also unleash wrath as a way of punishment for the individual or family, which again may take a form of misfortune, distress, and illness. **Extracts five and six** (see chapter 4, p. 32), capture this theme very well. **Participant one** alludes to the notion of 'being unprotected, exposed and vulnerable due to the fact that the ancestors have withdrawn their protection for some reason'. **Participant seven** takes it further by explaining that the illness may not be due to the fact that the individual has to be a diviner, but may be due to the fact that there is a certain ritual that they have to go through. In addition to the notion of 'withdrawal of protection because the ancestors are not pleased with the individual', is also the notion that the ancestors may inflict

illness as a way of calling attention to the person to do something in the form of a ritual. In reference to **extract eleven** in chapter 4, (p.35), the illness that comes due to ancestral displeasure can be said to affect all aspects of the victim's functioning, physical, social and psychological.

c. Spirit possession as aspect of Spiritual Illness

The notion of spirit possession as an aspect of spiritual illness was taken as a separate theme, due to the intricate process of its manifestation. Most participants saw spiritual possession as the most difficult and complicated encounter that an individual would go through. Illness that comes about through spirit possession can be said to include the ultimate act of evil and a supernatural entity which usually has a bad effect on the individual possessed (Mbiti, 1969). Spirits are said to be shades of people that have passed on, who are, through dark magic, controlled to perform malicious acts against the living. Unlike *tokoloshe* (Goblin) and *umkhovu* (zombie)*,* they are not seen by a naked eye, but have rippling effects on those possessed by the evil spirit.

Spirit possession takes on the form of an individual being embodied by a foreign entity, the possessed individual may suffer misfortune or ill health, exhibit odd behaviour, walk during their sleep, have hallucination, delusions, cry uncontrollably, experience hysteria, have night terrors and sometimes commit suicide, depending on the motives of the spirit. Commenting in this regard, Anderson (1991) maintains that, in traditional understanding, sprits can include nature spirits, spirits under the control of a malicious sorcerer, and spirits which come from outside the person's particular tribe or lineage. **Extract six** (see chapter 4, p.32) and **Extract ten** (chapter 4, p.34) capture this theme. **Participant two** refers to evil spirits that attack the person and embody the person. He alludes to the fact that these spirits are not as a result of bewitchment as many would suspect. In contrast, **Participant five** alludes to the fact that the bad spirit is sent, it is hypothesized, by someone with no good intentions for the victim. Spirit possession has similar outcomes to the ones identified in bewitchment (refer to **Extract six** in chapter 4, p.34). The difference is that it is very personal and has an invasive nature.

In sum then, based on the findings of this study, illness has been conceptualised by the traditional healers studied as arising through natural causes and spiritual causes. Spiritual illness was further broken down to arising from three sources which included bewitchment, ancestral displeasure and spirit possession. Most of the participants of this study believed that illness could be understood from the above mentioned perspectives.

5.2.2. Treatment and intervention methods used by traditional healers

The second aim of this study was to find out more on the various treatment or intervention methods that traditional healers employ. Drawing on the findings of this study, the themes of 'disposing of', 'cleansing' and 'the use of herbs' came up. Furthermore, the theme of praying and the use of holy water also came up. Dagher and Ross (2004) maintain that treatment employed by traditional healers depends on knowledge and skills, as well as the illness the individual presents with. It was evidenced in the results of the present study that knowledge and skills within a certain category were the base from which a specific treatment or intervention process would be employed, with the herbalists being more inclined to make use of herbs, and faith healers being more inclined to using prayer and holy water.

5.2.2.1. Disposing of, cleansing, and the use of herbs

In commenting on the theme of disposing of, most of the participants identified this process as their first line of treatment or intervention. The individual is taken into a separate location, like a river, and are rid of the bad omen or the bad spirit that is causing the individual's illness through a certain symbolic act. The process of helping the victim to get rid of illness may involve specific rituals and ceremonies, for example, removal of perceived impurities and misdemeanours (Sandlana & Mtetwa, 2008). This process is conducted by an experienced traditional healer, who, through divination, can intervene in this way. **Extracts twelve**, **thirteen** and **fourteen** presented in chapter 4 (p.37- 39) captures this theme. Most of the study participants seemed to describe this process as removal of a bad agent from the inside of the persons concerned. The process would take place in a secluded area before other steps of the treatment or intervention could follow.

Treatment through 'cleansing' is a theme that came up repeatedly in the study as something that is followed with the process of disposing of the bad agent in a given victim. Cleansing, in its simplest connotation, is a process in which the individual is cleansed through a process of bathing with a mixture of herbs and water; it may on occasions include chicken blood as well. The cleansing ritual is conducted before the healing ritual takes place in order to cast away evil spirits (Sodlana & Mtetwa, 2008). It is usually performed by a traditional healer, where the individual is asked to bath in a mixture prepared by the traditional healer. This is thought to purify and ameliorate the illness affecting the individual. **Extracts thirteen** and **fourteen,**

as highlighted in chapter 4 (p.38- 39) comments on this idea of treatment by cleansing. **Participant two** described having to mix herbs and asking the client to come back with things that would be used for the process.

Based on the results of this study, prescription of herbs was another form of treatment or intervention which traditional healers employed. Herbs also known as u*muthi* include indigenous plants, animal skin and fat (Truter, 2007). There are many different types of herbs, each with a different purpose. Participants made mention of using a certain herb for a certain illness, which means that traditional healers would need to have the knowledge of what would be the best herb for each disease. This requires extensive knowledge and education so that the correct herb is used accordingly. Herbs are ingested, sprinkled, or used to steam or bath, or for cleansing. Information from the present study showed that the use of herbs is very common amongst traditional healers, in particular, herbalists, who are specialists when it comes to herbs and herbal medicine. Herbs are given to individuals as a form of treatment or intervention when the individual presents with illness. It is also worth noting that herbs are used inclusively for physical, social and psychological illness.

5.2.2.2. Treatment in the form of praying and sprinkling of holy water

In relation to the use of praying for the victim as a treatment device, this study showed that it is largely the first line of treatment or intervention used by faith healers, the main task of which involves praying for the individual, often by the laying of hands in order to intervene in illness. Through this act and having faith in the higher being the individual's illness and symptoms dissipate. Some participants made reference to the idea of praying for the client as part of treatment or intervention that traditional healers employed. They were of the firm view that some client just needed a prayer more than anything. This is captured in **extract fifteen**, presented in chapter 4 (p.39) where the participant observed that having to place hands on the client and praying in order to alleviate illness is sometimes what may be needed. King (2012) asserts that in particular, faith healers held prayer sessions, and other approaches for treatment or intervention purposes.

From the findings of this study, the administration of holy water was also mentioned as another form of treatment or intervention, mostly associated with faith healers. Holy water in simple terms is water that has been prayed upon by the faith healer. It is believed that by

using holy water and having faith (Bate, 1995), illness and symptoms are resolved. **Participant three** and **participant six**, in **extract fourteen and fifteen** (p.38- 39) confirm using holy water, although they do not go in depth as to how the holy water is used as a treatment device.

In sum then, based on the findings of this study, traditional healers tended to use various methods of treatment or intervention. Some methods seemed to be preferred by them over others. In this regard, the treatment methods and devices identified were 'disposing of', 'cleansing' and the 'use of herbs'. As mentioned in chapter 4, these methods could be used interdependently or as an independent method. The theme of use of prayer and holy water as method of treatment or intervention also came up, which is part of religious faith healing (Safowora, 1982). The main focus is on the faith of the client, which is regarded as the necessary prerequisite for healing (Bate, 1995). The treatment provided by traditional healers seemed to take a holistic approach. In general, as Hammond-Tooke (1989) observes, in African indigenous healing, satisfactory healing involves not merely the recovery from bodily symptoms but also the gaining of social and psychological reintegration.

5.2.3. What informed decisions of treatment or intervention

The third aim of this study was to find out what informed the choice of and decision about treatment or intervention which traditional healers employed. Data collected in relation to this aim showed that the gift of the traditional healer, the power prayer and the guidance of the ancestors were among the factors behind the decisions for treatment engaged in by the traditional healers studied. Some clarifications of how these influences work are highlighted below.

5.2.3.1. The gift

With regard to the theme of the 'gift', what is implied is the special ability of traditional healers to have a vision or revelation, or the ability to see or foretell, as well as communicate with the spiritual entities, such as ancestors in the spiritual world. This specialized ability is referred to as a gift because of its uniqueness and specialness.

The 'gift' of vision, for instance, allows traditional healers, in particular, diviners and faith healers, the ability to see or know what happened in the individual client's past history, what

is presently happening, and what may happen in the future. This is communicated by the ancestors in the case of diviners who have chosen the diviner to take on the calling. Traditional healers are then able to make decisions on treatment or intervention based on the communication and relationship with the spiritual entity. **Extract 16**, from **Participant one** (p. 41) explains that his gift of seeing, even if the person has not come for consultation, comes in handy in intervening. He further explains that his gift is the one that actually helps him on deciding on the best treatment or intervention that would work quickly in abetting illness. **Extract 17** (p. 42) **Participant two** explains another different kind of gift in which he uses the clients clothing item, speaks to it and from there then decides on the best suited treatment and intervention for the client. This points to the supernatural powers inherent in the gift.

5.2.3.2. Prayer

As mentioned earlier, the use of prayer has come up repeatedly as a theme among faith healers who make use of praying as means of understanding illness and making the decision about treatment and intervention, and it is also in and of itself a tool of intervention. Faith healers and some traditional healers pray and draw upon the powers of the Holy Spirits (sent), the Holy Spirit then communicates to the individual traditional healer concerned, about the illness, including its likely causes, and ultimately how the individual can be treated.

Extracts nineteen and **twenty** (p. 43- 44) capture the use of prayer as what informs decision of treatment or intervention preferred by the traditional healers. **Participant four** explains that she has to pray and enlist the help of the Holy Spirit or God in planning the treatment or intervention for the client. She asks for help, or asks how could she help the client and then it is communicated to her as to how best to assist the client. It is worth noting that participants did not go into detail about how the communiqué is passed on to them. They only alluded to a 'sent' *isithunya* or the Holy Spirit speaking to them.

5.2.3.3. Ancestors

Ancestors have been briefly discussed in the literature review and again in this chapter. The study made it clear that traditional healers have an interactional relationship and communication with the ancestors, a factor which, according to them, is important in

understanding the African perspective on illness and healing. As they act as intermediaries, most participants highlighted that their decision about treatment/ intervention is informed by what is communicated to them by the ancestors. **Extract 21** captures this theme more clearly with **participant six** (see chapter 4, p. 44) specifically making reference to the ancestors telling him which herb to use, which means that the ancestors are the ones who informed his decision about treatment or intervention.

These indications mean that based on the findings of this study, the decision on how to go about treatment or intervention by traditional healers was based on three grounds, namely, from the practitioner's gift of vision, the use of prayer in search of inspiration for which treatment to follow, and communication from the ancestors.

5.3. Summary of the Study

The study explored the conceptualization of illness from an African perspective using some selected traditional healers in KwaZulu-Natal province as a source of the data. The study sought to understand how illness was conceptualised by these traditional healers. The study equally sought to understand the various forms of treatment or intervention employed by traditional healers and what informed their decision about treatment or intervention. A qualitative approach and an interpretive design was adopted for the study. Purposive convenience sampling was used to select the participants for the study. In all, nine traditional healers were targeted for the study, but at the end seven traditional healers participated. The participants consisted of three women and four men that could be reached for the study. The seven participants included herbalists, diviners and faith healers. The results of the study showed that traditional healers conceptualised illness in two different ways, as illness of natural causes and spiritual illness. Spiritual illness was further broken down to three components depending on their causes, including those from bewitchment, ancestral displeasure and spirit possession. The results of the study further showed that traditional healers made use of various methods of treatment or intervention which included the ritual of 'disposing of', 'cleansing', 'prescription of herbs', 'praying for the client' and administration of 'holy water'. The results also showed that what informed decision about treatment or intervention rested upon their source of power which is their gift of vision, prayer to the Holy Spirit for inspiration and communication from the ancestors.

5.4. Conclusions and implications of the study

The findings of this study suggest that the conceptualization of illness from the African perspective was based on two understandings: That illness can come from two sources, natural and spiritual. This meant that traditional healers took note of biological and environmental factors in their understanding of illness. Further acknowledged is their understanding of the spiritual aspect of illness which can be attributed to the African belief system, and cultural and traditional nuances that can very much be tied to the African cosmology.

Based on the notion of duality and holism in the African perspective, the traditional healers who participated in this study did not separate physical illness from psychological illness or from its social aspect. For them, illness was seen as one. Therefore, treatment strives to restore equilibrium in the whole individual rather than part of the individual.

The findings of this study revealed that traditional healers made use of various treatment or intervention methods which were seen to be independent but also dependent, depending on the context of its application. They identified disposing of (removal of impurities), cleansing, the use herbs, prayer and holy water as their methods of treatment or intervention. The use of a certain method rested on the practitioner's area of specialization or category which the participant belonged to, with the traditional healer from a certain category more inclined to use or prefer one method over another. For example, participants who were faith healers were more inclined to use prayer and holy water in effecting their healing, whilst participants who were classified as herbalists were more inclined to make use of herbs in their treatment of illness.

Finally, the findings of the study revealed that their choice of and decision about how to approach their treatment or intervention for illness were informed by the participant's gift, by praying for inspiration, and reliance on communication from the ancestors. Common to these themes was the mediation or communication aspect of it. For example, participants who are faith healers would receive communication from the Holy Spirit about the kind of intervention needed, and diviners would receive communication from the ancestors.

5.5. Recommendations for policy and practice

This study has helped to identify the importance of the African perspective in the conceptualization of illness, the various treatment or intervention procedures employed by the traditional healers studied, and what informs traditional healers' treatment and intervention decisions. It would be of paramount importance for the health care system of this country to fully consider how these two parallel perspectives, the Western and the African, could be made to work together, while appreciating the similarities and differentness of both. This will assist in coming up with a more informed and a fair-minded policy and practice aimed at promoting the balanced health of the members of the public.

5.6. Limitations of the study

5.6.1. Sample size

The study aimed to obtain perspectives of traditional healers across the three domains of practice, thereby confining the distribution of participants to a small number per category due to the nature of the methodology and time constraints. Unfortunately, only seven of the nine targeted participants could be reached in the study. This limited the number of participants that could be approached for the purpose of the study.

5.6.2. Location

Besides the sample size of the study as a limitation, the location was limited to a small area to the west of Durban in KwaZulu-Natal. Within Africans, there are different tribes who subscribe to different ideologies which might impinge on their views or perspectives. In this study, though not intentional, the Nguni tribe was the focus, thereby limiting the inclusion of perspectives of other tribes in the research. In this regard, a more integrative criterion with a wider sample would be quite useful where at least six participants per category could be selected to allow for diversification.

5.6.3. Sampling method

The method of sampling also posed a limitation in the study in that although it allowed easy accessibility to participants, the sampling criteria appeared to be less strict. Stricter criteria would yield richer and more reliable data, for example, a selection of participants who are registered with a board or council, who have been in practice for a certain period, etcetera.

5.6.4. Scope of study

The main construct of the study was too broad. The term "illness" within the African worldview is all encompassing as it includes disease, physical, emotional, social and psychological illness, so that when participants referred to illness they sometimes referred to physical illness, somatic complaints and sometimes to psychological illness. A clearly defined term of illness or investigating a certain aspect of illness such as psychological illness would have been able to narrow the scope of the study.

5.7. Recommendations for further Research

The study conducted was based in the province of KwaZulu-Natal, in an area to the west of Durban, which restricted the generalizability of the study. Future research could focus on drawing samples from more than one province, such as by selecting participants from different provinces in South Africa to allow for more diversification of the sample.

The sample participants of the present study comprised of diviners, faith healers and herbalists, because they fall under the traditional healer's umbrella. It is a recommended that for future research, a much narrower sample be used to limit it to one category in order to obtain richer findings from the perspectives of one category of traditional healers, and to allow for thorough documentations of traditional health practitioners with regards to conceptualization and approaches to treatment and intervention in illness.

Finally, it is also recommended that future research could make use of a stricter inclusion and exclusion criteria in order to increase the credibility of findings. This will allow for the findings to be used effectively when making decisions within the helping professions with regards to traditional healers being part of mainstream in the health care system in South Africa.

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Appendix 1 (a)

University of KwaZulu-Natal (Pietermaritzburg Campus)

School of Applied Human Sciences

Discipline of Psychology

Information sheet

My name is Ayanda Charity Mthethwa; I am currently a student at the University of KwaZulu Natal studying masters in counselling psychology. I am currently conducting a research on the conceptions of illness from an African perspective, exploring the views of traditional healers.

Research aim

The purpose of the study is to explore the conceptions of illness from an African perspective: views from traditional healers. It is also to study the approaches that they use in identifying illness and the various methods that traditional healers use for treatment and intervention for illness. The study would also like to know what informs the choice of treatment and or intervention.

Method

The research will make use of a short demographic questionnaire and an interview to answer the research questions. It will also record the interviews so as to capture all the necessary data.

Duration

The administration of the questionnaire will take approximately 10 minute. The interview will take 60 minute or more depending on the participant's response.

Potential risk

The research possesses no potential risk of any kind for the participants.

Confidentiality

Confidentiality will be highly maintained at all stages of the research, no identifying information of any participant will be used.

Withdrawal

Participation in the research is voluntary. Should participants wish to withdraw at any stage it is there right to do so and this will not affect them in any way.

Dissemination of research result

The result of this study will be reported in a short dissertation in fulfilling the requirement of masters in social sciences degree- counselling psychology. The result will be made available to various academics within the University of KwaZulu Natal and might be published; no identifying information of participant will be reported.

University of KwaZulu-Natal (Pietermaritzburg Campus)

School of Applied Human Sciences

Discipline of Psychology

Incwandi yolwazi

Igama lami ngingu Ayanda Charity Mthethwa, ngifunda enyuvesi yakwaZulu Natal epeitermarisburg. Ngifundela imasters yecounselling psychology. Njengamanje ngenza ucwaningo olubhekisisa kahle ukugula ngokwesintu ngokuthatha imibono yabelaphi bendabuko.

Injongo yocwaningo

Inhloso yaloluucwaningo ukuthola ulwazi ngemimbono ngokugula ngokwesintu: imibono ngabalaphi bendabuko. Ucwaningo lolu lufisa ukuthola ulwazi ngezindlela abalaphi bendabuko abathola ngazo izinkomba zokugula Kanye nezindlela abazisebenzisayo ukulapha nokungenelela ekuguleni. Ucwaningo luyafisa nokuthola ukuthi iziphi izinsiza kusebenza abalaphi bedabuko abathola ngazo ukuthi bangelele kanjani ekuguleni okanye balaphe kanjani.

Icebo

Ucwaningo luzosebenzisa imibuzo edwetshiwe kanye nemibuzo ukuphendula imibuzo yocwaningo. Ucwaningo lolu luzophinda liyiqophe ingxoxo ukuze kutholakale imniningwane ephelele.

Isikhathi

Ukugcwaliswa kwemibuzo kuzothatha imizuzu eyishumi. Inhlola mbuzo yona izothatha isikhathi esingange hora okanye ngaphezulu, kuncike eziphendulweni zomhlanganyeli.

Okungase kube ingozi

Ucwaningo lolu alunabo ubungozi nabuphi kumhlanganyeli

Ukugcinwa kolwazi luyimfihlo

Ukugcinwa kolwazi luyimfihlo kuzogcinwa ezigabeni zonke zalolucwaningo, ayikho imninigwane ezoveza ukuthi umhlanganyeli ungubani ezosetshenziswa.

Ukuhoxa

Ukuhlanganyela kulolucwaningo okukhululekile, akuphoqelekile. Mangabe umhlanganyeli esefisa ukuhoxa noma ngabe kusiphi isingaba kuyilungelo lomhlanganyeli futhi akuzokuba nephumela emibi

Ukusatshabalaliswa kwemiphumela yocwaningo

Imiphumela yaloluucwaningo izobikwa kwidissertation ukugcwalisa isidingakalo semasters ye social sciences degree- counselling psychology. Imiphumela izotholwa izazi zezemfundo enyuvesi yakwaZulu natal futhi engase ishicilelwe; ayikho imniningwane engaveza ukuthi umhlanganyeli ungubani ezobikwa.

Appendix 2 (a)

Consent form

I…………………………………………………… (Full name) have been informed about the study of the Conceptions of Illness from an African perspective in KwaZulu Natal, South Africa: Views from traditional healers. It has been explained to me about the study that is being completed by Ayanda Charity Mthethwa.

I understand the purpose and procedures of this study which is to explore the conceptions of illness from an African perspective. It is also to study the various approaches that traditional healers use to identify illness and the methods that traditional healers use for treatment and intervention.

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

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time.

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

Ayanda Charity Mthethwa

Cell no: 078 736 3015

Email address: Mthethwa.aye@gmail.com :

In the event of any problems or concerns/questions you may contact the researcher at or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

Humanities & Social Sciences research Ethics Administration
Research Office, Westville Campus
Govan Mbeki Building
Private Bag X 54001
Durban
4000
KwaZulu- Natal, South Africa
Tel: 27 31 206 4557- fax: 27 31 260 4609
Email: HSSREC@ukzn.ac.za

Additional consent

I hereby provide consent to:

Audio-record my interview: YES / NO

_____   _____
Signature of participant   Date

Appendix 2 (b)

Incwandi yesivumelwane

Mina…………………………………………………… (amagama aphelele) sengichazeliwe ngalolucwaningo olubheka imbono yokugula ngokwesintu: imibono yabelaphi bendabuko esenziwa uAyanda Charity Mthethwa.

Ngiyayiqonda Inhloso kanye no kwenziwa kwalolucwaningo olubheka imbono yokugula ngokwesintu. Lolucwaningo lizophinde lubheke izindlela zokwelapha abelaphi bendabuko abazisebenzisayo ukuthola ukugula kanye nokulapha ukugula.

Ngiyazinikela ukuzibandakanya kulolucwaningo ngokungaphoqelekile, ngiyaqonda nokuthi ngingayeka noma ngabe inini.

Uma ngine mbuzo okanye ngidingi ukuchazeleka okunye ngololucwaningo ngiyaqondisisa ukuthi ngingathintana nomcwaningi kulezinombolo:

Ayanda Charity Mthethwa

Cell no: 078 736 3015

Email address: Mthethwa.aye@gmail.com

Uma ngine mbuzo okanye ngidingi ukwazi ngamalungelo njengomhlanyeli ngingathintana nebhodi yakwa:

Humanities & Social Sciences research Ethics Administration
Research Office, Westville Campus
Govan Mbeki Building
Private Bag X 54001
Durban
4000
KwaZulu- Natal, South Africa
Tel: 27 31 206 4557- fax: 27 31 260 4609
Email: HSSREC@ukzn.ac.za
Isivumelwano esingaphezulu

Ngiyavuma ukuthi:

Umbuzo iqoshwe: YES/NO

_____   _____

Signature of participant   Date

Appendix 3 (a): Interview questions

University of KwaZulu-Natal (Pietermaritzburg Campus)

School of Applied Human Sciences

Discipline of Psychology

1. For how long have you been practising as a traditional healer?
2. Are you currently registered with any board, association or council in KZN or South Africa? For example, African national healers association, traditional healers organisation etc.
3. Approximately how many people do you see per day?
4. From an African perspective, how do you define illness?
5. From an African perspective, what are your views of illness?
6. What is your distinctive approach that you use in understanding illness?
7. In your years of practice what are the most common illness do your clients present with? Please give me 3 and explain these illnesses.
8. What are the various methods used in treatment and intervention of illness?
9. Do your ever refer clients, if so to whom?

Appendix 3 (b): Inhlolombuzo ngesiZulu

University of KwaZulu-Natal (Pietermaritzburg Campus)

School of Applied Human Sciences

Discipline of Psychology

1. Usunesikhathi esingakanani usebenza njengomelaphi wendabuko?
2. Njengamenje kukhona yini iBhodi elilawula abelaphi bendabuko obhalise kulo kungaba sesiFundazweni saKwaZulu-Natali noma kuzwelonke?
3. Njengomelaphi wendabuko bangaki abantu obabona ngosuku abazocela usizo kuwe?
4. Ngokuwesintu ungakuchaza uthi yini ukugula na?
5. Ngokwesintu ukuqondisisa kanjani ukugula na?
6. Njengomelaphi wendabuko iyiphi indlela oyisebenzisayo ukuqonda ukugula?
7. Eminyakeni oyisebenzile njengomelaphi wendabuko ikuphi ukugula abantu abajwayele ukufika ngakho? Ngicela unginike ubuye ungichazele zibe ntathu izinhlobo zokugula ebezibaphethe.
8.   Iziphi izindlela ezehlukile ozisebenzisayo ukubelapha nokungenelela kukgula?
9. Abantu abeza kuwe uke ubadlulisele yini kwabanye, uma kunjalo ubadluliselaphi?

Appendix 4: Gate keeper's letter

Councillor

Mezzanine Floor Shell House
Cnr. Anton Lembede & Samora Michell Street, Durban, 4001
P O Box 1014, Durban, 4000
Tel: 031 322 7030, Fax: 031 311 3827
www.durban.gov.za

ETHEKWINI MUNICIPALITY

Our Ref:

Your Ref:

Enquiries:

To the whom it's May concern

Re: Permission to conduct research in the area's requested

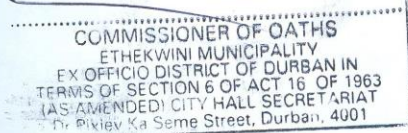Permission to conduct research in the areas requested by Ayanda Mthethwa has been granted. We acknowledge what the research study is intended for, its purpose and that the research is in partial fulfillment of her qualification. However, we ask that the research is conducted with only participants listed in the areas (St Windolins, Mbedula, Klaarwater, Savanna park, Village, Luganda, and eNteke) mentioned request letter.

Sincerely,

Cllr S.S Buthelezi

083 477 3898

Councillor Stanley Sakhephi Butelezi

COMMISSIONER OF OATHS
ETHEKWINI MUNICIPALITY
EX OFFICIO DISTRICT OF DURBAN IN
TERMS OF SECTION 6 OF ACT 16 OF 1963
(AS AMENDED) CITY HALL SECRETARIAT
Dr Pixley Ka Seme Street, Durban, 4001

Appendix 5: Ethics Approval Letter

UNIVERSITY OF ™
KWAZULU-NATAL

INYUVESI
YAKWAZULU-NATALI

27 July 2016

Ms Ayanda C Mthethwa 208518422
School of Applied Human Sciences
Pietermaritzburg Campus

Dear Ms Mthethwa

Protocol reference number: HSS/0885/016M
Project title: Conceptions of illness and treatment: approaches from an African perspective in KwaZulu-Natal Province: Views from Traditional Healers.

Expedited Approval

In response to your application dated 20 June 2016, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted FULL APPROVAL.

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

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

Dr Shenuka Singh (Chair)

/px

cc Supervisor: Ms Kooleboga Maruping
cc Academic Leader Research: Prof Douglas Wassenaar
cc School Administrator: Ms Nondumiso Khanyile