

**Incorporation of traditional healing into counseling services in tertiary institutions: Perspectives from a selected sample of students, psychologists, healers and student management leaders at the University of KwaZulu-Natal**

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## **Declaration**

This is to declare that this work is the author's original work and that all the sources have been accurately reported and acknowledged.

Zininzi Anele Bomoyi

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I am grateful to God for the gift of life and the ability to complete this work. I am thanking my ancestors for the struggles they went through for me to be where I am today. I want to thank my father for his love and financial support throughout my life. Ndithi, enkosi tata ndiyabulela Mjaji, Goba, Ndentsa, u'Dumabemlilela. I also want to thank my mother for her love and unwavering support throughout my life: Enkosi mama ndiyabulela MaNgcobo. I am acknowledging the support and love I got from my siblings throughout my life (Linda, Mthetheleli, Nombulelo, Nonkuthalo and Nombuso). I further acknowledge the children in my family for the love and joy they have brought in my life, my niece (Sesethu) and my two nephews (Okuhle and Buntu). I am also grateful to my grandmother MamaDziba for her support and love. I also thank all my friends for making my life a pleasurable experience. More importantly, I would like to thank my research participants for their time and making this study a reality. I thank Andrew Okem for proof reading this work his assistance is highly appreciated. I further thank the NRF for their financial support during my masters degree studies. Finally my sincere gratitude goes to my supervisor Professor N. J. Mkhize for his outstanding supervision and more importantly I want to thank him for being my cultural psychology teacher, a friend, and a father during my postgraduate studies at the University of KwaZulu-Natal. Ngiyabonga Khabazela.

### **Abstract**

Tertiary institutions in South Africa have become culturally diverse and the question of the counseling services available to students from diverse cultural backgrounds is inevitable. The study investigated the views of different stakeholders of the University of KwaZulu–Natal (UKZN) on the incorporation of traditional healing into student counseling services. In-depth, open ended interviews and focus group discussions were held with purposefully-chosen students, psychologists, a traditional healer and deans of student services. Data were analyzed qualitatively using thematic analysis. The participants highlighted the potential usefulness of traditional healing especially in dealing with culture-bound syndromes and students' identity issues. The logistics of having traditional healing services in spaces modeled along Western influences, as well as ethical issues were identified as the main challenges. The findings are discussed in relation to indigenous knowledge systems and the constitutional imperatives on cultural diversity.

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## **CHAPTER ONE: INTRODUCTION**

### **1.1 Background to the Research**

South African universities have become more inclusive in the last decade. Although there has been an increase in the cultural diversity of students at tertiary institutions, it is not evident what has been done to cater for the psychological needs of the diverse student population (Crossman, 2004; Ogana, Ngidi). Counselling and psychotherapy currently offered at South African tertiary institutions is arguably of little relevance to the multi-cultural population of students (Masoga, 2005; Piper-Mandy & Rowe, 2010; Vilakazi, 1999). This is probably true for students from traditional African backgrounds. The psychological assessment tools being used in higher education institutions across South Africa are based on a Western paradigm (Maila, 2001; Maila & Loubser, 2003). Hence, they are largely relevant to students who subscribe to Western value systems and practices.

Within the Western paradigm, a person is conceived as an isolated individual; the individual, according to the Western paradigm, exists independently of his/her community (Asante, 1991 1983; Myers, 1985; Ntuli, 1999). This construction of the person is a defining feature of the Western approach to counseling. According to Chuenyane (1990), the type of counseling services offered at tertiary institutions in South Africa is designed to facilitate individual problem solving and development. This is evident in the set-up of consultation rooms; they often have two chairs, one for the client and the other for the counselor. This kind of counseling method does not cater for more inclusive cultures such as the African culture. According to African cosmology, people do not live in isolation; they live as a collective (Mkhize, 2004; Moodley, 2005; Solomon & Wane, 2005). In African cosmology, a great premium is placed on the spirit of communalism, interdependence and connectedness (Schiele, 1990). In addition, African cosmology acknowledges that every being has a spiritual dimension and is imbued with goodness.

Western approach to knowledge which influenced much of modern psychology often claims to be value free and universal (Mkhize, 2004). In general, this approach fails to take cognizance of



cultural differences that characterize a multi-cultural country like South Africa. Psychotherapy in South Africa is currently Eurocentric in its application. Eurocentricity centers on European experiences and ways of doing and presents this as universally true (Asante, 1983; 1991; Dei, 2000; Dennard, 1998). It is thus plausible that the mental health care needs of students from traditional African backgrounds are not properly catered for at tertiary institutions and this could result in these students not doing well academically (Swartz, 1998; Swartz & Drennan, 2000). Against the backdrop of the foregoing, there have been calls for alternative forms of counseling at tertiary institutions in South Africa. This alternative approach should incorporate traditional healing methods into psychotherapy (Duran, Firehammer & Gonzalez, 2008; Masoga, 2005; Ntuli, 1999; Yeh, Hunter, Madan-Bahel, Chiang & Arora, 2004). It is envisaged that incorporating traditional healing methods into counseling would help to address the needs of students from traditional African backgrounds who may prefer this method of healing.

Research findings on the usefulness of counseling to students in tertiary institutions show that counseling in tertiary institutions needs to be sensitive to the diverse cultural backgrounds of students (Nicholas, 2002; Norris, 2008; Ntshangase, 1995; Zondi, 1999). In an effort to have a more inclusive multicultural health system, the Howard College campus of the University of KwaZulu-Natal (UKZN) is currently trying out traditional healing services by providing the services of a traditional healer, *isangoma*. Research findings show that the traditional healer's services are being utilized and students are benefiting from them (Ogana, Ngidi, & Zulu, 2009). This alternative method is available to those students who choose to use it.

## **1.2 Research Problem**

Western psychological knowledge is often of doubtful relevance to developing countries (Maila, 2001; Masoga, 2005; Ntuli, 1999). Therefore incorporation of indigenous knowledge, in order to solve problems in developing countries, has the potential to improve the health of people from developing countries (Mkhize, 2004; Moodley, 2005; Solomon & Wane, 2005). The practice of psychotherapy at South African tertiary institutions is changing because of the diversity of the student population (Swartz, 1998). Psychotherapy has not been fully liberated from the inequalities of the past. In addition, most mental health professionals do not understand any

indigenous language which makes it difficult for them to communicate with some of their clients (Swartz & Drennan, 2000). This can result in misinterpretation and misdiagnoses of indigenous clients. Therefore, it would be helpful for mental health professionals to be open to cultural knowledge and take interest in learning indigenous languages.

There is a shortage of mental health professionals in South Africa (Carroll, 2010; Piper-Mandy & Rowe, 2010; Ventross, 1999) and traditional healers do help people particularly those in rural communities who have no access to Western-trained health professionals. The services of these healers are not readily available to students when they go to universities. This usually means that students who are used to indigenous methods of healing are forced to adapt to Western ways of healing. Alternatively, they have to travel long distances home to see their traditional healer. This could possibly have a negative impact on the studies and academic performance of such students as they have to miss out on lectures to visit their healers (Ogana, Ngidi & Zulu, 2009).

### **1.3 Rationale**

Research findings show that there is a need for good psychotherapy or mental health services in South Africa (Knight & Iran, 2004). Clients must be met with psychotherapy that acknowledges them in their own context (Eagle, 2004). Lu, Lim and Mezzich (1995) hold that psychological interventions must be sensitive to the culture of the clients. This means that it would be helpful to look at other mental healthcare methods at tertiary institutions so as to improve academic performance and social interactions of students from diverse cultural backgrounds. According to Henry (1993), one of the ways to improve academic performance of students from diverse cultures, particularly students from traditional African backgrounds, is for them to be taught in ways that they can relate to. To achieve this, educational systems must recognize the culture, history, myths, symbols, knowledge, values and contradictions of African culture (Maila & Loubser, 2003; Masoga, 2005; Ntuli, 1999).

Indigenous African knowledge has been marginalized for many years (Dei, 2000; Mbiti, 1970). Being more open to indigenous knowledge would assist indigenous students who believe in their traditions to center their experiences and look at issues in terms of their culture, belief systems

and experiences. Researchers of indigenous knowledge systems believe that an emphasis on difference does not necessarily lead to an emphasis on negativity or hostility (Asante, 1983; Dei, 2000; Nel, 2005; Ntuli, 1999; Reviere, 2001).

There is a need for other forms of healing methods at tertiary institutions in South Africa. This is because students from diverse cultures, particularly students from traditional African backgrounds, sometimes suffer from 'culture bound' syndromes (Ogana, Ngidi, & Zulu, 2009). It would therefore be useful to incorporate traditional healing methods into the counseling services offered at these institutions which would allow for another form of healing method that would be appropriate for those students who prefer to use it. If other health professionals are allowed to work at tertiary institutions, it would only be fair and helpful to allow traditional healers to practice at tertiary institutions. All tertiary institutions should put the students' interest first and if looking at indigenous knowledges and indigenous forms of healing has potential to improve students' wellbeing then it should be given a chance.

#### **1.4 Methodology**

This is a qualitative study which aims to investigate how culturally different counseling perspectives are being infused into the counseling process in order to cater for students from traditional African backgrounds at tertiary institutions. It also looks at what provisions are in place for the near future in order to make counseling at tertiary institutions more accommodative. This includes the use of indigenous languages during counseling and other forms of mental health provisions. The current research had 35 research participants. There were four categories of research participants namely students, psychologists, deans and a traditional healer. Purposeful sampling was used to select the study sample (Neumann, 1977). Interviews were chosen as the appropriate instrument because they are flexible and dynamic (Taylor & Bogdan, 1984). The focus groups were used to explore emerging ideas. The focus groups facilitated an in-depth exploration of the research topic (Krueger & Casey, 2000). Data collected for the research was analyzed using qualitative data analysis.

## **1.5 Research Aims and Objectives**

Tertiary institutions in South Africa have changed in the past decade (Crossman, 2004). Despite the changes in students' demography, hardly any research has been conducted into how universities are responding to these changes. The thrust of this study is on how student services divisions are responding to the challenge of meeting the mental health needs of students from traditional African backgrounds. This study aims to investigate how African indigenous healing perspectives are being infused into the counseling process in order to cater for students from traditional African backgrounds. This infusion includes not only the language of counseling but also the alternative counseling or mental health provisions that are in place or proposed in the near future.

## **1.6 Research Questions**

1. What are the views of different stakeholders, namely students, psychologists, deans and a traditional healer at the University of KwaZulu-Natal (UKZN) about student counseling at tertiary institutions?
1. What are the views of different stakeholders of UKZN about the relevance of student counseling services at tertiary institutions?
2. What are the views of different stakeholders of UKZN about the use of indigenous languages during the counseling process?
3. What are the views of different stakeholders of UKZN about the infusion of traditional counseling services at tertiary institutions?
4. What would be the advantages and disadvantages of the infusion of traditional counseling services at tertiary institutions?

## **1.7 Definition of terms**

*Afrocentric:* That which is Afrocentric refers to Africans and their culture, customs and historical backgrounds. Afrocentrists center African culture and experience and engage with the historical background of Africans in the hope to restore the African dignity that was lost through brutal

acts such as slavery and apartheid (Asante, 1983, 1991; Dei, 2000; Mkabela, 2005; Mkhize, 2004).

*Eurocentric:* That which is Eurocentric emphasizes on the Western way of doing which has historically been applied universally as the standard and universal way of doing things. Eurocentrists refer to their knowledge as universal, objective and value free and are often not open to the consideration of cultural differences (Asante, 1991; Dei, 2000; Graham, 1990).

*Ubuntu:* *Ubuntu* is the essence of being human, a person with *ubuntu* is open to others, is able to respect and value others; does not feel threatened that others are able and good, for he or she has a proper self-assurance that comes from knowing that he or she belongs in a greater whole and is diminished when others are humiliated or diminished, when others are tortured or oppressed (Tutu, 1999).

*Umuntu ngumuntu ngabantu:* *umuntu ngumuntu ngabantu* ("a person is a person through (other) persons") is maxim that occurs in a number of Bantu language families such as Nguni and Sesotho in Southern Africa. It points to the observation that people cannot live in isolation; people live in a community in interdependent relationship.

*Traditional/Indigenous Healer:* A traditional healer is a person who is recognized by his/her community as competent to provide healthcare by using vegetables, animals, mineral substances and other methods based on the beliefs, attitudes, knowledge of culture and religion prevalent in the community regarding physical, mental and social wellbeing and causation of disease and disability (Sandlana & Mtetwa, 2008). In South Africa there are different categories of traditional healers which include *isangoma*, *inyanga*, and *umthandazi*.

*Isangoma (Diviner):* *Isangoma/izangoma (plural)* are called by ancestral spirits to heal (Mutwa, 2003; Nzima, Edwards & Makunga, 1992; Sodi, 1996). An *isangoma's* main role is to diagnose illness; they are specialists in explaining the causality of events using indigenous knowledge (Gumede, 1990; Ngubane, 1977).

*Inyanga* (Herbalist): *Inyanga* (*Izinyanga* plural of *inyanga*) are specialists in herbs and traditional therapeutic interventions (Gumede, 1990). Some specialize in producing medicine and have access to the spirit world through their ancestors (Hopa, Simbayi, & Du Toit, 1998).

*Umthandazi* (African Religious Faith Healer): *Umthandazi/Abathandazi* (plural of *Umthandazi*) are African religious faith healers who profess Christian faith and belong to an African church. They heal by means of prayers, water, ash, and by touching a patient (Kale, 1995).

*Holistic Healing*: Holistic healing means a healing system that can maintain balance and equilibrium amongst all aspects of a patient's life (mind, body and soul) by looking into their culture, history and present circumstance (Phillips, 1990).

*Ntu*: The term *Ntu* is a central African concept that describes a universal, unifying force that touches upon all aspects of existence. The core principles of *Ntu* are harmony, balance, interconnectedness, authenticity, and cultural awareness (Phillips, 1990).

*Amadlozi/Abantu Abadala/Iinyanya/Iminyanya* (ancestors): *Iminyanya* are accorded a higher role and status than normal human beings but are lower than God. The Zulus and the Xhosas refer to the dead as though they were alive, *abantu abadala* (old people); *iminyanya* (old people or ancestors). The ancestors are not God, they act as a medium between God and the people (Mlisa, 2009). Ancestors are highly respected and are sacred (Mkonto, 1979; Soga, 1931). The respect given to ancestors can be seen through the rituals performed in order to communicate with them. For example, when a family needs to apologize or praise an ancestor, a chicken or a goat is slaughtered and *impepho* (incense) is burned. The procedure followed depends on the type of problem people experience. There are also a variety of other practices performed in rituals associated with the ancestors.

*Ukuthwasa* (the process of becoming a traditional healer): *Ukuthwasa* is a calling from the ancestors to become a traditional healer (*isangoma*) that needs recognition. *Ukuthwasa* causes illness (*thwasa*) in order to bring about change and transformation to the chosen individual (Mlisa, 2009; Thindisa & Seobi, 2004).

*Amasiko* (heritage): *Amasiko* are various traditions expressed through rituals and ceremonies which most Africans believe in. These beliefs are expressed through the periodic performance of certain rituals in the home. These rituals need to be done where the keeper of the elders resides. In most cases this would be the grandparents or parents in the family. However this does not preclude one from performing any rituals in his/her home even if the parents or grandparents are alive.

*Impepho* (incense): It is a common practice to use incense in Zulu tradition. Incense is an herb that is used for religious purposes and can be found on the mountains, fields and in the bush. The leaves of incense have to be dried before it can be used. It is used for different purposes such as communicating with ancestors. When people perform rituals like the unveiling of tombstones, traditional weddings, coming of age of a girl (*umemulo*) and cleansing ceremony, they burn *impepho*.

*Isifo* (*izifo plural*)-sickness: This is bodily sickness that is due to the ordinary break-down of the body and is not attributable to external forces. It is cured by natural medicines (*imithi*) which do not need rituals to be effective (Jwara, 1998).

*Umuthi*: *Umuthi* is traditional medicine that the traditional healer uses to heal his patients. Those that perform witchcraft use poisonous substances and also refer to it as *umuthi*. This often confuses those unfamiliar with indigenous knowledge. For the purposes of this research, the word *umuthi* means medication.

*Ukuthakatha* (witchcraft): According to African beliefs, witchcraft is one of the causes of illness and misfortune. Witchcraft is driven by envy, jealousy and motivation to hurt others (Hurst & Nader, 2006; Mlisa, 2009).

## **1.8 Dissertation Outline**

Chapter 1 introduces and discusses the background of the study. It also looks at the research problem, the rationale and a brief outline of the methodology. In addition, the chapter states the

aims and the key questions which the research seeks to address as well as the definitions of key terms. Chapter 2 discusses literature relevant to the current study. The chapter also addresses the research problem and questions which result from the gap that was identified in previous studies. Chapter 3 presents the research methodology which encompasses the research design, the sampling techniques used to select the research participants and the tools and methods that were used to collect and analyze data. Chapter 4 presents and discusses the results in relation to the literature. Chapter 5 gives the conclusions of the study, pointing out implications for theory, practice, policy and further research. The limitations of this study are also briefly discussed.



## **CHAPTER TWO: LITERATURE REVIEW**

### **2.1 Introduction**

In the past decade, tertiary institutions in South Africa have experienced tremendous changes; the demography of university students has changed significantly (Bishop, 2006; Crossman, 2004). Universities which were previously reserved for whites have become more inclusive. The implication of this is the increased number of black students in such universities. This chapter reviews the literature and studies on the provision of counseling services to students in tertiary institutions. The chapter investigates provisions by tertiary institutions to cater for the needs of students from diverse cultural backgrounds. The researcher argues that psychotherapy offered at tertiary institutions in South Africa is Western and has little relevance to students from traditional African backgrounds. To address the counselling needs of African students, the researcher suggests the use of methods that are grounded in African experience and ways of life. Studies and literature on African indigenous healing are discussed as possible ways to meet the needs of students from diverse cultural backgrounds. African-based psychology, which is grounded on indigenous knowledge systems, will be discussed. The implications of incorporating African-based psychology in education and counseling will be looked at. The role of traditional healers at tertiary institutions will also be discussed. Finally the relationship between traditional healers and psychologists at tertiary institutions will be explored.

### **2.2 Background of Counseling in South Africa**

South Africa is a multicultural country with different belief systems. Against this backdrop, the practice of psychotherapy in South Africa is often challenging. South Africa continues to be plagued by high inequalities (Swartz, 1998). Psychotherapy has not been liberated from the inequalities that resulted from apartheid. The need for effective and appropriate psychotherapy is thus significantly high (Knight & Iran, 2004). The political system of apartheid was maintained via extreme forms of repression. This led to extreme inequalities of wealth, alarming rates of violent crimes such as rape, armed robbery, murder and attempted murder. In South Africa, most psychotherapists have come in contact with victims of violence. Often, victims of violent crimes

suffer from various forms of acute stress or posttraumatic stress disorder (Eagle, 2004). The needs of such clients must be addressed by means of healing methods that acknowledges them in their own context; the methods must be sensitive to their frame of reference.

Although traditional African beliefs are more prevalent in rural communities, studies have shown that such beliefs are still held by people living in urban areas (Eagle, 2004). Belief systems form part of the culture of a group of people. All human beings are shaped by the beliefs, values and worldviews of the culture in which they were acculturated (Duran *et al.*, 2008). Consequently, it is important for mental health professionals to be culturally-sensitive so that they do not mis-diagnose patients.

In South Africa, psychotherapy is highly westernized. The dominance of the western paradigm of psychotherapy marginalizes the beliefs of traditional African people (Moodley, Sutherland, & Oulanova, 2008). It is interesting to note that, although the majority of South Africa's population is Black and African, most therapists are white. These therapists often have little or no knowledge of the health needs of Africans (Swartz, 2000). Studies have shown that during the apartheid era, very few black people would seek help from white therapists. Similarly, very few white therapists would reach out to black people (Straker, 2004). This racial divide is still apparent in present day South Africa.

Eurocentricity presents the particular historical reality of Europeans as the sum total of human experience (Dei, 2000; 1994; Kwate, 2001). It imposes Eurocentric realities as universal with the implication that that which is non European is abnormal or perhaps inhuman (Asante, 1991). Eurocentricity ignores non western ways of life; it does not acknowledge that African people continue to exercise their own philosophy of life. By presenting Eurocentric experience as the source and summit of human experience, Eurocentrism fails to recognize that Eurocentric experiences cannot adequately explain Africans' lived experiences. In Africa, the dominant understanding of what it means to be a person is by and large, collectivist. Further, humans are perceived to have goodness in them and are highly spiritual. Relationships are highly valued and this contributes to the spirit of communalism, interdependence and connectedness (Schiele, 1990).

Psychotherapy needs to incorporate traditional healing methods (Duran *et al.*, 2008; Yeh *et al.*, 2004). Clients of diverse cultural backgrounds have mistrusted psychologists and psychotherapists on the grounds that these mental health professionals often misunderstand them. Lu, Lim and Mezzich (1995) state that psychological interventions must be sensitive to the cultures of clients. Psychotherapy that fails to be cognizant of the background of clients is often ineffective in addressing the needs of such clients. These clients often seek alternative healing methods such as traditional healing methods (Adams & Salter, 2007; Moodley *et al.*, 2008). Research findings suggest that traditional healing is highly valued amongst African clients who seek healing. Such clients sometimes see a mental health professional and a traditional healer concurrently (Moodley, 2005).

### **2.2.1 Student Counseling at Tertiary Institutions in South Africa**

Counseling services at South African universities are heavily influenced by the Western paradigm (Crossman, 2004). Within the Western paradigm, a person is conceived as an isolated individual. The existence of this individual is independent of his/her community (Asante, 1991 1983; Myers, 1985). This construction of the person is one of the defining features of how psychotherapy/counseling and its associated techniques are conceptualized in mainstream Western psychology. Chuenyane (1990) states that counseling services are designed to facilitate individual self understanding and self acceptance, self development, self realization, and self reliance through person-to-person relationship and to enhance consciousness and an acceptance of personal responsibility. Consistent with the Western paradigm, most counseling theories focus on the individual (Bishop, 2006; Chuenyane, 1990). Likewise, Doucet (1995) points out that counseling techniques are supposed to allow the client to bring his/her problems to the therapist and the therapist should be able to objectively facilitate the resolution of the client's problems. Ultimately, individuals are capable of solving their problems independently of the community.

Research has established the usefulness of counseling to students in tertiary institutions (Nicholas, 2002; Norris, 2008; Ogana, Ngidi, & Zulu, 2009). However, counseling in tertiary institutions needs to be sensitive to the diverse cultural backgrounds that students come from (Nicholas, 2002; Norris, 2008; Ntshangase, 1995; Zondi, 1999). The demographic profile of

students in tertiary institutions has changed in the past decade; a significant proportion of African students from disadvantaged backgrounds have enrolled in previously white institutions.

Psychotherapy needs to be responsive to the social environment, socio-economic status, and the culture of students. Previous research (Norris, 2008) suggests that students in tertiary institutions do seek alternative methods of healing. A study by Norris (2008) which assessed the personal, career, and learning needs of first year psychology students showed that out of a sample 159 first year psychology students, 10% reported that traditional healers were their preferred means of health assistance, despite the absence of traditional healers on university campuses. The fact that students actually use traditional healing and traditional counseling at tertiary institutions means that it is something that should be considered.

The infusion of traditional healing methods into psychotherapy at tertiary institutions can be beneficial to students of diverse cultural backgrounds as it offers holistic healing (Barnsley, 1991; Moodley *et al.*, 2008). The Howard College campus of the University of KwaZulu-Natal is currently trying out traditional healing services on campus by providing the services of a traditional healer, *isangoma*. Research findings show that *Makhosi's* (traditional healer) services are being utilized and students are benefiting from her services (Ogana, Ngidi, & Zulu, 2009).

### **2.2.2 Challenges facing Counseling in South Africa**

This section will discuss the challenges facing counseling in South Africa. These challenges range from the training of psychologists, to understanding of the culture of clients which is intertwined with language.

#### **2.2.2.1 Training of Psychologists in South Africa**

The training of psychologists in South Africa is embedded in the education system (Crossman, 2004; Ntuli, 1999). The education system in South Africa is largely influenced by Western perspectives (Ntuli, 1999). This type of training does not adequately address the needs of African students. Some South African Universities do offer modules in clinical psychology (Hook, 2004; Mkhize, 2003, 2004). However there is a gap between the training of psychologists

and the context in which they work in. This may result in psychologists experiencing a number of challenges in their work environment. These challenges may include the lack of understanding of the culture of their clients. Mkhize (2003) argues that culture is an important part of the self. Swartz (1998) emphasizes the importance of culture and the tensions that arise when psychologists lack understanding of the culture of their clients. This therefore raises the question of ethics. For psychotherapy to be ethical, Allan (2001) states that psychologists must be culturally sensitive.

#### **2.2.2.2 Language**

Psychologists are often faced with difficulties such as the inability to understand the language and cultural beliefs of the people they work with in multi-cultural societies (Swartz, 1998; Swartz, & Drennan, 2000). In South Africa, psychotherapy largely benefits people who are either English or Afrikaans speaking (Muller & Steyn, 1999).

Most psychologists are still predominately white and they hardly understand African languages. The lack of interest in indigenous African languages is one of the results of South Africa's brutal apartheid history (Swartz, 2000). Language is an important factor in understanding clients' problems. Without a proper understanding of the client's present problem, it might be difficult to assist. While the predominant language of most psychologists in South Africa is English, the majority of South African population is not fluent in this language (Swartz & Drennan, 2000). This could create a situation where clinicians might misdiagnose clients. For example, African students at tertiary institutions might find it difficult to clearly express their symptoms including the underlying idiom of distress in English.

There is a contradiction in the constitution of the Republic of South Africa, which states that people should be able to access services in a language of their own choice, whereas the very same services are not available in these languages. Communicating about highly emotional states in a foreign language is not easy; the experience itself could be conceptualized in different terms depending on the worldview being used. Inability to express their lived experiences adequately in psychotherapy may make African students feel isolated, dislocated, and lacking a sense of

belonging (Asante, 1991; Henry, 1993). Communication skills are relative to culture. For example, looking someone in the eye when addressing a person might be seen as a sign of respect in one culture while another culture will view it as a statement of disrespect, depending on the relative status of those involved. Communication problems result in social isolation and this affects students' academic performance. When such things happen students might find it difficult to understand their academic work. When they try to seek help at student counseling centers, they are faced with the same language problem because they might not be able to clearly express themselves in a foreign language when in high distress. As a result, they may not get the help they need from counseling centers. One of the likely consequences of this is the high rates of failure amongst African students (Masoga, 2005; Ntuli, 1999). This is a contradiction because universities should be able to cater for the needs of all students (Crossman, 2004).

### **2.3 African-based Psychology**

African-centered psychology draws from unifying African principles, values and traditions (Grills, 2006, 2004). African-centered psychology makes conscious and deliberate efforts to centre psychological analyses and applications in African realities, cultures, and epistemologies. African-centered psychology, as a system of thought and action, examines the processes that allow for the illumination and liberation of the spirit through the use of African cosmology; relying on the principles of harmony within the universe as a natural order of existence (Grills, 2006, 2004; Grills & Rowe, 1998). African psychology in general, entails living holism, a holism that is based on lived experience (Grills, 2004; Holdstock, 1999). Holism in this instance means that there is no separation of the spirit and the mind; the various aspects of being spirit, mind, heart and body are seen as a single and integrated whole. The self is in vital harmonious connection with all else that is also spirit (Piper-Mandy & Rowe, 2010; Grills, 2004; Carroll, 2010).

African cultural beliefs are characterized by a dynamic intrapersonal dimension: they have other-centeredness (Holdstock, 2000, 1999). Africans determine their sense of self through the African philosophy of *ubuntu*. *Ubuntu* is the capacity in the African culture to show compassion, respect and being helpful to one another. It is the ability to affirm each other as human beings

and promote the spirit of communalism (Nussbaum, 2003; Tutu, 1999). *Umntu ngumuntu ngabantu* (a person is a person through others) is a concept that is highly valued in African communities particularly rural African communities. According to the African worldview, a person lives in relation to others and should be able to find balance between himself, his family, community, ancestors and nature (Holdstock, 2000; Nussbaum, 2003; Zondo, 2008).

South African tertiary institutions need a psychology that incorporates concepts such as *ubuntu* and living holism. A psychology premised on values such as these is likely to benefit African students particularly those who come from traditional African backgrounds and are not coping well under the dominant Western type of psychology studied and practiced at tertiary institutions (Henry, 1993; Mkhize, 2004; Moodley, 2005). An African psychology will encourage the exploration of Afrocentricity and the use of African paradigms in psychotherapy, amongst others. Afrocentricity asserts the values of the culture, traditions, methodology, and history of Africans (Asante, 1983). Afrocentricity may be understood as a body of knowledge that deals with the social world, it is non-exclusionary, and is informed by the histories and experiences of Africans (Asante, 1983; Dei, 2000, 1994). Understanding the experiences of African students would assist by giving them a sense of belonging. This could be a stepping stone to better academic performance and a balanced student social life.

### **2.3.1 Characteristics of an African based Psychology**

An African based psychology would largely benefit indigenous people in South Africa. If it would largely benefit indigenous people it would have to value indigenous knowledge. ODora-Hoppers (2001) defines Indigenous Knowledge as knowledge that is characterized by its embeddedness in the culture and history of a people including their civilization and forms the core of the social, economic, scientific and technological identity of such a people. This definition seems to concur with the view of both Ntuli (1999) and Vilakazi (1999) that the culture of a people, thus its civilization, carries both its indigenous and modern knowledge.

Indigenous people belief in cosmic unity; this belief revolves around an acute understanding of respect for the self, other people and the whole of nature, especially the land and water (Moodley

& West, 2005). African indigenous knowledge values the interconnectedness of all things, the spiritual nature of human beings, collective/individual identity and the collective/inclusive nature of family structure. For harmonious balance and stability, a person must be one with his/her mind, spirit and body with a high value placed on interpersonal relationships (Graham, 1990). Incorporating African based psychotherapy at tertiary institutions would allow for openness to diversity. Harmony, interconnectedness and human spirituality will be discussed in the following sections as the major tenets of an African based psychology.

### **2.3.1.1 Harmony**

According to the African approach the overriding focus of life and the goal of a mentally healthy person is to be in harmony with the forces of life. When people are in harmony with their mind, body and spirit they experience a confluence or the act of aligning themselves from within and from without (Asante, 1986; Phillips, 1990). In this way people are able to experience oneness with life and be at peace. Being at peace depends on the person's ability to adapt through a clear process of organizing the disparate parts of their lives into a meaningful whole. This allows the person to live life instead of trying to control life. This means that a person is responsible for their own life, but steering life while understanding that there are other forces that will in part determine how and in what direction a person travels. Being at harmony means that although people are responsible for their harmony, they also need to be aware of their current surroundings (Phillips, 1990).

### **2.3.1.2 Interconnectedness**

According to the African cosmology the individual cannot be understood separately from other people (Myers, 1988). Within the African-centred approach all elements of the universe: people, animals, and inanimate objects are viewed as interconnected (Mbiti, 1970; Nobles, 1985). Emphasis is placed on the interconnected collective conceptualization of human beings and a collective survival (Schiele, 1990). According to the African cosmology there is a connecting link among all phenomena and it binds the entire universe (Jahn, 1961). Group oneness is encouraged and competition is often discouraged amongst members of a community (Nobles,



1978). The entire system of a person's life such as family, community, the environment and the ancestors are part of a person's life. This allows human beings to be interconnected from within and without. Interconnectedness is about the idea of balanced ecology and of being at one with oneself and the environment (Phillips, 1990). The collective nature of identity is expressed in the African proverb "I am because we are and because we are therefore I am" (Mbiti, 1970, 77). Relationships are highly valued and interdependent; these relationships provide the individual with a sense of purpose and a connection with family and community. The maintenance of harmonious social relationships supports the development of positive self esteem and social competence (Graham, 1990; Ogonnaya, 1994).

### **2.3.1.3 The Spiritual Nature of Human Beings**

Spirituality forms the cornerstone of the African-centred worldview and is the essence of being human. It is the invisible substance that connects all human beings to each other and to a creator (Graham, 1990; Schiele, 1994). The spiritual essence of human beings requires a shift in thinking toward valuing human beings above the social and economic status that has been assigned to them. For example, personhood comes about through interdependent relationships with family and the community (Graham, 1990). Karenga (1997) describes personhood as a process of becoming rather than a simple state of being. It is achieved not only by existence but by successive stages of integration into the community. Life is a series of passages, a process whereby a person is accorded the challenge to grow, change, and develop, to attain moral, intellectual and social virtues within the authenticity and context of community (Graham, 1990).

## **2.3.2 African Approaches to Healing**

### **2.3.2.1 Holistic Healing**

Generally, the self in most African communities is perceived in relation to others, society, family, culture, nature and ancestors (Gumede, 1990, Mkhize, 2004; Ngubane, 1977); in healing, these aspects need to be considered. Holistic healing means a healing system that can maintain

equilibrium amongst all aspects of a patient's life. This can be done through proper understanding of indigenous knowledge systems (Phillips, 1990).

The health care needs of Africans must be well catered for because for many years, Africans were denied access to proper health care facilities (Asante, 1991; Henry, 1993). This can be done by training mental health professionals in a more culturally diverse manner. There is also a need to use traditional healers as an alternative health practice at tertiary institutions in South Africa. This would assist in meeting the needs of students who prefer using indigenous methods of healing.

Psychotherapy at tertiary institutions needs to be more African oriented. African scholars have written extensively about psychotherapy theories (Dennard, 1998) and *Ntu* therapy (Phillips, 1990). The works of these scholars can be useful in African tertiary institutions. Their theories should be incorporated into the curriculum and practice of psychology. For the purpose of this thesis, the *Ntu* therapy (Phillips, 1990) will be discussed.

#### **2.3.2.2 *Ntu* Therapy**

The term *Ntu* is a central African concept that describes a universal, unifying force that touches upon all aspects of existence. The core principles of *Ntu* are harmony, balance, interconnectedness, authenticity, and cultural awareness. *Ntu* psychotherapy is based on spirituality and there is a belief that there is a spiritual dimension to all life and this is linked to the mental and physical spheres of life. From the perspective of *Ntu* therapy, the overriding focus of life and the goal of a mentally healthy person is to be in harmony with all the forces of life. When we are in harmony with our mind, body, and spirit, we are experiencing confluence with ourselves from within and from without. *Ntu* therapy emphasizes the interconnectedness of human beings. A balanced ecology and being at peace with the environment is also part of the healing process of this therapeutic method. *Ntu* therapy emphasizes cultural awareness of the self and the other (Phillips, 1990).

Having a holistic healing method means being sensitive and open to diversity and considering all aspects of a person's life that are meaningful to them such as their culture, belief systems, family and community. This can be done by having healing methods that are diverse such as applying *Ntu* psychotherapy at student counseling centers of tertiary institutions and allowing traditional healers to practice at universities. This will ensure that students have access to other forms of healing methods, or a combination of the two methods of healing if they wish to do so. The researcher is not advocating that Western ways of healing should be eliminated because some students do benefit from them. However, indigenous healing must also be acknowledged and made available to those students who prefer using them.

### **2.3.3 Cultural Construction of Self, Health and Illness**

It is also important for psychotherapists to be knowledgeable in indigenous knowledge related to health and illness so as to avoid wrong diagnoses (Swartz, 1998; Swartz & Drennan, 2000; Kwate, 2001). For example, a client who is going through the process of *ukuthwasa* might be diagnosed with schizophrenia and placed in a mental institution. This is because through the process of *ukuthwasa* a person might display symptoms that are very similar to schizophrenia such as hearing voices that others cannot hear (Kale, 1995; Jonker, 2006). This might be problematic if such a client is a university student because the wrong diagnosis resulting from the lack of indigenous knowledge could prevent the student from completing his/her studies since the student will be confined to a mental institution.

#### **2.3.3.1 Conceptions of Self in African Perspectives**

The way the self is perceived in African worldview is different from the Western views of self. The self in African worldview does not live in isolation; it is part of an integrated whole. Generally, the self in African societies is defined by one's relationships with others such as family, community and the status of the person in the group (Graham, 1990; Mkhize, 2004; Schiele, 1996, 1990). Illness and health are viewed in terms of how people perceive themselves within their cultural context and belief systems. The cultural values and beliefs of a patient are therefore strong determinants of his or her perception of illness and health (Mabunda, 2001).

It would be beneficial to all healers who are trained in either the African or Western paradigm to understand the people that they are working with. Without proper understanding of the patient's conception of self, the healer is unlikely to be able to offer effective treatment. For example, a student at a tertiary institution going to see a psychologist because he/she lost a family member might not benefit from Western methods of therapeutics. Such a student is likely to benefit from a psychologist who understands him/her in relation to his or her family. In order to have effective healing processes tertiary institutions need to train their students in a way that is culturally sensitive. Healing methods such as traditional healing should also be introduced at tertiary institutions in order to cater for the needs of those students who value indigenous healing methods.

#### **2.3.3.2 Conceptions of Illness in African Perspectives**

Disease or ill health is an indication of disharmony or dis-alignment in nature, between people and ancestral spirits. Disease refers to a break down in relatedness or disharmony within the individual. The individual therefore feels isolated, anxious, tensed, confused, frustrated, and annihilated. These feelings manifest in the body (Bojuwoye, 2005). It is widely believed by the Zulus and other African people that a person cannot just get sick without any external force. Ill health results from ordinary breakdown of the body, or misfortune or old age. In the Zulu worldview, health and sickness is understood as *isifo* (sickness). *Izifo* is a generic term used to refer to all forms of illness. It also refers to the various forms of misfortune and also the disposition of being vulnerable to misfortune and disease (Jwara, 1998).

#### **2.3.3.3 Conceptions of Health in African Perspectives**

In traditional Africa thought, good health is synonymous with harmonious relationships with the universe and the local ecology, including plants, animals, and other human beings (Straker, 1994 in Solomon & Wane, 2005). For example, for the Zulus as well as other indigenous African societies, health is indexed by balance in environmental and social relations within the family, society, peers, and ancestors (Edwards, 1990; in Solomon & Wane, 2005).

The failure to appease the ancestors may destroy relationships and cause disequilibrium. Good health is a state of equilibrium between the different levels of beings ranging from God, the world of ancestors, the community and the environment. In order for a person to be in good health he/she must actively take part in the family and community (Bojuwoye, 2005; Melato, 2000; Ngubane, 1977; Zondo, 2008). Health is not only perceived as the absence of disease; it involves an individual's ability to function within his/her social context whilst a breakdown in social relations creates vulnerability to illness. In order to maintain good health, an individual must maintain a balance between the mental, physical, familial, social, and spiritual realms of life (Garro, 2000; Zondo, 2008).

It is clear that Africans' perception of the self, illness and health is different from Western perspectives which often tend to be individualistic. The mainstream Western conception of self states that an individual is responsible for his or her health. Africans on the other hand tend to perceive their wellbeing holistically. It is therefore important that all healers working in an African context are knowledgeable of Africans' view of self, illness and health. Since tertiary institutions in South Africa have been enrolling a number of African students, it is important that this increased diversity is catered for by having multicultural forms of healing. Otherwise, students of diverse cultures, particularly those from traditional African backgrounds, stand to be excluded from mainstream health services. It would be ironic if African universities failed to cater for African students in their own context. This would mean that a South African student from a traditional African background is like a foreigner in his/her own country. All health professionals must take time to study and understand African perspectives of disease when working in an African context. This would help to improve service delivery to African students particularly those from traditional African backgrounds.

#### **2.3.4 Incorporation of an African based Psychology in Education**

Gergen (2001) argues that knowledge (whether indigenous or Western) is spawned within a particular segment of society based on power and class. Aronowitz and Giroux (1985) endorse this view when they argue that schools play a particularly important role in legitimizing and

producing dominant cultural capital through the hierarchically arranged bodies of school knowledge. Certain forms of knowledge (hegemonic Western forms particularly) might continue to be given high status in the school curriculum. This might disadvantage learners who have a tenuous knowledge of indigenous cultural capital.

There is therefore a need to revisit the South African education curricula from primary school right through to tertiary levels, so that education can be transformed to meet the needs of South Africa (Ntuli, 1999; Maila & Louber, 2003; Masoga, 2005). This means that there needs to be a shift from the assumption that Africa was a 'clean slate' (*tabula rasa*) until Europeans arrived (Ntuli, 1999). This assumption has been proved to be based on a narrow perception of knowledge as a universal resource; the view emanates from the tendency to use Western cultural knowledge orientations as a standard against which to measure African ideas, belief systems and religions (Ntuli, 1999). With environmental problems becoming more diverse and complex every day (Maila, 2001), it is imperative that we begin to develop and utilize other systems of knowledge in order to deal with the challenges at hand. All ways of knowing, whether indigenous or modern; Western or African, must be explored and their valuable capital (skills, values and wisdom) integrated into environmental and educational frameworks that would take us forward.

### **2.3.5 Implications of Incorporation of an African based Psychology into Counseling**

The integration of indigenous knowledge into school and university curricula and consequently into counseling would enable schools to act as agencies for transferring the culture of the society from one generation to the next (Masoga, 2005; Nel, 2005). This would mean that there would be culture sensitive psychologists capable of performing their psychological duties in ways that are appropriate to local cultural traditions. Psychologists trained from a variety of perspectives including African perspective would be capable not only to enter into and function effectively in a variety of cultural settings, they are also more likely to recognize and build upon the inter-relationships that exist among the spiritual, natural and human realms in the world around them. This would enable them to exploit their clients' worldviews and meaning systems to the fullest (Masoga, 2005). Consequently, their clients would be able to reflect on their own cultural

traditions and beliefs as well as those of others. They would be able to determine how cultural values and beliefs influence the interaction of people from different cultural backgrounds. It is envisaged that this would help clients identify and appreciate who they are and their place in the world (Masoga, 2005; Nel, 2005). This would allow for a more diverse and open system where students can have the option of seeing traditional healing as a form of counseling within their educational settings.

## **2.4 Traditional Healing as a form of Counseling**

The fact that in Africa, and one may add, other parts of the world, there exists a different and more holistic understanding of health and illness, provides a rationale for the incorporation and exploitation of this understanding into counselling and psychotherapy (Mkhize, 2004; Ngubane, 1977; Nwoye, 2006). It is also important that other forms of healing, such as traditional healing, are drawn from the margins to the centre, something that Western trained health practitioners have by and large failed to do. Traditional healers use the principles of African cosmology in healing. In order for the patient to be in good health there must be equilibrium in all areas of the patient's life (Moodley, 2005; Mufamadi, 2001). Traditional healers are actively involved in the healing process of their patients (Kale, 1995; Mlisa, 2009). For example, traditional healers will allow their patients to spend as much time as is necessary for the client to be healed, unlike the Western way of healing where there is often a set limit of time to consult a psychologist.

### **2.4.1 Definition of Traditional Healing**

Traditional healing is an integral part of African and other indigenous societies. Directed at both the physical and mental dimensions of illness, it is the oldest form of structured medicine (Gumede, 1990; Mufamadi, 2001; Ngubane, 1977). Traditional healers often share a similar history and customs with their patients and this facilitates understanding between the two (Mufamadi, 2001). Traditional healers use their knowledge in order to diagnose, prevent and eliminate mental, physical and social disequilibrium. This knowledge relies not only on past experience and observation handed down from generation to generation, either verbally or in writing, it is also dynamic in character as there is always a need to respond to new challenges

such as HIV/AIDS. The understanding of healing according to the traditional system is consistent with World Health Organization's (WHO) definition of health. According to WHO, health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity (Thornton & Edinburg, 2009). Thus traditional healing focuses on the harmony between the body and the mind. It is an integrated and holistic approach to healing (Sandlana & Mtetwa, 2008).

Although traditional healing has been in place in Africa since about 5000 BC (Gumede, 1990), colonialism impacted negatively on its practice (Phatlane, 2006; Solomon & Wane, 2005) as the West sought to dominate the world in all spheres of life (Janzen, 1974). In South Africa, the suppression of indigenous healing dates back to the Cape Medical Act of 1891. According to this Act, African traditional healing was not seen as a form of healing; the only form of healing was through allopathic medicine and this was imposed by the British imperial control and civilization mission. This trend was further intensified in Bloemfontein when all traditional healers were urged to stop practicing because their practice was deemed to be witchcraft (Dennis, 1978; Phatlane, 2006). Missionaries also played pivotal roles in the suppression of indigenous healings. Whenever traditional healing was practiced, missionaries told Africans that indigenous healing was evil and non-Christian and should be stopped (Gumede, 1990; Kruger, 1978; Phatlane, 2006). This caused confusion and misunderstanding of what indigenous healing really was. As a result indigenous healing is considered in some quarters as 'witchcraft' and 'evil.' Witchcraft is not part of traditional healing. According to African beliefs, witchcraft is believed to be one of the causes of illness and misfortune. Witchcraft is driven by envy, jealousy and motivation to hurt others, or to enrich oneself and others, at a fee, through an improper manipulation of the herbs and other human/spiritual life forces (Hurst & Nader, 2006; Mlisa, 2009).

#### **2.4.2 Arguments for and against Traditional Healing**

Traditional healing is based on a holistic view. Traditional healers do not separate the mind and the body; they work with the two as one (Edward, 1990). Traditional healers are able to assist their patients because they have an in-depth understanding of their beliefs and ways of life (Kale, 1995). Traditional healing is important for those people that choose traditional healing as their



choice of health care. Traditional healers are mostly found within communities and this makes them accessible to people in the community (Kale, 1995; Sandlana & Mtetwa, 2008).

Traditional healing is important for diseases such as those induced by witchcraft (Jwara, 1998; Ngubane, 1977). Many African people hold the view that certain diseases are not natural but inflicted through sorcery or witchcraft (Jwara, 1998). If a person is bewitched the only person considered capable of saving such a person is a traditional doctor. It is the general view that people who are bewitched may die if they do not seek the assistance of traditional healers. Treatment by traditional healers is deeply rooted in African culture (Mabunda, 2001).

Although modern medicine has for many years deemed itself far more superior to other forms of medicine, it has failed to address some health issues such as common cold. Various studies and past literatures show that a number of people of diverse cultural backgrounds have, for many years, successfully treated people with their indigenous medicines (Gumede, 1990; Ngubane, 1977). Some modern drugs are also manufactured from indigenous substances (Galanti, 2004; Phatlana, 2006).

One of the often cited criticisms of traditional medicine is the view that it lacks scientific proof. Traditional medicine has also been criticized for lacking standardized prescription (Phatlana, 2006). Traditional healing methods may not be scientifically proven but they do have standardized portions (Bojuwoye, 2005; Gumede, 1990).

### **2.4.3 Traditional Healers**

According to the South African Traditional Health Practitioners Act of 2007, traditional healers are currently regarded as health professionals. A traditional healer is a person who is recognized by his/her community as competent to provide health care by using vegetable, animal, mineral substances and other methods based on the beliefs, attitudes, knowledge of culture and religion prevalent in the community regarding physical, mental and social wellbeing and causation of disease and disability (Sandlana & Mtetwa, 2008).

Traditional healers are an integral part of the developing world (Gumede, 1990). They offer a wide range of counseling, divination/diagnostic, medical and other services (Thornton & Edinburg, 2009). The terminology used to describe traditional healers differs across cultural and ethnic groups. The Xhosa and the Zulus call a traditional doctor *inyanga/igqira* and a diviner *isangoma*, although some people sometimes use the two terms interchangeably (Campbell, 1998). For the purpose of this dissertation, three different categories of traditional healers – the diviner (*isangoma*), the herbalist (*inyanga*) and the African religious faith healer (*umthandazi*) – will be discussed.

#### **2.4.3.1 Isangoma (Diviner)**

To some extent, divining runs through families. However, the ancestors can call anyone capable of shouldering the responsibility (Gumede, 1990). In order to become an *isangoma*, a person must be called by ancestral spirits (Mutwa, 2003; Nzima, Edwards & Makunga, 1992; Sodi, 1996). An *isangoma's* main role is to diagnose illness; they are specialists in explaining the causality of events (Gumede, 1990; Ngubane, 1977). Although there are various modalities of operation, diviners often make use of throwing objects such as bones, seashells and carved dice, (particularly in the Sotho and Venda traditions) (Hammond-Tooke, 1989). A highly qualified mentor offers training to those who are to become *isangoma* through apprenticeship (Mafalo, 1997). The training involves the acquisition of skills such as assessment of illness, treatment of illness and the finding of lost objects (Hopa, Simbayi, & Du toit, 1998). *Izangoma* (plural of *isangoma*) can be divided into different categories (Melato, 2000). *Izangoma zamathambo* (diviners who throw bones) use bones of animals and birds for divination (Melato, 2000). *Izangoma zehlombe* (hand clappers) carry out divination by clapping their hands (Gumede, 1990).

#### **2.4.3.2 Ukuthwasa (The Process of Becoming an isangoma)**

*Ukuthwasa* (Zulu and Xhosa) is defined in different ways since it is unique for each individual. The term refers to a calling from the ancestors that want recognition and causes 'illness' (*thwasa*) in order to bring about change and transformation to the chosen individual (Mlisa,

2009; Thindisa & Seobi, 2004). *Uku-thwasa* means the beginning and implies that transformation will take place in the person leading to acceptance of the calling (Radomsky, 2009). Becoming an *isangoma* is not a voluntary process; it is determined by the calling of the ancestors (Faure, 2002). The *Uku-thwasa* illness mimics certain Western diagnostic criteria for psychopathology. For example, the hearing of ancestral voices as well as certain visions from the ancestors could be mistaken for hallucinations. Among the key symptoms are vivid, repetitive and often disturbing dreams associated with the *uku-thwasa* illness. Within the traditional healing cosmology the presence of such dreams takes precedence over other symptoms (Radomsky, 2009). Other characteristics of the *uku-thwasa* illness come in the form of a sickness characterized by various pains, aches, and sleepiness/sleeplessness, anxiety and irritability (Faure, 2002). In order to determine whether a person is suffering from the *uku-thwasa* illness, a qualified *isangoma* must be consulted (Jonker, 2006).

Because *uku-thwasa* illness mimics some Western diagnostic criteria for psychopathology, possibilities for incorrect and inappropriate diagnosis exist, especially in psychological and medical settings. For example, a student at a tertiary institution suffering from the *uku-thwasa* illness may be diagnosed with schizophrenia. This student may have to leave her/his studies and be placed in a mental hospital. It is important that Western trained mental health practitioners take interest in indigenous knowledge so that they can understand the cosmology of indigenous people in order to reduce the potential for misdiagnosis. Western trained mental health practitioners must have the necessary knowledge to understand the different explanatory models of illness in order to respond accordingly to such cases. This means that an interdisciplinary approach might be more helpful.

#### **2.4.3.3 Ukuthwasa as a Human Culture**

Mlisa (2009) and Nel (2005) define *ukuthwasa* as a dynamic knowledge system that is widely used. It affects almost all cultures and races even though different races and cultures use different terminologies and ways of symbolism. The researcher agrees with Nel (2005) and Mlisa (2009) because there has been a number of cases where people of different racial groups have had the calling of *ukuthwasa* and became traditional healers. The ancestors choose anyone whom they

see fit to become a healer. Kale (1995) describes a case in which a white woman was called to become a traditional healer. Radomsky (2009) describes a case in which an African woman who had transformed into Western ways of living was called to become a healer. From the above cases it is clear that traditional healing is not only for indigenous Africans. Indigenous healing is based on African cosmology and African cosmology is inclusive and accommodative of the other.

#### **2.4.3.4 Inyanga (Herbalist)**

*Izinyanga* (plural of *inyanga*) are specialists in herbs and traditional therapeutic interventions (Gumede, 1990). Some specialize in producing medicine and have access to the spirit world through their ancestors (Hopa *et al.*, 1998). The training process involves a period of apprenticeship under a master herbalist. It is only when the master herbalist is confident in the learner that the learner can start practicing and giving *umuthi* (medicine). *Umuthi* can be administered in many ways including oral means, through inhalation, rubbing into incisions or emetics. *Izinyanga* are very competitive and are therefore secretive about their expertise and practice (Melato, 2000). *Izinyanga* do not necessarily have to be called by the ancestors but some of the substances and herbs they use are considered to have magical qualities in them (Louw & Pretorius, 1995).

*Izinyanga* (herbalists) play a huge role in the production and maintenance of *umuthi* (medicine) for African chemists. African chemists (Xhosa *amayeza esiXhosa* or in Zulu *imbiza yesiZulu*) keep traditional medicines for physical and psychological illness that are culturally related. African chemists also keep a range of commercially manufactured pharmaceuticals. *Amayeza* stores are not a recent development. In the 1930s Cawston (1933) reported on a shop he visited that displayed not only herbal remedies and animal artifacts but also a large assortment of Indian medicines. This shows the flexibility and inclusiveness of African chemists. Studies conducted in 1987 and 1988 showed that people from developing countries use local chemists and find them very useful because the people who offer the services come from the same cultural backgrounds and have a clear understanding of their illnesses (Wolffers, 1988).

#### **2.4.3.5 Umthandazi (African Religious Faith Healer)**

*Abathandazi* (plural of *Umthandazi*) are African religious faith healers who profess Christian faith and belong to an African church. They heal by means of prayers, water, ash, and by touching a patient (Kale, 1995; Sofowora, 1982). Religious faith healing allows for the personal growth potential of the individual and the ability to obtain harmony inwardly. It allows the person to carry out a self introspection and self-actualization (Meralviglia, 2001). The main focus is on the faith of the client, which is regarded as the prerequisite for healing (Bate, 1995). The client is able to be faithful because they are strong believers in God. According to Blier (1997) and Kealotswe (1985), faith healing facilitates catharsis; the minister or pastor and the congregants provide emotional support to people experiencing ill health. The clapping and singing during church services leads to relaxation which is one of the necessary conditions for healing (Sandlana & Mtetwa, 2008).

### **2.5 Diseases Attended to by Traditional Healers**

#### **2.5.1 Izifo (General Sicknesses)**

*Umkhuhlane* (common cold): This is a bodily sickness that is due to the ordinary break-down of the body and is not attributable to external forces. It is cured by natural medicines (*imithi*) which do not need rituals to be effective. Western medicines are accepted and are also seen as part of the healing process (Jwara, 1998).

#### **2.5.2 Izifo Zabantu (Sicknesses of the People)**

The Zulus have a concise meaning for the term *izifo zabantu* (the diseases of people) or *ukufa kwabantu* (the sickness of the people). In this context, *abantu* refers to Africans, so this expression means the sickness of the Africans, namely those that are caused by external social agents such as failure to meet important obligations to the ancestors, or sorcery. The illnesses of non-Africans are called *izifo zabezizwe* (the diseases of the Westerners) (Jwara, 1998). A few illnesses believed to be specific for Africans will be discussed.

- **Umeqo:** The Zulus believe that a wizard or witch (*umthakathi*) can put a poisoned medicine (*umuthi*) across the path of a person to whom the medicine is directed. The person must walk across the medicine in order to contract the disease called *umeqo* (literally, stepping over). The poison of the medicine enters the body through the feet and can spread throughout the body. When the person is poisoned, the poisoned feet will be swollen and become very painful. Sometimes they can be very painful without necessarily getting swollen (Jwara, 1998).
- **Isibhobo or inxeba (muscle pain):** This is often a sharp muscle pain experienced by the patient in the chest, breast or shoulder. Africans believe that this disease is caused by an evil medicine (*umuthi wokuthakatha*) in an old African pot which the Zulus call *ukhamba*. The sorcerer uses a spear (*umkhonto*) to stir the medicine, while calling out the name of the person being bewitched. While the witch is doing this, the victim will immediately complain of a sharp pain in her/his body as if a sharp object is piercing the body. The pain of this disease affects the respiratory system. If this disease is not treated, the victim can die of suffocation. This disease is cured by an African traditional healer by burning the fur of wild animals mixed with some dry pounded herbs. The smoke produced by the burning mixture is inhaled by the patient in order to get healed (Jwara, 1998).
- **Amashwa (misfortune):** This is the plural of *ilishwa* or *ishwa* (misfortune). This is believed to be separated into three parts. The first part deals with general misfortune that is not necessarily attributed to witchcraft. The second part is attributed to bewitchment (Jwara, 1998). For example, African students sometimes go home to perform certain rituals before examinations so that they do not get bewitched. It is believed that the witch might be beating his evil medicine in a beer pot (*ukhamba*) calling the name of the one he/she is bewitching (*ukukhafula*). Nothing ever goes right for the person who is bewitched. Such illnesses cannot be cured by any traditional doctor; they need a traditional healer who is a specialist in this field. The third part of *amashwa* has to do with bad relationship with the ancestors. This is often due to the fact that the person would have stopped venerating his/her ancestors and his/her ancestors would have

“turned their backs” on him/her (i.e. withdrawn their protection). People often consult *isangoma* (diviner) or *umthandazi* (faith healer) and the healer tells the person that their ancestors are upset with them and certain familial rituals need to be performed in order to calm the ancestors down. *Amashwa* (misfortunes) are also symptoms of a need for reconciliation or change of one’s moral life (Jwara, 1998).

## **2.6. The Role of Traditional Healers**

One of the main roles of traditional healers is to heal in a holistic manner as mentioned above. They are effective in healing physical illnesses and in providing psychological counseling (Havenaar *et al.*, 2008; Mabunda, 2001; Offiong, 1983). The fundamental idea of traditional medicine is that disease is a supernatural phenomenon governed by the ancestors, living people, animals, plants and other objects (Gumede, 1990; Melato, 2009; Ngubane, 1977; Zondo, 2008).

## **2.7. Counseling and Traditional Healers at Tertiary Institutions in South Africa: The Current Study**

While there is preliminary research into the use of traditional healing services in tertiary institutions (Ogana, Ngidi & Zulu, 2009), the views of different stakeholders not only on the relevance of counselling services available to African students but also on the advantages and disadvantages of providing traditional healing as part of student counselling services on university campuses, have not been explored. The current study sought to address this gap, building on the University of KwaZulu-Natal's traditional healing pilot project involving the option available to students to consult with a campus-based traditional healer (*isangoma*) (Ogana, Ngidi & Zulu, 2009).

## **2.8 Chapter summary**

This chapter began with the background informing counselling in South African tertiary institutions in light of the rapid changes in the demography of students that have taken place since the transition to the new democratic dispensation. It has been argued that tertiary

institutions have not done enough to address the needs of students from diverse cultural backgrounds. The chapter also discussed the main characteristics of an African-based psychology as well as African perceptions of self, health, and illness and how these differ from those of the West which form the core foundations of psychological counselling. The objectives of the current study stem from the need to understand different stakeholders' views on the use of traditional counselling services on university campuses. This will in turn inform recommendations for practice, research and theorising.



## **CHAPTER THREE: METHODOLOGY**

This chapter presents the research design of the current study. Sampling and data collection methods are discussed. It further presents the data analysis method that was used. The design reliability and validity considerations are discussed as are the ethical issues related to the study.

### **3.1 Research Design**

A qualitative research design was adopted to answer the research questions. Qualitative research is defined as a multi-method that provides an interpretive and naturalistic approach to research (Denzil & Lincoln 2000; Zondo, 2008). Qualitative research involves listening to respondents and understanding their lives in their own terms (Doucet, 1995; Gilligan, 1982; Oakley, 1981). In addition, qualitative research aims to understand the world from the point of view of those who live in it, thereby grasping the meaning of social phenomena from their perspectives (Clark, 1999). The research questions to be used depend on the context which informs the choice of tools to be used (Zondo, 2008). Denzil and Lincoln (2000) state that the research design should be able to guide the conceptual framework and the data collection of the research. Qualitative research design is a good indication of conflicting opinions and unresolved issues regarding meaning and use of concepts, procedures and interpretations (Graneheim & Lundman, 2003). In the current study focus group discussions were done and in-depth interviews were conducted.

#### **3.1.1 Sampling Methods**

Four categories of research participants were sampled: students, psychologists, Deans of students, and a traditional healer. The general criterion for selection of the sample was membership of the UKZN community.

Different sampling methods were used at different stages of the research although most of the research was done using purposeful and snowballing sampling techniques. Purposeful sampling is particularly useful when one is looking to gain an in-depth understanding of people's experiences (Neumann, 1977). The students were sampled purposefully. This means that

sampling depended not only on the availability and willingness to participate, but cases that were typical of the population of interest were selected (Durrheim & Painter, 2006). Students that had not seen the traditional healer were conveniently sampled at the Pietermaritzburg campus of UKZN and students who had consulted the traditional healer were conveniently sampled at the Howard College campus of UKZN. The students were sampled in these two campuses of UKZN because they were the researcher's population of interest. Having these different groups of students provides a good spread of different views and opinions from students who had seen a traditional healer and those who had not seen a traditional healer. At the Howard College of UKZN it would be highly likely to find students who had consulted a traditional healer because there is a traditional healer on campus whereas the Pietermaritzburg campus does not have a traditional healer on campus.

The students sampled informed their friends and their friends informed their friends about the research (this is typical of how snowballing sampling is done). This type of sampling could result in a biased sample because friends are likely to share similar opinions on issues. The bias could arise in this study because the researcher relied on the participants' word of mouth during the interviews and focus groups.

The traditional healer was sampled purposively and she was the only one available at UKZN on the Howard College campus offering traditional counseling services to students. The psychologists and the Deans of students were sampled purposively. All participants that were sampled were seen as ideal candidates who could answer the questions (Babbie & Mouton, 2001). It was important to sample the traditional healer because of her experience in working with students in a traditional setting. It was also important to sample psychologists to find out their views and experiences in counselling students. It was important to sample the Deans because of their experiences in working in student services.

### **3.1.2 Description of Participants**

Overall, 35 participants drawn from the student population including the student leadership, providers of counselling services (psychologists and the traditional healer), and from the

University leadership (Deans of Students) took part in the study. 29 students participated in the study. Of the 29, two (2), one male postgraduate and one female postgraduate student were members of the Student Representative Council (SRC), four 3<sup>rd</sup> year male students were part of the residence house committees. Students in leadership were sampled because of their experience in working with students and being in leadership. Three categories of students were sampled: a) students who had not consulted a traditional healer (individual interviews were conducted with these students, they were mixed: 3 males and 2 females from 1<sup>st</sup> year to postgraduate students); b) a mixed group comprising students who had consulted and those who had not consulted a traditional healer (all the focus groups that were conducted with students were mixed this way and each focus group had 7 female students and 7 male students who were all in 2<sup>nd</sup> or 3<sup>rd</sup> year); and c) students who had consulted a traditional healer (individual interviews were conducted with 4 students; these were all female, 2<sup>nd</sup> and 3<sup>rd</sup> year students).

Among the non-student participants in the sample were three psychologists, a male (1) was from the Howard College campus, another male (1) from Pietermaritzburg campus and a female (1) from Pietermaritzburg campus. All of them were working at the Student Counselling Centre or the Access Programme. Two Deans of Students participated in this study. The Deans of Students were purposively sampled by sending them an email to request their participation. Both Deans have their offices at the Howard College campus of UKZN. Finally, one traditional healer was purposefully and strategically targeted to participate in the study. She was called telephonically and personally visited in her consulting room.

All the interviews and the focus groups discussions were conducted in English and the participants were allowed to speak in any of the Nguni languages if they wished to do so because the researcher who was also the interviewer could understand. The only interview that was conducted in Zulu only was the one with the traditional healer.

### **3.1.3 Data Collection Methods**

Data were collected by means of individual interviews and focus group discussions, using interview schedules designed for this purpose. Each of these instruments was constantly

amended as the research progressed and as new ideas emerged. Data collection began with individual interviews.<sup>1</sup> As the research progressed, new ideas emerged and the researcher was interested in how the responses of participants would be reflected in a group setting. The interview schedule<sup>2</sup> for the students was used as a guide for the focus group discussion.

### **3.1.3.1 Individual Interviews**

The traditional healer, psychologists and the Deans and some of the students were interviewed using open ended interview schedules.<sup>3</sup> Open ended interviews are non restrictive and constitute a better tool for yielding rich quality data (Ashworth, Giorgi and Koning, 1986). According to Denzil and Lincoln (2000), a qualitative interview is an excellent tool to gain information about the subjective experiences of research participants. Qualitative interviews enable the researcher to cross-check understanding with the participants in order to enhance validity (Henwood & Pidgeon, 1994). Further, interviews are flexible and dynamic; they allow for an opportunity for the researcher to engage in conversation with the participants. As the researcher continues to engage with the participants, she/he is better positioned to understand their lives, experiences and situations as expressed in their own words (Taylor & Bogdan, 1984).

Interviews yield a rich source of data and have proven to be useful in previous studies (Ashworth *et al.*, 1986). Zondo (2008) used interview schedules to investigate traditional healers, their diagnostic methods and management of illness, and their views on the future of South Africa's healthcare system. Edwards (1987) explored *izangoma* and Zulu customs through interview schedules. Likewise, Ngubane (1977) used qualitative research interviews to gain an in-depth understanding of the lived experiences of distress among the people of KwaNyuswa in KwaZulu-Natal. Melato (2000) successfully used qualitative interviews in order to explore traditional healers' perspectives of the integration of their practices into the South African national health system.

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<sup>1</sup> See Appendices 3-6.

<sup>2</sup> See Appendix 6

<sup>3</sup> See Appendices 3-6

One of the drawbacks of the interview method is that it relies solely on verbal statements. Therefore, as a form of conversation interviews are subject to the same kind of deceptions and exaggerations that characterize talk amongst people (Taylor & Bogdan, 1984).

### **3.1.3.2 Focus Group Discussions**

As the research progressed new ideas emerged and focus groups were chosen as the appropriate instrument of data collection at various points of the research. The purpose of the focus group was to facilitate an in-depth exploration of the research topic (Krueger & Casey, 2000). Focus groups produce a very rich source of data expressed in the participants' own words. Focus groups allowed for participants to be actively involved in a conversation that was reciprocal and encouraged learning among participants. Balan (2005) states that focus group discussions are particularly important because they allow for reciprocity and research that is respectful. The focus group discussion allowed for a medium where participants could freely express their opinions about indigenous cultural knowledge. It was refreshing to see the enthusiasm with which participants actively participated in the focus groups. Participants were willing to share their knowledge and learn from each other. It also allowed the researcher to interact directly with a group of participants which allowed for clarification of issues and more probing. Focus groups also gave the researcher an opportunity to observe the participants' non-verbal responses, such as gestures, smiles and frowns. These non-verbal expressions were explored in order to get an in-depth understanding of their relevance to the discussion.

Focus groups have been successfully used in many research studies in order to provide for reciprocity for the participants (Legard, Keegan, & Ward, 2003). Krueger and Casey (2000) in their focused group discussions allowed participants to draw their experiences of learning, or to circle the types of learning they perceived during workplace transition.

The limitations of this kind of data collection method is that participants' responses are sometimes not independent of each other. The focus group discussions may also be undermined by the influence of a dominant and a highly opinionated group member. The influence of this member might make reserved and shy participants hesitant and reluctant to participate. To

minimize this, the researcher made an effort to facilitate the focus groups in a fair and non-judgmental manner. Where a participant was observed to be dominating the discussion, the researcher politely stated that his/her opinion was valued but that it was important to get others' views on the topic. Those participants that were quiet and very shy were politely probed for their thoughts on the subject. Participants were continuously reminded that there were no right and wrong answers and everyone's opinion was valued. This contributed to good rapport and open sharing of ideas.

### **3.1.4 Procedure for Data Collection**

#### **3.1.4.1 Individual Interviews with Students**

In-depth interviews were used in collecting data from the participants. The students who took part in the study were informed about the research through posters that were put up on the University notice boards. Those who saw the posters and wanted to be part of the study informed other students about the research. The interviews were conducted in the client consultation rooms of the Psychology Building. Some students preferred to be interviewed in their rooms at the University residences. The duration of the interviews varied depending on each participant's involvement with the topic of interest. The interviews were tape recorded and transcribed. Ethical issues such as consent and autonomy to withdraw at any stage should the participant wish to do so were discussed.

#### **3.1.4.2 Individual Interviews with Psychologists, Deans and the Traditional Healer**

The psychologists were emailed about the research and invited to participate. They were interviewed individually at their offices. They were informed about ethical issues such as consent and autonomy.<sup>4</sup> All interviews were audio recorded and transcribed. The audio recording assisted the researcher to listen and re-listen so as not to miss out on important information. The Deans of Students were emailed and invited to take part in this study and, having obtained permission from them to participate, they were interviewed at their respective offices. Ethical

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<sup>4</sup> See Appendices 1 and 2

issues and autonomy were discussed.<sup>5</sup> A lot of interesting ideas and issues emerged during the interviews. The new ideas were discussed because qualitative interviews are flexible (Doucet, 1995). A similar procedure was followed with the traditional healer. She was interviewed at her consulting room on the Howard College campus using an in-depth interview schedule that had been designed for this purpose.<sup>6</sup> The relevant ethical issues such as autonomy and freedom to withdraw from the research at any stage were discussed with her as well.<sup>7</sup>

#### **3.1.4.3 Focus Group Discussions: Procedure**

Two focus groups of seven students each were held in two single sex residences. The students were separated by gender because students felt they would be shy and unable to fully express their opinions if the focus groups were mixed. Another issue that necessitated the separation of female and male students was that each group of students wanted to be interviewed at their own residence and none was willing to move and be interviewed at another residence. The students were invited through posters that were posted by the researcher on notice boards in the University residences. The students signed a consent form (see Appendix 2) and were informed about confidentiality and right to withdraw at the beginning of the focus group discussions (see Appendix 1). Everyone in the focus group had access to each other's ideas because all participants were encouraged to participate in the focus group.

### **3.2 Data Analysis**

Data were analysed qualitatively, using thematic analysis (Boyatzis, 1998; Braun & Clarke, 2006), in line with the feminist, transformative paradigm (Mertens, 2009), and taking into consideration of indigenous African worldviews (Mkabela, 2005; Riviere, 2001). Qualitative research is broadly defined as any kind of research that produces findings not arrived at by means of statistical procedures or other means of quantification (Strauss & Corbin, 1990). Qualitative research tends to incorporate a wide variety of specific research techniques even within one research project (Vulliamy, Lewin & Stephens, 1990). In this type of research, the

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<sup>5</sup> See Appendix 1

<sup>6</sup> See Appendix 5

<sup>7</sup> See Appendices 1 and 2

researcher is interested in understanding social phenomena from the participants' point of view (Mkabela, 2005). Qualitative analysis results in a different type of knowledge than does quantitative inquiry because one party argues from the underlying philosophical nature of each paradigm (Glesne & Peshkin, 1992). When conducting research that involves indigenous African participants, Mkabela (2005) and Reviere (2001) argue that such research should include African indigenous methodologies. Mkabela (2005) further states that South Africa has, for many years, marginalized African indigenous knowledge. To redress this marginalization in the current democratic regime, African researchers should try to incorporate research analysis and methodologies that will enhance indigenous knowledge.

### **3.2.1 Thematic Analysis**

Thematic analysis involves arranging data systematically under common themes (Spradley, 1979). The data were transcribed by the researcher and she was helped by her 2 friends in residence who were currently enrolled for their masters' degrees in Zulu studies at UKZN. Where this was necessary, the data were translated. The researcher further checked the transcribed data with her supervisor to ensure it was properly translated from to Zulu English. The transcripts were printed and the researcher repeatedly and carefully listened to the tapes to ensure that everything was captured correctly. The transcribed data were coded by writing notes along the margins of the printed transcripts. The written notes aimed at identifying the underlying meanings (Aronson, 1994; Denzil & Lincoln, 2000).

Thematic analysis was chosen in this research because of its flexibility (Boyatzis 1998, cited in Braun & Clarke, 2006). Boyatzis (1998) characterizes thematic analysis as a tool to use across different methods. In this research, thematic analysis was used within a feminist interpretive analysis and the holistic collective analysis approach. This analysis strategy involves constantly moving back and forth between the entire data set. The researcher also looked for relationships and connections amongst participants' stories and experiences.



### **3.2.2 Transformative Paradigm in Qualitative Analysis**

The transformative paradigm investigates critical issues in society. It is particularly interested in people who are born into circumstances associated with a greater probability of discrimination and oppression due to physical, historical, economic or other factors. This paradigm emerged as a response to individuals who have been pushed to the margins throughout history and who still continue to experience lower access to resources and lower quality of life (Mertens, 2009).

In the current study, the participants' stories were listened to and centered. The issue under discussion was critical because previously it was not discussed at university settings. Although a number of African students get enrolled into university, there is not much discussion around their experiences and ways of life at university. The researcher was interested in the experiences of African students who value traditional healing. In doing this the researcher asked questions which opened up discussions which allowed the participants to freely express their views. In doing this, the researcher was conscious and sensitive to the culture of participants. This way of doing was transformative in itself.

This paradigm was chosen in this study because it seemed appropriate for the topic of this research; it allowed for the use of a feminist interpretive approach to data analysis (Doucet, 1995; Gilligan, 1982; Oakley, 1981) and the application of holistic collective data analysis (Asante, 1983; Mkabela, 2005; Reviere, 2001) adapted from the African worldview. The feminist interpretive data analysis method was identified as the most appropriate approach because it allows for interpretations of complex interdependent relations amongst participants. Central to feminist method of analysis is the notion of listening to respondents in order to understand their lives in their own terms (Finch, 1984; Graham, 1993). Gillian (1982) states that the feminist interpretive approach views human beings as embedded in a complex web of intimate and larger social relations, and a different understanding of human nature and human interaction so that people are viewed as interdependent rather than independent (Tronto, 1995). In this study the data were analyzed by looking at themes in the complex interdependencies and relations of power in which the participants found themselves. For example, students are relatively less powerful than the University authorities in most domains of University life.

Further, the indigenous worldviews to which some of the students subscribed to are currently on the margins of the health care systems including counselling services at universities. The researcher was thus aware of the need to respect the respondents' stories at all times so as not to compound the stigmatization that might already prevail about seeing traditional healers (Ogana, Ngidi, & Zulu, 2009).

The holistic and collective analysis of data is adapted from African worldview (Mkabela, 2005; Reviere, 2001). The African worldviews states that African culture should be the center in research that involves African participants and acknowledges that according to the African cosmology people live interdependently as a community and not in isolation (Asante, 1983; 1991; Dei, 1994; 2000). It would be important to center African culture in the current research because this research is culture specific. Mkabela (2005) and Reviere (2001) state that researchers prefer to use Western methodologies even in research that is non-Western. This poses certain biases such as misunderstanding and misinterpretation. In this research, the researcher tried to analyze results using a holistic collective method as described by Mkabela (2005) and Reviere (2001). This implies being culturally sensitive and open to different stories that the participants told. Even though the researcher herself comes from a similar cultural background, she had to familiarize herself with the culture of the participants, and this required an open and non-judgmental attitude towards their stories.

### **3.3 Design Reliability and Validity**

According to Patton (2002), reliability and validity are two factors which any qualitative researcher should be concerned about. Reliability is often difficult to assess in qualitative research because of its subjectivity. Thus, qualitative findings are sometimes considered to be lacking in reliability (Stenbacka, 2001). In qualitative research, reliability refers to the quality of craftsmanship, namely the processes by means of which the data were collected, processed and transformed into findings (Patton, 2002). To ensure reliability in a qualitative study examination of trustworthiness is crucial. Trustworthiness of the research lies at the heart of issues conventionally discussed as reliability (Seale, 1999). The data were collected from participants

with varied experiences in order to ensure trustworthiness (Adler & Adler, 1988; Graneheim & Lundman, 2003; Patton, 1987).

Denzil and Lincoln (2000) state that craftsmanship is important as it safeguards against researcher's imposition. Craftsmanship is described as the researcher's ability to transcribe and record the research data accurately. In this study the researcher tape recorded all the individual interviews and focus group interviews so as to capture the views of participants as accurately as possible. The recordings were listened to a couple of times and were accurately transcribed. The transcripts were read over a couple of times to get familiar with the data. Small notes were written on the margins of the initial interview transcripts as new ideas emerged. The transcribed and translated data were checked with the supervisor for accuracy.

Denzil and Lincoln (2000) state that a researcher cannot maintain a state of neutrality as both the researcher and the researched are influenced by their cultural experiences; therefore the researcher must be reflexive. Reflexivity requires an awareness of the researcher's contribution to the construction of meanings throughout the research process, and an acknowledgment of the impossibility of remaining outside of one's subject matter while conducting research (Watt, 2007). A number of experts (Glesne & Peshkin, 1992; Maxwell, 1996, 2005; Spradley, 1979; Watt, 2007) recommend writing short notes, or memos, to one's self during the entire research project. In the current study the researcher continuously wrote and rewrote notes to herself and this helped her to reflect on new emerging ideas and it helped to facilitate her analysis process. This type of reflection allowed the researcher to be aware of her biases and when in doubt, the researcher approached her supervisor for a reflection on her work from an outside observer.

### **3.3.1 Validity**

Validity is described in various ways in qualitative research. Validity in qualitative research is about how different theories and rival explanations account for the findings in order to give a balanced picture (Merriam, 1988). In the current study the researcher looked at different theories from different writers in both African and Western contexts. This is not a single, fixed or universal concept but rather a contingent construct inescapably rooted in the process and

intention of a particular research and its methodology (Patton, 2002). Taylor and Bogdan (1984) argue that validity in qualitative research lies in the personal encounter of the researcher and the encounter of the research participants. The experience of the researcher is similar to that of the students who participated in the study. One of this is the fact that participants struggled to maintain balance between their African cultural beliefs and their Western training at a tertiary institution. In a similar manner, the researcher sometimes battled to maintain balance between her Western training in psychology and the information she received from her participants. This challenge was not experienced in the encounter with the traditional healer. The viewpoint of the traditional healer was different because her worldview was completely different to that of the Western trained researcher. The traditional healer referred to *abantu abadala*, the ancestors, a lot. Most of what she did was informed by what the ancestors said. In contrast, the Western worldview emphasizes individual liberty where people are encouraged to express their individual feelings. Although the Western and the traditional worldviews are different, the traditional healer was very welcoming and willing to share her knowledge about her job and skills which was a very humbling experience for the researcher. However qualitative research is critiqued for being too subjective and can therefore run the risk of projection and collusion. This may have a negative impact on both reliability and validity of the study.

### **3.4 Ethical Issues**

The research was screened for ethical issues by the higher degrees committee of the School of Psychology (UKZN) and the ethical clearance was obtained from the University of KwaZulu-Natal's Social Sciences and Humanities Research Ethics Committee. It is important for research especially of an applied nature to have social relevance. This means that the research should contribute towards interventions that can enhance people's health or well being (Emanuel, Wendler & Grady, 2000). Informed consent must be received from research participants as an indication of their informed and voluntary participation; participants' autonomous decisions need to be respected (Capron, 1999; Donagan, 1977). The researcher must ensure a fair selection of research participants (Emanuel, Wendler & Grady, 2000). Written consent was obtained from all the participants<sup>8</sup>. The researcher explained to participants the details of the study in order to

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<sup>8</sup> See Appendix 2

illuminate the issues contained in the consent forms (Appendices 1 and 2). Participants were informed that they were free to withdraw at any point of the interview if they so wished. All the questions asked were translated into isiZulu. This was done for those participants who wished to be interviewed in isiZulu. Participants were informed that the interview tapes and questionnaires were to be kept secured by the researcher and her supervisor. Permission to use the audio-recorder was also obtained.

In every study, a researcher must give proper information to participants regarding the benefits and possible harm associated with the study (Angell, 1997; Freedman, 1987). To safeguard against the possibility of secondary traumatising, the researcher, with the help of her supervisor, arranged to refer participants to the University student counseling centres in the event that this was necessary. In addition, participants were advised that they were allowed to withdraw from the research should they feel uncomfortable to continue with the study. There was no point in the current research study where research participants needed to be referred to the counseling centre although this service was available. There were no direct benefits for participating in the study. Participants were informed that their participation could possibly contribute towards efforts to improve counseling services available to tertiary students in general.

### **3.5 Chapter Conclusion**

In conclusion, this chapter discussed the study methodology incorporating the research design, sampling, the study participants, data collection methods and analysis. Validity, reliability and ethical issues were also considered. The study findings are presented and discussed in the next chapter.

## CHAPTER FOUR: RESULTS AND DISCUSSION

The chapter discusses the study findings in relation to the literature. The summaries of the data were structured around five main themes: incorporation of traditional healers as health professionals at tertiary institutions; the relationship between psychologists and traditional healers at tertiary institutions; the use of African indigenous languages during the counseling process; traditional healing, culture bound syndromes and identity; challenges to the incorporation of traditional healing into the counseling services at tertiary institutions. The main findings show that traditional healing services would be useful at tertiary institutions and there seems to be a general agreement amongst the participants for the need of such an intervention. A harmonious working relationship between traditional healers and other help professionals is perceived to be possible. The use of African indigenous languages is viewed as something that would possibly add value to the counseling process. The need for a traditional healer at tertiary institutions was seen to be specific to 'culture bound syndromes.' Amongst the advantages that were identified was openness to diversity, whilst ethical considerations were cited amongst the most important challenges.

### 4.1 Incorporation of Traditional Healers as Health Professionals at Tertiary Institutions

The participants pointed at a gap in the health system at tertiary institutions and incorporation of traditional healing into the psychological counseling of students from traditional African backgrounds was considered favourably. The extracts below illustrate this point.

#### Extract 1

This extract was from a psychologist that was interviewed at the Counselling Centre:

*Researcher: Being a psychologist who is trained in a western way do you ever experience tensions between what you learned in theory and its application in an African context?*

*Participant: Yes quit a lot especially with regard with cases that students present, for example last year a student presented [with symptoms of ] schizophrenia in a western way but really the student needed to perform some cultural rituals and ceremonies and that*

*came out when I called the family for collateral information. The issue was that he had to live campus and go and see a sangoma and he needed a month off; there was lots of conflict and also with my supervisors it was difficult for them to understand; and the question was why can't you refer the student to hospital so that psychiatrists evaluate the student and give medicine and the students can continue or let the student withdraw from the programme all together. Some have to miss classes and tests because they have to go home and attend cultural ceremonies. The issue in these cases is do we as psychologists condone absence? Therefore I think if we had someone who is more knowledgeable in these issues it would make the life of everyone involved easier.*

Extract 1 above illustrates the tendency in counseling settings to view mental health problems with reference to the dominant Western (often biomedical) paradigm. This therefore shows that there is a gap between the mental health services and the people it is offered to. Edwards (1985) states that people's views on health and illness must be taken into consideration in psychological counseling. Ntuli (1999) argues that education and culture are intertwined; therefore, the education system must acknowledge and value indigenous ways of life (Vilakazi, 1999).

#### Extract 2

This extract is from an interview with a student who had (previously) consulted a traditional healer:

*Researcher: Would you explain to me what you meant earlier when you spoke about good African counseling?*

*Participant: I meant, we need to know our ways, I do not know much about African literature and history but I think we need that in order for us to be understood because Africans have got a different way of doing [things]. You must understand that education was brought by the westerners including counseling. We can't always be looking at western ways; it is not going to work out. We need to understand the African ways in order for us to accommodate the African people. We also need not be too dependent on our traditional healers, by that I mean traditional healers are not Gods, they are also*

*human so they will sometimes make mistakes but most of the time they are correct. All the times that I visited [the traditional healer, I was] given correct interpretations and [I was] never really given [u]muthi but a session with . . . is like a sigh of fresh air, its so liberating.*

Extract 2 shows that the attractiveness of traditional healers lie partially in their ability to frame students' experiences in culturally-appropriate ways and this is valued by the students. This assists students in understanding and explaining their illness to others (lecturers for instance) who might need to know about the student's condition. The participant in Extract 2 reports experiencing relieve after seeing the traditional healer, which may be due to having had an opportunity to tell her story to someone who shares her worldview. The participant also hints at the relevance of the educational system, suggesting that it might be inadequate in that indigenous ways of life are excluded. The relevance of the curriculum, including the curriculum pertaining to the training of psychologists, is thus something that needs to be considered.

#### Extract 3

This extract was from an interview with the traditional healer:

*Umcwangingi: Njengomlaphi wezendabuko esikhungweni semfundo ephakeme, ikuphi nje okunye ongangixoxela khona ngomsebenzi wakho?*

*Isangoma: Ok wukuthi nje ngesinye isikhathi kubanzima ngoba, ngahamba ngasuka le ekhaya ngashiya abantu bami ngeza khona la, manje kuye kubekhona ukungacazeleki kahle ngoba phela ama students angiwakhokhisi, okusho ukuthi kubalulekile nala kimi ukuthi ngazi ukuthi ngisebenza kanjani futhi nendawo engisebenzela kuyona.*

#### English translation

*Researcher: As a traditional healer working at a University what else can you tell me about your job?*



*Traditional healer: Ok, its just that sometimes there are complications with my job, because I left my community and came here and left all my customers there. Here at University I do not make students pay, which is fine but sometimes there is no clarity with my job post, and my working facilities are not that suitable and that sort of thing.*

From the above extract it seems that the traditional healer is fine about working at the University; however, she experiences difficulties with regard to her post as a traditional healer. Also her working conditions seem to be unfavourable for a job, though the specific details were not spelt out. At present there are no guidelines or policies on the employment of traditional healers as part of the counselling teams in tertiary institutions and this appears to be a source of frustration.

#### Extract 4

This extract was from an interview with a student who had not consulted a traditional healer:

*Researcher: I know you have said you do not believe in traditional healing because you are a Christian. You also mentioned that some students do sometimes believe that they are bewitched, what are your views about bewitchment?*

*Participant: I actually believe that people can get bewitched although I do not necessarily believe in traditional healing.*

*Researcher: Will you tell me more about that, so lets say a student here on campus believes that they are bewitched, how should that be dealt with?*

*Participant; I know people say traditional healers are best at dealing with issues of bewitchment, but I believe if that person is a Christian the church could assist them pray and there are priests who are very strong spiritually who can take demons out.*

Extract 4 shows that some students believe on the healing mechanisms of prayer (Phatlane, 2006). The above extract shows that there is a need for openness to other realities, including spiritual based counseling. Spirituality and Christian counseling however do not form a major

part of the psychological training of psychologists and psychological counselors and in some cases it might even be seen in negative terms (Jwara, 1998; Meralviglia, 2001). However, the study was not conceptualised to look at spiritual or Christian counselling and hence not enough could be deduced from the statement above.

#### Extract 5

This extract was taken from a focus group discussion with students:

*Researcher: What in general, are your recommendations regarding campus-based traditional healing services to students?*

*Participant 3: There is a board of traditional healers. Here in KwaZulu Natal we got one and there is the president of the board; we can contact those people they can help the University by recommending traditional healers that are good, competent and well respected that can work in certain places.*

Extract 5 brings to our attention that, in terms of the Traditional Healers's Act 22 of 2007/2008, traditional healing can now be professionally regulated. This way, the ethical challenges associated with the practice of traditional healing (like any other health profession), as discussed below, can be dealt with through this Board.

In conclusion, all the extracts above point to the need to explore traditional healing or other alternative counseling mechanisms in tertiary institutions in line with the students' belief systems and worldviews. The logistics of the incorporation of traditional healing into the counseling system, such as the consultation environment for the traditional healer, would need to be addressed.

## 4.2 The Relationship between Psychologists and Traditional Healers at Tertiary Institutions

The stakeholders that were interviewed thought that a harmonious working relationship between psychologists and traditional healers is possible.

### Extract 6

This extract is from a member of the University leadership:

*Researcher: What, in your view, should be the relationship between traditional healer(s) on campus and the student counseling centre?*

*Participant: These should work as they do right now in a complimentary fashion. There are cases that are referred to makhosi and there are cases that makhosi refers to the center. So there has got to be some harmonious working relationship based on respect for each.*

In Extract 6 above, it is noted that psychologists and traditional healers could work in collaboration, with each service provider referring cases to the other where appropriate.

### Extract 7

This extract was taken from the interview with the traditional healer:

*Umcwaning: Ngokombono wakho yibuphi ubudlelwano obufanele bubekhona phakathi kwabalaphi bendabuko eMaNyuvesi nomnyango wezokwalulekwa kwabafundi eNyuvesi? Isangoma: Kubalulekile ukuthi ngisebenzisane ne Student Counselling Center, akengenze isibonelo; umuntu oshonelwe ngiyakwazi ukuthi mina ngibeke ukuthi yini isizathu sokushonelwa, kodwa uthole ukuthi kuzodingakala ukuthi ngisebenzisana ne Student Counselling Center; kuyasiza kakhulu. Njengoba umuntu mase ephazamisekile kakhulu ngokomqondo ngiyakwazi ukuthi akasiwe kodokotela bamjove ukuze kuthi ukudamba kancane ngalesosikhathi, ngoba nangona amakhambi esintu esebenza ngesinye isikhathi*

*uthola ukuthi umjovo wesilungu uyashesha. Abazali babe behamba bayofuna esangomeni ukuthi yini edala isigulo enganeni. Ngiyasebezisana futhi ne clinic, ukusebenzisana kuyasiza kakhulu.*

*Researcher: What in your view should be the relationship between traditional healers and psychologists at tertiary institutions?*

*Traditional Healer: It is very useful to work with the Student Counselling Centre, for example with a student who has experienced the death of a loved one, I am able to explain the cause of death to the student, but it is often useful to work together with the Student Counselling Center. Another example is when I can see that a person is experiencing intense, mental problems I would sometimes refer to the doctors so that they can give an injection to calm the person down. Although African indigenous medication is useful I have found that in some cases the western medication is much quicker. Whilst the student is being taken care of by the doctors....the parents and family could consult a traditional healer to get a better understanding of the cause of their child's illness. Therefore not only do I work with the Student Counseling Centre I also work with the medical clinic which can be very useful.*

Extract 7 above illustrates the willingness especially from the traditional healer to work in collaboration with other professionals. This shows that traditional healing is accommodative and open to other realities as Mlisa (2009) and Thindisa and Seobi (2004) have argued.

#### Extract 8

This extract was from an interview with a student leader in the university residence:

*Researcher: What, in your view, should be the relationship between traditional healer(s) on campus and the Student Counseling Centre?*

*Participant: Their relationship, I think must be embedded under student counselling so they must be part of student counseling. There should be a very good relationship between the two and then they should also have a relationship with the campus medical*

*clinic because it's part of the healing process mentally and physically. So I think all three (Student Counselling Center, medical clinic and traditional healers) should work together.*

The participant in Extract 8 above endorses the previous participants' views. Participant 8 notes further, the need to attend to all dimensions of illness including the physical and mental (and one might add spiritual) needs. This is inline with Solomon and Wane's (2005) argument that health is a balance in social relations and the environment as a whole.

#### Extract 9

This extract was from an interview with a psychologist at the Student Counselling Centre:

*Researcher: What in your view should be the relationship between traditional healer(s) on campus and the Student Counseling Centre?*

*Participant: I think psychologists and traditional healers should be within the same space. We should be together but having different specializations. When it comes to emotional difficulties and career difficulties than a student should see a psychologist, but when it comes to any difficulty that maybe informed by culture or holistic make up then a student should have the choice to see a[n] [i]sangoma. As I speak the Student Counseling Center has the disability unit as a sub office; they are part of us we are together, and I don't understand why a traditional healer should be far from us because we are all working around the wellbeing of the students. We should have a relationship, which makes the referral relationship fluent and which make us learn from each other in a more convenient way.*

Like the traditional healer, the psychologist cited in Extract 9 above is open to working with traditional healers and it seems that the relationship between them would work best when they are in close proximity to each other. In summary, almost all the participants that were interviewed saw collaboration between traditional healers and psychologists to be in the students' interest.

### 4.3 The use of African Indigenous Languages during the Counseling Process

Participants' views on the use of indigenous African languages during the counseling process were also examined. The main perspective was that the use of indigenous African languages during the counseling is an important dimension to the process.

#### Extract 10

This extract was from a student who is in the student leadership:

*Researcher: What are your views on the use of indigenous African languages during the counseling process?*

*Participant: I basically think it would be very useful to have such programmes through counseling because like I said it would help us understand where we are coming from to where we are going. As Black African students we also need that linkage. Because I can see that there is a link between who the white students are and what is being done at the Student Counseling Center.*

Extract 10 shows that language is seen as tool of identity. If language represents identity there should be a greater emphasis on the use of indigenous languages for Africans because African identities have, in the past, been compromised through brutal acts such as slavery and apartheid (Asante, 1991; Phatlane, 2006). It is also extremely helpful to understand an indigenous language when one is a therapist in South Africa because it helps limit wrong diagnoses that often result from a lack of understanding of indigenous language. Unfortunately, most health practitioners in South Africa do not understand indigenous languages (Swartz & Drennan, 2000). This makes their service of limited relevance to indigenous people who cannot speak English (English is the language predominately spoken by health professionals in South Africa). In the case of a tertiary institution; students who cannot adequately express their illness, including the idiom of distress, in English may avoid going to the Student Counseling Center because of lack of communication.

#### Extract 11

This extract was taken from an interview with students in the focus group:

*Researcher: What are your views on the use of indigenous African languages during the counseling process?*

*Participant: I think they use minimum to zero indigenous or native languages during counselling because I've been there myself the psychologists speak English. I feel that as African students we are disadvantaged because some of us cannot fully express ourselves. Even in the academic departments they all use English it can sometimes be a big problem.*

Similar concerns were also raised by some members of the University leadership that were interviewed. This is captured in Extract 12 below:

#### Extract 12

*Researcher: What are your views on the use of indigenous languages during the counseling process?*

*Participant: It's important; firstly, our institution has a language policy that promotes African languages. Secondly, especially that this province is located in KZN in particular. When we are troubled we express things from where you are coming from. It's like you go to your roots to express and explain where you are coming from and understand things that make sense to you, I think that is important.*

The psychologists interviewed also talked about the importance of language in counselling as indicated by the following extract:

#### Extract 13

*Researcher: tell me about your experience in working with culturally diverse students*

*Participant: It can be a complicated experience but what is outstanding to me is the issue around language, I have seen how students battle in expressing themselves. Some will even consent to things which they do not fully understand and some are too shy to say,*

*hey I do not understand. You see as psychologist we discuss deep things related to people's lives and it is often difficult for African students who are not fluent in English to express themselves. Another issue is that language translation is not accurate and some languages do not have specific words, for example what would we call depression in Zulu?*

Extracts 11, 12 and 13 all speak to the importance of using African indigenous languages for counselling and educational purposes. This is particularly more important in counseling as it is often difficult to express emotional experiences and feelings in a second language. While in the province of KwaZulu-Natal this would refer primarily to the use of isiZulu, a similar case could be extended to the use of indigenous the major languages in other provinces. It is indeed ironic that African students feel excluded (as alluded to in Extract 11) in their own context. This may cause a sense of disorientation with no sense of belonging. Masoga (2005) argues that a sense of non-belonging might cause loss of identity and self-worth. The use of African indigenous languages in the counselling process will go a long way in facilitating better understanding between psychologists and their clients. This will also be in line with one of the provisions in the South African constitution, namely the right to services in one's own language. .

#### **4.4 Traditional Healing, Culture Bound Syndromes and Identity**

Traditional healing was mostly perceived as useful in dealing with culture-bound syndromes. For the current sample, these were syndromes mostly associated with disharmony between the living and the ancestors. Identity was mainly perceived as interconnected and embedded into culture and family. The results will be discussed in relation to literature and similar studies.

Extract 14

*Researcher: As a psychologist with your type of training and working in a University with a multicultural population of students, do you feel you are well equipped to deal with the counseling needs of students from an African background, especially those with a traditional African background?*



*Participant; I remember one of my first cases in my internship was around traditional issues. It was around circumcision ironically. I was working at a technikon and I saw a male African student and he was concerned about what he perceived as a failed circumcision and what that meant culturally and the steps, arrangements he actually went and had a medical circumcision, he was a Xhosa student. He felt inadequate because the traditional circumcision had not removed enough [of the foreskin] and so he didn't feel that he was a man and needed and really had to make arrangements for it to have it completed at a hospital. Which is a traditional issue I think but I don't think I felt unprepared for that because I could understand issues around masculinity and gender and identity from my training at that point. I do think I handled, oh I would like to think I handled it well. I think over the years I have been exposed to more types of traditional issues and so [I] have started to feel more confident in working with what's presented.*

Extract 14 above echoes Edwards's (1990) argument that for psychological counselling to be therapeutic, the psychologists must be sensitive to the cultural issues of the client. Conceptions of what it means to be a man were important for the client referred to in Extract 14, and it would appear that the participant's training on gender identity and masculinity had somewhat prepared him for a case of this nature. The above extract further highlights the importance and value of different health professionals working collaboratively to deal with the well being of students.

The issue of the cultural identity of clients emerged in interviews with a number of participants. The extracts below are some of the highlights from various participants, all talking to this issue.

#### Extract 15

This extract was from an interview with a student who is part of the student leadership:

*Researcher: Do you feel that mental health care needs of African students on campus are well met?*

*Participant: Yes they are met but not sufficiently.*

*Researcher: Would you please elaborate on your answer.*

*Participant: In my opinion there are things that should be adjusted in terms of, based on the background of students. I think the Student Counseling Center should consider looking into the culture of students; or maybe the psychology department should try to teach their students about cultural issues and see how that can be incorporated into their curriculum, eeh- I don't know but that is what I think.*

Issues of students' identity, mostly in terms of finding a sense of self and belonging, emerged in interviews with some of the University leadership, as shown in Extract 16 below:

#### Extract 16

The extract was taken from an interview with a member of the university leadership

*Researcher: What kinds of counseling issues do you think traditional healers should cater for on campus?*

*Participant: . . . You find that issues of self identity do affect students and these issues also are useful from the point of view of students knowing their true identity and being assisted because that is a major crisis because students lack self identity without them being aware. For instance a student could be born a Ngcobo, the father is Ngcobo, the mother is Mkhize, then because he is a boy he chooses to be Ngcobo whereas the father and the mother were not married. Actually that one is not a Ngcobo; he is a Mkhize and the Mkhize family should do some rituals for that one to be a part of the Mkhize family as it would be if he was to be a Ngcobo. If that doesn't happen then there are problems which affect learning as it were. Unfortunately these things aren't written and some people are in a state of denial about their existence and yet we know that they affect students.*

The traditional healer herself maintained that one of the cases she sees involves restoring balance or connection between the client (student) and the ancestors. This is aptly captured in the following extract:

## Extract 17

*Umcwangingi: Njengomlaphi wesintu osebenza eNyuvesi ingabe yiziphi izinkinga abafundi abazizisa kuwena?*

*Umelaphi: Okuyinkinga kakhulu wukusebenzisa isibongo esi-rongi, uthole ukuthi umtwana uzalelwe ekhaya kodwa yena uzibiza ngesibongo sakwa baba wakhe, kodwa ubaba wakhe engazange azikhipe izintlawulo ezifunakalayo ngokwamadlozi kwababa wakhe. Zibaningi izingulo ezenzeka kwingane ekanje. Omunye umfundi uthole ukuthi usehambe isikhathi eside ekhaya kodwa izidalwa zakhe azizange zitshelwe. Uthole ukuthi ngoba idlozi alitshelwanga ngokuhamba kwengane izinto zakhe seziyaphambana. Omunye uthole ukuthi unesimo sabantu abadala bese uyaphazamiseka ngoba abantu abadala baba nolaka mabenganakekelwa kahle. Umfundi mayeshesha aze [kumelaphi wendabuko] uyathola ukusizakala.*

*English translation*

*Researcher: As a traditional healer at a tertiary institution what kind of issues do students present with?*

*Traditional healer: the biggest issue is the issue of identity; i.e. the use of incorrect surnames. Students who are born out of wedlock often use their father's surnames without the families having done the necessary cultural rituals relevant for the ancestors for the child to be properly accepted. Some cases are of students having left home for a long time without informing their ancestors and this causes disharmony and imbalance in the student's life. In some cases students suffer from issues related to their ancestors and if this is neglected the ancestors might get upset and there is disharmony in the student's life. If a student comes and sees me early and in good time I am able to offer help.*

All the extracts above highlight the importance of bringing students cultural backgrounds to the fore in counseling. This is in line with the arguments that psychological counseling should be grounded in clients' cultural contexts (Eagle, 2004; Lu et. al, 1995). It is also evident that

identity construction is amongst the most important issues dealt with by means of indigenous counselling methods. In indigenous African contexts, the family, including the extended family as well as the ancestral family, is the most important aspect of one's identity. Apart from the family, personhood is almost inconceivable (Mkhize, 2004). With the ongoing challenges to the extended family as well as the number of children born outside wedlock, without the necessary rituals of incorporation be it to the mother or the father's side of the family, identity construction becomes problematic and these are some of the issues that require indigenous counselling methods (Ogana, Ngidi & Zulu, 2009). When these rituals are not performed, disharmony with the ancestors and an imbalance in the lives which might cause illness are often the result (Mufamadi, 2001). Such issues need the attention of well trained professionals who are familiar with the students' meaning-making systems or explanatory frameworks. If issues of this nature are not attended to, they can cause disharmony between the individual, their family and the ancestors. As a result the individual may not find success in life (Booi, 2005; Bojuwoye, 2005; Gumede, 1990).

#### **4.5 Challenges to the Incorporation of Traditional Healing into Counselling Services at Tertiary Institution**

Having presented the findings on the issues dealt with by means of traditional healing/counselling methods, which pertain mainly to the provision of services that are grounded in the students' explanatory models or meaning-making systems, it is important also to attend to the possible challenges to the inclusion of traditional healing approaches into mainstream counselling in tertiary institutions. The main challenges identified were around limited knowledge or stereotypes about traditional healing and the logistical and ethical issues entailed in mounting traditional healing services in an environment that was designed with Western counselling in mind.

##### **4.5.1 Limited knowledge, stereotypes and cultural differences/intolerance**

Limited knowledge about traditional healing within the University community, stereotypes about traditional healing as well as lack of cultural tolerance were cited among the major challenges to

the incorporation of traditional healing into counselling services in tertiary institutions. The following extracts highlight this theme.

#### Extract 18

This extract is from an interview with a student who has not consulted a traditional healer:

*Researcher: What, in your view, are the main challenges in the provision of mental health services to African students, especially those from traditional African backgrounds, on campus?*

*Participant: Really the biggest challenge probably is just the lack of knowledge.*

*Researcher: Ok*

*Participant: Because it is not like we do not have the facilities or resources, we do have resources, we do have facilities, the problem is; its almost as if there is a lack of knowledge, that there are specific things that Black students want in terms of mental health.*

Absence of knowledge about traditional healing is to be understood against the historical background of the marginalization and even criminalization of traditional healing as discussed in Chapter 2. Other participants raised issues of peer pressure and stigmatization of traditional healing as evidenced from the following extracts with one of the members of the University leadership. The extract is quoted at length to highlight some of the challenges posed by cultural differences when indigenous/traditional African ways of life are introduced in historically white or Western spaces.

#### Extract 19

This extract is from an interview with a member of the University leadership:

*Researcher: What, in your view, are the main challenges in incorporating traditional healing to counselling in tertiary institutions?*

*Participant: The other [challenge] becomes the perception of those who do not want the service. That is equally important; we live in an environment of peer pressure and we work in an environment of peer pressure just like there is peer pressure on people seeking psychological counseling. At times it seems you are seeing a shrink you know all these negative words. I am still unsure of what will be the peer pressure on such young people seeking such a service. And also we live in an environment that [pre]dominantly believes that the biological way is the right way. So I will not know what academics say to the students not student services. Remember the bulk of the time the students are interacting with their lecturers, course coordinators and administrators in their academic programmes. What messages do they give to such students? So in a sense are questions of stigma... questions of where you feel is a higher place of enlightenment but we may also show that we are closed minded. The last is that of religious intolerance. There are those that may believe for whatever religious reason, and I say this because Christianity seems to dominate everyone. They may have a right to believe that they want to have a campaign against a sangoma on campus that is a challenge. If it were to be challenged in a constructive way it might be useful but when it becomes destructive it may not be useful. I have had a very interesting case two years ago for my research. The traditional healers said we must slaughter a cow to have the ancestors bless the research; it was research on medicine; they felt it was sacred. We got a reaction from Indian students and animal rights groups on campus. Indians because cows are sacred to them and they felt why should we bring it on campus. Animal rights groups because they felt slaughtering a cow is cruelty. But this was Zulu culture in a University of KwaZulu Natal so we said why do you practice your own Indian way of life amongst the Zulus and the Zulus don't object to you and you take it that you are going to object to Zulus living their own way of life in their homeland? We had to ask if they consider that this University does not consider and respect the Zulu way of life in their own land. Those are the discussions we may have.*

It is evidently clear from Extracts 18 and 19 above that insufficient knowledge about traditional healing as well as issues of religious and cultural diversity could possibly pose major challenges to the introduction of traditional healing services in tertiary institutions modeled according to

Western ideas. The findings resonate with the issues raised by Mkabela (2005) and Henry (1993) on the need to initiate dialogue on the relationship between indigenous African and European ways of life. Such dialogue needs to involve indigenous people talking for themselves as equal partners in the conversation. These issues also need to be dealt with as part of the debate on social cohesion and diversity in higher education as contained in the Department of Education's (2008) Report of the Ministerial Committee on Transformation and Social Cohesion and the Elimination of Discrimination in Public Higher Education Institutions (commonly known as the Soudien Report, after the Committee's chair).

#### **4.5.2 Logistical and Ethical considerations**

The counselling arrangements and environment in tertiary institutions was not designed with traditional healers in mind. In addition, there are also issues pertaining to the ethical and legal implications on the practice of traditional healing, all of which would need to be addressed. The question remains however whether this does not amount to the subjugation of traditional healing to a *modus operandi* that is alien to African frame of reference. Extracts 20 and 21 below, drawn from a member of the University management (leadership) and a student participant respectively, talk to these important issues.

##### **Extract 20**

*Researcher: What in your view are the challenges to having traditional counseling services on campus?*

*Participant: the challenges for me, I am guessing, if you want to start a counseling service or a medical practice you know what the specifications for what a surgery should be, I don't know if we understand what the specifics are for the kind of a room a traditional practitioner requires to do their work. Or we will just accommodate them because we already have free space in these offices that were designed for this white University and so they must just fit in and continue to work? And not ask, if in traditional healing you need to sit on the floor and burn incense, you may have an air conditioner that will make a noise and trigger an alarm. So there are certain things we need to adapt*

*to make them more comfortable, I will show you for example what I have tried to develop just down the road.*

In Western counselling, clients are usually seen in an office space and usually within a time frame of 50-60 minutes, for which a consultation fee is charged. The parameters of the counselling arrangements are clearly defined. Traditional healing on the other hand is guided primarily by ancestral visions and the like and usually includes the entire family of the client as it is the family and not the individual that is identified as the target client (although the symptoms may manifest at the individual level, the breakdown or disharmony is usually diagnosed at the familial or even communal level) (Mkhize, 2004). It is also not unusual for the individual (target) client and sometimes his or her family to be required to take a leave of absence while undergoing intense treatment under the close supervision of the traditional healer in his or her residence. The time limit is of no consequence as it is not time *per se* that brings about healing but the positive relationship between the healer and client system amongst others (Ogana, Ngidi & Zulu, 2009). The question of how best to operate traditional healing services in predominantly white or Western spaces, without detracting from or undermining the meaning of traditional healing, will therefore need serious consideration.

Going hand-in-hand with the logistical arrangements is the whole question of the ethical considerations and how they are to be managed for traditional healing in white spaces. While counselling professions modeled along Western ideas have codes of ethics that bind all their members, ideally traditional healing should be sanctioned by the community in which the healer practices as well as the community of other traditional healers of which the practitioner is a member. This is in line with the definition of a traditional healer as someone with a socially-designated status in his or her community and in close knit to rural communities. In this regard, the form of social sanctioning is possible (Gumede, 1990). However with modernization and the advent of traditional healers who are no longer accountable to their communities, questions of ethics and professional accountability become very important ones, as is the case in any other profession. Extract 21 from one of the student participants captures this point.



*Researcher: What, in your view, are the main challenges in incorporating traditional healing to counselling in tertiary institutions?*

*Participant: probably this big issue of ethics, how do we begin to incorporate traditional or African healers into a westernized system? So it is very hard for most traditional Black students needs' to be met in an academic setting as we are in now. Because there's the whole issue of legal issues; do legal barriers or challenges, ethical challenges, you know...we take this to be a academic and professional setting, 'professional' in brackets, because in a sense I believe that there is a lot of discrimination around; uhmm on traditional healing, it is not really seen to be what it is called a professional way of doing things.*

The Traditional Healers Act 22 of 2007/2008 seeks to address some of the ethical and other challenges to traditional healing. This act talks on a range of issues such as registration, disciplinary enquiries, charges (fees), and diagnoses by traditional healers. It is aimed at providing efficacy, safety and quality of traditional health. This notwithstanding, it is important to continue the debate on traditional healing ethics and this dialogue needs to be led by the traditional healers themselves.

#### **4.6 Chapter Summary**

The findings of this study suggest that while Student Counseling Centers at tertiary institutions are relevant to African students, the services they provide often do not address the needs of students with traditional African explanatory models of self, well-being and illness. The participants in the study were of the view that a collaborative relationship between psychologists and traditional healers is possible and desirable. The findings suggest that traditional healers at tertiary institutions could play an important part in dealing with culture bound syndromes including matters touching on identity. The logistical and ethical challenges on the incorporation of traditional healing into counselling services modeled along Western ideas were also discussed.

## **CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS**

This research investigated how student services divisions in tertiary institution are responding to the mental health needs of students, particularly those of African students. The study was geared towards investigating how traditional healing, including the language of counseling, is being infused into the counseling process in order to cater for students from African backgrounds.

The findings suggested that, while current student counseling services are perceived to be relevant to student who can relate to Western ways, such services are inadequate when it comes to the mental health needs of students from traditional African backgrounds. A strong need for traditional African forms of healing was identified, especially in relation to culture-bound syndrome and identity construction. Students that had accessed traditional healing services reported that they were benefiting from them. The findings of this study are in accordance with previous studies (Dennis, 1978; Edward, 1985; Mlisa, 2009; Norris, 2008; Zondo, 2008; Ogana *et al*, 2009) in which traditional healing was found to be useful to the people who utilized it.

### **5.1 Implications on Theory**

The findings of this study challenge mainstream counseling knowledge. The study points to the needs for more in-depth research on populations such as Indians and Africans that have not been well researched previously. There seems to be a great need to cultivate indigenous knowledges amongst health professionals, university academics, and university students so that health professionals can practice in a context that is relevant to culture. South Africa is a multicultural population and while theorists will not always agree on issues it is important that the cultural, religious, and historical diversities are taken into account. This requires inclusion of theories that are open to diversity. The findings suggest that collaboration between indigenous knowledge systems and Western systems of knowledge is possible, and as such, comprehensive theories that take into account people's participation in different and often shifting meaning systems are required.

## **5.2 Implications for Policy and Practice**

The findings suggest that culture plays an integral part in the ways people perceive themselves, their health, illness and their choice of healing method. South Africa is currently undergoing a lot of changes (socially, politically and economically). However, people still use culture as the bases to explain their personal subjective experiences. This suggests that culture should be given an important consideration in policy making and in practice particularly in the practice of healthcare. The University of KwaZulu-Natal does currently have a language and training policy but it is currently underway and is yet to be well implemented. The question of the language of counselling and training of psychologists needs to be taken up by all training institutions as well as the professional psychological bodies including the Health Professions Council of South Africa.

## **5.3 Implications for Future Research**

The study was based on one tertiary institution whose demographics are primarily African and Zulu. This therefore makes the research findings not necessarily generalizable to all South African tertiary institutions or all African students of the University of KwaZulu-Natal. This is in light of the purposeful sampling that was employed. Thus, further research should be conducted in this area across other institutions. Studies involving mixed methodologies, namely qualitative and quantitative research would be beneficial as they would reach out to a larger audience of stakeholders without sacrificing the depth associated with qualitative research. Studies of this nature could possibly shed more insight into the issues raised in the current study, particularly in relation to the practical aspects as well as the ethical and regulatory considerations on the incorporation of traditional healing into counselling services in tertiary institutions. Traditional healing is also family-based: seeing a traditional healer has implications for the family as a whole and is usually initiated by the family elders. It would therefore be imperative to gather the views of the parents as well as the educational planners and other critical stakeholders on how traditional healing could be meaningfully incorporated into counseling services in tertiary institutions.

## **5.4 Limitations of the Study**

The scope of the study was broad; therefore the researcher had to select the most relevant extracts in the data. This means the current research does not fully represent exhaustively, the experiences of participants. Perhaps, if the researcher had focused on the experiences of students that had consulted the healer, the research scope would have been more focused and would fully represent the lived experiences of research participants. The sample comprised mainly African students. It would be interesting to get the views of other students as well, given the multicultural nature of the University. Further, gathering the views of traditional healers based inside as well as outside tertiary institutions would have added another dimension to the study as it is possible that working within an institution modeled along Western lines, such as a university, may not be attractive to traditional healers outside of this system. It is also possible that only those students who were favourably disposed to traditional healing responded to the study and this might have skewed the study findings. A sampling bias of this nature could be addressed by incorporating a quantitative survey that could be completed anonymously without a face-to-face interview. Finally, as a researcher I cannot claim total objectivity in the research process: in qualitative studies the researcher becomes part and parcel of the research and this includes the fact that the way the researcher is positioned towards the object under investigation, becomes critical. While I reflected throughout the dissertation and through the supervision process on how my positioning as a researcher could influence the investigation, I am aware that it is possible that another researcher could have paid more attention to other dimensions of the data.

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## **APPENDICES**

### **Appendix 1(a) : English Information sheet**

#### **Research Aims**

Tertiary institutions in South Africa have changed in the past decades. Culturally diverse students are being enrolled into universities that were previously for Whites only. Despite the changes in the student demographics, hardly any research has been conducted into how the universities are responding to these changes. In this study, we are interested in how the student services division is responding to the challenge of meeting the mental health needs of the student body, African students in particular. This study aims to investigate how culturally different counseling perspectives are being infused into the counseling process in order to cater for the students from African backgrounds. This includes not only the language of counseling but also the alternative counseling or mental health provisions that are in place or proposed in the near future.

#### **Method**

The research will be conducted using interview schedules for different stakeholders at a tertiary institution (UKZN). The research does not involve any administration of psychological testing.

#### **Duration**

The administration of the interviews will take approximately 60 minutes.

#### **Potential risk**

There is no potential for physical, emotional and psychological harm in this study. However, should you experience any discomfort at any stage during the course of the interview, please alert the researcher. You have a right to withdraw from the study at any stage, even after you have started, and this will not be held against you. The researcher will consult with her supervisor and provide appropriate referrals should you experience psychological discomfort.

**Potential benefits**

The study has no direct benefits for the participants but it might have benefits for future generations of students at tertiary institutions. This study has a potential to increase academic and psychological knowledge related to multicultural perceptions of health and illness in mental health care in South African tertiary institutions.

**Confidentiality**

Confidentiality will be maintained throughout the study. The study requires no personal information that can be traced back to the participant. The only personal information that will be required is the age and gender of the participant. Only the researcher and her supervisor will have access to the audio tapes for the interview schedules. The audio tapes will contain no identifying information that can be traced back to the participant. Where this is the case, personally identifying information will be removed from the record during the transcription phase. The results will be reported in summary form.

**Withdrawal**

The participant is allowed to withdraw at any stage should she/he feel uncomfortable.

**Dissemination of research results**

The results will be reported as a dissertation for a Masters Degree in Counseling Psychology. The study will be made available to the academic community and be placed at the library; no personal information that links back to the participants will be revealed. Results of the study may be presented at conferences or published in academic journals.

## **Appendix 1 (b): Zulu information sheet**

### **Lokho esifuna ukukuthola ngalolucwaningo**

Izikhungo zemfundo ephakeme (amanyuvesi) e-Ningizimu-Afrika sezishintshile kule minyaka elishumi edlule. Iningi labafundi bamasiko ahlukene sebeyamukelwa emaNyuvesi obekukholelwa ngokuthi awabamhlophe kuphela kudala. Yize noma sekukhona ushintsho kubantu abathathwayo ezikhungweni zemfundo ephakeme, kodwa akuvamisile ukuba ucwaningo olwenziwa kulezizikhungo zemfundo ephakeme lukhulume ngalolushintsho. Inhloso yalolucwaningo wukuthola ukuthi iminyango ebhekele abafundi yenzani ukuxazulula izinkinga ezibhekana nabafundi ngokomqondo nangokomzimba kubafundi abansundu. Lolucwaningo luqonde ukuba lusichazele kabanzi ngezindlela iminyango ebhekene nezidingo-nqala zokwalulekwa kwabafundi ngokomqondo ezisebenzisayo ukusiza abafundi abansundu abanamasiko ahlukahlukene. Kulolucwaningo akusizona kuphela izilimi ezibalulekile kwizidingo-nqala ezisiza ngokomqondo, kodwa nezinye izindlela ezingakhona ukusiza abafundi ngokomqondo, ngesikhathi esizayo nazo zibalulekile.

### **Indlela esizolwenza ngayo lolu cwaningo**

Sizobuza imibuzo evulelekile ngalolu cwaningo kubantu abayingxenye yeNyuvesi yaKwaZulu-Natal. Kulolu cwaningo angeke senze izivivinyo zokuhlolwa komqondo (psychological tests).

### **Isikhathi**

Ukuba yingxenye yalolu cwaningo kungathatha isikhathi esingangemizuzu engamashumi ayisithupha.

### **Ingozi engahle ivele**

Lolu cwaningo luphephile emzimbeni, emoyeni nasemphefumulweni. Kodwa uma uzwa sengathi uyahlukumezeka yazisa umcwaningi. Unelungelo lokuhoxa noma yinini ocwaningweni noma ngabe ubusuqalile lokho ngeke kuze kube yinkinga. Umcwaningi uyokwazisa umfundisi wakhe amcebise ngokungakusiza uma wena uba nenkinga ngalolucwaningo.

### **Okuhle okungavela kulolu cwaningo**

Kungenzeka ukuthi ungahlomuli okwamanje ngalolucwaningo, kodwa okungatholakala ngosizo lwakho kungasiza izizukulwane ezizayo zabafundi ezikhungweni zemfundo ephakeme. Lolu cwaningo luzonyusa ulwazi lwezemfundo oluhlangene nezempilo nezamasiko kwizikhungo zemfundo ephakeme eNingizimu yeAfrika.

### **Ukuvikeleka kwemininingwane yakho**

Lolu cwaningo aludingi imininingwane yakho ukuthi abantu bazi ukuthi utheni. Imininingwane esiyidingayo iminyaka yakho yobudala nobulili bakho. Imininingwane yakho kanye nezimvo zakho kuyimfihlo. Babili kuphela abantu abazokwazi ukulalela esizokuxoxa njengoba kunjalo, umcwaningi nomfundisi wakhe. Lama-khasethi agcine lokhu esikuxoxayo azobekwa endaweni ephephile ngenkathi kuqhutshekwa nowaningo, emva kwalokho ashiswe.

### **Uma ufuna ukuyeka**

Unelungelo lokuyeka noma nini ukuba yingxenye yalolu-cwaningo uma uzwa usufuna ukuyeka noma ungaphathekile kahle.

### **Imiphumela yocwaningo**

Imiphumela izosetshenziswa umcwaningi ukuthola iziqu zemfundo ephakeme kwi-Psychology. Imiphumela yalolu cwaningo izobakhona emitapweni yolwazi eNyuvesi (library). Imininingwane yalabo ababe yingxenye izohlala iyimfihlo. Imiphumela yocwaningo ingase yaziswe kwihlanganyelo ngaphandle kokubalula umunti ngamunye noma ibekwe ezincwadini zomtapo wolwazi ezikhugweni zemfundo ephakeme.

## **Appendix 2 (a) ; Consent form**

### **Research Aims**

Tertiary institutions in South Africa have changed in the past decades. Culturally diverse students are being enrolled into universities that were previously for Whites only. Despite the changes in the student demographics, hardly any research has been conducted into how the universities are responding to these changes. In this study, we are interested in how the student services division is responding to the challenge of meeting the mental health needs of the student body, African students in particular. This study aims to investigate how culturally different counseling perspectives are being infused into the counseling process in order to cater for the students from African backgrounds. This includes not only the language of counseling but also the alternative counseling or mental health provisions that are in place or proposed in the near future.

### **Research Collection**

The research will be conducted using interview schedules for different stakeholders at a tertiary institution (UKZN). The research does not involve any administration of psychological testing.

### **Confidentiality**

Confidentiality will be highly maintained throughout the study. The study requires no personal information that can be traced back to the participant. The only personal information that will be required is the age and gender of the participant. Only the researcher and her supervisor will have access to the tapes for the interview schedules. The tapes will contain no identifying information that can be traced back to the participant.

### **Feedback**

Should the participant require feedback about the findings, verbal feedback can be arranged with the researcher or the participant can wait until the study is published through the university library.

**Potential risk**

The study holds no potential physical, emotional and psychological harm. Should you as a participant experience any harm as a result of the study the researcher will give referrals for assistance. Should you have any questions concerning the study, please feel free to contact the following:

Ms Anele Bomoyi (Researcher): 078 8624815

Email address: 205501566@ukzn.ac.za

Prof Nhlanhla Mkhize (Supervisor): 031: 260 5963

Email: Mkhize@ukzn.ac.za

**Declaration by participant**

Participant's age: .....

Participant's gender: .....

I agree to participate in the above mentioned study. I understand that my participation is voluntary. I have the right to withdraw from the study should I feel uncomfortable at any stage in the research. All the above information has been clearly explained to me.

.....

.....

Participant's signature

Date

In addition to the above I also consent to being audio recorded and I understand that all recordings will be kept in a safe environment by the researcher and her supervisor.

.....

.....

Participant's signature

Date

## **Appendix 2 (b): Zulu Consent form**

### **Lokho esifuna ukukuthola ngalolucwaningo**

Izikhungo zemfundo ephakeme (amanyuvesi) e-Ningizimu-Afrika sezishintshile kule minyaka elishumi edlule. Iningi labafundi bamasiko ahlukene sebeyamukelwa emaNyuvesi obekukholelwa ngokuthi awabamhlophe kuphela kudala. Yize noma sekukhona ushintsho kubantu abathathwayo ezikhungweni zemfundo ephakeme, kodwa akuvamisile ukuba ucwaningo olwenziwa kulezizikhungo zemfundo ephakeme lukhulume ngalolushintsho. Inhloso yalolucwaningo wukuthola ukuthi iminyango ebhekele abafundi yenzani ukuxazulula izinkinga ezibhekana nabafundi ngokomqondo nangokomzimba kubafundi abansundu. Lolucwaningo luqonde ukuba lusichazele kabanzi ngezindlela iminyango ebhekene nezidingo-nqala zokwalulekwa kwabafundi ngokomqondo ezisebenzisayo ukusiza abafundi abansundu abanamasiko ahlukahlukene. Kulolucwaningo akusizona kuphela izilimi ezibalulekile kwizidingo-nqala ezisiza ngokomqondo, kodwa nezinye izindlela ezingakhona ukusiza abafundi ngokomqondo, ngesikhathi esizayo nazo zibalulekile.

### **Indlela esizolwenza ngayo lolu cwaningo**

Sizobuza imibuzo evulelekile ngalolu cwaningo kubantu abayingxenywe yeNyuvesi yaKwaZulu-Natal. Kulolu cwaningo angeke izivivinyo zokusebenza komqondo (psychological tests).

### **Ukuvikeleka kwemininingwane yakho**

Lolu cwaningo aludingi imininingwane yakho ukuthi abantu bazi ukuthi utheni. Kuphela imininingwane esiyidingayo iminyaka nobulili bakho. Imininingwane yakho kanye nezimvo zakho kuyimfihlo kulolu cwaningo. Babili kuphela abantu abazokwazi ukulalela esizokuxoxa, umcwaningi nomfundisi wakhe. Lama-khasethi agcine ingxoxo azobekwa endaweni ephephile ngenkathi kuqhutshekwa nocwaningo, emva kwalokho ashiswe.

### **Ukuthola ulwazi ngemiphumela**

Uma udinga ukwazi ukuthi imiphumela yocwaningo yahamba kanjani unelungelo lokuxhumana nomcwaningi nihlele ukuthi nixoxisane ngayo.

**Ingozi engahle ivele**

Lolu cwaningo luphephile emzimbeni, emoyeni nasemphefumulweni. Kodwa uma uzwa uhlukumezeka umcwaningi angakuyalela kwabangakusiza.

**Isuvumelwano sokuba ingxenye yalolu cwaningo**

Ngiyavuma ukuba yingxenye yalolucwaningo; ngiyazi ukuthi angiphoqiwe ukuthi yingxenye yocwaningo. Ngiyazi ukuthi nginelungelo lokuyeka noma nini uma ngingasathandi ukuba yingxenye yalolucwaningo. Yonke leminingwane ngiyichazelwe.

Iminyaka yakho:..... Ubulili bakho:.....

Sayina ..... Ilanga.....

Ngiyavuma ukuthi ngizo-qoshwa (-record) futhi ngiyazi ukuthi lokho engizokusho kuzogcinwa kahle endaweni ephephile ngumcwaningi no mfundisi wakhe.

Sayina ..... Ilanga.....



### **Appendix 3(a)**

#### **Interview schedule: Psychologists (student mental health counselors)**

As I mentioned earlier on, we are interested in learning about some of the challenges experienced in counseling culturally different students, especially African students. Could you please tell me a bit more about these challenges, giving examples.

1. How is the student services division responding to the increased diversity of the student population over the previous 10 years, with the majority of the students being Black African now at UKZN?
2. What are your views on the use of African indigenous languages during the counseling process?
3. Being a psychologist who is trained in a western way do you ever experience tensions between what you learned in theory and its application in an African context?
4. As a psychologist with your type of training and working in a University with a multicultural population of students, do you feel you are well equipped to deal with the counseling needs of students from an African background, especially those with a traditional African background?
5. Have you ever felt that a student's problem is rooted in cultural issues but maybe that student is not voicing that out? (If 'yes': Why would the student not voice this and what could be done about it?)
6. What kind of cultural issues do students present at SCC?
7. Are you aware of any alternative traditional counseling provisions available to students from different cultural backgrounds at the University of KwaZulu-Natal? (If yes, "Tell me more about this". If 'no', proceed to the next Question below.
8. What are your views about campus-based traditional healing services on campus?
9. What are the advantages of having a traditional healer catering for the needs of students from traditionally African backgrounds?
10. What kinds of counseling issues do you think traditional healers should cater for on campus?
11. What in your view are the challenges to having traditional counseling services on campus?

12. What, in your view, should be the relationship between traditional healer(s) on campus and the student counseling centre?
13. Do you have recommendations in regard to traditional healing and how best it could be utilized on university campuses?
14. What do you think should be done at SCC in order to improve the mental well-being of students from primarily traditional African backgrounds?
15. Thank you for agreeing to do this interview, is there anything else you would like to say?

### Appendix 3 (b)

Njengoba kade ngibalulile ekuqaleni, ucwaningo lumayelana nokufunda kabanzi nezingqinamba okubhekwana nabo ekwalulekweni ngokomqondo kwabafundi bamasiko ahlukahlukene ikakhulukazi abafundi abansundu. Ungangitshela kabanzi ngalezizingqinamba unginike nezibonelo.

1. Kungabe izidingo-nqala zabafundi zibhekelelwa kanjani njengoba kwanda ukwahlukahlukana kwabafundi ngamasiko kule minyaka elishumi edlule, njengoba kubonakala ukuthi iningi labafundi kule-Nyuvesi i-UKZN bansundu?
2. Uthini umbono wakho ekusetshenzisweni kwezilimi zabomdabu ekwalulekweni ngokomqondo kubafundi abanamasiko ahlukahlukene?
3. Njengo-Dokotela wengqondo oqeqeshwe e-Afrika ngendlela yasentshonalanga, wake wabhekana yini nokungahambisani kokufundile nendlela okwenziwa ngayo izinto e-Afrika?
4. Ngokwezinga lokuqeqeshwa kwakho kanye nokusebenza nabafundi abanamasiko ahlukene eNyuvesi, ingabe abafundi bayaluthola yini usizo olwanele ngezinkinga ababhekana nazo ngokwamasiko abo ahlukene, ikakhulukazi abamasiko esintu?
5. Wake wabhekana yini nomfundi onezinkinga ezivela esikweni lakubo, kodwa angasho lutho? Uma uvumelana nalombuzo kungani abafundi bengasho lutho, yini engenziwa mayelana nalokhu?
6. Iziphi izinkinga ezisondelene namasiko abafundi abaziletha e-SCC?
7. Kungabe kukhona yini okwaziyo ngokwalulekwa ngokwesintu kwabafundi bamasiko ahlukahlukene eNyuvesi yaKwaZulu-Natali? Uma kukhona ngitshele kabanzi ngako, uma kungekho, sizodlulela kumbuzo nombuzo olandelayo.
8. Uthini umbono lwakho ngokuba khona kwabalaphi bendabuko ezikhungweni zemfundo ephakeme?
9. Yibuphi ubuhle bokuba nabalaphi besintu abasiza abafundi bamasiko esintu?
10. Yiluphi ulwaluleko ngokomqondo lwabalaphi bendabuko olungasiza abafundi ezikhungweni zemfundo ephakeme?
11. Ngokombono wakho, iziphi izinselelo abalaphi bendabuko abanazo ekwalulekeni ezikhungweni zemfundo ephakeme?

12. Yini ngokombono wakho engaba wubudlelwano phakathi kwabalaphi bendabuko nomnyango wokwaluleka abafundi ngokomqondo ezikhungweni zemfundo ephakeme?
13. Ingabe unazo izoncomo ezihambelana nabalaphi bendabuko eMaNyuvesi?
14. Ikuphi ocabanga ukuthi kumelwe kwenziwe kumnyango wokwalulekwa kwabafundi ngokomqondo eNyuvesi ukuze kunyuswe izinga lokusizakala kwabafundi?
15. Siyabonga ukuthi uvume ukuba yingxenye yalenkulumo; ingabe kukhona ongathanda ukusazisa kona?

## **Appendix 4 (a)**

### **Interview schedule: Dean/Deputy Dean of students**

As I mentioned, the purpose of this research is to find out how tertiary institutions, student services divisions in particular, are responding to the student diversity in the provision of mental health services. Could you please tell us what your division is doing to cater for the mental health needs of students from traditionally African backgrounds?

1. Do you think the mental health needs of African students on campus are well catered for? Why? /why not?
2. What do you think should be done in order to make student counseling services more relevant to a multicultural population of students?
3. What are your views on the use of indigenous languages during the counseling process? Please explain.
4. What are the advantages of having a traditional healer catering for the needs of students from traditionally African backgrounds?
5. What kinds of counseling issues do you think traditional healers should cater for on campus?
6. What in your view are the challenges to having traditional counseling services on campus?
7. What, in your view, should be the relationship between traditional healer(s) on campus and the student counseling centre?
8. Do you have any recommendations regarding campus-based traditional healing services to students?
9. Thank you for agreeing to do this interview, is there anything else you would like to say?

#### **Appendix 4 (b)**

Njengoba bese ngibalulile, inhloso yalolu cwaningo ukwazi kabanzi ngokuthi izikhungo zemfundo ephakeme zimelana kanjani nezidingo zabafundi, ngokwamasiko abo ahluahlukene. Ngicela usazise ukuthi ingabe lomnyango weNyuvesi owusebenzelayo ubhekana kanjani nezempilo ngokomqondo zabafundi ikakhulukazi abafundi abansundu.

1. Ngabe ucabanga ukuthi izidingo ezimayelana nempilo ngokomqondo zabafundi abansundu emaNyuvesi zinakekelwa kahle? Kungani? Kungani kungabi njalo?
2. Uma ucabanga, yini engenziwa ukuze ukwalulekwa kwabafundi kuhambelane nazo zonke izinhlobo zabafundi.
3. Uthini owakho umbono ngokusetshenziswa kwezilimi zendabuko ekuqhubeni ukwelulekwa kwabafundi amaNyuvesi? Chaza.
4. Yikuphi ubuhle bokuba nabalaphi besintu ekunakekeleni izidingo zabafundi abanemvelaphi yesintu?
5. Hlobo luni lokwaluleka ocabanga ukuthi abalaphi bendabuko bangalusebenzisa ezikhungweni zemfundo ephakeme?
6. Ngokombono wakho yiziphi izinselelo abalaphi bendabuko abahlangabezana nazo ekwalulekweni kwabafundi emaNyuvesi?
7. Ngokombono wakho yibuphi ubudlelwano obufanele bubekhona phakathi kwabalaphi bendabuko nomnyango wezokwaluleka abafundi ngokomqondo emaNyuvesi?
8. Ngabe unazo iziphakamiso eziphathelene nabalaphi besintu kubafundi basemaNyuvesi.
9. Ngiyabonga ukuba uvume ukuba yingxenye yalolu phenyo; ingabe kukhona okunye ongasazisa kona?

## **Appendix 5 (a)**

### **Interview schedule: Traditional healer**

1. In the past 10 years or so, a number of African students have enrolled in universities previously catering for white students only. How have universities responded to the changing student population, as far as counseling processes are concerned?
2. What, in your view, is the role of traditional healing services on university campuses?
3. What are the advantages of having a traditional healer catering for the needs of students from traditionally African backgrounds?
4. As a traditional healer based on a university campus, what kind of cases/issues do you deal with? What kind of problems do students bring to you?
5. What, in your view, should be the relationship between traditional healer(s) on campus and the student counseling centre?
6. What challenges have you experienced, being a traditional healer based at a tertiary institution?
7. Do you work together with other health professionals on campus? If “yes”, please explain
8. Do you ever get students who consult you and a western trained professional at the same time? Why?
9. What, in general, are your recommendations regarding campus based traditional healing services to students?
10. Thank you for agreeing to do this interview, is there anything else you would like to say?

## **Appendix 5(b): Zulu Interview with the traditional healer**

1. Kuleminyaka elishumi edlule baningi abafundi abansundu abangene amaNyevesi ekade kukholelwa ukuthi ngawaba mhlophe kuphela. Ngokombono wakho ingabe amaNyuvesi abhekana kanjani nalolushintsho?
2. Ngokombono wakho, yini umsebenzi wabalaphi bendabuko emaNyuvesi?
3. Yikuphi okuhle okungatholakala ngokuba nabalaphi besintu abasiza abafundi abansundu amaNyuvesi?
4. Njengomelaphi wesintu osebenza eNyuvesi, ingabe yiziphi izinkinga abafundi abazizisa kuwena?
5. Ngokombono wakho yibuphi ubudlelwano obufanele bubekhona phakathi kwabalaphi bendabuko emaNyuvesi nomnyango wezokwalulekwa kwabafundi eNyuvesi?
6. Iziphi izingqinamba obhekana nazo njengomelaphi wezendabuko esikhungweni semfundo ephakeme?
7. Ingabe uyasebenzisana nabanye abalaphi bezempilo abaqeqeshwe ngendlela yaseNtshonalanga ezikhungweni eziphakeme zemfundo? Uma wake wasebenzisana nabo, wasebenza kanjani? Uma ungakaze, ingabe kungani?
8. Wake wabhekana nomfundi odinga usizo lwakho aphinde abone abanye abalaphi bezempilo abaqeqeshwe ngendlela yaseNtshonalanga ngesikhathi esifanayo? Kungani?
9. Ucabanga ukuthi kungeziwa njani emtholampilo kulesikhungo sezemfundo ukuze kwenyuke izinga lezempilo kanye nokusizakala kwabafundi ngokwahlukana ngokwamasiko abo?
10. Siyabonga ukuba yingxenywe yalolucwaningo; ingabe kukhona yini okunye ofuna ukusazisa khona?



## **Appendix 6 (a)**

### **Interview schedule: Student**

Thank you for participating in this research study. We are particularly interested in the counseling services available to African students, particularly, students from traditional African backgrounds, at the University, especially given the increase of African students in tertiary institutions previously catering for white students only.

1. In your opinion, how is the student services division responding to the increased diversity of the student population over the previous 10 years, Do you feel that mental health care needs of African students on campus are well met? Why/why not?
2. What, in your view, are the main challenges in the provision of mental health services to African students, especially those from traditional backgrounds, on campus?
3. What are your views on the use of indigenous African languages during the counseling process?
4. Are you aware of any alternative traditional healing services available on campus?
5. What are the advantages of having traditional healing services catering for the needs of students from traditional African backgrounds?
6. What kinds of counseling issues do you think traditional healing should cater for on campus?
7. What in your view are the challenges to having traditional counseling services on campus?
8. What, in your view, should be the relationship between traditional healer(s) on campus and the student counseling centre?
9. Have you been to the alternative, traditional healing services yourself? If yes, what kind of issues would you bring to them? If “no”, proceed to Question.
10. What kinds of issues are best dealt with via the traditional healer, in your opinion?
11. What do you think can be done in order to improve the mental health of students from diverse cultural backgrounds at tertiary institutions?
12. What, in general, are your recommendations regarding campus based traditional healing services to students
13. Thank you for agreeing to do this interview, is there anything else you would like to say?

## Appendix 6 (b)

Siyabonga ngokuzibandakanya kwakho kulolucwaningo. Empeleni sifuna ukwazi ngokwalulekwa ngokomqondo kwabafundi abansundu abavela emagcekeni esintu, eNyuvesi ekade ifundisa abafundi bebala elimhlophe kuphela njengoba inani labafundi abansundu selinyukile kulamaNyuvesi.

1. Ngokombono wakho umnyango wezokunakekelwa kwabafundi uphendule kanjani kulelinani elinyukayo labafundi abansundu abangena emaNyuvesi kuleminyaka elishumi edlule. Ingabe ngokombono wakho ezempilo ngokomqondo zabafundi abansundu zinakekeleke kahle yini eNyuvesi? Yini indaba ucabanga lokho?
2. Yiziphi ngokubona wakho izingqinamba kweziphathele ne nezempilo ngokomqondo kubafundi abansundu abaqhamuka emagcekeni esintu eNyuvesi.
3. Uthini umbono wakho mayelana nokusetshenziswa kwezilimi zendabuko uma kululekwa abafundi ngokomqondo?
4. Ingabe zikhona izindlela ozaziyo zesintu zokwelapha eNyuvesi na?
5. Yibuphi ubuhle obungalethwa wukuba khona kwezindlela zokwelashwa ngokwesintu kwabafundi abavela emagcekeni esintu?
6. Yiziphi izindlela abalaphi bendabuko abangasiza ngazo ukwaluleka ngokomqondo emaNyuvesi ?
7. Yini ngokubona kwakho okungaba yizingqinamba zokuba nabaluleki besintu emaNyuvesi?
8. Yini ngokombono wakho okumele kube wubudlelwano phakathi kwabalaphi bendabuko nomnyango wezokululekwa kwabafundi emaNyuvesi?
9. Ingabe wena usuke waya yini kubalaphi bendabuko? Uma uvuma, yiziphi izinkinga ongaziyisa kubalaphi bendabuko? Uma ungavumi, sizodlulela embuzweni olandelayo.
10. Ngokombono wakho yiziphi izinkinga abalaphi bendabuko abanekhono kakhulu kuzona?
11. Ngokombono wakho yini engenziwa ukuze kuthuthukiswe ezempilo ngokomqondo kwabafundi abavela emasikweni ahlukahlukene emaNyuvesi?
12. Yini ongayicebisa ngokuba khona kwabalaphi bendabuko emaNyuvesi?
13. Siyabonga ukuzibandakanya kwakho kulolucwaningo; ingabe kukhona okunye ongathanda ukukusho?