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TITLE: THE WILLINGNESS OF TRADITIONAL HEALERS
REGARDING COLLABORATION WITH WESTERN
PSYCHIATRIC HEALTH CARE.

BY

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This study is dedicated to my late parents Ditlhake Henry and Bopepe Anna, and my late daughter Modiegi Joyce.

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SUMMARY

Traditional healers treat many black patients with mental illness, particularly those living in rural areas. There is considerable literature to support this statement.

The purpose of the study was : to explore and describe the willingness of traditional healers regarding collaboration with western psychiatric health care; and the willingness of traditional healers regarding a possible change in their own practice as a result of collaboration with western psychiatric health care. From these it would be possible to make recommendations with regard to possible areas of collaboration.

The study is qualitative, explorative, descriptive and contextual in approach. It was therefore necessary to use a semi-structured interview to collect data from traditional healers. The sample consisted of fourteen traditional healers residing in the rural areas of Mafikeng. Entrance was established through a written permission to the chairman of the North West Traditional Healers Association to conduct research on traditional healers.

Before data collection, traditional healers were given information regarding the purpose of the study. Giorgi and Tech's methods were used to analyse data. To ensure trustworthiness, Guba and Lincoln's approach was applied. The services of an independent coder were also sought.

The findings of the study indicated that traditional healers are willing to collaborate with western psychiatric health care and to exchange information although they also have some reservations, particularly concerning aspects of their methods of practice. Four main themes were identified : broad scope of

recognition and treatment of mental illness; feelings of confidence; acknowledging collaboration between traditional healers and western psychiatric health care; feelings of fear of change. The process of the study showed that with mutual respect and understanding, it is possible for western psychiatric health care to work with traditional healers for the purpose of rendering effective mental health care to patients.

Recommendations regarding inclusion of traditional healers in the western psychiatric health care were made with the aim of ensuring a holistic approach in rendering mental health service to the community.

OPSOMMING

Tradisionele genesers behandel baie swart pasiënte met geestesongesteldhede, veral diegene wat in landelike gebiede woon. Daar is 'n aansienlike hoeveelheid literatuur om hierdie stelling te staaf.

Die doel van die studie was om die gewilligheid van tradisionele genesers ten opsigte van samewerking met westerse psigiatriese sorg te verken; en om hul gewilligheid om moontlik hul eie praktyk te verander as gevolg van samewerking met westerse psigiatriese gesondheidsorg, te ondersoek. Hieruit sou dit moontlik wees om aanbevelings rakende moontlike areas van samewerking te maak.

Die studie is kwalitatief, ondersoekend en beskrywend van aard. Dit was dus nodig om 'n semi-gestruktureerde onderhoud te gebruik om data van tradisionele genesers te verkry. Die monster het uit veertien tradisionele genesers wat in die landelike gebiede van Mafikeng woon, bestaan. Vertroue is geskep deur die verkryging van skriftelike toestemming van die voorsitter van die Noord-wes Tradisionele Genesersorganisasie om navorsing op tradisionele genesers te doen.

Voor die aanvang van dataversameling is die tradisionele genesers oor die doel van die studie ingelig. Die metodes van Giorgi en Tech is vir data analise gebruik.

Die benadering van Guba en Lincoln is gevolg om betroubaarheid te verseker.

Die bevindinge van die studie het aangedui dat tradisionele genesers gewillig is om met westerse psigiatriese gesondheidsorg saam te werk en om inligting uit te ruil alhoewel hulle 'n paar voorbehoude het, veral in verband met aspekte van hul

praktik metodes. Vier hoofteas is geïdentifiseer: breë omvang van erkenning en behandeling van geestesongesteldhede, gevoelens van selfvertroue; erkenning van samewerking tussen tradisionele genesers en westerse psigiatrise gesondheidsorg; gevoelens van vrees vir verandering. Die proses van die studie het getoon dat dit met onderlinge respek en begrip moontlik is vir westerse psigiatrise gesondheidsorg om met tradisionele genesers saam te werk met die doel om effektiewe geestesgesondheidsorg aan pasiënte te voorsien.

Aanbevelings aangaande die insluiting van tradisionele genesers in westerse psigiatrise gesondheidsorg is gemaak met die doel om 'n holistiese benadering tot die voorsiening van 'n geestesgesondheidsdiens aan die gemeenskap te verseker.

TSHOBOKANYO

Dingaka tsa setso di alafa balwetsi ba bantsi ba bolwetsi jwa tlhogo (mental illness), segolo bogolo bao ba nnang mo metse magaeng. Go bopaki jo bo tlhamaletseng go tswa mo dikwalong, go etleetsa seno.

Maikaelelo a tlhomamiso e, e nnile go upulla (explore) go rata ga dingaka tsa setso mabapi le go dirisana mmogo le kalafi ya malwetse a tlhogo ya sekgowa (western psychiatric health care) , go upulla go rata ga dingaka tsa setso mabapi le kgonagalo ya go fetola mekgwa ya kalafi ,se, e le dipholo go tswa mo go dirisaneng le kalafi ya malwetsi a tlhogo ya sekgowa. Gotswa mo dilong tse di badilweng, go ka nna le kgonagalo ya go dira ditshitshinyo (recommendations) mabapi le mekgwa e go ka dirisangwang ka teng.

Mokgwa wa dipatlisiso tse, ke wa go upolla le go tlhalosa. Ke ka moo go nniling le tlhokafalo ya go dirisa dipotso tse di bopilweng bontlhanngwe, go kgobokanya tshedimosetso go tswa mo dingakeng tsa setso. Karolo (sample) e dirilwe ke ngaka tsa setso di le lesome le bone go tswa mo metseng se-legae ya mafikeng kgonagalo ya go fitlhella dingaka e thailwe ka kopo. ka lekwalo go mokgatlho wa dingaka tsa setso wa profense ya bokone bophirima (North West Traditional Healers Association) go ka dira dipatlisiso mo dingakeng tsa setso. Pele ga kgobokanyo ya tshedimosetso (data) dingaka tsa setso dine tsa fiwa tshedimosetso mabapi le maikaelelo a dipatlhisiso. Mekgwa ya Giorgi le Tech e dirisitswe go lokolola (analyse) dintlha . Go netefatsa moonono wa botshepegi (trustworthiness) mekgwa ya ga Guba le Lincoln e ne ya dirisiwa, go tsenya gape le tiriso ya motlhatlhobisi yo o ikemetseng (independent coder).

Diphitlhelêlo tsa dipatlisiso tse, di bontshitse fa dingaka tsa setso di rata go dirisana le kalafi ya malwetsi a tlhogo ya sekgowa, le go ka arogana (share) tshedimosetso le ge gona, go na le dingodiego (reservations) bogolo ka ga mekgwa ya bona ya kalafi.

Go melaetsa megolo (themes) e le mene (four) e e fitlheletsweng : go lemoga le go alafa go go tseneletseng ga malwetse a tlhogo; maikutlo a go itshepa; go naya seditse (acknowledge) tirisano mmogo magareng ga dingaka tsa setso le kalafi ya malwetse a tlhogo ya sekgoa; maikutlo a poifo mabapi le diphetogo. Tswelelo ya dipatlisiso e bontshitse gore ka go tlotlana le go tlhalogan'ana, go kgonagalo ya mokgwa wa kalafi ya sekgowa ya malwetse a tlhogo go ka dirisana le dingaka tsa setso, maikaelelo a se, e le go tlisa kalafi e e tseneletseng go balwetse ba malwetse a tlhogo.

Ditshitshinyo mabapi le go akaretsa dingaka tsa setso mo kalafing ya malwetse a tlhogo ya sekgowa, di dirilwe ka maikaelelo a go netefatsa kalafi e e kompa ya boitekanelo mo tlhaloganyong mo setšhabeng.

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CHAPTER 1

INTRODUCTION AND PROBLEM STATEMENT

CHAPTER 1

1.1. INTRODUCTION

There is evidence from throughout Africa that traditional medicine plays an important role in the lives of many black mentally ill patients, particularly those living in rural communities. Nemec (1996:2), Sodi (1996:5) and Dheyongera (1994:15) note that 70-80% of indigenous people consult traditional healers for treatment.

There are several reasons why people consult traditional healers. The first and most important reason is that mental health services are unavailable to all of the population. Available services are neither appropriate nor accessible to the majority of the population (SA, 1997:135). According to Freeman and Motsei (1996: 6), doctors representing the western medical system tend to practice largely among the privileged members of society, forcing the unprivileged members, most of them black people residing in rural areas, with no options but to turn to traditional healers in time of sickness.

A second reason why indigenous people consult traditional healers is that most black patients with psychiatric illnesses tend to utilize the services

of traditional healers significantly more than those with other illnesses due to the cultural beliefs in witchcraft and the supernatural origin of disease, including mental disorders (Ihezue, 1987: 719). To the majority of black people, mental illness is an African illness, the treatment of which belongs in the field of African traditional healers rather than western trained physicians. Traditional healers are men and women who are known, respected and trusted by members of the community. They are familiar with the cultural traditions, fears and anxieties of their clients and therefore utilize that knowledge in their therapeutic procedures (Bonsi, 1973: 211). This makes the relationship between the patient and the traditional healer close and intense.

Traditional methods of healing are holistic, concerned with the patient's mind, soul and body, treating the patients in the context of their relationship with their families, community and their gods and God (Nemec, 1996: 2; Stanhope and Lancaster, 1988:105). According to Holdstock (1979 :120), this holistic nature of traditional healing is in keeping with world-wide trend towards holistic health.

With the known fact that traditional healers treat many black mentally ill patients it seems necessary to include them in the western treatment

programme. The study by Mahoko (1996 :31) revealed that indigenous healers deal with the same health problems confronting western health workers although there seem to be conditions that can only be handled by indigenous healers due to their cultural nature. It is therefore important to recognise their services.

A conflicting opinion is raised by Dr Nthato Motlana in Kgoatla (1997 :39). His belief is that accepting traditional healers as an extension of the health care team is a regression to the dark ages of medicine. In a public debate on South Africa's future health policy Dr Motlana reiterated his rejection of indigenous healing:

"I pray and hope that the day never dawns in my life when we are going to throw our health services into the hands of those people."

It is worth noting that doctor Motlana's reservations about indigenous healing are shared by many others in western medical circles (Sodi, 1996:8). Some see traditional healers as deceitful and unscrupulous antagonists to modern western medicine, who exploit an ignorant population.

It is interesting to note that several studies have positively pointed out that the scope of indigenous healers is much broader than that of western trained health professionals (Sodi, 1996:7). This is supported by observations made by Griffiths and Cheetham (in Sodi, 1996:7):

"Western medicine has become divorced from religion, the doctors caring for the body, the minister for the soul, the psychiatrist for the mind and the politician for the community and ecology whereas all these aspects remain integrated in the role and purview of the iSangoma".

Other positive suggestions are those by the World Health Organisation, that with the support of formal health systems, indigenous practitioners can become important allies in organising efforts to improve the health of the community (WHO, 1978 :163).

Most countries have tolerant policies in respect of traditional medicine. According to Pretorius (1997:2), several developing countries in Africa, Asia and Latin America have experimented with the integration of the traditional and western health care systems. The South African situation is different with regard to traditional medicine as the socio-political history of this country made contact between traditional and western health care impossible. Currently Kwa-Zulu Natal is the only province in South Africa where traditional healers are recognised by the Natal

Code of Bantu Law (19/1891). The licensing and control of traditional medical practitioners and traditional midwives in the Kwa-Zulu Natal region is covered by Kwa-Zulu Act 6/1981. Although the medicine men and herbalists enjoy the privilege of plying their skills officially, there has always been a rider that this applies so long as they practise among their own people (Gumede, 1990:91).

Despite the fact that recognition of traditional health care is still a major problem, South African academics have endlessly urged for the recognition of traditional healers for the purpose of providing a comprehensive mental health service (Sodi, 1996:5). This recognition becomes more relevant given the fact that South Africa is a new democracy that is still trying to put in place National Health Policy that will address the needs of the majority.

The year 1994 made way for a new era in health care delivery when the New National Health Plan was accepted by the Government. One important aspect contained in the Health Plan was the explicit statement that traditional healing would henceforth be part of official health care (A National Health Plan for South Africa, 1994:55).

The principal tenets of the policy on traditional practitioners include, among others, the following:-

- People have the right of access to traditional practitioners as part of their cultural heritage and belief system
- Traditional practitioners will be controlled by a recognised and accepted body so that harmful practices can be eliminated and the profession promoted (A National Health Plan for South Africa, 1994:55).
- Mutual education between the two health systems will take place so that all practitioners can be enriched in their health practices.

In 1995 the South African Government requested provinces to conduct public hearings on the viability of traditional health care. These hearings were subsequently held in seven of the nine provinces during May and June 1995 (Pretorius, 1998:5-6). Specific issues that were scrutinised were those of the desirability of a statutory body for healers, issuing of a medical certificate by traditional healers and of medical aid benefits for healers and their patients. The National Council of Provinces compiled a report at the end of 1997 and presented it to the National Assembly's Portfolio Committee on health. The report indicated that provinces were

in favour of a statutory council for traditional healers, consisting of local representatives rather than persons appointed by the MEC for Health.

During February 1998 public hearings were conducted by the Portfolio Committee on aspects including a council for traditional healers, their professionalism, training, ethics and a code of conduct (Pretorius, 1998:5-6). The following recommendations are contained in the report.

- That traditional healers be legally recognised.
- That traditional healers should register within three years. Other aspects of professionalisation that were addressed were those of accreditation, training, licensing and a code of conduct.

1.2 PROBLEM STATEMENT

The researcher is a psychiatric nurse who has worked in a psychiatric institution for a period of fifteen years, and has observed that most of the black mentally ill patients presenting at the health care facilities, especially those from rural areas, have already been treated by traditional healers. Some first come to the health care facilities but visit traditional healers on discharge.

The following common signs that indicate that a traditional healer has been consulted are observed on patients:-

- Scarification on the neck, wrists or any part of the body.
- Beads on wrists, waists and ankles.
- Ropes on waists and ankles.

When questioned, patients also give a clear account of their visits to traditional healers. This information is always supported by relatives.

It is a fact that most rural communities are poor, and there is also a scarcity of resources, resulting in people not receiving adequate care. This is a challenge to professionals to consider the involvement of traditional healers in health care delivery, as they remain the existing source of health care for the people (Nemec, 1996:1). New approaches in the delivery of health care are needed and quicker ways have to be found to help those most in need, the poor, the deprived and the overlooked (Skeet, 1978:25).

Traditional healers should therefore be included in the primary health care team to offer promotive, preventive and curative health. This could improve the health of the people because, according to the World Health

Organisation (1978), primary health care is more effective if it develops means that are understood and accepted by the community and which responds to the expressed needs of the community. Traditional healers could also be educated about conditions that call for immediate referral to hospital. With their knowledge of psychotherapy, traditional healers could, for example, be incorporated in already existing community health services such as marital counsel services where they would be involved in therapeutic interventions such as counselling (Holdstock, 1979:122; Skeet, 1978:25). They could also be involved in mental health programmes by giving education on problems such as substance abuse.

The nurse as the co-ordinator of health care services can also make use of traditional healers in rehabilitation programmes to supervise the medication given by clinic nurses. If the patient knows that the traditional healer approves the medication, it may encourage compliance. Traditional healers who are willing to co-operate with the health services with the possibility of accepting further training could improve the quality of care (Mankazana, 1979:1007).

The present socio-economic climate appears to generate much tension and stress among people and the chances are that there is likely to be an

upsurge in the incidence of psychiatric illnesses within the community (Ihezue, 1987:719). This exacerbates the already stressful conditions of lack of health care services.

The researcher therefore realizes the need to focus on collaboration between traditional healers and western psychiatric health care, with particular emphasis on the willingness of traditional healers in this regard. Based on the above stated problem, the study seeks to answer the question:

"How willing are traditional healers to collaborate with western psychiatric health care?" To answer this question, the following objectives have been formulated.

1.3 OBJECTIVES OF THE STUDY

The study is aimed at exploring and describing the following:-

- Willingness of traditional healers regarding collaboration with western psychiatric health care.
- Willingness of traditional healers regarding a possible change in their own practice as a result of collaborating with western psychiatric health care.

1.4 CENTRAL STATEMENT

Since traditional medicine plays such an important role in the health of most rural black mentally ill patients, psychiatric nurses, who are mostly black and come from the same communities, with a common language and shared cultural assumptions with patients, are obliged to explore and describe the willingness of traditional healers to collaborate with western psychiatric health care, in order to come up with guidelines as to the possible areas of collaboration, to promote and maintain mental health of individuals.

1.5 FRAMEWORK OF THE STUDY

The focus of nursing's unique body of knowledge includes the responses of the individual as a whole to health and illness, as this person interacts with an ever-changing environment (Burns & Grove, 1993:3). Nursing actions are therefore implemented to promote the person's total health and facilitate holistic growth towards his or her potential within the environment.

It is for this reason that the researcher decided to use general systems theory to guide this study because the theory is founded on the assumptions inherent in the holistic paradigm. According to the holistic

paradigm, truth and knowledge are obtained through the interaction of inner experience and external verification, and this interaction accounts for both the objective and subjective aspects of knowledge.

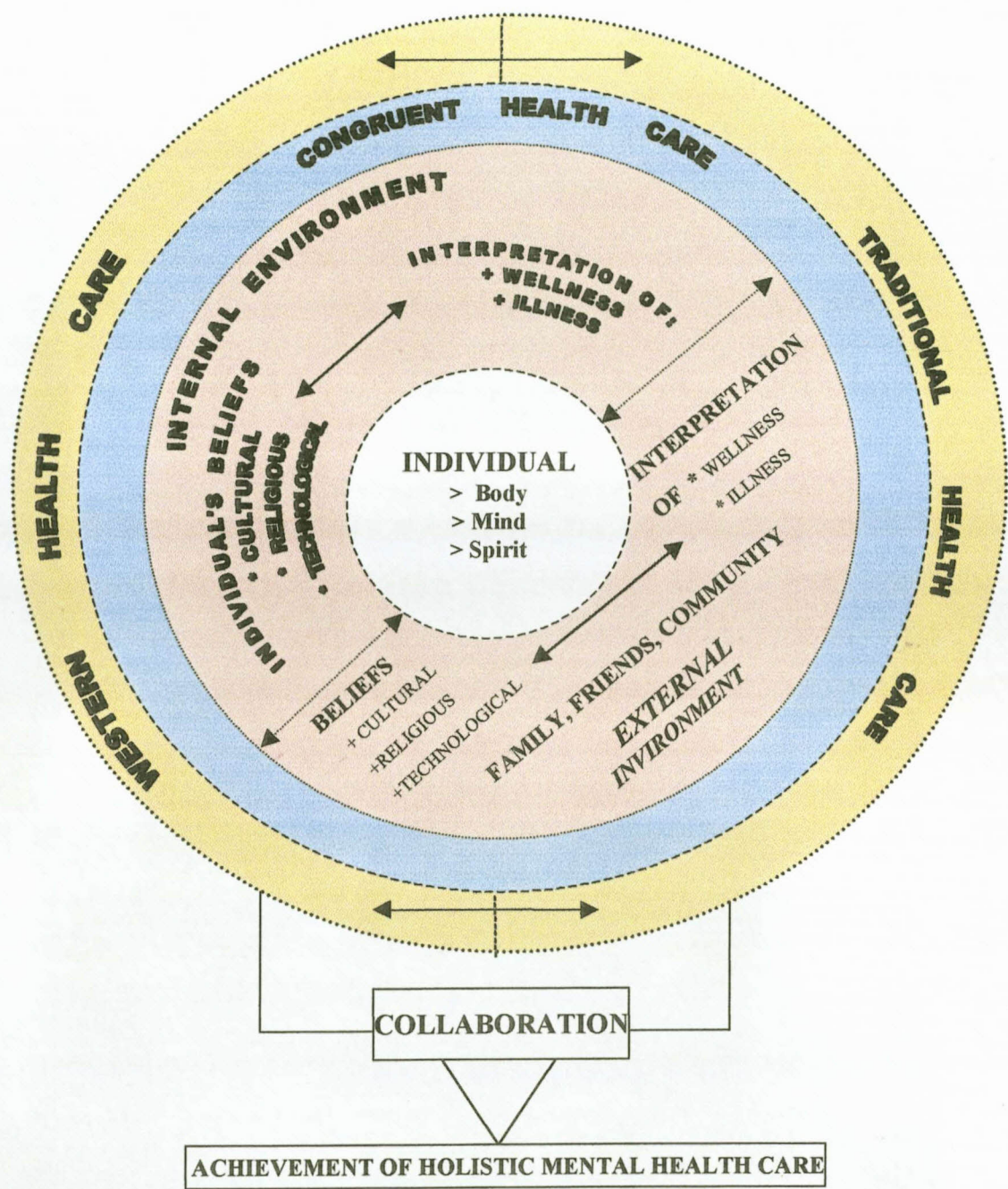
The theory takes a holistic approach to the etiology and treatment of mental disorders. People exist in a relationship open to the internal and external stimuli that impinge in them. The environment is therefore considered as the internal and external stimuli relative to the person. Each individual is a complex being who should be viewed holistically. (Levine in George, 1985: 186). Dealing with the client's internal dysfunction is not enough. Treatment requires attention to socio-cultural background, adaptive ability, support systems and family interaction. The illness of one member of the family often indicates that a pervasive, stress-producing problem may exist within the family unit.

Psychiatric nursing has a commitment to mental health promotion and maintenance as well as to the treatment of the mentally ill. The role of a psychiatric nurse is to assess collaboratively with other members of the team, with regard to patient's problems and personal resources, so as to develop a nursing care plan that provides for the patient's physical, psychological / emotional, social and spiritual needs, including the administration of medications.

The concept of systems is therefore important for a psychiatric nurse as it allows her to look for the cause of mental illness in one of the human's subsystems in assessing and planning for therapeutic interventions. How individuals perceive wellness and illness is influenced by their cultural and religious beliefs, values and thoughts.

Provision of a holistic mental health care to patients therefore require that traditional healers should be involved in mental health programmes.

1.6 CONCEPTUALFRAMEWORK: SYSTEMS INTERACTION



(MOTOTO, O.M. 1999)

Interpretation of wellness and illness is influenced by both the internal and external environments of an individual. Traditional people consult both western and traditional health care systems. Collaboration of the two systems will ensure a holistic approach in rendering mental health services to the community.

1.7 DEFINITIONS

1.7.1 Western psychiatric health care

In this study, western psychiatric health care refers to the care rendered by a multi-disciplinary team including the psychiatrist, psychiatric nurse, psychiatric social worker, occupational therapist, clinical psychologist, including any other member trained to render psychiatric health care. These members use crises intervention and counselling, psychotherapy, mental health education, creation of a therapeutic environment, reconstructive services and medication as strategies in rendering psychiatric health care. This also includes forensic psychiatry.

1.7.2 Collaboration

Collaboration is a process of working together in a climate where mutual assistance and help is provided by two parties to attain a common goal. In the context of this study, the goal is the achievement of holistic mental health care.

1.7.3 Natural causation of illness

According to Nash (1990:235) natural causation of illness refers

to diseases that have a specific nature implying a recognised cause and a regular and predictable course.

1.7.4 Supernatural causation of illness

Nash (1990:551) explains supernatural diseases as those diseases caused by the active and purposeful intervention of an agent who may be supernatural (a deity), a non-human being, an ancestor or evil spirit for a human being (witch or sorcerers).

1.7.5 Culture-bound illnesses

Culture-bound illnesses are defined by Kaplan et al (1994:191) as disorders which are found only in certain cultures or among certain groups. The disorders often occur with little warning. They can only be understood and treated within the culture.

1.7.6 Traditional medicine

Arthur (1997:63) defines traditional medicine as the sum total of all knowledge and practices, whether explicable or not, used in the diagnosis, prevention and elimination of physical, social or mental imbalance.

1.7.7 Traditional healer

A traditional healer is someone who uses traditional herbal plants and various animal products to cure diseases.

There are different types of traditional healers. For the purpose of this study, traditional healers will refer to traditional doctor (*ngaka*), diviner (*sangoma*) and faith healer (*morapelli*).

1.7.7.1 Ngaka (traditional doctor)

A traditional doctor is someone, usually a male, specializing in the use of herbal medicine and various animal products to cure diseases.

A traditional doctor is not only concerned with the patients' health but also with their entire family welfare.

1.7.7.2 Sangoma (diviner)

A diviner is someone, usually a woman, who concentrates on the diagnosis of mysteries, analysing the message of ancestral spirits (van Rensburg et al, 1992:238). A diviner uses divination objects or explains the unknown by special powers of prophecy.

1.7.7.3 Morapelli (faith healer)

Faith healers are usually professed Christians, belonging to one of the

independent churches. They are called by the Holy Spirit but could also be an *ISangoma* in which case the calling is also from the ancestral spirits. They diagnose the patient by putting a hand on the Bible, praying and burning a candle (Troskie, 1997:34).

Treatment is through rituals and giving holy water and ash.

1.8 RESEARCH DESIGN AND METHOD

The researcher used a qualitative, descriptive, explorative and contextual design. In-depth semi-structured interviews were conducted and observations made to facilitate the exploration of the willingness of traditional healers with regard to collaboration with western psychiatric health care.

A more comprehensive description of the research design and methods is dealt with in Chapter three (methodology).

1.9 DIVISION OF CHAPTERS

Chapter 1	:	Introduction
Chapter 2	:	African traditional healing
Chapter 3	:	Research design and methods
Chapter 4	:	Results and discussion of results

Chapter 5 : Recommendations, strengths and limitations of the study

CHAPTER 2

AFRICAN TRADITIONAL HEALING

CHAPTER 2

AFRICAN TRADITIONAL HEALING

2.1 AFRICAN COSMOLOGY

Different peoples have different world-views. It is not that they think differently. The thought processes are the same but the categories of thought are not the same. The dimensions and approaches and points of view (for example where they come from) are not the same (Ellis, 1996:131). These categories of thoughts or direction from which a subject is approached is inculcated from childhood through the socialization process.

“As they went through life, African people observed the world around them and reflected upon it. They looked at the sky above, with all its stars, moon, sun, with its clouds of rain, rainbows. Below, they saw the earth with its myriad of life forms, animals, plants, rivers, lakes, rocks and mountains”. All these experiences stimulated them to reflect upon life and the universe in which they live, resulting in a gradual building

up of African views or ideas about the world and the universe at large. Some of these ideas developed by individual reflection eventually spread among other people through discussions and artistic expression (Mbiti, 1991:34). Other people were stimulated to reflect further, extending old ideas, abandoning some of them, acquiring new ones, translating others into practical realities. The process gained momentum because people's ideas about the universe accumulated and definite views and systems of thought began to emerge.

The concepts and practices associated with traditional healing form part of the wider system that reflects perceptions of the people and the world around them. The world-view of traditional Africans is not integrated but forms a complex system in which beliefs concerning ancestral spirits, magic, sorcery, witches and pollution exist together (Wessels, 1992:14). This association provides a natural way of understanding misfortunes and provides understandable answers to the questions of the purpose of life.

2.1.1 The concept of God among Africans

It is undoubtedly so that an important aspect of African cosmology is the belief in the existence of God and the supernatural. The belief in God is at the centre of African religion and dominates all its other

beliefs (Mbiti, 1991:45). According to Karlsson and Moloantoa (1984:43), God is the creator and sustainer of the human race; spirits explain the destiny of human beings; animals, plants, natural phenomena and objects constitute the physical environment in which people live, providing the means of existence and when necessary, a mystical relationship can be established with this environment. Although God is not directly concerned with the everyday affairs of men and women, it is strongly believed that He nevertheless retains a keen interest in them. As such, He is aware of everything that is taking place on earth. He delegates all the demands and instructions to the ancestral spirits (Mabetoa, 1989:3).

2.1.2 The role of ancestral spirits in the African psyche

Ancestral spirits supervise and guide every aspect of the life of the African people. It is for this reason that the ancestors are referred to as the living dead. The implication here is that after physical death, the individual continues to exist in the time region in which the living are conscious of their existence, and the departed is believed to appear to the older surviving members of the family (Karlsson & Moloantoa, 1984:43). This appearance is very significant in explaining crises and causes of illness and death in

the family .

Ancestors act as mentors and protectors . Thus , when the ancestors are happy , this is a state of being that indicates a balance between the earthly and spiritual dimensions of a man's existence (Mabetoa , 1989:5) . In other words , for a person to feel healthy there has to be a perfect balance between the individual , the ecology and the ancestral world . The ancestors are moved to wrath mainly due to their descendants' neglecting the customs of the house or family rituals or fail to accord due respect to seniors . This results in sickness or misfortune . The Tswana would therefore proclaim "*ba ba robetseng ba re furaletse*" , meaning that ancestors are facing away from us (Van Rensburg et al , 1992: 322). In this case they are believed to withdraw their protection and gifts of good fortune from erring descendants .

Ancestors manifest themselves in many ways and forms . In many cases those concerned are able to feel and see the force of supernatural power , and in cases of doubt , the divining doctors are

called to say whether or not the phenomenon is caused by ancestral spirits. They may therefore manifest themselves as snakes which are harmless and non-poisonous, and these snakes must not be killed. They also make their appearance through illness and through dreams or death (Gumede, 1991:17-21).

Death is one of the most certain methods by which the ancestral spirits reveal themselves to the living. Violence, witchcraft and ancestral spirits are therefore regarded as the three major causes of death.

2.1.3 Witchcraft

The most disturbing element in African life is the fear of bad magic, sorcery and witchcraft. Dr Elmslie in Smit (1986 : 16) writes : The belief in witchcraft is the most powerful of all forces at work among the tribes. It is a slavery from which there has been found no release. It pervades and influences every human relationship, and acts as barrier to all advancement wherever it is found to operate.

Witchcraft is regarded as the evil counterpart of the Supreme Being and the ancestors. Witches and sorcerers are individuals who use power and the forces of nature to harm other people, and these are the most hated people in their community. When something goes wrong in the life of an individual, the first question that will be asked is who has caused it to happen. In most cases the person will suspect that someone has used evil magic, sorcery or witchcraft against him or his household (Mbiti, 1991:166). Once the person believes that someone has used evil powers against him, she/he goes on to establish the identity of the suspected offender. In most cases, the offender is someone in the family, neighbourhood or among relatives. In the South African context, the women are called witches and the men are called sorcerers.

2.1.4 Pollution

Some forms of illness are believed to be caused because people find themselves in a state of impurity. According to Nash (1990:56), pollution is associated with birth and death. Both are regarded as mysteries. In the case of pollution therefore, the illness is not caused by a person or spirit but is impersonal and caused by such things as sexual intercourse with a menstruating

woman or people who have handled corpses and completed a long journey . Pollution therefore is a force which reduces a person's resistance to illness and causes misfortune and repulsiveness, resulting in people disliking such person .

2.2 WESTERN COSMOLOGY

The European way of life is reflected in westernized allopathic medicine. Industrialized people divide the world into the natural and the supernatural . The natural consists of all man can perceive through his senses , whereas the supernatural includes heaven , hell , devils , angels , ghosts and life after death (Wessels,1992 : 14). The logical , mechanical and biological answers to the mechanisms of illness do not answer questions such as " why me ?". In religion an answer may be found but in the sciences this is usually ascribed to pure chance which is then statistically expressed .

2.3 THE MEANING OF SACRIFICE IN THE AFRICAN PSYCHE

The practice of making sacrifice and offerings is found all over Africa . Sacrifice is the mode of communicating between the individual and the living dead .

By this practice, material or physical things are given to God and other spiritual beings (Mbiti, 1991:63). According to Mabetoa (1989:19), rituals associated with sacrifices vary from community to community. However, what is important is the observance of certain religious acts that reinforce and cement the link between the living and the dead and their descendants.

Every occasion calls for a different type of sacrifice. For example in maintaining the bond of friendship with the spirit of the departed, an animal is slaughtered as a sacrifice. The size and the value of the sacrificial animal depends on the status of the departed and the wealth of the head of the family. Cattle and goats are sacrificial animals par excellence. Sheep, donkeys, horses and pigs are not as a rule used by Africans. Cattle and goats are important because they bellow or bleat (Gumede, 1990:10-11). It is important that the ox be killed by stabbing with a spear so that it bellows in its dying moments.

When the animal emits sound, the Zulus, for example, are happy because it is an indication that the ancestors are bellowing their approval through the sacrificial animal (Gumede, 1990:10-11). A goat is killed by cutting the throat so that red blood flows while the goat bleats.

There are three basic tenets of a sacrifice properly made. There must be the correctly chosen animal. There must be beer, brewed before the slaughter day, and incense must be burned (Gumede, 1990:11). If all three conditions are not fulfilled, the sacrifice is not properly made.

Another form of sacrifice is the sacrifice for the foundation of the house. This is known in Tswana as "*go thaya motse*", meaning to strengthen the house. This sacrifice is widely practised in many communities, and a traditional healer usually performs the ritual. It involves the following stages:- consultation of divination bones "*ditaola*" (Tswana). The healer shakes them, puffs into them and talks to them before throwing them onto the ground (Mabetoa, 1989:21). He studies their fall before scooping them up for a second throw and so on. The third phase involves moving into the house and going from room to room and splashing the walls with ritual water by means of a whisk.

The process of strengthening the house has far-reaching psychological effects because, following the performance of the ritual, a measure of assurance and confidence is instilled in the people (Mabetoa, 1989:21).

Sacrificial rituals can also take the form of poetry. For example the

Shona recite and sing poetry to the spirit of the deceased family member in the *kurova guva* ritual which takes place a year after the death and burial of a respected family man. It is believed that when such a man dies, his spirit remains in limbo or wanders around until the performance of this ritual which reunites him with the family, including living and dead relatives (Chiwome, 1992:14). The performance of these rites helps to reconcile the minds of the living to the eventuality of death and helps dispel the pain of bereavement and the fear of death. The poetry which is recited on such occasions is called *nhembo* or *kudemba*. Its themes are the expression of sorrow and anger at the death of a loved one and at those forces which are believed to be the messengers of death. In participating in a ritual, people are able to give their pent-up feelings verbal expression and the ceremony rids the participants of tension which could interfere with their health.

A good harvest is attributed to the ancestors who are believed to prevent drought and to guard the crops against birds, insect plagues, animals and rival farmers who are believed to use charms (*divisi*) to achieve a good harvest at the expense of others. After the harvest in Shona, rural people organise dances, songs and festivals to thank the ancestors (Chiwome, 1992 :14). Some poetry which is recited on the occasion encourages the ancestors to remember to perform their duties to the

community.

2.4 AFRICAN VIEWS OF HEALTH AND DISEASE

Traditional explanations of health, disease and illness are described as “personalistic”. They emphasise the fundamental wholeness of human beings. These explanations for the causes of illness commonly focus on the strains and tensions in relations in the community, such as jealousies and rivalry (Allais, 1995:18)

Most illnesses that are naturally caused are known as “*umkuhlane*” by Zulu people. This is a comprehensive term referring to diseases that range from a common cold to serious epidemics. Diseases in this category do not result from any personal malice or fault, hence measures to cure them are not ritualized (Mkhwanazi in Uys & Middleton, 1997:129). Reputable traditional healers accept that natural illnesses are best treated by western trained professionals.

Booyens (in Van Rensburg et al 1992:326) reports that urban Tswanas regard a condition of pollution resulting from contact with death, imprisonment, abortion or menstruation as natural, as part of the created order. It is therefore regarded not as “normal” but as “natural”. Other

natural ecological factors also exist and usually seem to bear some relationship to children's phases of growing up or with extreme conditions in the natural environment.

African people also believe that one of the many ways in which illnesses can be caused is by slipping poisonous substances into food to kill a person. These poisons can also cause mental illness (Mkhwanazi in Uys & Middleton, 1997:130). Eating poisons or any medicinal preparations in food is called *idliso* (Zulu) *sejeso* (Tswana). Bouer et al (1997:35) describe the symptoms of *idliso* as coughing, chest pains, breathlessness and weight loss. Treatment includes the use of an emetic which causes the patient to vomit.

Some of the poisonous substances are spread across the door of the house at night. When the person steps out of the house in the morning, the medicine strikes through the feet and makes the person sick or may even cause paralysis (Mkhwanazi in Uys & Middleton, 1997:130).

The ecological influence on health is another instance of the causality of illness as interpreted within the scope of African cosmology. It is believed that certain types of diseases, when taken out of a patient, hover

in the atmosphere or remain on the ground until they can attach to someone else (Karlsson & Moloantoa, 1984:44). The environment can also be made dangerous by sorcerers who scatter harmful substances along the pathway or place them in such a position that a particular person will step on them and become ill. In order to survive, everyone must be strengthened to develop and maintain resistance to these various influences and maintain a balance with his surroundings.

Pollution can also be due to certain periods such as the day after sexual intercourse and during bereavement. A condition known as "*sefifi*", for example, is a syndrome culturally associated with pollution. It is conceptualized as a mystical force which diminishes resistance to disease and creates a condition of bad luck and misfortune (Bouer et al., 1997:35) *Sefifi* must be removed through a purification ritual known as "*ditlhapiso*" which usually consists of the sprinkling of water to which medicines have been added.

Africans also believe that a person can be invaded by a spirit (spirit possession). This is an intricate state whose symptoms closely resemble the condition known as schizophrenia. The person wanders aimlessly complaining of hearing voices or seeing visions of people who may be known or unknown (Mabetoa, 1989:9). This condition is known as

spirit possession because the individual is invaded by a powerful force that he/she cannot resist.

The opposite explanations of health, disease and illness are found in industrialized societies. Understanding of illness and health has been influenced by the development of medical theories based on the relationships between diet, lifestyle and the environment, under the impetus of the scientific revolution (Allais, 1995 :23). Most biological explanations are positivistic in their approach, that is, they have been developed using the methods and techniques of the natural sciences.

2.5 TYPES OF TRADITIONAL HEALERS

2.5.1 *Sangoma* (diviner)

A diviner is the most important intermediary between man and the supernatural. No one can become a diviner by personal choice. He or she is called by the ancestors and regards her/himself as a servant of the ancestors. The ancestors summon their servant through dreams, which may be accompanied by frightening and inexplicable visions (Buijs, 1995 :236). Once it has been accepted that a person is being called to be a diviner, it is important to discover which ancestors are doing the calling. They may be of the lineage of the person

concerned, or that of her husband if she is married. Sometimes a man or woman refuses to accept his or her calling. Many men disapprove of their wives becoming diviners because the training involves sexual abstinence. In this case the spirits are 'barred' and prevented from possessing the person.

2.5.2 *Morapelli* (faith healer)

Faith healers are usually professed Christians belonging to one of the missions of African independent churches. They heal mainly through prayers, by laying hands on the Bible, praying and burning a candle. They believe their healing power comes from God or indirectly from God through the healer's ancestors (Uys and Middleton, 1994 :93). A period of training as a healer may not be necessary. The healing system involves spending months or years in the prophet's residence (*diagelo*). Here the healer is prayed for and undergoes purification rites.

2.5.3 *Ngaka* (traditional doctor)

Traditional doctors are usually male, specializing in the use of herbal medicine. To become a traditional doctor an individual usually has himself apprenticed to a practising inyanga for a

period of not less than a year (Ngubane, 1977:102). Sometimes a doctor passes on his skill to one of his sons who shows interest.

2.6 HEALING METHODS OF THE AFRICAN PEOPLE

African traditional healing is intertwined with religion and cultural beliefs. This is the reason why it is not possible to understand African traditional healing without first looking into the concept of African traditional religion (Gumede, 1990:2).

Africans have been a highly religious people for centuries upon centuries. This is because they never worshipped inanimate objects such as stones, forests or the sun as objects of their beliefs (Gumede, 1990:9). They believed in someone, a supreme being, then worshipped without seeing. He is known by different names in different African societies, for example *Tixo* (among the Xhosa), *Modimo* (Sotho).

African traditional healing therefore does not cater for the physical condition only, but also for the psychological, spiritual and social aspects of the individual, family and the community. This holistic approach to illness is the keynote of African traditional healing and much of its success may be attributed to this characteristic (Gumede,

1990:3). Traditional healing methods were found to emphasise interpersonal relationships and promote group harmony, thereby decreasing vulnerability to tension, depression and illness.

To diagnose a disease is an important element of the traditional healing process, giving the illness the name in terms of the patient's own beliefs and values. If a client consults a traditional healer, there is a preliminary procedure in which a search is made for the cause of the misfortune (Karlsson & Moloantoa, 1984:44). This part of the consultation is relatively inexpensive. Once the cause of the trouble has been ascertained, the patient or the head of the family requests examination which is followed by treatment.

If the cause of the sickness is perceived to be bewitchment, a number of rituals may be performed in order to cast out the spell. For the patient to perform these rituals reduces anxiety. According to the traditional healers, evil must be physically expelled from the patient's body. There is great reliance on enemas, emetics and purgatives to cleanse the body before other methods or medicines can be administered (Karlsson & Moloantoa, 1984:47).

The healing process often combines psychotherapy, religion and herbal medicine. Mabetoa (1989:13) describes a case history that demonstrates the religious effectiveness of an indigenous spiritual healer.

He explains a case of a sixteen year-old girl called Morongoa who was playing with other children at school when she suddenly felt dizzy.

Soon after, she fell and lost consciousness. Attempts to revive her were all in vain. Her aunt, an indigenous spiritual healer, was

summoned to the school. She immediately rejected any suggestions to send her to the doctor or hospital, and decided to treat the girl herself.

The spiritual healer insisted that the girl would eventually recover

because she was neither physically ill or mentally disturbed, but

spiritually restless because of the invasion of spirits. On being

interviewed about the techniques she used to treat the girl she

maintained that *"I treated her through the method of constant prayer.*

I practised the method of healing through prayer" she said.

Wessels in Blackett (1989:19), describes a case history that

demonstrates the psychotherapeutic effectiveness of an

isangoma/diviner. He explains a case of a 29 year-old Zulu male who

was admitted to the acute psychiatric ward of a general hospital. The

patient complained that he could not speak Zulu anymore. He was also

withdrawn and emotionally unresponsive. The treatment in the hospital was unsuccessful. A diviner was consulted who assessed that the patient's father had died without fully paying lobola for his wife thirty years before. It was expected of the patient to pay this outstanding debt which he could not afford.

Psychodynamically, to solve the problem, the patient ceased to be a Zulu.

The diviner told the patient what the problem was and advised him what to do to overcome his dilemma. This included compliance with various rituals. The patient recovered fully and could speak Zulu again.

A variety of treatment methods are also used for the administration of herbal medicines. It is important to note that medicine in Africa is used to treat both physical and psychological illness. It is also used preventatively, to neutralize sorcery, for protection against possible disease-carrying agents (mainly other human beings and, to a lesser extent, spirits), and to remove impurities caused by broken taboos (Nemec, 1996:5.)

In order of popularity, the treatment methods employed are the induction of vomiting by the inhalation of traditional medicines either

as a powder or as a liquid, incision of the skin and rubbing medicine into the wound, and the introduction of a medicine through the anus. When mixed with fat this medicine is used as an ointment or burned and the smoke inhaled. A popular method is the inhalation of powdered medicine in its dry form as a snuff or boiled in water and used as a steaming agent (Wessels, 1992:15). Another popular treatment is the use of hot medicine to be taken in order to ward off evil or danger.

Other procedures commonly performed include blood-letting and cupping. These procedures are performed to destroy the power of a witch. Blood is let to cast away illness. Holes are made in the ground and the patient's blood poured into them to make the sickness go into the holes.

2.7 IMPLICATIONS OF AFRICAN TRADITIONAL HEALING FOR MENTAL HEALTH CARE

The basic philosophy underlying community mental health is that behaviour is determined by two sets of variables:- the person and the situation. As such, this philosophy is consistent with public health thinking. To implement this philosophy, community mental health requires a different orientation from the medical model that prevailed in

psychiatry for many years (Stanhope & Lancaster, 1984 :406). Treatment is more encompassing than merely removing an emotionally disturbed person from the stressful setting, making the necessary psychological repairs and returning the person to the same setting. Community mental health focuses on helping the individual, the family and also the community to interact in more adaptive ways so that mental health is maintained.

Most of the African illnesses that in the western way of thinking would be classified as mental illness, seem to be caused mainly or exclusively by the supernatural. It is therefore important that this different world-view should be kept in mind at all times in our approach to mental health care, (Blackett, 1989 : 11).

Different conceptions of health and illness between western professionals and patients, personal conflicts arising from differences in values, and reluctance among western professionals to consider the relevance of ideas and beliefs of a more traditional kind in their encounter with patients, impose limitations upon the clinical encounter (Bouer et al, 1997:46). For the doctor, as well as other health professionals, the patient whose needs are the most difficult to meet are those whose health beliefs

contrast most significantly with those inherent in the bio-medical system. Hence the greater the difference in the behaviour and beliefs between professionals and patients, the more difficult it will be for the former to provide effective treatment.

Transformation and change in the health services in South Africa has highlighted the need to review the relationship between primary health care and traditional medicine (Setswe, 1999 : 56). This will empower the patients and their families to gain self reliance, self motivation to improve their social life and status.

Nurses must view themselves as an integral part of the health delivery system with an important contribution to make in promoting, maintaining and restoring the mental health of the whole population (Poggenpoel, 1993:39). Costs, convenience, beliefs and personal values influence the patient's choice of health services, so psychiatric nurses should be non-judgemental where the world-views and values of cultures other than their own are concerned. It is therefore important that nurses should respect the beliefs and customs of their patients because these beliefs are very important to the patient and have a meaning within the socio-cultural and environmental context (Uys & Middleton, 1994 :94).

It is important for health professionals to learn about the cultural background of patients, because understanding the world-view of patients will help them to listen carefully to their problems and this will help nurses to find common ground for work and cooperation (Poggenpoel, 1993 :39). Lack of understanding of your own world-view and others' world-view results in frustrations, anxiety and heightened interpersonal conflicts.

Students nurses, for example, are exposed to the community during their community and mental health nursing practice. It is therefore important that they also be exposed to traditional healers in the community in order to enable them to handle some of the problems related to witchcraft.

Researchers advocate that western trained professionals should follow a policy of neutrality, allowing patients visit the traditional healer while encouraging them to continue the particular treatment they have prescribed (Mkhwanazi in Uys & Middleton, 1997:136). This will help them to strive to communicate openly and clearly with patients, displaying tolerance and willingness to learn from patients and colleagues whose cultures are different from their own (Poggenpoel, 1993:39).

Understanding the beliefs and customs of traditional people can also be

of advantage to western health workers who may grasp some of the knowledge of traditional healing and implement it in the western system of psychotherapeutic methods for emotional catharsis.

Traditional healers need to be educated about all those conditions necessitating referral to hospital and perhaps the hospital too, can refer patients with culture-bound illnesses to traditional healers.

It is recommended that the beliefs in indigenous aetiology be included as part of the patient's admission records as this could serve as a valuable indication of his vulnerability to somatic illness (Mkhwanazi in Uys & Middleton, 1997:137). The DSM-IV classification of mental illness need to be reviewed as it is a western developed tool and does not appear applicable to patients with culture-bound illnesses

2.8 CONCLUSION

In order to render a holistic mental health care service, an attitude of openness and respect of patient's beliefs and customs is important.

Health professionals need to have knowledge of the communities they serve, with particular reference to the available resources, for example traditional healers, and utilize them in mental health programmes. The

nurse is the key person in co-ordinating all aspects of care in the community. She is involved in primary, secondary and tertiary activities. She can therefore involve the traditional healers in identifying all the factors that predispose people to mental illness.

CHAPTER 3

RESEARCH DESIGN AND METHODS

CHAPTER 3

RESEARCH DESIGN AND METHODS

This chapter is concerned with the research design and methodology of the study; covering the objectives of the study, research design and method; analysis of questions.

3.1 OBJECTIVES OF THE STUDY

The study was aimed at exploring and describing the following: -

- Willingness of traditional healers regarding collaboration with western psychiatric health care.
- Willingness of traditional healers regarding a possible change in their own practice as a result of collaboration with western psychiatric health care.

3.2 RESEARCH DESIGNS AND METHODS

The design used in this study is qualitative, explorative, descriptive and contextual.

3.2.1 Qualitative research

Qualitative research is concerned with the lived experiences of persons as they naturally occur. The qualitative design is therefore suitable since “.... it assumes that subjectivity is essential for the understanding of human experience” (Burns & Grove, 1993:28). A qualitative research design begins with specific observations and builds towards general patterns. The researcher attempts to understand a situation without imposing pre-existing expectations on the setting (Mouton & Marais, 1990:204). When working with traditional healers, the researcher did not impose any pre-existing expectations on them but rather, afforded them enough opportunity to respond in a way suited to them.

3.2.2 Explorative approach

The explorative method is used to facilitate expressions of lived experiences as seen and understood by the participants. Exploring the willingness of traditional healers regarding collaboration with western psychiatric health care was the major concern of this research project. Exploratory studies lead to insight and comprehension rather than the collection of accurate

and replicable data; hence they involve the use of in-depth interviews (Mouton & Marais, 1990:43). An in-depth interview is a researcher/client interaction on the topic, using direct and open-ended questions, and through probing, stimulating the client to participate. In-depth therefore explains the extent to which the researcher succeeds in exposing or assessing the true feelings and attitudes of the subjects (Uys & Basson, 1985:58).

3.2.3 Descriptive approach

Descriptive designs are created by the investigator in order to make accurate statements about the characteristics of individuals, situations or groups (Castles, 1987:60). One of the most important considerations in descriptive studies is to collect accurate information or data on the phenomena under investigation (Mouton & Marais, 1990:44). The researcher therefore used this approach to accurately describe the willingness of traditional healers to collaborate with western psychiatric health care which was expressed in the form of interviews.

3.2.4 Contextual approach

The study is contextual as it would be descriptive of the uniqueness

of a specific situation. This study is contextual as it was conducted on traditional healers residing in the rural areas of Mafikeng within the natural environment of participants.

3.3 RESEARCH METHOD

3.3.1 Choosing a setting

The study was conducted in the rural areas of Mafikeng, North West Province. Mafikeng has about 67 villages, with psychiatric patients coming from all of them to Bophelong Psychiatric Hospital, which is a 600-bed institution serving a catchment area of approximately 750,000 inhabitants. It accommodates both acute and chronic psychiatric patients.

The geographical parameter was chosen because rural dwellers tend to consult readily with traditional healers. This is understandable in view of their low socio-economic status as well as their cultural environment.

3.3.2 Sampling

Sampling is a process of selecting the people, events, behaviours or other elements with which to conduct the research. Traditional

healers formed the sample for this study. Respondents were selected by means of purposive or judgemental sampling, meaning conscious selection criteria (Burns & Grove, 1993:246).

Purposive or judgemental sampling derives from the belief that a researcher's knowledge about the population and its elements can be used to hand pick the cases to be included in the sample, which is the main reason why the researcher chose this technique for sampling.

3.3.3 Sampling criteria

This is a list of essential characteristics that qualifies respondents for selection in the study (Burns & Grove, 1993:246). In this study the following criteria were used.

- Respondents had to be traditional healers
- They had to reside in the rural areas of Mafikeng, to make it possible for the researcher to keep contact throughout the study, and also to facilitate the interpretation of findings.
- Respondents were also expected to speak and understand either Setswana or English since these are the languages in

which the researcher can converse.

3.3.4 Sample size

Fourteen (14) respondents were interviewed. The sample reflects representatives of all categories of traditional healers. Healers of both sexes were included in the sample. At least two (2) years of experience after training was required, as this would ensure that they were more experienced, as they would have encountered a variety of problems. Respondents were informed about the study and only those willing to participate were interviewed by the researcher. This was done in order to gain co-operation and to avoid forcing people to participate against their will.

3.4 ETHICAL CONSIDERATIONS

According to Burns & Grove (1993:89). “..... the conduct of nursing research requires not only expertise and diligence, but also honesty and integrity. Conducting research ethically starts with the identification of the research topic and continues through the publication of research results”. The following aspects were therefore considered.

3.4.1 Competence of the researcher

The researcher underwent training in research methodology. In addition, the study was conducted under the supervision of two (2) professional researchers, both of whom have been actively involved in qualitative methodology. Since the interviews were conducted in African language, a tape recorded interview between the researcher and a traditional healer was forwarded to the study supervisor who co-ordinated with experts in African language to determine interviewing skills. This was done in order to prevent bias.

3.4.2 Researcher/respondent relationship

Very early in the study, the researcher attempted to make the research effort as transparent as possible. An adequate trust relationship was developed between the researcher and respondents by introducing self, explaining the study and its purpose as well as assuring anonymity and confidentiality.

Mutual trust not only ensures the co-operation of the interviewee, but also improves the quality of the collected data

(De Vos, 1998 :303).

1 191 214 58 51

The following were therefore considered: -

- Informing the respondents about the study, its purpose and the possible inconveniences during the course of the research.
- Giving the respondents an option whether or not to participate in the study, and allowing them to withdraw at any time.
- Asking for permission to audio-tape the interviews.
- Informing the respondents of everyone likely to have access to the information.
- Giving them the opportunity to validate some of the interpretations/themes by means of a follow-up interview.

3.4.3 Assurance of anonymity and confidentiality

The principle of confidentiality implies that the dignity of respondents should be respected. If interviewees sense that the information will be treated confidentially, they will feel free and more secure in their interaction, and more willing to open (De Vos, 1998:306).

Respondents were therefore told that whatever transpires between them and the researcher would be kept confidential and their names would not be revealed.

3.4.4 Description of the risks

According to Burns & Grove (1993 : 103 - 104), The researcher must assess the type, degree and number of risks the subjects experience or might experience by participating in the study. The risks depend on the purpose of the study and procedures used to conduct the study.

The respondents in this study had to invest their time and feelings by participating. They were therefore made aware of this and were also encouraged to contact the researcher anytime after the interviews should the need arise

3.5 Data collection

According to Castles (1987:88) data collection involves obtaining the information that will be useful to the study and organising it in some way. The researcher selected a semi-structured interview as a method in data collection. According to Barribal & While (1993 : 330), semi-structured interview is well suited for the exploration of the perceptions and opinions of respondents regarding complex and sometimes sensitive issues, and enable probing for more information as well as clarification of answers.

Open-ended questions were asked, because these type of questions are

especially helpful whenever accuracy, detail and exhaustiveness are more important than time and simplification of coding and data processing (Bailey, 1987:121). Respondents were therefore afforded the opportunity to express themselves freely. The interview schedule composed of five questions. The first three questions explored the role of traditional healers in the treatment of mental illness including their views regarding the role of western health workers in the treatment mental illness. The last two questions explored their willingness regarding collaborating with western psychiatric health care which was the main question for this study. Respondents were in their homes. Interviews ranged between 1-2 hours in length and were audio-taped and transcribed verbatim. The role of the researcher was to guide the interview around the research questions, and to encourage the respondents to talk.

The following techniques were used:-

- Probing - to elicit more information
- Clarifying for mutual understanding
- Paraphrasing and summarizing

Before the actual data collection, a pilot study was conducted on two traditional healers. A pilot study is one way in which the researcher orientates himself/herself to the project she/he has in mind (De Vos, 1998:178). The purpose of the pilot study is to improve the success and effectiveness of the

investigation - hence it must be executed in the same manner as the main study.

The two traditional healers interviewed were receptive and co-operative. No problems or potential problems would be identified following the pilot study. Throughout the collection of data, the researcher took field notes of the entire process. The researcher recorded certain aspects of the interview (content), observations, thoughts (researcher's reflection on what was said and observed). Field notes were written in a notebook, and organized according to the different stages of data collection.

3.6 DATA ANALYSIS

In qualitative research, data analysis proceeds simultaneously with data collection, data interpretation and narrative reporting (Creswell, 1994:153).

3.6.1 The process of analysis proceeded as follows:-

Data was obtained from transcribed audio-tapes and field notes. The data was then organized into personal and analytical logs. A personal log includes identification of participants in the form

of dates and numbers ; and an analytical log includes the detailed examination of the questions asked , ideas emerging (coding system related to the major topic under investigation).

3.6.2 Data Analysis

The analysis of qualitative data begins with a search for the themes or recurring regularities . The following method adopted from Giorgi & Tesch in Creswell (1994:155) and Burns & Grove (1993:599) was used .

The method involves :-

- Reading carefully through all transcripts to get a sense of the whole .
- Picking an interview document , the most interesting , reading through it and jotting down ideas as they come to mind .
- Writing thoughts in the margin and identifying the major categories represented .
- Reading again through all the transcripts and understanding meaning related to the identified major categories .
- Putting the units of meaning into major categories while at the same time identifying sub – categories within the major

categories.

- Finally identifying relationships between the major categories and sub-categories.

The transcriptions were sent to to an independent coder for analysis. This was accompanied by a protocol with guidelines for data analysis. A meeting was held to discuss the themes and categories reached independently.

After data analysis, the researcher interpreted and explained the findings in order to find meaning in them (Castles, 1987:122). Results were discussed in the light of relevant literature and information obtained from similar studies, as a measure of verification. Data gathered from this study was used as a basis to describe the guide-lines for collaboration between traditional healers and western psychiatric health workers. After analysing the results and their implications, the literature was further reviewed to the extent that it could help in formulating the guide-lines.

Follow-up interviews were conducted with at least five traditional

healers to verify whether the obtained results reflected the verbalized experiences.

3.6.3 Measures to ensure trustworthiness

According to Lincoln & Guba (1985 : 290) an inquiry is trustworthy if the researcher can convince her audience (including self) that the findings are worth paying attention to and taking account of.

The researcher adopted Lincoln and Guba's model of trustworthiness as it is conceptually well developed and has been extensively used by qualitative researchers, particularly nurses (Zwane, 1997 :39).

The model presents four criteria and strategies for establishing trustworthiness. The four criteria are the truth value which utilises the technique of credibility; applicability, which utilises the technique of transferability; consistency, which utilises the technique of dependability and neutrality, which utilises the technique of conformability.

◆ Truth value

Truth value asks whether the researcher has established confidence

in the truth of the findings for the subjects and the context in which the study was undertaken (Lincoln & Guba, 1985 :290). The strategy for establishing truth value is credibility.

◆ **Applicability**

Applicability refers to the degree to which research findings can be transferred to other groups, contexts and settings (Lincoln & Guba, 1985 : 296). The concept of applicability really means the ability to generalise the results of the study to a larger population. In many qualitative research projects the ability to generalise is not relevant. A strength of the qualitative method is that it is conducted in naturalistic settings with few controlling variables. Each situation is defined as unique and thus is less amenable to generalisation. Transferability is a technique used in assessing applicability.

◆ **Consistency**

The criterion of consistency assesses the extent to which the study, when applied by others using the same subjects in a similar context, will provide the same results. Dependability is a technique used in assessing consistency.

◆ **Neutrality**

Neutrality explains the freedom from bias in the research procedures and results. Instead of ensuring proper distance between researcher and respondent as is the case in quantitative research, qualitative researchers try to increase the worth of the findings by decreasing the distance between the researcher and the informants thus prolonging engagement. Neutrality is achieved through conformability.

Table 3.1 gives a description of the application of strategies to ensure trustworthiness.

TABLE 3.1 : STRATEGIES TO ENSURE TRUSTWORTHINESS

STRATEGY	CRITERIA	APPLICATION
Credibility	Prolonged engagement	- spending sufficient time with traditional healers - pilot study - field notes
	Persistent observation	- field notes

	Triangulation	<ul style="list-style-type: none"> - data collected - in-depth interview - field notes - data analysis - independent coder who is an advanced practitioner in psychiatric nursing - literature control
	Member checking	<ul style="list-style-type: none"> - follow up interviews - field notes
	Peer examination	<ul style="list-style-type: none"> - independent coder who is an advanced practitioner in psychiatric nursing
	Structural coherence	<ul style="list-style-type: none"> - focus on the willingness of traditional healers - results consistently reflected in accordance with general systems theory
Transferability	Nominated sample	<ul style="list-style-type: none"> - purposive sample
	Dense description of research method	<ul style="list-style-type: none"> - complete description of methodology including literature control and verbatim quotes from individual interviews
Dependability	Dependability audit	<ul style="list-style-type: none"> - complete description of data collection and data analysis method - protocol for analysis

Confirmability	Confirmability audit	<ul style="list-style-type: none"> - personal notes obtained during observations - data collection method :- in-depth interview - independent co-coder - literature control
	Triangulation	- as discussed under credibility
	Reflexivity	- field notes were taken

3.7 RESEARCH QUESTIONS

- How do you see your role as a traditional healer in the treatment of mental illness.
- How do you see the role of the western health worker in the treatment of mental illness.
- Do you believe that there are different types of mental illnesses that are culture-bound and natural or western type?
- Are you willing to work with western health workers and to share ideas?
- Are you willing to change some methods of your treatment as a result of collaboration with western health workers?

3.8 DISCUSSION OF THE FIELD NOTES

Field notes were made as an addition to the interviews conducted with traditional healers. A complete exposition of their contents is given below.

3.8.1 OBSERVATIONAL AND THEORETICAL NOTES

Table 3.2 Reflects observational and theoretical notes relevant to this discussion

TABLE 3.2 OBSERVATIONAL AND THEORETICAL NOTES

OBSERVATIONAL NOTES	THEORETICAL NOTES
Most of the participants were co-operative, with an accepting attitude and were free to talk	<ul style="list-style-type: none">• the approach of the researcher may have been positive• their expectation that their practice would be recognised by the government• the fact that some do attend primary health care they are used to contact with western health workers• the topic is of interest to them
Some participants gave little information	<ul style="list-style-type: none">• perhaps afraid of the western healthworker• the approach of the researcher may be not well interpreted• lack of knowledge about the topic• cultural taboos, not supposed to talk to other people about traditional medicine - researcher may have been seen as one of the people coming to steal their knowledge• fear that the researcher may not uphold confidentiality about their issues• the topic may have not been of interest to them.

3.8.2 METHODOLOGICAL NOTES

According to Wilson (1989: 435), methodological notes are instructions to oneself, a reminder, a critique of one's own tactics. It notes timing, sequencing, stationing, stage setting or maneuvering.

The following methodological notes were borne in mind in the process of interviewing.

- Avoid asking leading questions which may create an impression that a specific answer is sought
- Avoid asking confusing questions for example double-barrel
- Provide an opportunity for participants to talk and use very minimal responses
- Treat each interview as unique, do not compare with the other
- Be as objective as possible

3.8.3 PERSONAL REFLECTIVE NOTES

Reflective notes are notes about the researcher's reactions and experiences (Wilson, 1989: 435).

In the initial stages of the interviews, the researcher felt very uneasy. Firstly by not being sure that one would be accepted by traditional healers. This was as a result of pre-existing information about traditional healers, with specific reference to traditional doctors (*dingaka*) that they readily accept people looking for information about their practice.

The second reason is that even though it is traditional amongst blacks to use traditional methods of healing, the researcher never had the experience of consulting traditional healers before. This was the first contact.

It is usually said that traditional healers use all sorts of animals including snakes which are said to be the most favoured. The researcher is afraid of snakes and this contributed to the fears and uneasiness.

It is exciting to report that the positive attitude and openness of most of the traditional healers allayed all the fears and anxieties experienced by the researcher.

CHAPTER 4

RESULTS AND DISCUSSION OF RESULTS

CHAPTER 4

RESULTS AND DISCUSSIONS OF RESULTS

4.1 INTRODUCTION

In the previous chapter, the research design and method were discussed.

In this chapter, the results of the study will be presented. These results are based on the identified themes, categories and sub-categories.

4.2 DESCRIPTION OF THE REALISATION OF THE SAMPLE

The sample comprised fourteen traditional healers. The following types of traditional healers participated in the study: diviners (*sangoma*), traditional doctor (*ngaka*) and faith healer (*morapelli*). The study also revealed that some of the traditional healers have dual roles, for example, some practised as both diviner and faith healer, or as diviner and traditional doctor. The oldest was sixty years and the youngest thirty eight years. Perhaps this is an indication that traditional medicine is practised by mature adults. This tendency was also found by Mahoko

(1996:32) in her study, where the oldest of the healers was fifty nine years and the youngest thirty years.

Table 4.1 reflects the different types of traditional healers represented in the study and their types of practice.

TABLE 4.1: DIFFERENT TYPES OF TRADITIONAL HEALERS

Type of healer	Number	%
Traditional doctor	3	21.4%
Diviner	4	28.5%
Diviner/faith healer	2	14.2%
Faith healer	3	21.4%
Traditional doctor/diviner	2	14.2%
TOTAL	14	100%

Table 4.2 reflects the age distribution of traditional healers represented in the study.

TABLE 4.2 AGE DISTRIBUTION OF HEALERS

AGE GROUP	NO	%
30-40	3	21.4%
41-50	3	21.4%
51-60	7	50%
61-70	1	7.1%
TOTAL	14	100%

As for the place of abode, all healers resided in the rural area of Mafikeng. Thirteen (13) healers spoke Setswana and only one spoke South Sotho, which presented no problem to the researcher.

4.3 IDENTIFIED THEMES

Table 4.3 reflects the themes, categories and sub-categories that were extracted from the data gathered on traditional healers. These themes and categories describe the willingness of traditional healers with regard to collaboration with western psychiatric health care. It is also important to note that as the basis in gathering data about the willingness of traditional healers with regard to collaboration with

western psychiatric health care, the first three questions focused on the feelings of traditional healers with regard to their role and the role of western health workers towards a mentally ill person. This area also covered their knowledge about culture-bound and natural/western types of mental illnesses.

Four main themes could be extracted from this data and these are:-

- ◆ broad scope of recognition and treatment of mental illness
- ◆ feelings of confidence
- ◆ acknowledging collaboration between traditional healers and western psychiatric health care.
- ◆ feelings of fear of change.

As a means of clarity, the themes will be supported by direct quotes from traditional healers. Control of literature will be integrated with the results as a measure to confirm reliability (Woods & Catanzaro, 1988: 136). An example of a transcribed traditional healer's interview may be found in Appendix 5.

TABLE 4.3

**THEMES CATEGORIES AND SUB - CATEGORIES DESCRIBING
THE WILLINGNESS OF TRADITIONAL HEALERS REGARDING
COLLABORATING WITH WESTERN PSYCHIATRIC HEALTH
CARE**

THEME	CATEGORY	SUB-CATEGORY
Broad scope of recognition and treatment of mental illness	Ability to recognise causes of mental illness: culture-bound and western or natural types	<p>Culture-bound</p> <ul style="list-style-type: none"> • spirit possession • witchcraft • ancestral displeasure due to neglect of family rituals • big intestine (uterus) travelling to the head • accumulation of blood after delivery causing too much pressure on the head <p>Western/natural causes</p> <ul style="list-style-type: none"> • heredity or "born with it" • "too much worry" • alcohol and dagga • head injuries

	Ability to recognise signs of mental illness: culture-bound and western or natural types	Culture-bound <ul style="list-style-type: none"> • praying continuously: indicating a calling to be a prophet • playing with stones: as a sign of a calling to be a diviner or traditional doctor • beating of drums: as a sign of a calling to be a diviner. Western or natural types <ul style="list-style-type: none"> • restlessness and confusion • talkativeness although the person talks nonsensical things • seeing people who are usually dead and even hearing their voices • patient very aggressive and assaulting people • bouts of jumping and running away • talking to self • crying uncontrollably
	Ability to use different treatment approaches	<ul style="list-style-type: none"> • assessing before treatment • referring patients they cannot treat
	Ability to recognise negative effects of treatment	<ul style="list-style-type: none"> • Dribbling of saliva from the mouth • Muscle stiffness (tremors) • continuous drowsiness • weight gain • tablets making them "stupid"
Feelings of confidence	The approach in treating patients	<ul style="list-style-type: none"> • guided by ancestors
	Socio-cultural accessibility	<ul style="list-style-type: none"> • patients recover immediately

Acknowledging collaboration between traditional healers and western health care	Need for team work	• Mutual referral and consultation
	Visualised ideas of collaboration	• having own area of practise • visiting patients on specific days at the hospital • treating patients at their homes
	Professional consideration	• respect one another
	Need for official registration	• practice to be known
Feelings of fear of change	Negative consequences of change	• Controlled by ancestors
	Losing intellectual property rights	• western health workers will "steal" their knowledge

4.4 DISCUSSION OF THE THEMES

4.4.1 THEME: Broad scope of recognition and treatment of mental illness

Four categories are indicated in this major theme, namely:

- ◆ the ability to recognise causes of mental illness: culture-bound and western or natural type
- ◆ the ability to recognise signs of mental illness: culture-bound and western or natural types
- ◆ ability to use different treatment approaches
- ◆ the ability to recognise negative effects of treatment.

4.4.1.1 CATEGORY: Ability to recognise causes of mental illness: culture-bound and western or natural type

Nine sub-categories were identified under this category.

The subcategories are as follows:-

culture-bound:

- spirit possession
- witchcraft
- ancestral displeasure due to neglect of family rituals
- big intestine (uterus) travelling to the head
- accumulation of blood after delivery
- a person followed by "tikoloshe".

Western or natural:

- heredity or "born with it"
- too "much worry"
- alcohol, dagga and head injuries.

◆ spirit possession

The first kind of possession is ancestral spirit (*thwasa*), describing a disease' which is sent by the ancestors to call a person to the vocation of traditional healer. A second kind of spirit possession is ascribed principally to sorcery (*mafofonyane*) and brought about by the spirits of the deceased (van Rensburg et al, 1992: 327). The treatment of *mafofonyane* requires the traditional healer to exorcise the alien spirits.

Twelve traditional healers explained spirit possession to be one of the main causes of mental illness. The kind of possession mentioned in this study is the ancestral spirit (*thwasa*). Traditional healers explained that the person becomes possessed as a requirement by ancestors for an individual to become either a faith healer or diviner.

The following comments were made by traditional healers:

"You know mama, a person can be possessed as a calling for example to become a traditional doctor. In most cases, it will be very difficult for this person to understand exactly what is happening around him/her. Sometimes the person can be called to be a sangoma (komeng) or called to the holy spirits (prophet). Until this person responds to the calling, I assure you mama, she/he will never improve. For me to go for this practice mama, it was due to my ancestors. This came in the form of mental illness and my ancestors told me where to go. They showed me the way to the place, I found a woman (faith-healer) waiting for me and this is the woman who trained me to become a faith-healer."

Spirit possession, especially ancestral spirits, as a calling to become a

healer was also found in the study by Blackett (1989: 45). Her study revealed that the spirit causing mental illness as described by traditional healers seemed to be the spirit of an ancestor, causing a possessed person to become an isangoma or sometimes an *inyanga*.

◆ **witchcraft**

Most of the traditional healers (thirteen) explained witchcraft as a cause of mental illness. They cited the following forms of witchcraft:- putting poison in someone's food (*sejeso*). A person with *sejeso* will start coughing and loose weight. This poison eventually affects the brain and the individual becomes mentally ill. Sending someone a "*tikoloshe*" to make his/her life miserable, putting a poisonous substances on someone's foot-prints (*gatiswa*) and the poison affects the brain resulting in mental illness. The following statements from their transcripts illustrate this:

"You know mama, people are very jealous and they hate to see others progressing well in life. As a result, they can send 'mfishane', 'tikoloshe' to make your life miserable. This 'tikoloshe' may change itself into many animals for example a lion. A person followed by this 'tikoloshe' will

be mentally affected and will not reason normally like other people."

Another traditional healer had this to say :

"Mme wee! People are very dangerous. You know they can even put poison in your food (sejeso). You know, this poison will move all over your body until it reaches the brain. Then what happens? Hee! You become mentally ill."

These findings are supported by Blackett (1989: 46) whose study revealed the use of poison both in someone's food or path, as causes of mental illness. A harmful *muti* can be purposely put down in the path of the victim and once the victim steps or jumps over this hazard, he/she becomes bewitched.

The use of medicines to harm other people is also explained by Karlsson & Moloantoa (1984: 44) who states that someone who is not a habitual sorcerer, but only acts in cases of personal animosity, may add medicines to the victim's food in order to harm him/her.

◆ **Ancestral displeasure:**

Most traditional healers (ten) explained ancestral displeasure as another cause of mental illness. This happens when a person does not follow the traditional customs, for example performing rituals every year for the ancestors. The ancestors may therefore turn away from him/her, meaning that he/she will no longer be protected by them. This will result in bad luck.

This is how some traditional healers explained ancestral displeasure:

"Mma, you know we are people of ancestors. Our ancestors always tell us what to do and not to do, why? Because they are in total control of our lives. So if you do not do as they tell you or expect from you, they will punish you and you will start experiencing some unpleasant events for example, mental illness where they have turned their back against you (ba go furaletse) because you do not respect them".

"You know "mama" our families are not the same. There are those who perform rituals and some do not. Sometimes the head of the family may decide not to perform traditional

practices. Time will come where the ancestors will demand these things from him/her and because children are very light (botlhofo), they will be easily affected as they did not receive any traditional treatment to make them strong."

The above statements by traditional healers clearly indicate how rituals are important to the lives of the black people, in order to please the ancestors so as to be protected.

The study by Chipfakacha (1994: 31) revealed the importance of rituals with regard to placental disposal - that if the rituals are properly followed, this lends protection against witchcraft.

◆ "The big intestine travelling to the head"

There is a general belief among the black people that if after delivery of a baby, a woman does not rest for a specific period, the uterus will not settle but instead, it will jump and travel through the whole body, causing mental illness.

Eight traditional healers explained this as a cause of mental illness. These are some of the comments made by traditional healers with this regard:

“Mental illness can also be due to pregnancy where after a woman has given birth, the big intestines, (meaning the uterus) doesn’t return to its normal position. It can travel up and affect the blood vessels of the head, and the person becomes stiff as if her head is moved back-wards”.

“ After giving birth, a woman should rest, sleep on her stomach, so that the big intestine can rest. In addition to that, one important thing is that this person must be given enough food, particularly soft porridge, to fill up the stomach, and to prevent the big intestine from shifting because if that can happen, it will travel and position itself to the head, causing mental illness.”

- ◆ **Accumulation of blood after delivery, causing too much pressure on the head.**

The eight traditional healers who explained the big intestine as a cause of mental illness, also talked about accumulation of blood. The belief among black people is that blood must be left to come out after a woman has delivered. This is referred to as dirty blood. So, if this blood is stopped, it will accumulate in the body and cause problems for the woman. In explaining this problem, most traditional healers were very emphatical. This is how some of them expressed it:

"Yes. Sometimes mental illness in women is usually after a person has given birth, then she is given an injection to stop bleeding. Ok! this blood now, where does it go? Hee! Tell me, where does it go? definitely it goes to the head, causing high blood, resulting in mental illness."

"You western people are contributing so much to mental illness because of these injections you give to women after delivery. This is dirty blood and you should therefore let it come out."

◆ Heredity ("born with it")

Six traditional healers explained heredity as a cause of mental illness. The following conditions were cited by traditional healers as examples of conditions resulting from hereditary factors: 'mototwane' (epilepsy) and 'setlhogwane' (mental retardation).

This is how some of the traditional healers explained:

"This illness called mototwane (epilepsy), a person may be born with it. This is why you find some families having many people suffering from this illness."

"I can tell you about 'setlhogwane' (mental retardation). You know a child is just born like that, not active, some cannot walk, others with an abnormally small head. These children are just stupid, they cannot attend school. I have never seen them attending school."

These findings, with particular reference to epilepsy are in agreement with Cheetham & Griffiths (1982: 955), when explaining the interpretation of sickness in Africa, that with regard to biological factors, heredity may be implicated in illnesses.

The description of *setlhogwana* (mental retardation in this study), corresponds with those describing the illness '*isidalwa*' in the study by Blackett (1989: 40-41), in which they gave the following descriptions:- "patients cannot walk properly, they cannot eat well, they are slow developers, slow in learning to talk, their heads do not work well, indicating mental retardation."

◆ "Too much worry"

All participants explained too much worry as a cause of mental illness. They report that if a person is worrying too much, this will prevent him/her from performing other duties. The person spends most of the time thinking and eventually this is going to affect the nerves.

The following statements bear testimony to this:

" If a person is having too much worry or stress, this is going to affect the heart and eventually it will start to shake, and the person will start behaving in an unusual manner, for example, not talking to anybody and appearing too sad."

“Too much worry is a problem mme, one cannot do anything, thinking only of the problems. This affects the nerves of the head and the person will be mentally ill.”

◆ Alcohol and dagga (*motokwane*)

Alcohol and drug abuse is a major social and medical problem. The effects of alcoholism are widespread and cost individuals, families and communities pain and suffering.

Most traditional healers in this study emphasised the fact that alcohol and drugs are very dangerous because they influence the person to commit serious crimes, for example, rape and it also results in mental illness by affecting the brain. Some of the traditional healers described the person using these drugs as always wild, with red eyes.

◆ Head injuries

Six traditional healers mentioned head injury as a cause of mental illness. They claim that when the brain is injured, the person cannot think properly. Causes of injury as reported include, among others, car

accidents and assaults. Two traditional healers, incidentally ex-nursing assistants, mentioned forceps delivery as a cause of head injury.

**4.4.1.2 CATEGORY: Ability to recognise signs of mental illness:
culture-bound and natural/ western type.**

It was interesting to note that there are more similarities than differences with regard to the signs and symptoms of both culture-bound and natural illnesses as described by traditional healers in this study. The following signs were listed by all traditional healers: restlessness and confusion, talkativeness, although the person talks nonsensical things, seeing people who are usually dead and even hearing their voices, patients very aggressive and assaulting people, bouts of jumping and running away, talking to self and crying uncontrollably.

The following other signs made a slight difference: praying continuously indicating that a person is called to be a faith healer, playing with stones as a sign of a calling to be a diviner or traditional doctor, beating of drums as a sign of a calling to be a diviner. The following expression was made by participant:

“Mma, if a person is called to be a faith healer, he/she will sing continuously and not just ordinary everyday hymns, but there is a special hymn to please the ancestors.”

These findings are supported by Uys (1986:31), in her study where most of the respondents mentioned aggression, violence, hostility, talking alone, talking senseless things, running away wandering around with wide eyes as common signs of mental illness (natural type).

4.4.1.3 CATEGORY: Ability to use different treatment approaches

The study indicates that all traditional healers use different treatment approaches in dealing with their patients. The fact that they have dual roles, enables them to apply different methods on patients.

The expression made by a traditional healer below supports this:

“I am practising both as a prophet and a traditional doctor. This means that when a person is brought to me,

I first pray, asking God to guide me in examining this person, to see actually what is wrong with him/her.

It was also interesting to note that their method of treatment takes different levels. Level one is where the restlessness and aggression is managed, so that the patient can be calm. The main treatment will follow thereafter, when the patient is at ease and can co-operate.

◆ **Assessing before treatment**

Most traditional healers reported that they assess patients first before they can administer any treatment. This is how they emphasised this aspect:

“The first thing is to assess the condition of the skin whether it is proper for me to start with the treatment. You know when the person lacks blood or water in the body, you cannot give him medicine that will cause diarrhoea. So, the more the person lacks blood or water in the body, you should go steady and if you realise that there is something that needs medical attention, you can advice them

to go to the clinic."

Five traditional healers in this study reported that they attend primary health care workshops. The information suggests that the knowledge they possess on assessment, is emphasised during these workshops.

◆ **Referring patients they cannot treat**

All traditional healers expressed the need to refer those patients they cannot treat. The following are some of the conditions the traditional healers refer for western health care: severe diarrhoea, head injuries.

The statement below serves to explain this:

"A person can be mentally ill after sustaining head injuries after an accident. Those are the natural conditions and the western people are good in treating them. They are able to perform operations, so we cannot treat effectively. In fact, let me just say that we are not able to treat them."

The study by Troskie (1997: 34) supports the belief by traditional healers that some illnesses are better treated by western doctors, and others by traditional healers.

4.4.1.4 CATEGORY: Ability to recognise negative effects of treatment

Most of the traditional healers expressed the concern that the treatment given to patients at the hospitals and clinics cause negative effects such as dribbling of saliva from the mouth, muscle stiffness (tremors), continuous drowsiness and weight gain. The general description is that tablets "make them stupid".

Healers also expressed a concern that the tablets or the treatment at the hospital is temporary, that patients do not recover completely, and that after some time, they become ill again. The following statements were made by some traditional healers:

"You know, I was never given a report that a person has recovered from mental illness at the hospital. The hospital is just a facility where doctors and nurses stay with patients with no progress whatsoever. I've

never seen a patient who has completely recovered from the hospital. What I have realised is that the treatment makes them more stupid, to an extent that a person cannot do anything for him/herself"

Another traditional healer said :

"Mma, the treatment given to the patients at the hospital is used to sedate or drug this person, from there this person experiences tiredness throughout."

These findings, particularly with regard to patients experiencing drowsiness most of the time, correspond with that of Gontsana (1998: 82) in her study on stressors experienced by student nurses during clinical placement in psychiatric units in a hospital. Five participants in her study reported that patients were given only medications as a form of treatment and they claimed this made it difficult to interact with patients because they remained drowsy for most of the day.

4.4.2 THEME: Feelings of Confidence

The findings indicate the existence of two categories in this theme, namely:

- ◆ the approach in treating patients.
- ◆ socio-cultural accessibility

4.4.2.1 CATEGORY: Approach in treating patients

Most of the traditional healers expressed feelings of confidence with regard to their practice, with specific reference to their knowledge of traditional healing methods, which as they claim, are very effective. The fact that they also communicate with their ancestors to guide them in treating their patients, make them feel very happy and confident that they will not make many mistakes.

The following is an expression made by a traditional healer:

*" You know mma, how we approach a patient is very good
for an example, when I examine a patient, I must feel his / her
illness in my body. This feeling is what is known in Setswana as
"mokhokho" which means you feel the patient's pains in you".*

The healer was asked to explain the significance of this feeling and this is how he explained :

"Feeling the patient's pains in you means you will know exactly what the patient is going through, and this will help you to treat him effectively"

The traditional healer feels that if you do not experience "*mokhokho*", you have doubts in treating the patients. The presence of "*mokhokho*" gives you confidence in giving appropriate treatment

One may therefore suggest that the above statements by the traditional healer explains the feeling of empathy towards the patient, to really get to understand what the patient is going through.

The above feelings expressed by the traditional healer are supported by Koss (1986: 352 -353). The author explains that in treating the patient, the spiritual healer takes the distress and the bad spirits into his/her own body on behalf of the client. By doing this, the healer is also freed from the more difficult aspects of explicit awareness of his own repressed negative side in working with the client.

4.4.2.2 CATEGORY: Socio-cultural accessibility.

The fact that traditional healers are from the same socio-cultural background with patients, make them feel very confident about their practice. This they claim, is because of their knowledge of culture-bound illnesses, for example witchcraft, a patient will only respond to traditional methods of healing. Hence the belief that patients recover completely from mental illness and come for review of treatment and follow up.

Mahoko (1996: 32) in her study reported that all participants indicated that their clients return for review and follow-up, and for the presentation of new problems.

4.4.3 THEME : Acknowledging collaboration between traditional healers and western health care

All traditional healers in this study gave positive responses with regard to collaboration with western psychiatric health care. They

saw this as a positive step towards improving the health of the people. Traditional healers believe that people will be free to choose the treatment they prefer without any fear, and what is most exciting, according to them, is that both will get an opportunity of knowing each other's healing methods.

Four categories were identified under this theme, namely.

- ◆ Need for team work
- ◆ visualised ideas of collaboration
- ◆ Professional consideration
- ◆ the need for registration.

4.4.3.1 CATEGORY: Need for team work.

All traditional healers expressed the need for team work.

◆ Mutual referral and consultation

Traditional healers explained that if there is team work, western people will no longer refuse to refer patients, especially all those talking about ancestors and those with "*tikoloshe*". This would help patients to

recover.

Traditional healers also, will refer without any fear, all those patients requiring western methods of treatment. So, the ability of both will be recognised.

In her study Troskie (1997: 37) found out that a number of traditional healers recognise their limitation and refer clients to the clinic or doctors. A comment often made by traditional healers in her study was *“if we do not understand and cannot handle the disease, we will be able to refer the client without fearing that steps will be taken against us.”*

4.4.3.2 CATEGORY: Visualised ideas of collaboration

Traditional healers were also asked about how they would prefer collaboration to be organised and most of them expressed the need to have their own area of practice, well labelled and known by everybody.

They also expressed the need to visit patients on specific days at the hospitals. Only two traditional healers preferred not to move around, but rather to stay at their homes and have patients brought to them. The reasons given for this approach is that there are certain taboos related

to traditional medicines, for an example it is a taboo for a woman who is menstruating to come close to where traditional medicines are kept, or a person who has been handling corpses, such people are regarded as very hot and will therefore interfere with the effects of medicines.

4.4.3.3. CATEGORY: Professional consideration.

All traditional healers in this study expressed the need for respect between both traditional healers and western health workers. This respect, according to how they explain, will promote good relations. The following statement explains this:

"If we can work together, show respect to one another, our relationship will be very good and we will treat our patients effectively".

Good relations are a key to finding satisfaction in life. People involved in such relationship experience closeness to one another, having trust and respect to one another and this leads to understanding of one another.

4.4.3.4 CATEGORY: The need for official registration

All traditional healers in this study expressed the need for official registration. Official registration as they explained, will afford them the opportunity to be known, to practice freely and not hiding, to have some inputs with regard to some health issues, and to receive a salary from the Government.

Traditional healers also believe that if they are officially recognised, their discoveries, for example new medicines, will be tested and approved.

These discoveries will also be recorded and this will promote the image of traditional practice.

It also came out clearly from the study that for better control, registration must not be for every traditional healer, but only those belonging to traditional organisations, as they are under the supervision and control of the organisation concerned. The feelings of traditional healers is that many people pretend to be good traditional healers and yet they are just criminals whose purpose is to exploit people. This in the process, damage the good image of traditional practice.

Mahoko (1996:32) in her study highlighted the need for traditional healers to be officially registered. She emphasised the fact that in as much as there are good healers, there are those who pollute the traditional medical field. A register for indigenous healers should therefore be kept so as to differentiate healers from quacks.

4.4.4 THEME: Feelings of fear of change

Most of the traditional healers in this study expressed fear about any suggestions to changing their methods of treatment. Different emotions were expressed in this area of discussion. Only two traditional healers were comfortable about the idea of improving and where possible, changing their methods. Otherwise most of them were aggressive when answering the questions. Some were angry and surprised. They were very emphatical in their response.

4.4.4.1 CATEGORY: Negative consequences of change

Any suggestion to modify or change traditional methods would be impossible as traditional healers receive instructions from the ancestors as to how to go about treating their patients. They believe that this is

a secret given to them by their ancestors, hence they are carefully safeguarding it, and not simply giving it away. The following expressions were made:

“I told you before that we use bones, we talk to our ancestors, they give us directions as to what to do. So, this is going to create problems because we will now be throwing our tradition away. The ancestors can be very angry and punish us heavily if we do not obey them”.

Another traditional healer said:

“You know mma, to be a traditional healer is a talent given to me by my ancestors. So, I cannot simply throw it away like that”.

4.4.4.2 CATEGORY: Losing their intellectual property rights

Traditional healers expressed fears that the western health workers would steal knowledge from them and improve their own practice. They claim that any suggestion on changing methods is nothing but cheating as they believe that those methods will be stolen by the very

people (meaning the western health workers). One healer expressed himself as follows:

"Mma wee! you know! before I can tell you about how I feel, you know the white people are not trustworthy. You cannot trust them so much because they will take all the information from us and appear clever and leave us behind".

In her study Troskie (1997 : 34) found that participants were not willing to convey their knowledge because if they do they will lose their power to heal

4.5 CONCLUSION

Objectives of this study were to explore and describe the willingness of traditional healers regarding collaboration with western psychiatric health care, and the willingness of traditional healers regarding a possible change in their methods as a result of collaboration with western psychiatric health care. The findings revealed that traditional healers possess relevant knowledge on mental illness and are also willing to collaborate with western psychiatric health care. The results

therefore suggest a change in mental health services to patients where traditional medicine, the customs, the beliefs of the people will be taken into consideration in planning for mental health services, to render comprehensive mental health services to patients.

Traditional medicine, traditional healers are important to the health of the black mentally ill patients, as traditional healing is part of African culture.

The next chapter will present recommendations, strengths and limitations of the study.

CHAPTER 5

RECOMMENDATIONS, STRENGTHS AND LIMITATIONS OF THE STUDY

CHAPTER 5

5.1 INTRODUCTION

In chapter four, results of the interviews conducted with traditional healers, and the way this information correlated with literature were discussed. This chapter will present the recommendations. These recommendations are in line with the findings of the study. Strengths, and limitations of the study will also be presented.

The purpose of the present study was to explore and describe the willingness of traditional healers regarding collaboration with western psychiatric health care, and to make recommendations as to possible areas of collaboration. In this study it was found that, traditional healers are willing to collaborate with western psychiatric health care, and to exchange information, although they also have some reservations, particularly concerning aspects of their methods of practice.

5.2 RECOMMENDATIONS

The following recommendations are made :-

5.2.1 Establishing contact between traditional healers and western psychiatric health care .

- At the moment there is no formal contact between traditional healers and western psychiatric health care workers . Contact could be through meetings to share ideas on health related issues . It can also be through sharing of policies on management of psychiatric emergencies , for example , how to manage an aggressive patient . Workshops and seminars could be arranged where traditional healers can communicate with western psychiatric health workers on psychiatric health care . The western psychiatric health workers could also learn about traditional healers method of treatment . Traditional healers can also be included in mental health forums, where they will meet with teachers , community people , business people and Non – Governmental Organizations , with the aim of developing strategies in promoting mental health .

The establishment of contact between traditional healers and western

psychiatric health care is a positive step to undertake because it would offer an opportunity for good relations between traditional healers and western psychiatric health care workers as there would be a conducive environment for openness, free expression of feelings, respect of one another's frame of reference leading to better understanding of each other's fields, and creating a forum where mutual problems could be discussed and solved.

5.2.2 Training

Although traditional healers in this study were not in favour of changing their methods of treatment, they are willing to work in collaboration with western psychiatric health workers, to come together for meetings, to exchange ideas and most importantly to refer those medical conditions they cannot treat. Traditional healers in this study also emphasized the importance of assessing patients before starting with treatment, as reflected in chapter four of this study (page 85). This could be a starting point as an approach in their training.

- ◆ Short courses for traditional healers could be planned by the Department

of Health in association with Traditional Healers Organizations where traditional healers could be trained on all those conditions that need immediate medical attention, follow-up of discharged patients, making referrals to clinics or hospitals. The content of the training programme for traditional healers must also not exclude aspects such as traditional beliefs, customs and values, as these aspects influence the individual's perception of wellness and illness, including the choice of health care system.

- ◆ The nurse as a key person in co-ordinating all aspects of care in community should be willing to train traditional healers, and to make use of those traditional healers who have undergone training in primary, secondary and tertiary prevention of mental illness. Involving traditional healers will also require that the beliefs, values of the community, and mental health professional should be taken into consideration.
- ◆ Frequent visits by traditional healers to areas where mentally ill patients are treated is important. The advantage is that traditional healers will have an opportunity to attend to mentally ill patients especially those with culture-bound types of mental illness, provided the family approves of this move, as some families have their own preferred traditional

healers. They will also be orientated on western methods of treatment.

5.2.3 Research

This was an exploratory and descriptive study which concentrated on the willingness of traditional healers regarding collaboration with western psychiatric health care. Further research needs to be done in order to explore the willingness of western psychiatric health workers regarding collaboration with traditional healers, in the treatment of mentally ill patients.

- ◆ This study has identified some culture-bound concepts for example "mokhokho", which is described as a feeling experienced by a traditional healers during examination of the patient. The experience of "Mokhokho" (Reflected in chapter 4 of this study page 90 -91), places the traditional healer in a better position of really understanding what the patient is going through. This, as it is claimed, result in correct diagnosis and treatment. Little is known of these and if research was conducted there could be an increased knowledge of these concepts.

- ◆ Exploration on the reasons behind the effectiveness of traditional healer's methods in successfully assessing and treating black mentally ill patients.

5.3 STRENGTHS AND LIMITATIONS OF THE STUDY

5.3.1 Strengths related to data gathering

- ◆ Knowledge of the researcher regarding mental illness made it easier for her to understand traditional healers approach in the treatment of mentally ill patients. This was an eye-opener for the researcher as she explored more on their knowledge of mental illness and their attitudes towards mental health care.
- ◆ It was interesting to note that all traditional healers interviewed were very positive about the study. Some were uttering statements such as *"please talk to the government on our behalf, because we want to see ourselves working together with the western health care people, so that we can be recognized."*

The fact that traditional healers wanted the researcher to speak on their behalf can be interpreted as having confidence and trust in the

researcher, and the information they have given will be accurately reflected and they be well represented.

- ◆ The researcher is a black person, of the same cultural beliefs and customs with traditional healers, which contributed to a positive understanding between herself and traditional healers, most importantly with no communication problems.
- ◆ Interviews were conducted at home, therefore, this was more of an advantage as more observations could be made.
- ◆ There is a strong correlation between the data and other studies on collaboration between traditional healers and western psychiatric health care.

5.3.2 Limitations related to data gathering

- ◆ Although the interviews were scheduled to run between one and two hours, few traditional healers were very brief in their discussion. It is possible that they were not comfortable. The researcher used the communication technique of probing which was effective as traditional

healers were able to give more information.

- ◆ Although there is no evidence to support this, despite the degree of openness by traditional healers, probably because of the secrecy of traditional healing, it is possible that they did not open up fully and it is therefore possible that important information could have been held back.

- ◆ This was a qualitative research and therefore imposes limits on generalization of the results as qualitative research is not generalizable, but it acts as a basis for further research. The research therefore has potential value for both the traditional healer and western psychiatric health worker firstly because through collaboration patients will be afforded the opportunity to visit traditional healers without fear. Another value is that sensitive areas regarding traditional methods of healing will be respected, including the recognition and identity needs of traditional healers. Finally the research gives direction to future mental health care plan.

5.4 SUMMARY AND CONCLUSION

The study revealed that traditional healers are eager to collaborate and to exchange information with western psychiatric health workers. It is important therefore that traditional healers could be included in the western psychiatric health system, for rendering a comprehensive mental health service to the community. This will be a positive step to transform mental health services in line with the Reconstruction and Development Programme (RDP) which has as its first priority the inclusion of all role players in a National Health care System. The system should encourage the training, utilization and support of alternative health care workers (RDP in Troskie 1997 : 30).

Mentally ill people must be regarded as human beings with body, mind and spirit, whose health status results from the dynamic interaction between the internal environmental and external environmental factors that influenced the individual's perception of wellness and illness. A holistic approach in rendering mental health services must therefore be used.

Mental health problems could be alleviated through a balanced combination of both traditional and western approaches to care.

Implied in the inclusion of traditional healing methods is the admonition that no culture has the right to impose its concepts of system of treatment upon another. The nurse as a co-ordinator of services rendered in the community, should have a sound knowledge of the cultural beliefs and values of her community to make the realization of comprehensive mental health care possible.

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APPENDIX 1

P.O BOX 3043
MMABATHO
2735
13 NOVEMBER 1997

THE CHAIRPERSON
NORTH WEST TRADITIONAL HEALERS ASSOCIATION
MAFIKENG
2745

Sir/Madam

I am an M. Soc Science student at the University of the Orange Free State. The programme requires that I complete a research study. The topic of my research is the willingness of traditional healers with regard to collaborating with western psychiatric health care.

The objectives of the study are: -

- to explore the willingness of traditional healers regarding collaboration with western psychiatric health care, with the aim of coming up with guide-lines as to the possible areas of collaboration.

The name and dignity of each traditional healer will be preserved by observing the following:-

- to omit their names during the discussion related to the study
- the information related to the interview will not be accessible to anybody except my supervisors and the independent psychiatric nurse specialist
- my contact address and telephone number will be provided in case participants need to discuss important matters arising from the study
- the summary of the research project will be made available to participants if they so wish
- the traditional healers are assured the freedom to participate or not and this means they can terminate the interview at any time they feel necessary.

Yours faithfully

O. MOTOTO 
(M SOC. SCIENCE STUDENT)

Directorate of Arts & Culture
Private Bag x 6
Mmabatho

2735

29 November 1994.

Mrs. O.M. Mototo
P.O. Box 3043
Mmabatho.

Dear Madam,

re: PERMISSION TO DO RESEARCH ON MEMBERS
OF NORTH WEST DINGAKA ASSOCIATION.

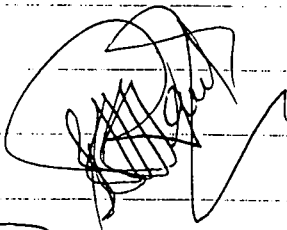
You are hereby granted permission to do
research for your studies among members
of the North West Dingaka Association.

I hope this will empower you to go further
with your career in psychiatric health care.

Looking forward to receiving a full report
of your findings at the completion of this
research.

Thanks.

B. Rantao



ORGANISOR: NWDA

02 APRIL 1998

Mr Caesar Vundule
Department of Health and
Developmental Social Welfare
Private Bag X2068
MMABATHO
2735

Dear Mr Vundule,

APPLICATION FOR PERMISSION TO CONDUCT RESEARCH

I am studying with the University of the Orange Free State for a degree M.Soc.Science (Nursing). In order to complete this programme I must do a research study. I am therefore applying for permission to conduct a research. Details about this are as follows:-

TOPIC: The willingness of traditional healers towards collaborating with Western Psychiatric Health Care.

PURPOSE OF THE STUDY

The study aims at exploring the willingness of traditional healers towards collaboration with western psychiatric health care, the results of which may provide an indication as to the possible areas of collaboration.

OBJECTIVES OF THE STUDY

The study is aimed at exploring the following:-

- Willingness of traditional healers towards collaborating with western psychiatric health care.
- Willingness of traditional healers towards a possible change in their own practice as a result of collaborating with western psychiatric health care.

METHODOLOGY

A descriptive, contextual method will be used to obtain data regarding the willingness of traditional healers regarding collaboration with western psychiatric health care.

Traditional healers will be interviewed, and the interviews, which will run for about 60mts will be audio taped.

SAMPLE

A purposive convenience sample of traditional healers in the Mmabatho area will be selected. Participation is voluntary. The following categories of healers will be included:-

- ▶ Traditional Doctor;
- ▶ Sangoma / Diviner;
- ▶ Faith Healer.

The following ethical standards will be maintained:-

- Observing confidentiality - keeping the raw data under lock and key.
- Not mentioning their names during discussions.
- Information won't be accessible to anyone else authorities involved in the study.
- Participants will be provided with my contact number in case they need to talk to me about something.
- Freedom to participate or to terminate at anytime.

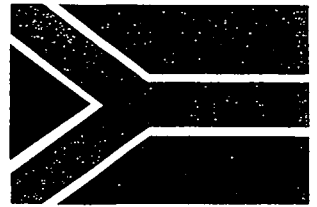
Yours faithfully

ONICA MOTOTO

Onica Mototo. 98/4/02



Republic of South Africa



**Deputy Director General for Health and Developmental Social Welfare
NORTH WEST PROVINCE**

7 April 1998

Ms Onica Mototo
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Dear Ms Mototo,

RE: PERMISSION TO CONDUCT RESEARCH IN THE NORTH WEST PROVINCE

The Departmental Research Committee recently reviewed your students' research proposal entitled *The willingness of traditional healers towards collaborating with Western Psychiatric Health Care*, and wishes to inform you that permission has been granted for you to conduct the study, subject to the following conditions:

- i. The Ethics/Research Review Committee of your academic institution has approved your proposal,
- ii. The Department will not be responsible for any costs associated with the research project,
- iii. That on completion of the research project, a copy of the research report (or dissertation or thesis) will be submitted to the Department.

Attached are comments from the Departmental Research Committee that you should address before conducting your research project.

Any enquiries and correspondence regarding the research should be addressed to Mr Caesar Vundule or Mrs Rebene Gcabo (tel. (018) 3875213/6).

Yours sincerely,

M.C. NTOANE
Deputy Director General

APPENDIX 3

MMABATHO COLLEGE OF NURSING
PRIVATE BAG X 2178
MAFIKENG
2735
10 FEBRUARY 1999

PSYCHIATRIC NURSING SPECIALIST
MMABATHO COLLEGE OF NURSING
PRIVATE BAG X 2178
MAFIKENG
2735

Dear Colleague

I hereby request your services as an independent co-coder for my study.

The topic for this research project is "THE WILLINGNESS OF TRADITIONAL HEALERS REGARDING COLLABORATION WITH WESTERN PSYCHIATRIC HEALTH CARE".

I would appreciate it if you could arrange time convenient to you for our discussion.

Enclosed please find a protocol for coding.

Thank you

O. MOTOTO 
(M. SOC. SCIENCE STUDENT)

APPENDIX 4

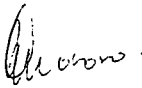
PROTOCOL FOR CO-CODER

Dear Colleague

Kindly use the protocol to analyse data from transcribed interviews conducted with traditional healers.

1. Read through all transcripts carefully using “bracketing” and intuition to get the sense of the whole. Bracketing means placing preconceived ideas within brackets and intuition means focusing on the “willingness” of traditional healers regarding collaborating with western psychiatric health care.
2. Do the same with field notes
3. As you read through the data identify major categories
4. Underline units of meaning related to the major categories
5. Identify sub-categories related to the major categories
6. Check all transcripts and indicate in each category how many respondents used similar words and themes
7. Identify data according to their relationship

Thank you

O. MOTOTO 
(M. SOC. SCIENCE STUDENT)

APPENDIX 5

TRANSCRIPTION OF AN INTERVIEW BETWEEN THE RESEARCHER AND A
TRADITIONAL HEALER (TRADITIONAL DOCTOR / FAITH HEALER) NO. 0/014

DATE : 25TH AUGUST 1998
LENGTH : 1 HOUR 45 MINUTES
AGE : 40 YEARS
SEX : MALE

KEY: RC: RESEARCHER
RP: RESPONDENT

RC: Good afternoon Ntate, it is a pleasure for me to meet with you for this discussion.
My name is Mrs Mototo, a teacher at the Mmabatho College of Nursing

RP: Ee! Thank you Mma.

RC: Thank you very much for allowing me to come to you for this discussion.

RP: Ee..... Thank You, Mma.

RC: So, I came to you because I am conducting a study on traditional
medicine.

You know Ntate we have realised that most of the mentally ill patients consult
traditional healers for treatment.

RP: Yes! Mma, it is very true, I've treated many of them.

RC: That is the reason why I came to you for a discussion - with reference to how
would you feel when you were to work together with western health care.

RP: OK! Let me put it this way, from North West district, representing the
traditional healers organization, being the promoter thereof, I would love to
work together with the western people, but only if they have good relations
with...

RC: Mmm.....

RP: and also if they can register us.

RC: So you want registration?

RP: Yes.

RC: thank you Ntate, we will come back to this issue.

RP: Ee.....

RC: Let me also say to you that you know a long discussion, one cannot comprehend everything, that is why I need to record our discussion, so that I don't forget what you are saying or actually, what we have discussed.

RP: Ehe.....

RC: So, thank you very much for allowing me to record the discussion.

RP: Ee.....

RP: I also want you to know that our discussion will not be accessible to everybody, only my supervisors, with whom I am doing this study.

RP: Ja..... mh.....

RC: At the end of the study although, this information or your opinions as traditional doctors / healers will be published in the books.

RP: Ee.....

RC: After the results I will also come to you so that we can talk about them.

RP: Ee.....

RP: I don't know, are you through?

RC: Yes Ntate - I also want to let you know that in our discussion, there are few questions that we are going to concentrate on.

RP: Ee.....

RC: Can I just start by asking you about how you feel about your role as a traditional healer?

RP: You know Mma, firstly let me say that its about 20 years that I have been practising as a healer, because I first started with faith healing before I became a traditional doctor.

RC: Mh.....

RP: So, I am practising both as a faith healer and a traditional doctor.

RC: Mh.....

RP: This means that when a person come to me, I first pray, asking my ancestors to guide me in examining the person, to see actually what is wrong with him.

RC: Mh.....

RP: You know Mma, I can feel the patient's illness in my body. You know we traditional healers are able to feel something in us.

RC: Ee.....

RP: this feeling is what is known in Setswana a "mokhokho".

RC: Mokhokho?.....

RP: Yes.....

RP: can you explain?.....

RP: yes, it means you feel the pains the patient is suffering from in yourself, those feelings come to you.

RC: Ee.....

RP: If you also suffer from those pains and feelings, you will be in a better position to know exactly what the person is going through.

RP: You know Mma, you become breathless, something is filling up your chest,

RC: Ee.....

RP: so, then you can tell a person about her problems.

RC: So, Ntate I realise that you have a lot of experience in traditional healing, so, I would like to know about how you see your role as a traditional healer in the treatment of mental illness?

RP: Let me say this Mma that people with mental illness are the one's I am crying for.

RC: Ehe

RP: in the workshop I attended recently with the nurses, I requested them to talk to the Government, to the hospitals, that they should send patients to us.

RC: Ee....

RP: Yes as long as there can be some incentive....

RC: Mh.....

RP: to see whether we are actually managing these people, they should send patients one... by ... one to us.

RC: Mh.....

RP: sometimes you find that the person is in hospital but with the

problem of the spirit, and they cannot help him.

RC: M.....

RP: the main aim is to show them that we can do well, we do have the expertise, as long as they can welcome us, to work with them.

RC: Mh..... Thank you.

RC: Now can you just briefly explain what you do when a patient is brought to you?

RP: the first thing is examination, you assess the patient, to find out about the physical appearance. You know, we have been trained on a better approach to patients, because I also attend the primary health care workshops.

RC: Mh.....

RP: the first thing is to assess the condition of the skin, whether is it proper for me to start straight away with the treatment.

RC: Mh.....

RP: problems like lack of blood in the body.

RC: Mh....

RP: I have too much knowledge Mma, that when a person lacks blood or water in the body, you cannot give him medicine that will cause diarrhoea.

RC: Mh.....

RP: so, the more the person lacks blood or water in the body, you should go steady, and if you realise that there is something that need medical attention, you can advice them to go to the clinic or hospital.

RC: my apology Ntate!..... (somebody came in the discussion continued after a short break.)

RP: Yes, Ntate, we were still on that point of how you manage patients.

RC: Ee... it is only after assessment that you can now treat this patient.

RC: still on this issue Ntate, according to your experience, how do they respond to treatment?

RP: Mma! Let me say that they recover 100%.

RC: 100%

RP: Yes Mma. 100%. A person will recover and come back to you, to thank you, to tell you that what you did on me ... I can see a difference.

RC: Ehe

RP: you know Mma, everything especially treating the patient, you should have knowledge as to your starting point and how you will continue.

RC: Ehe

RC: so, let us go back to the question of how they respond, like you've said is 100%. So, are there any follow ups? Is there a way that helps you to monitor their progress?

RP: Ee..... they come, a person will come on his own. You know, in our organization, i.e. traditional healers organization, we do have files, like at the clinics. We keep a record of each patients record and history, including the treatment programme.

RC:mm.....

RP: we report everything about the patient ... and the hospitals, clinics are free to ask for the records whenever they wish.

RC:Mm...

RP: ... you know Ma, I have different codes for my medicine to know the type of the medicine, the number when I treat patients.

RC: Mh.....

RC: still on this point, how do you see the role of western medicine in the treatment of mental illness?

RP: you know, they do have the know how but this is just temporary, medical people do manage, but patients recover and some do not recover.

RC: Mh.....

RP: Why? Because you know to live on a tablet for a long period is not good. you know when we treat a patient, we don't want him to take the medicine for too long,

RC:Mh.....

RP: we know exactly when to stop treatment ... according to the phases of illness so the treatment is stopped immediately, it is not needed.

RC:M.....

RP: we have many treatments for brain. You know Mma,.... sometimes when a

person is ill this person has demons.

RC:M....

RP: So, if a person carries out instructions by his/her ancestors, then it is said he/she is mentally ill.

RC: in summary ... how do you feel about the role of western health?

RP: ^ let me put it this way like I said before ... it is temporary, why! because if it was good, we would not have so many people suffering from mental illness.

RC: M.....

RP: ... really you know, if they can ask for our help, we could do that but they should not expect us to tell them how we did that, they should not ask about what we gave to the patient.

RC: Ehe.....

RP: ... there! No.

RC: (laughs)

RP: isn't it that we are also not asking them how they treat patients? We know that all their treatments come from traditional medicine.

RC: Mh.....

RC: Ntate can you tell me about different types of mental illness you know of?

RP: Ee..... one type is lefofonyane, what people usually call botseno

RC: Mm....

RP: A person with lefonfonyane has temporary loss of senses.

RC:m....m.....

RP: Another type is where is a person is mentally ill, where there is blood in his/her brain (boboko bo rothetswe ke madi).

RC: ... m....m....

RP: ... that one is best understood by the medical people because they do operations, they can open the skull and see what is wrong.

RC: Mh.....

RP: ... there we can say to them please people take over.

RC: Mh....

RP: Sometimes a person can be ill. due to the ancestors (badimo) a person can have

badimo, and not being aware of that you understand.

RC: Mm.....

RP: ... so, it is going to be difficult for people to see, you will only see a person singing, which indicates that the person is at the side of the church (meaning faith healing).

RC: Mm.....

RP: sometimes a person can just go on singing and singing songs that you cannot understand. Those are the songs of her ancestors ... making them happy.

RC:Mm.... So Rra, there are different types.

RP: Ee....

RP: there is nothing more I cannot talk or think about ... that is all I can explain as far as I know.

RC: ... Ee.... thank you.

RC: So, since you have all these experiences in your treatment, I would like to know about how you feel about collaborating with western health care?

RP: Mma, this is what we have been asking for.

RC: Mm.....

RP: We have been looking forward to this. Let me say on my side I welcome the opportunity.

RC: ...Mm....

RP: although maybe I know they cannot register all of us. Maybe they can make it only for two or three, who are always working with them.

RC: ...Mm....

RP: ... but they should not say we should go to the hospital, we cannot go to the hospital.

RC: Mm.....

RP: unless maybe if we have our own building.

RC: ...Mh.....

RP: why.... because there are certain taboos related to traditional medicines.

RC:Mm....

RP: Let me give you an example. If these medicines are placed in a room at the hospital, and somebody just come in, perhaps this person was attending to dead people because that person is very hot, this won't be good.

RC: ...Mh....

RP: ... or a woman is menstruating then she comes in, this is a taboo.

RC: ... Ehe.....

RP: What we want is that the Government should organize a special place for us, where we will operate from.

RC: ...M....

RP: Like in the North West Province, they can always give us a place.

RC: ...M....

RP: We should also have our own Superintendent, and that must be a traditional healer.

RP: we don't want somebody who is not a traditional healer to supervise us, why because there is going to be many things needed and if we go to that person, he won't be in a position to answer.

RC:mm.....

RP: ... and they should come to us politely, register us, we don't have a problem in North West, we are waiting for that opportunity, because they will refer patients to us, and we will also refer patients to them.

RC: ...Mm...so, from what you are saying, you don't have a problem in collaboration.

RP: there are no problems.

RC: So, what else do you think collaboration will bring.

RP: ... we traditional healers are crying for this document (BI.12) used for death certificate. We want to have those papers so that when we treat a person and she dies, we should not run around, we are also doctors.

RC:Mm....

RP: another thing that they can do for us is to subsidise us (pay) like it is done for western doctors.

RC: ...M...

RP: ... we are also doctors and we need to be payed. So that everytime after treating

a patient I can expect something from the Government.

RC:Mm.....

RP: You know, in most cases our patients are very poor and they cannot afford to pay. They can bring so many patients a week, because I will be practising at home, or a designated place, then I know that I have treated so many patients, then I am expecting to get so much.

RC: I understand Ntate, so if you can collaborate in whatever manner, then it means you will always have to meet with the western people to discuss important issues, how do you feel about that?

RP: ...Mma, there is not problem you know in any practice there is what is known as a meeting.

RC: Mm....

RP: so , you cannot work together without having a meeting.

RC: Mh.....

RP: We have to come, to explain our system of operation, how we go about in our practice.

RC: Mh.....

RP: that is not something that can be difficult.

RC: ...Mm....

RC:The way I understand you, you emphasise more on a special area for traditional healers, so, if you have your own area and the western health workers are also there in their own area, how will you communicate?

RP: ... you know Mma, they will be referring a patient to us, they have forms to do that. and we also have our form assigned by traditional healers organization.

RC: Ehe.....

RP: So, the patient will be referred to us with a form signed, we will also sign the form and refer the patient to them.

RP: you know Mma, what is important is that we will be having meetings, and we will draw up a memorandum, outlining how we will work together.

RC:Mh...

RP: I don't see a problem.

RC: coming back to the issue of meetings, since you know that at any meeting

people talk and share ideas or opinions, giving advises to one another. So, how do you feel about that?

RP: you know Mma, there is no problem as long as you know what you are doing.

RC: ..M..

RP: ... let me say this that the only problem with traditional medicine is that you get instructions from the ancestors, they tell you what to do.

RC: ...Mm....

RP: they won't understand some of our practises and we will also not understand some of theirs. So, this will just be the only problem.

RC: Mh....

RP: ... yes because of our approaches.

RC: this brings us to the last question. Since you have indicated that you don't have problems, so I would like to know how you feel about it maybe if you can be advised on changing or modifying your practices.

RP: That one will not be possible because we treat according to instructions from our ancestors.

RC: ...Mm....

RP: let me explain like this, sometimes a person can come to me in a dream, talking to me about the treatment I am giving to a particular patient.

RC: Mh.....

RP: ... there is no way that a person moving on this earth can just come and change my way of practice.

RC: Ohh..... I understand Ntate.

RP: You know traditional medicine is not just a simple thing where a person can just take you to pick up a tin of rubbish and you just go,

RC: Mh....

RP: yes, people communicate through dreams with their ancestors. They show you all these in dreams. So, for a person to say change the method, is something impossible.

RC: (laughs)

RP: ... that is why you see so many people selling medicines on the streets.

That is out. The Government should remove those people. They give filthy

medicines to play because criminals pass there, they have killed people. widows pass there, women who are menstruating.

RC: ...Mm...

RP: the next thing you hear people saying traditional doctors are killing people. Those people are not traditional healers.

RC: Ntate, thank you very much. It was quiet a pleasure to talk to you. You are also free to contact me. Is there anything else you would like to ask?

RP: yes..... to avoid all these problems, only those traditional healers belonging to organizations should be registered. No one else.

RC: Mmm.....

RP: there should also be somebody who is taking control of traditional healers, how they practice.

RC: Mmm.....

RP: a record should be kept of all doctors and the conditions they are able to treat because one other problem is people who will want to treat even conditions they cannot manage, which they don't have understanding of.

RP: you know Mma, we treat same conditions as western (hospital) people and we also specialise in conditions. We don't just treat patients. We attend courses and we receive certificates like myself, Mma, I treat high-blood, bohlanya and (seebana) epilepsy.

RC: Thank you, Ntate.

RP: Thank you, Mma. It was also a pleasure to talk to you and I will also include you in my list of nurses, with whom we work (primary health care). So, as to invite you to our meetings.

RC: Thank you, Ntate.