Chapter 5

Data Analysis and Discussion

Thematic Content Analysis

5.1. Introduction
For this research project, narrative and thematic approaches to data analysis were adopted. The four research questions provide a guideline for the identification of thematic categories in this chapter. The first question focuses on the story of becoming and being a traditional healer and the second question looks at participants' experiences of working in a hospital. The third question explores perceptions around the interface between western and traditional approaches and considers how these meet in the working environment of a hospital. The last question discusses perceptions of others who work with the participant, as traditional healer and hospital staff member, and how this informs experiences of each participant. As with the previous chapter, the discussion of thematic categories will be presented in a storied account.

5.2. QUESTION 1: Becoming and Being a Traditional Healer.

5.2.1. Introduction
The process of becoming and being a traditional healer emerges as a story with two themes. The first theme tells the participant's story of becoming a traditional healer. Here the discussion focuses on how the participant first became aware of ancestral calling and includes interpretation of events as symbolic of their traditional heritage. This theme also speaks of ambivalent responses and ancestral bargaining during initiation. The story of being a traditional healer forms a second theme which explores perceptions around the life and role of the participant as a traditional healer, relating participants' perceptions of themselves as traditional healers.

5.2.2. Becoming a traditional healer
The story of becoming a traditional healer starts with an ancestral call to initiation. For participants, heeding this call was a process of interpretation, resistance and recognition before answering and availing themselves for initiation. Initial awareness of this calling came in recognition of childhood dreams, family heritage or feelings of being different
from others. Deteriorating social relations and experiences of increased misfortune, accompanied by feelings of confusion, loss and depression were interpreted as symbolic of ancestral calling. Another aspect perceived to suggest ancestral calling was physical illness with no viable medical explanation or treatment, such as significant weight loss, chronic and unspecific stomach ailments, asthmatic symptoms and motion sickness.

As the calling grew stronger one participant would hear voices calling her whilst another spontaneously started divining for others, both responding in disbelief at their confirmation. *Thwasa* was also heralded by symbolic dreams of water and 'bones', accompanied by visions for some. In addition to unemployment, academic failure was also interpreted as an ancestral demand to heed their calling. Fear of death as the ultimate punishment for disobedience would see participants avail themselves for initiation. Finally, bone-readings by at least two Inyangas served to confirm ancestral calling prior to identifying a teacher and commencing initiation.

Not all who received the calling were immediately willing to follow ancestral instruction. Because of developing personal and professional aspirations, most participants were ambivalent and resistant to taking up the office of traditional healing at first. Reasons for resistance centred on financial concerns and the strict responsibilities of a traditional healer.

Bargaining with the ancestors to allow the initiate to continue with their work was not uncommon. Tala tells how she was initially unable to continue working as a dental nursing assistant until she had attended to ancestral service. After completing her initiation she worked as a medical receptionist instead: *"They said they no longer want to see my uniform, the epaulettes*." In contrast to resistance on the part of some on receiving their calling, two participants did not resist their calling as this resonated strongly with the childhood memories of dreams and ancestral comfort after being orphaned.

Finding the correct teacher was both a matter of competence and ancestral guidance. Dream based instruction would identify a teacher, precipitating training. Tala tells of mountainous caves and a mysterious start to her initiation in Lesotho, whilst the rest all completed their initiation in Soweto, Gauteng. The time of completion is significant to all
and Lerato emphasised the date of initiatory completion as a distinct event and time at which she was employed in the hospital in return for her willingness to assume traditional office.

Initiation is an arduous trial, compounded by continued work in the hospital. Participants tell of long working hours, followed by one to three hours of sleep in waking early to perform traditional duties and receive ancestral instruction before going to work in the morning. Participants of Nguni tradition all resided at their teacher's home for the duration of initiation, returning to their families as qualified traditional healers after a period of six to nine months.

Reassurance, recognition and support of family members seems central to how participants relate to their journey to becoming a traditional healer. Whilst some participants felt misunderstood by family members who denied or trivialised their experiences and beliefs, most attained approval through perceptions of initiation as family heritage. While the experience of calling and initiation was less complicated for those whose family were supportive, Feziwe relates a struggle to obtain parental approval and an extended process of initiation. Tala's calling was complicated because her brother shares this calling with her but, as a successful engineer, he has chosen to face occasional ill fate over the hardship of initiation and life as a traditional healer.

5.2.3. Being a traditional healer

"If you turn to be a Sangoma, you need to change everything because you can't go to play because you are having somebody sick in the house". Initiation was followed by perceptions of a changed self. For Naledi, Tumi and Lerato a structured lifestyle grounded in ritual and ancestral presence has replaced lifestyles previously marked by interpersonal conflict and high risk behaviour. Naledi speaks of renewed purity in emphasising the role of solitude in viewing her body as a spiritual healing force whilst Lerato tells of an active social life prior to becoming a Sangoma, now replaced by responsibilities toward the sick and continual observation of cultural taboos and ancestral rites. Experience of change was less pronounced for Tala who has actively engaged in her role as a traditional healer for twenty three years, perceiving her identity of traditional healer as well established in her community and congruent with family
heritage: "When I got there I was twenty-three, I'm forty-five years. Still doing it and still enjoying it, long time and still doing it. Twenty-three years, this has been my life".

Participants all speak of their identity as traditional healer with pride and a strong sense of purpose. Tala relates to her office as 'Gogo', a spiritual grandmother, with much pride and tells how she has trained many people, has many children, in Lesotho, the place of her initiation. This pride is strongly inspired by its ancestral foundation. Ancestral presence permeates all aspects of how participants perceive themselves as traditional healers. As such, they are in constant service of their ancestral imperatives to heal and serve as spiritual messengers. In exchange for their willingness on initiation and traditional practice, participants speak of receiving guidance and good fortune from their ancestors and healing their infirmities or gaining weight upon completion of initiation. Tumi tells of ancestral comfort after being orphaned as a child and Naledi speaks with devotion of her ancestors who bless and provide her with health and job satisfaction. Naledi emphasises a need for acceptance of ancestral calling as something unavoidable: "you start to accept this and you say; 'this is what I am', and you start being proud of what you are".

Attire also informs the way in which participants perceive themselves as traditional healers. For example Tumi proudly wears her traditional cloth when going about in the community: "I think the people they respect you, because if you are a Sangoma, wherever you are walking, people are afraid of you, they know the ancestors will look after you". Traditional attire serves as an external symbol of internal change and is noted as one of the first and most obvious things that changed for participants, particularly the red and white beads signifying healers within Nguni culture and the traditional dress which is used for ceremonial celebrations and traditional practice. Whilst Tumi enjoys being easily identified in wearing her traditional attire, as it evokes a response of caution from others who become aware of the protective powers of her ancestors, traditional dress of beaded cowhide replaced a much loved powder blue and white uniform for Tala who remembers: "wearing my uniform, you know, it was something, that, you were special".

All participants identify themselves as Inyangas or diviners but only three identify themselves as Sangomas. Divinatory methods range from dream based ancestral instruction to clairvoyant insight and fortune telling by bone-throwing techniques. Whilst
all experience clairvoyant insight into their own dreams and the lives of others, three participants also use herbal remedies, muti, to treat the sick. This requires regular journeys to gather fresh muti as far as Swaziland, keeping a register of patients’ details for future reference in primarily treating childhood ailments and arthritis in the elderly. All participants perceive their responsibility of healing the sick as a crucial and enduring imperative of their office as traditional healer.

Participants all believe that their being a Sangoma helps the community in that they can heal and are able to inform the public of indigenous traditional healing practices. For example Feziwe says: "Me being a Sangoma, helps the community. There are so many sicknesses that you find that sometimes they don't really need a doctor...sometimes somebody's just sick because he or she has not been following her traditional things or performing her duties towards the ancestors". As traditional healers, they all believe in ancestrally visited illness which is incurable by modern medicine alone, particularly becoming ill due to ancestral calling, such as what they have experienced, for which the only cure is initiation and practice.

Not all participants remain strictly bound to African traditional practice as most integrate both traditional and modern approaches into their healing activities and may even teach this to other traditional healers in their community. In addition most participants attend a local Christian church, some singing in the gospel choir and others leading in prayer or prophesying.

All participants support the idea of a national organisation for traditional healers and Lerato, who is a member of the Traditional Healer's Organisation in South Africa (T.H.O.S.A.), tells how this provides her with a feeling of belonging and protection in being easily identified as a registered traditional healer in the event of gathering muti or receiving legal assistance. In support of a social network for traditional healers, all participants expressed their pleasure at the renewed interest and increased awareness of traditional healing in South Africa due to political and media coverage. Congruent with increased awareness, most participants express a strong desire for full time traditional practice and Tala wants to open her own clinic, from where she could practice and teach traditional forms of healing on a full time basis, both with other traditional
healers and community members. A contributing factor to this wish is a constantly increasing demand for traditional healing services both at work and home.

5.3. QUESTION 2: Participant's perceptions of working in a hospital environment

5.3.1. Introduction

Three themes arise from the story of the traditional healer's experience of working in a hospital environment. The first two themes describe participants' current work experiences and explore how they draw meaning from these. A third theme centres on how the interface between traditional healing and modern medicine inform participants' understanding of their work in the hospital.

5.3.2. Current work

_Tumi: “I enjoy this part of nursing, especially the maternity ward, I am just enjoying it, so I want it more, advance, diploma, degree or whatever, I just want it more…”._ Learning and studying forms an important thread in many stories of working in the hospital, providing a way to further personal development and increase financial security. Early career aspirations toward medicine at school, wanting to become a nurse or doctor was guided by educational achievement and financial support which resulted in different routes to working in a hospital environment, ranging from nursing and midwifery to technical assistance, reception and cleaning at their current place of work from six to ten years. Most participants indicate a strong desire to continue tertiary education in nursing and related fields, both for professional promotion as well as for teaching and improvement of traditional healing practices.

_Naledi says: "Actually one day I thought it would be like CEO somewhere, you know, in a very big company, in an engineering company...Before I never had this nursing thing, but after initiation that's when something said to me I must bring medicine, and I started to develop the interest, to change"._ For these participants, their hospital work primarily serves as an expression of professional achievement and personal development. This choice was also informed by childhood impressions of modern medicine and a desire to assist in the healing of others. In some cases working in the hospital presented a viable alternative to teaching and corporate ambitions which had not come to fruition for them.
Earlier experiences of working in a hospital setting evoked some feelings of uncertainty in a strange and sometimes unreceptive environment. Whilst drawing strongly on their traditional understanding for guidance in maintaining their positions, most participants speak of increasing their formal and technical nursing skills to ensure greater job security and to increase their value in the hospital as working environment.

Long shifts form part of a typical day at work, which includes nightshifts and much overtime under stressful conditions. Work duties range from technical assistance, cleaning of operation theatres, dressing wounds, delivering babies, receiving patients and booking operation theatres. These stories emphasise a need for meticulous performance of work duties in satisfying employers, colleagues and ancestors whilst retaining the identity of traditional healer at all times: "You must remember that you are a traditional healer by that time": Tumi.

5.3.3. Meaning of work
A sense of pride and confidence extends through all accounts as participants relate the importance of their work role in assisting doctors to operate and patients to heal. Tumi says: "I enjoy the job of nursing. The work of delivering babies is a very important one; you are bringing new life into the world". Participants perform their work duties with equal investment regardless of their capacity and take pride in meticulous sterilisation of theatres, reception of patients, acquiring medical aid clearance and nursing duties. By doing this work, they feel as if they can make a difference in the lives of their patients, as related by Naledi. Although she is a technician, she feels that: "…my being there, can make a difference in a person's life, it might save a person in a way".

All participants have been working at their current place of employment for several years and have developed different relationships with their colleagues in what presents as supportive and receptive working environments. Different attitudes seem to exist toward interest and inclusion of traditional healing practices into western medicine. Tala’s story reveals an account of an energetic medical receptionist and a close relationship with her employer where she relates to her colleagues as a family member and is a well known presence throughout the hospital premises: "Working here, as you see, no-one pass my door, they always greet me, even if they don't have anything to ask, but they will
come...from the gate, if you ask, where is Tala, they will bring you here. I like working with people…"

Tumi says: "I enjoy bringing babies into the world. I am so proud. If the nursing assistant is present, you must try and teach ...bringing babies into the world, it is very important". All accounts reflect feelings of competence and pride at being able to perform important work duties. This is central to Naledi’s story as a medical technician who feels special working in a field with limited availability of trained personnel. Feziwe cleans operation theatres but confidently believes that she can make a meaningful contribution as a member of a medical team in treatment of disease and enjoys being identified as a ‘Sangoma’ by the doctors: "They will show me everything, I want to know what is happening in theatre, they teach me the lot of things, from CSD I know what…how to do, to clean the theatre, and when the patient is like this, you must do this. We must clean around the patient also, you see everything!".

Teaching of junior staff and instructing of patients also forms an important part of the daily hospital routine. This carries over into the role of the traditional healer for Lerato who teaches primary health care to other traditional healers as a qualified nurse and member of T.H.O.S.A. (Traditional Healer's Organisation of South Africa): "I would be interested in working with other traditional healers also, they need some, most of them, those who are not educated need that education, so that we who are educated just a little bit, we need to tell them. Other Sangomas, you teach them, they do listen".

Whilst retaining a largely positive regard to work, participants' stories do speak of some aspects of working in the hospital which present difficulties or challenges such as stressful conditions upon technical failure whilst patients are unconscious and aggressive doctors, hard physical labour and long hours during night shift. This is hard work and not well paid and all are single mothers who have to leave their children in the care of others or largely to their own devices. At times this work is also an experience of pain and loss at the death of a patient, particularly a child: "the child was operated and died, and we just screaming, because we did like that child. That's the hard part of this work, if a child dies. It's not easy" (Lerato).
Financial concerns present an external motivation for working in the hospital and continued education in the field of nursing. "These days things are not like before, we need money..." (Naledi). In addition to ensuring continued personal safety and security, all participants are single mothers who not only care for their own children but also see to the welfare of parents and extended family members, some as the only breadwinners. Limited patient numbers results in inconsistent income and all participants choose to retain their work at the hospital instead of full time traditional practice. For example Naledi says: "I don't think of leaving my job it will be a good thing, am I just gonna sit in my umdumba and say the people they are not coming?"

5.3.4. How aspects of work meet with traditional healing

In preparation for the following section which considers perceptions on the interface between work and traditional healing, this part of the discussion will look at some aspects about working in a hospital environment which fits with being a traditional healer.

Participants’ accounts reflect no significant contrast between personal and cultural values of the traditional healer and that of the modern western working environment in the hospital. Naledi says: "We were brought up with a western...those are things that we were exposed to. To me it doesn't make a difference, because it was there even before I was a traditional healer".

Tumi says: "Every time I was go to work I must patla so my ancestors they go and help me deliver those babies..." Ancestral presence is paramount to the role of the traditional healer regardless of the context they find themselves in. In doing their work, participants emphasise the importance of working diligently in keeping their employers, colleagues and ancestors happy, thus ensuring continued job security and safety for themselves. This awareness permeates everything as it is considered to be the ancestors who determine employment and career choice in blessing the participant with a sense of job satisfaction and further development in exchange for traditional service. This awareness plays an important role in the fluidity and ease with which participants negotiate their working and traditional roles.
In expressing a primary concern for the well-being of the patient, the traditional healer remains bound to her office regardless of which capacity she fills at work. Naledi says: "The only person we are worried about is the patient, and the wellbeing of the patient". Along with the sense of pride with which participants relate their work role, the concern for the patient contributes to the ease with which these participants retain their traditional identity in the hospital environment. This concern for the patient reflects in accounts of stress at unconscious patients during technical failure of oxygen supplies and patients waiting at the entrance of operation theatres until medical aid clearance had been obtained, complicated labour and a desire for feedback on transfer, calming anxious patients awaiting medical treatment, as well as being a 'nursing-mother' to sick children in the hospital.

The fluidity with which participants move between their role as healer and hospital staff member is further retained by extending their role as healer in advising patients on both modern medical procedures and traditional practices in the hospital. Although known as traditional healers, participants do not all perceive themselves as different from other nurses or hospital staff in their working role. Instead a distinction is drawn between the way in which they approach work. Lerato says: "I do not see any difference, we are all the same here. What is different, it is the way we do the job that is different".

"Communicating with the people. You tell people what they must do, they do it. remember, you are a traditional healer by that time, they do take this advice...it is similar, yes, I am helping people and people are sick...even if you are a traditional, you get sick people, its more than the same when nursing...sick people" (Tumi). In addition to instructing patients and advising colleagues, working in the hospital increases the opportunity for social interaction and these traditional healers encountered more patients than in regular private practice: "you see, nobody here passes my door without greeting...I like to talk, they all know me here... I am a busy woman, I touch many lives, I do" (Tala).

Lerato says: "I think if it, we can just come together and work as a team, a team of doctors, a team of nurses, a team of traditional healers, and then maybe we can just be a team, we can help each other because some of the diseases, you can see that...eh-eh...this disease, it needs a hospital, this needs a traditional healer, you can be helped It
does help being a traditional healer because I can see what someone other cannot see". The role of the traditional healer in a multidisciplinary approach to illness is prevalent in all accounts. Participants express clear interests in working alongside western medical professionals as traditional healers in treatment and healing, particularly with regards to HIV/AIDS.

Tumi says: "In our country, especially in the case of AIDS, I think they are playing an important role, very. Together with the hospitals, I think the tradition must get into the hospital and work in the hospitals. They must be part of the health situation. There must be an organisation for traditional healers, it is good. They must be registered. They must be part and parcel of this thing…". Another aspect emerging within this approach is the role of traditional healers’ organisations such as T.H.O.S.A., the Traditional Healer's Organisation of South Africa. As a member, Lerato readily embraces the role of teacher and nurse, instructing other traditional healers in primary health care and insisting that all patients treated by her as a traditional healer obtain a western diagnosis at their local clinic, producing their cards upon consulting with her. In addition to working with western health professionals, all participants expressed a desire to work with other traditional healers as part of such a multidisciplinary approach, supporting the education of traditional healers in western health care practice. Participants all integrate western medical practice and understanding into their traditional healing practice on different levels, from using gloves for examination to insisting on western medical diagnosis prior to traditional treatment in assisting the process of healing. Lerato gives an example: “I'm mostly working with kids, even at home…I can see that this child is dehydrated, it really need a drip, I do force them to go to the hospital or to the clinic, so that they can give a drip and, maybe injection, so that the child must be, just a little bit better before he can come to me…”.

5.4. QUESTION 3: Perceptions of the interface between work and traditional healing
5.4.1. Introduction
This part of the discussion focuses on participants’ perceptions of the relationship between traditional and modern medicine in a hospital context. Themes arising from this dialogue consider how participants perceive the relationship between work and healing whilst retaining their identity as a traditional healer.
5.4.2. Perceived relationship between work and healing

"I think it's nice to be a traditional healer, I think the kind of healing I do is close to my work in the hospital" (Lerato). A shared value system of healing underpins successful negotiation between the role of traditional healer and hospital staff member. The most precious value is the welfare of the patient and heeding the imperative of caring in any given context or capacity. In this way, participants identified with the role of nurse and doctor, even if not working as such, as they share in the value of healing the sick. Naledi says: "Even though, though I am not a doctor but helping the doctor. The only person we are worried about is the patient and the wellbeing of the patient ".

Working in the hospital serves more than financial purposes. Social interaction increases a sense of belonging for some whilst others are motivated by continued learning and teaching. Working in a hospital context exposes the traditional healer to unusual experiences and training otherwise not encountered through initiation or private practice.

Participants relate to their work role with pride and investment as they perceive themselves to fulfil an important role as members of the hospital staff. Tumi says: "It is important work delivering babies, it makes me proud". Most participants display confidence in approaching patients with traditional intervention and all believe in their ability to meaningfully contribute to modern health care as traditional healers.

Tumi says: "We have five traditionals at work. There is no jealousy. We are helping each other. The other nurses they understand. The doctors too they understand. There is no white people, it is only for the community...". Descriptions of others reveal a separate awareness of context as important for its influence on perceptions of bio-medically trained colleagues on traditional healing in the hospital context. Whilst working in a modernised context, some participants spoke of being reticent in revealing their identity as a traditional healer whilst others encountered more receptivity in semi-urban, township based contexts where traditional healing is familiar and the participant fulfils an esteemed social role. Some participants stated that they found it easier to approach nurses than doctors on traditional intervention and most preferred to instruct the patient directly. For example, Lerato says: "Some of the mothers, you do tell them, you will have that feeling that you must just tell them, just tell her that "you know, this person, it won't
be healed”, and they will speaking, just tell them and then you’ll have that feeling and then so that you can go and tell them, then you go and tell them”.

Most participants did not perceive a difference between themselves and others in their working capacity but rather emphasise that their approach to their work, to healing the sick, is different from their colleagues. Lerato says: “There is not any difference. It is the way that we do it I think that is different”. Duration of tenancy at work and endurance of their traditional office also allow participants to explicitly assume their ancestral duties at work with greater ease: "Here it’s been long, eight years! I meet people. I like people, I like talking, I like helping. Like here with this lady who supervises the cleaning…her husband he had the epilepsy. She ask me to help her. I give her the herbs, maybe it will work” (Tala).

5.4.3. Identity of the traditional healer

All participants retain and integrate their identity as a traditional healer with great fluidity throughout the process. Participants retain their function of traditional healer as working hospital staff members. No clear distinction between the working role and that of traditional healer is reflected by any participants in this study. These categories are permeable and the theoretical conception of separation does not occur in their working experiences. Instead, they fluidly move between their respective roles and what these mean in different contexts. This remains the same for all participants regardless of the work they do in the hospital, as Feziwe who cleans surgical theatres, for example confidently relates to the work of doctors and nurses. In retaining this fluidity, participants emphasise a need to work hard in pleasing staff and ancestors in addition to heeding their healing responsibility at all times, regardless of their working capacity.

Working in the hospital forms part of the calling to ancestral duty as it involves healing in a different capacity. As such, working in the hospital serves to increase the integration between traditional and modern medicine for participants in this study who still draw on the identity of the traditional healer in response to different roles in their working context. These are not distinctly separate roles but rather spaces which contain and construct responsibilities and routines for the individual.
As hospital staff members, participants draw on different aspects of modern medicine to inform their traditional healing practice. Lerato says: "if they come to me they must first show me the card from the clinic. I keep a register of all my patients". Whilst insisting on western medical diagnosis and proof of visiting the clinic, modern methods of diagnosis and hygiene are applied alongside traditional remedies in treatment of patients. Some participants proudly relate to their ability to teach other traditional healers about primary health care, community based HIV/AIDS intervention and organisational membership training. In addition, modern medical practice informs the role identity of these traditional healers in the hospital and outside of it as participants extend their healing to others in the assumption of teaching and healing roles alike: "After the doctors clean them. I give them the herb. They heal inside quickly. They don't come for a long time for dressings. But at the same time, she's using the doctor's medicine. I said: "you don't stop, until the doctor stop you" (Tala).

5.5. QUESTION 4: Perceptions of traditional healers in the hospital environment

5.5.1. Introduction

This discussion focuses on participants’ descriptions of how they are perceived by colleagues. Discussion of themes arising from participants’ experiences of and feelings about the perceptions of others consider how participants respond to these perceptions and how their experiences of these perceptions influence their traditional healing practices.

5.5.2. How others view the traditional healer in the hospital environment

Most participants indicate a greater willingness to identify themselves as traditional healers to nurses than to doctors. Although some colleagues are initially resistant to working with a traditional healer in the hospital, participants relate changing attitudes in the perceptions of others: "I remember, in the beginning there was a doctor once, when I started working there. Who said that he is a scientist and that he does not believe in this stuff, but now he comes to me and talks about it and is very different, even interested in what I do and how I am..." (Naledi).

Naledi says elsewhere: "The patients they chat to us and you find that others are not coping, others are worried what's going to happen in there. So I sometimes come in asking: "how are you feeling?" They don't even know who the person is and identify me
with my beads: "the one with the white and red beads". Most participants are more easily identified by patients than colleagues, whom they advise and treat as traditional healers at work as well as at home. Patients may refer to traditional attire such as red and white beads worn by healers of Nguni culture. Although seeking the assistance of traditional healing, some patients only tell of using traditional medicine for prompt recovery after western medical treatment: “To others, I will tell him. The others they don't want they're shy, the patients. They drinking the tablet but for them to heal quickly I give them the herbs. And then doctor will see them heal quickly and discharge them. The others will say: "you know Doctor, Tala has helped me so I healed quickly" (Tala).

Participants ascribe diligence in work commitment as essential to acceptance of their traditional identity in satisfying both employer and ancestral demand willingly and efficiently: "He doesn't mind. I'm doing his job. I'm looking after the patient. I'm opening the file the money's getting in and I've got time for my work. Because if I was not doing his job he will fight so now I make sure he gets his money. The patients are looked after, I book theatre, I'm authorised. And he'll phone me when I'm off. I'm doing all those things" (Tala).

In addition to hard work, receptivity of the working context is important to the traditional healer working with colleagues and patients who are familiar with their practice. In semi-urban environments, medical staff adopt an inclusionary approach to traditional healing in the hospital context. For those in modernised urban environments the feeling of acceptance is enhanced when other colleagues show interest in or grasp the role of the traditional healer. Feziwe and Lerato who both work at modernised hospitals tell of being treated "differently" by some medical staff who resist traditional involvement in biomedical intervention. Feziwe tells of only a limited number of people expressing more than a curious interest by visiting the initiation venue but refraining from matters pertaining to medical intervention.

5.5.3. How participants respond to the perceptions of others
Stories told reflect differing responses of colleagues at work. Some colleagues understand the imperative nature of a calling. "They understand what I do...They understand a calling is a calling. You never run away from it" (Naledi). Strong disapproval meets those who confuse it with witchcraft and demonise traditional healing
practices, asking for muti to get rid of unwanted people in their lives. "Being a healer, people still confuse it. I think they think that if a person who can heal also at the same time can do evil or do witchcraft because the other one will come up and say: "I think I am having a problem. I think you must give me the muti to keep someone away" (Naledi). For Feziwe and Lerato, parallels with witchcraft fuel misunderstanding, making them resistant to openly identify themselves as traditional healers to doctors. They more easily tell nurses or directly approach patients who require traditional intervention. Despite such misunderstandings, most participants choose to retain the value of their traditional knowledge. It is not uncommon for others to approach their traditional healing colleagues for personal advice, divination and herbal potions. Feziwe feels supported in her traditional endeavours by being allowed to communicate with the ancestors and to divine over colleagues at work: I want to talk to my ancestors. I think it's right for me. Even at work they know that. If I don't like to talk today, I don't like that. I khuluma all day…I've got one friend in CSD. They understand and they know me: "today Feziwe is not all right”. But they like to joke. They just sing for me and want me to dance, and then I just look and then I tell her and afterwards I'm going to do my thing. I'm going to speak…".

In contrast to this most participants indicated a strong desire to work with other traditional healers in the hospital environment, which they identify as a growing trend in South Africa and which may allow for a more inclusionary and multidisciplinary approach to healing: "They go together. I think there are more nurses becoming traditional healers… it is good for them to do nursing, I can appreciate it if the traditional can do something like that…” (Tumi). In response to continuous demand for their services, some participants expressed a strong desire to train and collaborate with other traditional healers and Tala identifies this in her desire to open a clinic which provides an integrated health care service based on traditional and biomedical practices. Here healers may be trained in primary health care and other traditional healing practices. Tala believes that imparting these skills to others will improve their adeptness at healing: "to know about health, you become healthy first, and then you can treat the patient”.

Whilst most participants are comfortable with their working role, Feziwe indicates her disapproval of working as a cleaner in preference for identifying with the role of a doctor or nurse: "I'm like a doctor, I like to help the people…its doctor and me, and then doctor
they do their work, and me I do mine, the traditional healing. We work together, and it's happening, yes! It's happening now. I like to help the people, like a doctor. I'm like nurse sometimes”.

5.5.4. How perceptions of others influence traditional healing practices

Participants consider increased awareness of traditional healing to be a result of media exposure, particularly the efforts of the current Minister of Health. They see the trend of increased awareness in a positive light and support training of traditional healers in western medical practice. They identify the need for working with other traditional healers as part of a multidisciplinary approach to social intervention on HIV/AIDS. "I would be interested in working with other traditional healers also. Cause we working together, because, if you cant work together, we will never help each other...we need that because they said we must help each other and then you must work together, so that you can, just overcome everything...the minister of health, Dr. Mantu, she also is a traditional healer. I think if we can just come together and work as a team, a team of doctors, a team of nurses, a team of traditional healers...we can help each other because some of the diseases it needs a hospital, this needs a traditional healer, you can be helped…” (Lerato).

Participants consider their western based healing knowledge as valuable and identify perceived similarities with traditional healing as a reason for increased numbers of nursing-traditional healers. This knowledge feeds into their role in traditional healer's organisations where they train others in primary health care and modern biomedical practices. As such, organisational based activities fit with both their modernised training as well as traditional practice whilst the latter is transformed through the assumption of different working roles.

As previously mentioned, all participants practice traditional healing on a daily basis. In fear of ancestral disapproval at refusal, participants willingly assist colleagues and others at work despite prevailing attitudes of resistance or misunderstanding. "When they see me they want help, I did help them. It does not stop at work or home. You must do everyday, because if they want they see you being relaxed you are going to start again being sick…” (Feziwe). The working context provides increased opportunity for social interaction and most participants feel accepted and understood by colleagues, some of
whom are also traditional healers. “There are five other traditional healers there, there is no jealousy. We work well together, helping each other. The nurses they understand. The doctors too they understand” (Tumi).

Most remarkably these participants show a high degree of fluidity and integration between their working and traditional roles in the hospital context, particularly in less urban areas, where medical staff are familiar with and use traditional medicine, asking for advice on physical, spiritual, emotional and interpersonal matters. All participants told a story of retaining their identity as traditional healers without conflict, regardless of their working context. In addition to meeting the demands of their working role, the traditional healer is committed to caring for her patients at all times: “Like working here; when I knock off here, my patients they phone me. Then they can come see me at home. They also come here in the afternoon. If doctor is not here and they have something they want is urgent. If you have a car, quickly we can go home. I make sure you get every treatment” (Tala).