Chapter 6

Discussion and Conclusions

6.1. Summary of the main findings

6.1.1. Perceptions of being a traditional healer

The first question explored participants' experiences and perceptions of becoming and being a traditional healer. This process emerged as a story with two themes. The first theme told participants' stories of becoming a traditional healer and is followed by the story of being a traditional healer which explores perceptions around the life and role of the participant as a traditional healer, relating participants' perceptions of themselves as traditional healers.

All participants in this study were initiated traditional healers who practiced as diviners or Inyangas. The story of becoming a traditional healer starts with an ancestral call to initiation. This call met with feelings of ambivalence. Heeding this call was a process of interpretation, resistance and recognition before answering and availing themselves for initiation. The process of initiation was largely guided by their teacher or Gobela who imparted their knowledge and skills to trainees. These accounts largely correspond with that reported by others who have looked at the process of initiation as a traditional healer, specifically a diviner, in more depth (Edwards, 1985; Fipaza, 2003; Hammond-Tooke, 1989; Lamprecht, 1997; Ngubane, 1977).

Reassurance, recognition and support of others are central to how participants perceive their role as a traditional healer in the communities where they live. Stories of becoming a traditional healer reflect personal change and commitment to the value of caring for the sick as related, for example, by Lerato: "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".

Participants relate to their traditional office with pride and speak of invested effort in meeting the constant demand for their skills as healers. Attire also informed the way in which participants gain and maintain recognition of their identity as a traditional healer in different contexts. All participants perceived their role as traditional healers to be helpful to their communities in that they were able to treat disorders outside of the scope of modern medicine. "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” (Feziwe). This is supported by Muelelwa, Sodi and Maake (1998) who argues that a greater congruence in worldview exists between traditional healers and their patients.

As these healers work in a different capacity in a hospital context, their traditional practice has been influenced to varying degrees by their exposure to modern medicine in their workplace. Most participants integrate both traditional and modern approaches into their healing activities and may even teach this to other traditional healers in their community. All participants support the idea of a national organisation for traditional healers. In their desire for greater integration between traditional and modern approaches to healing, they perceive organisations to play a crucial role in the development and education of traditional healers. This imperative of traditional healers’ organisations is also supported by Edwards (1986) who argues that it is the role of organisations to include research on integration as well as providing primary health care education to traditional healers.

6.1.2. Perceptions of working in a hospital environment

The second question for this study looked at participant’s perceptions of working in a hospital environment. Themes arising from the story of the traditional healer's experience of working in a hospital environment primarily focused on how participants relate to and draw meaning from their work experiences. This part of analysis also explored how working in a modern health care context may influence participants’ traditional healing practices.

Learning and studying forms an important thread in many stories of working in the hospital, providing a way to further personal development and increased financial security. Participants occupied a range of positions in the hospital which includes medical reception, cleaning of theatres, technical assistance, nursing of patients and midwifery. For these participants, their work primarily serves as an expression of professional achievement and personal development. Stories of work reflect a sense of pride in committed fulfilment of their professional responsibilities.

Financial benefit and increased opportunities for social interaction serve as external motivating factors for working in the hospital, where the traditional healer encounters more patients than in private practice. The modern or semi-urbanised context of their workplace influences
participants' perceptions of support and recognition of their value as a traditional healer in the hospital. Participants' stories reflect no significant contrast between personal and cultural values of the traditional healer and that of their modern working environment. Perceived similarities between traditional healing and their work in the hospital contribute to the ease with which participants retain their identity as traditional healers in different contexts. This perception also stimulates an interest in further education in nursing and related fields so as to improve their traditional healing practices and their valued role at the hospital.

Another aspect highlighted in all accounts is the idea of sharing their knowledge of modern medicine with other traditional healers. The knowledge of the working nurse carried over into the teaching role assumed by participants not only at work but also toward other traditional healers in their community and as members of traditional healers' organisations. Lerato: “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”. For these traditional healers there is a perceived benefit in working with other healers, which includes a desire for increased co-operation between traditional and bio-medical practitioners, particularly in matters relating to HIV/AIDS.

As traditional healers all participants remained committed to the ethic of healing and all accounts reflect a sense of ancestral presence and responsibility in everything they do. In talking about their work, participants emphasise the importance of working diligently in pleasing their ancestors and employers. This awareness plays an important role in the fluidity and ease with which participants negotiate their working and traditional roles. 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 and colleagues at work. Although most participants do not perceive themselves as different from others at work, they consider their healing and divining abilities to add a meaningful dimension to their role as a traditional healer in the workplace.

In turn, all stories speak of different ways about how knowledge of modern medicine has influenced participants' traditional healing practices. Most not only successfully integrate knowledge gained from their different kinds of training, they also advise patients in accordance with principles of modern medicine, urging them to abide by the medical practitioner's
prescribed treatment. This contrasts with findings by Maema and Sekudu (1998) who found mentally ill patients readmitted due failure in taking medication, following the instructions of their traditional healer. Such practices may have contributed to the reported negative attitudes of modern bio-medical practitioners’ toward traditional healers in the past (Mahape, 1995).

6.1.3. Perceptions of the interface between work and traditional healing
The third research question focused on participants’ perceptions of the relationship between traditional and modern medicine in a hospital context. Themes arising from this dialogue shed some light on how participants perceive the relationship between work and healing whilst retaining their traditional identity.

Stories reveal perceptions of a close relationship between work and traditional healing practices. 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. The choice to work in a hospital instead of full time traditional practice is motivated by a combination of factors such as financial constraints, social interaction and exposure to modern bio-medical practices. The latter stimulates a desire for further education in nursing for most participants. Working in a hospital context exposes the traditional healer to unusual experiences and training otherwise not encountered through initiation or private practice.

In reference to their understanding of the relationship between their work and healing practices, all participants relate to their work role with pride and investment and see themselves as fulfilling an important role as members of the hospital staff. 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 and as members of a multidisciplinary team of health care practitioners. This confidence is more evident when participants tell of receptive environments with other members of staff who are also traditional healers or who consult with participants as such at work. Although stories reflect some reticence on the part of participants when it comes to identifying themselves as traditional healers to doctors and less so to nurses, they assume their traditional roles to patients with more ease.

All participants retain and integrate their identity as a traditional healer throughout the process with great fluidity. Participants retain the function of healer as hospital staff members without
any clear distinction between their working or traditional role. Working in the hospital is seen as part of the calling to ancestral duty as it involves healing in a different capacity. These are not distinctly separate roles but rather spaces which contain and construct responsibilities and routines for the individual. These categories remain permeable as they fluidly move between their respective roles and what it means in different contexts.

In relevance to these findings, Mahape (1995) also found psychiatric nurses indicating that they did not perceive working with nurses who are also traditional healers to lower the standards of the nursing profession. As with these participants, Mahape’s nurses perceived enough similarities between the two approaches to allow them to communicate effectively (Mahape, 1995). As with these participants, Mahape (1995) also found that nurses were more likely to encourage patients to consult traditional healers if they perceived their condition to be beyond the scope of modern medicine. Combined with the results of the present study, Mahape’s findings indicate useful possibilities for co-operation between nurses and traditional healers in the provision of health care.

6.1.4. Perceptions of traditional healers in the hospital environment

Question four focused on participants’ descriptions of the perceptions of their colleagues at work. Themes arising from participants’ experiences of others tell how they respond to these perceptions and how their experiences of these perceptions influence their traditional healing practices.

In perceiving doctors to be more resistant to traditional healers, most participants indicate a greater willingness to identify themselves as traditional healers to nurses than doctors. Although some stories relate initial resistance from some colleagues, a receptive working environment for the traditional healer is revealed by others. This confirms findings by Mahape (1995) and Maake et al. (1998) who reported that nurses had a more positive attitude toward traditional healing practices than medical doctors and were more likely to refer a patient to a traditional healer.

In recognition of traditional attire, patients are often more familiar with the office of the traditional healer and accounts relate how participants regularly approach and advise patients on matters of traditional healing, at times referring them to other traditional healers or medical health care professionals. All participants advise their patients to abide by the doctor’s prescription in addition to using traditional herbal remedies and refer patients they are unable to treat
effectively with traditional medicine, particularly in the cases of dehydration or HIV/AIDS. In support of this finding, Maake et al. (2002) report traditional healers to support cooperative referral with primary health care workers for conditions that cannot be treated effectively through purely traditional intervention.

Stories told reflect differing responses of colleagues at work. While some colleagues understand the imperative nature of a calling, misunderstandings prevail and many still confuse it with witchcraft, which participants perceive to demonise their traditional healing practices. Such parallels with witchcraft fuel misunderstanding, and healers are resistant to openly identify themselves as traditional healers to colleagues at work. Despite such misunderstandings, most participants choose to retain the value of their traditional knowledge. It is not uncommon for participants to be approached by their colleagues, including doctors, who may seek personal advice or herbal treatment.

Experiences of others in the hospital environment contributed to a strong desire to work with other traditional healers in a modern health care context. All participants emphasise the role of the media and the health ministry in raising awareness on matters pertaining to traditional healing and promote the idea of modernised medical training as a growing trend amongst traditional healers in South Africa. They perceive an increased awareness of traditional healing practices through media exposure as indicative of a positive and inclusive trend towards training of traditional healers in modernised health care intervention. As traditional healers they all display confidence in their abilities to provide a meaningful contribution as part of a multidisciplinary approach to health care which includes modern bio-medically trained health care professionals. This corresponds with findings by Green and Makhubu (1984) that explored attitudes of healers toward paraprofessional training and found that traditional healers expressed enthusiasm at being trained in modern medicine, desiring more cooperation with modern practitioners in order to improve their healing skills.

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 fits with both their modernised training as well as traditional practice whilst the latter is transformed through the assumption of different working roles.
A primary finding of this study was the remarkable fluidity and integration between participants’ working and traditional roles in the hospital context as participants told a story of retaining their identity as traditional healers without conflict regardless of their working context. The traditional healer’s imperative of caring for the sick remains unchanged by the assumption of seemingly different roles.
6.2. Possibilities for future research

In light of these findings there are some suggestions for future research which also includes consideration of previous studies around traditional healing.

The results in this study indicate an increased interest in traditional healing practices from certain sectors of the bio-medical health care system as related by participants. In light of such increased interest in alternative and traditional healing strategies in South Africa, there may be a need for further investigation into the experiences of traditional healers who work in different western health care environments and professions such as hospitals. The results of this study may shed more light on the complexities of traditional perspectives in a western medical health care environment and may have some useful implications for studies which inform policies on multidisciplinary approaches to health care as called for by Thornton (2002).

Four of the participants in this study were trained in nursing and the fluidity with which they negotiated their traditional identities in the hospital is significant in the light of studies which aim at exploring nursing attitudes to working alongside traditional healers in a modern health care context. The fact that most of these participants consider the relationship between their traditional healing and nursing practices to be clear may have some meaning for those who consider nurses to experience the highest degree of patient care and contact (Mahape, 1995; Edwards, 1986). As with traditional healers, nurses observe and interact with patients on a continual basis and are thus considered most appropriate in collecting and identifying information consistent with a patient's cultural perspective (Maake et al, 1998).

Results also reflect changing attitudes on the part of modern health care professionals and doctors who work with participants in the hospital. These results have some implications for a wider dialogue on the attitudes of modern health care professionals regarding the value of traditional healing practices for health care. These findings contrast with the negative perceptions of doctors on traditional healers as reported by Mahape (1995). This may also be seen as indicative of a need for further exploring the perceptions of medical doctors. As long ago as 1987, Anyinam found similar results to that of Mahape (1995) and called for research on the preferences and attitudes of biomedical personnel towards traditional healers. This should be extended to include medical students as they will be called upon in future to formulate and implement policies aimed at seeking cooperation co-operation between traditional and biomedical systems (Anyinam, 1987).
In concurrence with the finding that these participants considered their western based knowledge of healing to be valuable and intend to continue in nursing based education and training, other theorists (Anyinam, 1987; Edwards, 1986; Peltzer, 1998; Swartz, 1998; Thornton, 2002) also noted a need for modern medicinal training of traditional healers and research which looks at emerging healing roles which complement and extend traditional practices, and the impact of these new roles and methods on modern health care systems. These participants all perceived a complementary relationship between their nursing and traditional healing practices.

It is hoped that other possibilities for future research can be identified through the increased dialogue between traditional and modern health care professions, focusing on the role of the traditional healer in the modern health care system through education and improved health service provision, particularly as it relates to community based health care intervention in South Africa with regards to HIV/AIDS (Edwards, 1986; Freeman, 1992; Van Dyk, 2001).
6.3. Research Limitations

In relevance to wider contextual relevance some limitations of this study must be considered. This is a qualitative inquiry which is suited to smaller samples by allowing for more rigorous accounts in its attempt to widen our understanding on a particular subject (Elliot, Fischer and Rennie, 1999). As such, this study does not attempt to provide generalised information which can be extended to other contexts and other countries but aims to render meaningful perceptions around traditional healers and their working role in a South African hospital context.

A small number of five participants comprised this sample size and all participants work and reside in Gauteng, Johannesburg. The unique positioning of this sample makes it difficult to apply the results to other cultural contexts; thus the results of this study cannot be extended to reflect perceptions on other levels and in places outside of these participant's experiences. Instead, this study aims to open up further avenues of inquiry into the interface between traditional and modern biomedical approaches in South Africa and possibilities for understanding pertinent to improved cooperation between traditional healers and modern health care professionals.

Another limitation of this study resulted from conducting interviews in English. In this study, the researcher is a white woman who does not speak an indigenous or local language, other than English or Afrikaans. This places obvious constraints upon the depth of understanding and gaining an insider's perspective on data gathered as all participants are black South African women who speak either Zulu or Sotho as their mother tongue. Both the researcher and participants speak English as their second language.
6.4. Conclusions

Stimulated by re-emerging dialogues between traditional and modern bio-medicine, this study has attempted to explore the experiences of women who are traditional healers but choose to work in a hospital environment instead of full time traditional healing practice. The practice and role of the traditional healer fulfills multiple functions of strong cosmological significance in the African community. For these reasons, it can be considered a radical departure from strict adherence to tradition when an initiated indigenous healer chooses to follow a different vocational path with possible implications for themselves and their communities.

Results obtained in this study indicated a shift in perceptions of traditional healing in the hospital environment where participants work. The ease and fluidity with most participants fulfil these seemingly dichotomous vocational roles was an unexpected finding in light of previous research findings which at times indicated a strong resistance from both traditional healers and medical health care professionals concerning cooperative health care practices. Most participants in this study indicated a desire for such collaboration with modern medical professionals and other traditional healers, regardless of ethnic background. Participants all expressed interest in providing traditional treatment as part of a multidisciplinary medical health team with biomedically trained health care professionals.

In South Africa the influence of traditional practices and its impact of modern westernised work experiences and on indigenous communities have primarily focused on the interface between modern health care professions and the role of traditional healing (Gumede, 1990; Hewson, 1998; Kahn and Kelly, 1996). In relevance to the wider context of social and political transformation in South Africa, this study is an attempt to understand how perceptions of traditional healing and modern medicine inform the process and development of more comprehensive, even integrated health care services. As an explorative attempt, this study describes personal experiences from the perspective of the participant as well as providing a reflective reconstruction on perceptions of traditional healers in a hospital context and the integration of traditional and modern biomedicine in a South African context.