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'Renegotiated identities': stories of women who are initiated traditional healers and work in a hospital environment in a different capacity

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2009-07-27T09:44:15Z
http://hdl.handle.net/10539/7123

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Chapter 1

1.1. Introduction

This study was stimulated by a renewed interest in African traditional healing in mainstream dialogue on approaching, treating and understanding health and illness which has identified an extensive acceptance and use of traditional healing practices in nearly every African community (Gregory, 2003; Thornton, 2002). Studies on the prevalence of African traditional healing in South African communities reveal that traditional beliefs and practices concerning illness and health are still widely followed (Burhman, 1981; Fipaza, 2003; Ngubane, 1977; Thornton, 2001). With at least 80% of South Africans consulting traditional healers (Thornton, 2002), it constitutes a large reserve of health manpower which has seldom received official recognition (Muelelwa, Sodi and Maake, 1998). Over the past three decades, South Africa has seen a greater inclusion of indigenous healing systems into Western frameworks of treatment (Long and Zietkiewicz, 2003; Muelelwa et al., 1998; Peltzer, 1998; Swartz, 1998).

Interest in indigenous practices has been reawakened though increased awareness, acceptance and utilisation of traditional healers and current debates on the inclusion and recognition of African traditional healing practices by mainstream western medical professions. Due to this resurging interest in alternative and indigenous supplementary practices, there is a need for understanding the worldview and experiences of traditional African healers (Donald and Hlongwane, 1971; Edwards, 1986; Ngubane, 1977; Swartz, 1998; Thornton, 2002; Van Dyk, 2001). Psychology has to consider that traditional healing incorporates a person's culture and belief system: research into these traditions provides different avenues available to understanding 'culture-bound' behaviour in South Africa (Swartz, 1998). Muelelwa et al. (1998) encourage traditional healers and Western health care professionals to engage in meaningful dialogue on South African health policy whilst Ingstad (1998) emphasises the preservation of cultural heritage as African society is rapidly undergoing changing processes. Psychology has to consider the meaning of individual behaviour as contextually culture bound and look more specifically at how different cultures are perceived (Swartz, 1998). Culture may be seen as a set of contextual guidelines on how to view the world; stating that traditional knowledge is transmitted through symbol, language and art, as rules change over time and circumstances. The complexity of African belief systems is lost on oversimplification and

generalisation. Traditional medicine is viewed as a set of unique, culture bound health care practices that existed before the arrival of Western medical practices (Swartz, 1998). The role of African traditional healing in the South African community is diverse and inseparable from daily life. No two healers are alike, and healing practices vary a great deal over short distances and time. Anthropological research and writing focuses on the cultural and social role of the traditional healer in the African community. It identifies the crucial and central role of the traditional healer in African communities as a much misunderstood perspective through the focus on deviance and controversy by the media (Van Dyk, 2001).

Health and illness are important, active aspects of culture as it relates to religious, social, political and economic beliefs (Mahape, 1995; Peltzer, 1998). The significance and prevalence of the traditional healer in South African is unquestionable (Edwards, 1985, 1986; Fipaza, 2003; Hammond-Tooke, 1989; Ngubane, 1992). The traditional healer serves as healer and ancestral medium, interceding between the dead and the living (Edwards, 1985; Gregory, 2003; Lampbrecht, 1997; Ngubane, 1977). Representing traditional ways for understanding illness and health, the office of traditional healer serves to re-establish the balance of social and spiritual forces within different social functions of healer, midwife, counsellor, witch, prophet and visionary (Ingstadt,1998).

African cosmology is marked by a sense of interconnectedness and interdependence of natural, social and spiritual forces, with an emphasis on the protective, directive and causal role of the ancestors. Ancestral reverence is fundamental to the understanding of African cosmology and initiation into its traditional healing practices (Thornton, 2002). Ancestors are benevolent familial spirits, who preserve and honour traditions of a tribe, protecting family and community against misfortune; but may send or allow illness and misfortune when social norms are violated or rites incorrectly performed (Van Dyk, 2001). Holdstock (2000), states that the relationship with the ancestors is the only African traditional way to divine power and healing. African traditional healing presents a direct connection to the African past. Ancestral reverence is the primary factor associated with continued good health (Ataudo, 1985; Edwards, 1985). The traditional healer's relationship with the ancestral world forms the foundation of existence. An example of this is the popular belief that humans are most vulnerable to sorcery and malevolent forces when the ancestors are ‘facing away’. Ancestral protection for the return and maintenance of good fortune is ensured through ritualistic solutions that serve

to provide both ancestral protection, and confirmation of the social kinship structure (Berglund, 1976; Burhman, 1979; Edwards, 1985; Mkhize, 1981; Ngubane, 1977; Preston-Whyte, 1974).

In South Africa, traditional healers play an important role in health care (Peltzer, 1998). Health services in South Africa are required to respond to a very broad range of health and social issues. Some theorists deem the inclusion of traditional healing practices in South Africa as imperative for successful intervention into AIDS education and prevention programmes. Van Dyk (2001) considers the implications of African cosmology regarding health, sickness and sexuality in a traditional context for such intervention. The office of the traditional healer denotes status and they are considered to exert considerable influence on the local identification and treatment of illness and disease (Akerele, 1987; Ataudo, 1985; Freeman and Motsei, 1992; Hewson, 1998; Maake, Muelelwa and Sodi, 1998).

In developing countries such as South Africa, the health care provider needs to be aware of their patient's beliefs about their problems and consider its implications for future treatment (Peltzer, 1998). For effective intervention in South Africa the health care system has to take into account the beliefs, value system and social structure of its client population (Donald and Hlongwane, 1971). Maema and Sekudu (2002) consider the influence of traditional healers on patients and emphasise the importance of contextual understanding in treating mental illness. In addition, Muelelwa et al. (1998) consider modern health practitioners' and patients' attitudes toward integration of traditional healers in hospitals as an area of much needed understanding in health care practice.

1.2. Rationale

All cultures have indigenous systems of healing but these are generally considered culture bound and do not enjoy official recognition by most western based health care systems (Bannerman, 1982; Fipaza, 2003; Peltzer, 1998; Thornton, 2002; van Dyk, 2001). In South Africa the influence of traditional practices and its impact on the experience of modern work experiences on indigenous communities have primarily focused on the interface between biomedical health care and the role of traditional healing and its meaning for health policy formulation. The importance and prevalence of the traditional healer in South African is unquestionable (Fipaza, 2003; Peltzer, 1998; Thornton, 2002). Yet the influence of indigenous traditional belief systems in the organisational context has received limited consideration, particularly in terms of the meaning of traditional initiation and continued vocational development in a modern health care context (Burhman, 1984; Fenyves, 1994: Freeman, 1992; Hall, 1994; Watson, 1996).

The training and initiation of a traditional healer is a complex, socially determined process which implies a kind of irrevocable destiny. Calling as diviner or faith healer is considered to come exclusively through ancestral cause and instruction (Hammond-Tooke, 1989; Lampbrecht, 1997). Should the individual fail to comply to this calling and submit themselves for training with an initiated and qualified healer who will teach them for a period ranging from three to five years, it is believed that they will offend the ancestors, resulting in illness or misfortune for the individual or their family due to a lack of ancestral protection (Donald and Hlongwane, 1971; Edwards, 1986; Kahn and Kelly, 1996; Maema and Sekudu, 2002). The process of initiation is arduous and often involves relocation, personal sacrifice and transformation (Burhman, 1981; Kahn and Kelly, 1996; Hammond-Tooke, 1989). As the practice and role of traditional healer fulfils not only vocational functions, but also holds strong cosmological significance for the healer as well as their communities, 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 (Donald and Hlongwane, 1971; Fipaza, 2003; Peltzer, 1998). An initiated traditional healer who fails to practice as such can be considered unusual in light of the ancestral imperatives inherent to African cosmology. Exploring the narratives of initiated diviners who do not practice full time traditional healing may present interesting implications for understanding the development of traditional healing practices in South Africa.

Little is known about the attitudes of bio-medically trained health professionals toward traditional healers (Ojanuga, 1981). A debate surrounds the integration of traditional and modern healing practices by bio-medical health care professions in South Africa. In considering the official recognition of traditional healing practices by western medical health care professions, Thornton (2002) identifies a lack of appropriate training programmes and research to improve and facilitate understanding and collaboration between traditional healers and western health care professionals as contributing to the delayed acceptance of African traditional healing into mainstream paradigms of health and illness.

Another reason cited for resistant attitudes is that of acculturation (Muelelwa et al., 1998). As with many other non-industrialised countries, the developing context of socio-political transition in a post-apartheid South Africa lends itself to changes in meaning and experience as individuals become increasingly affected by the pressures and demands of a modernised western lifestyle which involves a shift from traditional beliefs, values and customs to western worldviews (Baran, 1975; Fipaza, 2003; Wessels, 1985). Individualism replaces collectivism and traditional responsibilities and values are eroded through the opposition of urbanisation and industrialisation in displacing the ancestral kinship community (Chorn, 2000; Fipaza, 2003¸Uzoka, 1980). On a collective level, an example of symptoms of traditionally western-based illness such as bulimia and anorexia are becoming more prevalent in African communities (Edwards and Moldan, 2004). Baran (1975) identifies the cumulative result of acculturation to be a range of people at widely different points of identity and cultural transition. Some rural, mostly older generations, remain strongly identified with rural culture, whist others are rejecting and loosening their ties with traditional culture without identifying or integrating alternatives (Baran, 1975; Edwards and Moldan, 2004; Mkhize, 1981; Thornton, 2002).

As with many other non-industrialised countries, the challenges of socio-political transition in South Africa lends itself to changes in meaning and experience as individuals become increasingly affected by the pressures and demands of a modernised western lifestyle which often involves a shift from traditional beliefs, values and customs to western worldviews (Fipaza, 2003; Maema et al., 2002). In exploring such a shift from traditional customs, this study focuses on the experiences of women who are initiated traditional healers but choose to follow a western or modernised vocational path. As such, this study aims to explore how participants' negotiate their

traditional identities whilst working as a hospital staff member and how their experience of a modern health care context may influence their traditional healing practices.

The prevalence and role of traditional healing has emerged as an area of increased interest in the relationship between western and traditional healing in South Africa (Burhman, 1981; Edwards, 1986; Donald and Hlongwane, 1971; Fipaza, 2003¸Ngubane, 1977; Mkhize, 1981; Peltzer, 1998; and Thornton, 2002). Some studies have looked at the dual practice of traditional healing and western medical health care (Buhrmann, 1984). Further social enquiry has described the individual experience of traditional initiation and its metaphoric relation to shamanic initiation and mental disorder or psychological (dis)integration (Grof, 1988; Hall, 1994; Lambrecht, 1997; Long and Zietkiewicz, 2002; Mills, 1985; Somé, 1994). Thus far, no inquiry has focused on perceptions of traditional healers who work in a different capacity in a hospital environment.

Although much research has looked at the role of the traditional healer within the community and the implications for health care in collaboration between traditional and western frameworks of healing, there is limited information on the experiences of the traditional healer within a western vocational framework. It is therefore relevant to consider the effects of indigenous healers working in a modern health care context which contrasts with traditional approaches to healing. This study aims to understand how the different paradigms of traditional healing and western understanding inform the process of individual identity negotiation of South African women in the context of social and political transformation in the South African community. This study will look at participants´ narrated understanding of the values and structures that underlie traditional initiatory practices and their meaning for personal development as a traditional healer who works in a hospital environment. The intention of the research is to explore how traditional identities are negotiated through the experience of initiation into traditional African healing followed by the pursuit of a western vocation. The focus remains primarily on how individual stories reflect perceptions around traditional healers who work in a hospital and how this may influence their traditional healing practices as well as how participants' negotiate their traditional identities in different contexts.

1.3. Research Questions

In order to explore participants' experience as traditional healers who work in a hospital and how their perceptions on the interface between traditional and modern medicine influence their traditional healing practices, four research questions have been identified:

1. How do participants perceive themselves as a traditional healer?
2. How do participants perceive and experience their work in the hospital?
3. How do participants perceive the interface between traditional and modern approaches to healing in a hospital context?
4. How do participants experience the perceptions of others at work?

1.4. Report Structure

This report has six chapters. The first chapter provides a brief overview of this project and includes an introduction to the area of focus for this study, research rationale, research questions and identification of some research limitations.

The second chapter discusses aspects of South African indigenous healing practices and considers the meaning of traditional healers in modern health care contexts. This section also looks at studies on the attitudes and perceptions of modern health care professionals, patients and traditional healers on integrated health care services in South Africa.

The methodological approach is discussed in chapter three and includes a description of the sample, data collection and analysis, as well as ethical considerations for this study. This is followed by the results in chapter four. Results are presented in a thematic storied account of participants' experiences. Interpretive descriptions of participants' stories provide a foundation for the analysis and discussion which follows in chapter five.

The sixth chapter concludes this report and provides some suggestions for future research followed by a short overview of the primary aims and findings of this study.