

Dialogues of healing in the management of psychosocial health challenges in an indigenous KhoiSan community

KS Mahlatsi



orcid.org/ 0000-0002-0319-6569

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Supervisor: Prof AJ Pienaar
Co-supervisor: Ms NE Nare

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Student number: 23031662



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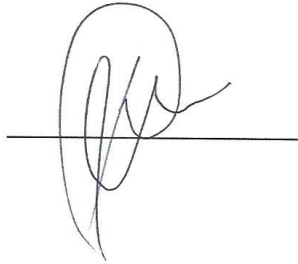
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Brief declaration

I declare that this dissertation is my own work and that I have correctly acknowledged the work of others.

This dissertation is in accordance with University, the Faculty and the School guidance on good academic conduct (and how to avoid plagiarism and other irregularities).

A handwritten signature in black ink, consisting of a large, stylized 'P' followed by several loops and a final flourish, written over a horizontal line.

28 / 11 / 2017

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Thank you to the Cambell community for their trust in me with their sacred knowledge.

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Abstract

During the researcher's experiential learning in the KhoiSan community, it was noted that this community deals with various psychosocial challenges, despite the fact that there is no nurse, councillor or therapist in this community. Psychosocial challenges evident in the community are based on substance abuse related, relationship stressors, work-related issues, and child and adolescent stressors, however not limited to the mentioned. On enquiry the researcher was informed about the dialogues or conversations of healing the KhoiSan use to manage these challenges.

On these grounds, the researcher embarked on a qualitative research where therapeutic merits of these dialogues of healing were explored in this African indigenous community. This was achieved with three specific objectives where firstly the researcher explored the phenomenon; elucidated the benefits; and lastly intended revitalization of the practice.

African Indigenous Health Research Framework (AIHRF) was employed, guided by the principles of Ubuntu where the importance of respecting the heritage of the KhoiSan community is upheld. Where a Classical African Indigenous qualitative research methodology was used. Consequently, the researcher embarked on a culturally-collaborative process with the KhoiSan community, where the community is the author and the researcher is the co-author of the exploration of their own psychosocial health resolution.

As a result, a generic approach emerged, where it was found that who is saying what to whom, when, as well as why and how they are saying it forms the centre of the merits of dialogues in management of psychosocial challenges.

Keywords:

Dialogues of healing; KhoiSan; communal individual; communal counselee; communal counsellor

Chapter 1: Overview of the research

1.1 Introduction and background

"African indigenous health systems stood the test of time"

(Adjusted from anon)

The above-mentioned statement which was adjusted from an anonymous source depicts the resilience of African indigenous health care despite the birth and evolution of the western medical system in Africa. Western healthcare broadly encompasses initiatives that came with interventions for injury prevention and control of chronic diseases and management as stated by Heath *et al.* (2012:272). This western health care system was further advanced and supported by policies prior to 1994, which influenced the social organization, access to basic resources for health, and health services (Coovadia *et al.*, 2009:817 & Hale, 2010). Subsequently, in a study conducted by Ziltener and Kunzler (2013:302) they found out that the most noticeable social injustice caused by colonial domination was alienation. This argument is supported by Hrituleac (2011) who argues that colonization was the cause for the people of Africa and their culture being subjected to diverse external changes that have left Africans unrooted.

Contrary to the mentioned injustices, Humphery (2001) asserts in his argument that indigenous health remained operational in indigenous communities, including those in South Africa, though unrecognized. Following the lack of recognition, Africans had to adopt the western health care system. However, de-Graft Aikins *et al.* (2010: 1) argues that a wide-range of African states adopted and implemented western health systems with ineffective outcomes in the African context and their focus is mainly devoted to infectious and parasitic diseases. These

authors further contend that many western health systems in Africa are under-funded and under-resourced and therefore struggle to cope with the cumulative burden of diseases.

Notwithstanding the oppressive nature in which the western health care system was enforced in Africa, Humphrey (2001) is of the opinion that the western health system has accomplished immensely. Yet, there are visible areas of failure; as a result, the researcher argues that there is a noticeable rise in the usage of the more indigenous, natural practices of healing. Subsequently, this also explains why some Africans utilize these two systems concurrently.

Pivotaly Coovadia *et al.* (2009:817) and Krantz (2008) argue that the history of South Africa has shown demeaning effects on the health of its people in relation to the health policy and current health services. These policies are evident in the promulgation of suppressive laws such as witchcraft Suppression Act 3 of 1957, which unfortunately, still operational even today, with no attempt from the western knowledge holders to understand the science driving African practices mentioned Act affects. The South African Pagan Rites Alliance (SAPRA) alleges: “South African law currently presumes that the practice of ‘witchcraft’ may be used to commit or justify the commission of criminal activity”. Sadly, it is clear that, we cannot now move past the books of history like we do not know of the negative impacts of colonization on the health system in Africa. Therefore, the researcher anticipates revitalizing the true sense of Africans by illuminating some benefits of their indigenous health system.

Evidently from all mentioned, the longevity and resistance shown by African indigenous communities is appreciated in sustaining their health systems and practices even under challenging times. However, the researcher is of the opinion that no one ever consulted with indigenous communities, with intent to listen and comprehend their health care needs and their ways of healing. It is important to note that even though the South African constitution binds the state to work towards the progressive realisation of the right to health, yet 23 years after democracy, the country is still grappling with massive health inequities (Coovadia *et al.*, 2009:824). African indigenous ways of healing have not been given equal footing to be explored for its effectivity.

Therefore during the researcher’s experiential learning in the KhoiSan community in the Northern Cape, it was noted that this community deals with various psychosocial challenges, despite the fact that there is no nurse, councillor or therapist in this community. Psychosocial challenges evident in the community include but are not limited to substance abuse related, relationship stressors, work-related issues, child and adolescent stressors. On enquiry the

researcher was informed about the dialogues or conversations of healing they use to manage these challenges. On these grounds, the researcher envisioned to embark on a qualitative research where therapeutic merits of these dialogues of healing were explored within this African indigenous community.

At this point of the study it is crucial that the researcher introduce the concept dialogues of healing. The question to be addressed “What are dialogues of healing?” and how does the community heal through these dialogues.

1.2 Definition of concepts

1.2.1 Dialogue

The word ‘dialogue’ is derived from the Greek word *dialogos*. The first part of the word ‘dia’ is a submission which means “through”, “between”, “across”, “by” and “of”. On the same hand “logos” demonstrates the meaning of the spoken word (Bohm, 1998:3; Banathy, & Jenlink, 2005:5). Literally, dialogue means “a conversation between two or more people as a feature of a book, play, or film” (Oxford Living Dictionaries). It is also important to note that, “etymologically, dialogue means a speech across, between, through two or more people”. Expressively, dialogue may be transformative or generative in nature, as well as strategic. That is, it may be seen as transformative in relation to the creative actions of individuals through collective communication, the sharing of thought and knowledge of individuals as the generative materials to transform existing beliefs as well as create new innovations and cultural artefacts (Banathy & Jenlink, 2005:5; Bohm, 1998).

Banathy and Jenlink (2005:4) further state that dialogue is traditionally a specific way of social discourse accomplished through the use of language and verbal transactions. This suggests community, mutuality, and authenticity ‘an equal relationship’. In contiguity, as used in the communal space in the post-cold war context, the notion has arisen to mean a specific kind of participatory process, one that is particularly well suited to addressing the societal needs described (Pruitt and Thomas, 2006:19). The previous elaboration speaks to the unique character of dialogues and inclusiveness. An assumption is that, for change to be sustainable, the people involved in a problem have a sense of ownership of the problem, the process for addressing it, and proposed solutions that result. In order to develop this sense of ownership,

they have to participate in the change process. Hence from a cultural process, there is a belief that in the shared process of dialogue there is no individuality; but it is viewed as collective. It is seen as a social discourse where the participatory process is appreciated within the community where mutuality and genuineness is at the centre.

1.2.2 Healing.

In demystifying healing it is imperative to realize that healing is a complex and simple process that incorporates many things (McCabe, 2008:146). By comparing the views of Seikkula & Trimble (2005) and Cowling *et al.* (2008) the realization is that the state of being healed is by awakening the higher and/or deeper place of wholeness. McCabe (2008) further argues that it is a layered process and is, at the same time, a singular experience. The realization of wholeness is brought forth by the acceptance of the presence of the body, mind, emotions and spirit as foundational of human beings by indigenous cultures for as long as the footprints of history (Seboka, 2013 & Neuenfeldt, 1998:83). From this perspective “the whole is greater than the sum of its parts” (Pienaar, 2017). Evidently, healing is a sacred process grounded on epistemologies and praxis which seek for balance in the connectedness of a person as whole (mind, body, spirit, the environment, the dead and the living).

1.2.3 Dialogues of healing

For the purpose of this study, dialogues of healing will be referred to as a communicative and shared process, where the ownership remains with the sharer, although the resolution is curved collectively by the indigenous people involved. It is done with a strong belief to wholeness and spiritual connectedness to the cosmos while they are seeking to achieve an equilibrium in life’.

Following an in-depth overview on South African’s footprints of its health system and contextualization of dialogues of healing the researcher further demystifies psychosocial health from the perspective of the study. In this case, the term ‘perspective’ is preferred as the concept will be viewed from a matter of context rather than an inductive attitude.

1.2.4 Psychosocial Health

The researcher came to a realization that more imperial studies, international research in particular, juxtapose psychosocial health with stress related challenges (Elstad, 1998; Sheua *et al.*, 2002; Baum *et al.*, 2012). Yet, the notion psychosocial health is very complex (Elstad, 1998:602). One of the previous authors further proposes a two different aetiology pathway

from stress to poor health, a direct effect on disease development, and an indirect route, when stress is expressed by health-damaging behaviour (Elsad, 1998:600). In contiguity, Elsad, (1998:600) submits that the indirect pathway speaks on the people who react negatively to circumstances such as smoking, excessive alcohol use, accident prone behaviour, some incidence as conscious or subconscious self-destructive acts, often ‘innocently’ in order to alleviate stress. On the other hand, direct pathway is not viewed as mental illness, but as somatic disease (Elsad, 1998:600). Schuler (cited by Sheu *et al.*, 2002:165) puts forth a category of stress symptoms into three types. Firstly, *physical symptoms* such as high blood pressure, increased heart rate, headache, and ulcer. Secondly, *psychological symptoms* such as anxiety, low self-respect, and anger. Lastly, *behavioural symptoms* such as smoking, drinking, weight loss, and drug abuse. Independently, Sheu *et al.* (2002:165) argues that stress does not always have a negative effects only but also positive ones. In justification the author argues that when effective coping strategies are used, emotions can be adjusted and the stressful situation can be resolved. At the same time, in a study done on African-Americans by Mama *et al.* (2016) which was also strongly linked to stress it is believed that the environment plays a key role in psychosocial health. Results showed that the relationship between the communal environment and mental health influenced greatly by psychosocial factors and revealed potential mechanisms through which social status and social support influence the mental health of African-Americans (Mama *et al.*, 2016). Low social status and social support were associated with greater perceived stress, depressive symptoms, and perceived racial discrimination, which were associated with poor mental health (Mama *et al.*, 2016).

The researcher contends that more strength will be drawn from the previous two authors where for the purpose of this study he will assume psychosocial health as a complex phenomenon which views a human being as a collective attached to a communal history with its own interpretation of the present and the past.

In conclusion, for change to be sustainable, the people in the problem system need to have a sense of ownership of the problem, the process for addressing it, and proposed solutions that result. To develop this sense of ownership, they have to participate in the change process. To the extent of culture, there is a belief that in the shared process of dialogue there is no sense of individuality. However, one is viewed as whole spiritually connected to the world. This is possible through the exchange of a generative (development) and/or transformative (change) spoken word between two or more people with no bearing to making conclusions. It is seen as a social discourse where the participatory process is appreciated with community, mutuality

and genuineness at the centre. All this speaks to the unique character of dialogue and inclusiveness.

From this perspective the whole is greater than the summation of its constituents. It is thus evident that healing is a sacred process grounded on epistemologies and praxis which seek for balance in the connectedness of a person as whole (mind, body, spirit, the environment, the dead and the living). For the purpose of this study, dialogues of healing will be referred to as ‘a shared process by the indigenous people with a strong belief to wholeness and spiritual connectedness to the world seeking to achieve balance of life’.

As a matter of disputation, dialogues of healing in managing psychosocial health challenges is as a complex phenomenon which views a human being as collective attached to a communal history. It has its own interpretation of the present and the past. It is characterized by a generative (development) and/or transformative (change) spoken word between two or more people with no bearing to making conclusions. It is also with the belief that the messenger and the receiver are not merely viewed as individual beings but as whole (mind, body and soul, the living and the dead) and is a process intended for balance of the wholeness rooted in the belief and practices of the community.

1.3 Problem statement

From the previous discussion it is clear that African indigenous healthcare withstood the test of time. Despite the oppression by colonialism as well as the apartheid system in South Africa, this health care system remained resilient, especially amongst indigenous communities, like the KhoiSan community of the Northern Cape. In the researcher’s experiential learning in this KhoiSan community, as a registered mental health nurse, he noted that this community survives without a psychosocial therapist, psychologist, social worker or mental health nurse. It became evident that the community coped with their own psychosocial health practices and has built resilience over centuries. Although this resilience of African indigenous healing is evident, the exploration of the therapeutic merits of aspects of the indigenous healing system, like dialogues of healing has not been explored. Therefore, the researcher endeavoured to explore the therapeutic merits linked to dialogues of healing that this community utilizes to manage psychosocial challenges.

1.4 Main Aim

The researcher's aim was to explore the therapeutic merits embedded in dialogues of healing used in order to formulate a generic approach to manage psychosocial challenges in a KhoiSan community in the Northern Cape.

In order for the researcher to achieve the above aim, the subsequent objectives were followed:

1.5 Objectives

These were to:

- Explore dialogues of healing in a rural KhoiSan community; (*chapter three*)
- Elucidate the benefits of these dialogues in relation to healing; (*chapter four-recommendations*) and
- Revitalize the healing practice in 'dialogues of healing' for the management psychosocial challenges in the KhoiSan and other African indigenous communities (*chapter four- Approach*)

1.6 Central theoretical statement

The central theoretical argument of this research was the exploration of therapeutic merits of dialogues of healing in managing psychosocial health challenges. It did this by making use of orature that includes, storytelling, metaphors, and conversations as data collection methods that furnished the required knowledge on how the KhoiSan community manages psychosocial challenges. The gained knowledge enabled the researcher to confirm and formulate a generic approach, embedded in dialogues of healing to manage psychosocial challenges in this community and broader African indigenous communities.

1.7 Definition of operational concepts

Communal

It refers to societal context where sharing and caring is of primary importance, especially noted in an indigenous community.

Communal individual

Person(s) who is seen as a whole (body, mind, emotions and spirit), connected to other persons; surroundings; and those who were here before us living with a principle of sharing and caring.

Communal counsellor

Person who is seen as a whole with a function to offer guidance, healing and teachings to the communal individual in need of support.

Communal counselee

Person who is seen as a whole receiving guidance, healing and teachings from the communal counsellor.

Those who were here before us

For the purpose of this research this is defined as the person who is seen as whole (body, mind, emotions and spirit) and passed on to the next life believed to be still be with us in the physical world, guiding and guarding us.

Those who passed on

Used interchangeably with ‘those who were here before us’.

1.8 Division of chapters

Chapter 1: Overview of the research;

Chapter 2: Methodology of the research;

Chapter 3: Realization of the research findings; and

Chapter 4: Discussion of the emerging approach.

1.9 Summary

This chapter focused on the overview and introduction of the research. The following chapter will focus on the methodology that was deployed in this research. It gave the introduction and background of the study. It as well discussed and defined the key concepts that are key in the study. The chapter also discussed the aim and objectives of the study so that the thrust of the research and its parameters were clear. In addition, the chapter also discussed the theoretical framework that shaped the study and it ended with an outline of the research as it was carried out.

Chapter 2: Research Methodology

2.1 Introduction

In the previous section of chapter 1, the researcher presented the overview of the research. In this section of chapter 2 the research will in detail describe the methods employed to achieve the aim and objectives of this research. The researcher discusses the research design and framework. In addition, the researcher elaborates on the philosophical underpinnings that inform his research. Other key issues that are discussed include the context as well as the population that participated and informed the research. Also discussed in the chapter is the sampling procedure that was followed in the data collection exercise.

Below is a table outlining the methods employed in this research. **Table 1: Research methodology**

Research approach	Qualitative
Research design and framework	Classical African indigenous African indigenous health research framework (Pienaar, 2017:85)
Study area	KhoiSan community in the Northern Cape, Campbell, South Africa.
Population	Members of a KhoiSan community in the Northern Cape
Sample	Theoretical sampling
Data collection	<u>Orature</u> Story telling Metaphors Conversations

Data analysis	Four step analysis according to the African indigenous health research framework steps 1. Basic concepts from the spoken word 2. Joining or grouping of these concept to form themes/clusters 3. Intuitive deduction / convergence or discovery of new concepts, themes or clusters (insights/ discoveries). 4. Building a story line a pattern to form process
Rigour	Trustworthiness credibility, dependability, Confirmability and transferability
Ethical considerations	This research adhered to and applied the five general principles provided by the APA (2010:3-4) Seboka ethical guidelines NWU ethics committee (Lichtman, 2013:292) , Brink, <i>et al</i> (2006) and Botma <i>et al.</i>, (2010). Follow a process of transparency • Data collected only for the purpose of research study • Aim and Objective clearly explained to the participants • Informed consent

2.2 Research methods

It is accentuated by de Vos *et al.* (2009:268) that research methods is recognized as a choice best available for the researcher to study a specific phenomenon permitted by principles and procedures best suiting the study's goal. As a result, the *qualitative research methodology* was employed in this research. In comparing the views of Creswell, (2014:4) and Brink *et al.* (2014:113) qualitative methodology is a means for exploring and understanding the meaning individuals or groups ascribe to social or human challenges. From these scholars it can be learnt that qualitative research is largely investigative and is mainly used to gain an understanding of underlying reasons, opinions, and motivations. It employs in-depth studies of small groups of people to direct and sustain the creation of hypotheses. The results of a qualitative research are descriptive rather than predictive. With this understanding, the researcher explored the therapeutic merits embedded and exchanged through dialogues of healing in managing psychosocial challenges in an indigenous African community, the KhoiSan.

2.3 Research design and framework

The research design in this research was guided by a paradigmatic perspective as put forward by Botma *et al.* (2010:39) where the authors stipulate that it is crucial for the researcher that in choosing the research design one first needs to acquaint with the nature of the setting of the study. In an indigenous research conducted by Shawn (2003:161) delineates that paradigm frame the researchers view on one context to another and the world at large. As a deduction, Botma *et al.* (2010:40) defines paradigm as essential rudiments of the image of the subject matter within science. Therefore, in this research the paradigm is embedded in an African indigenous way of knowing. This means, the philosophical underpinning is based on the principles of Ubuntu, which is translated as 'I am because you are'.

The African Indigenous Health Research Framework (AIHRF) propounded by Pienaar (2017:85) will be followed in this project.

For the purpose of demystifying the indigenous African approach of therapeutic interaction, the researcher used this African Indigenous Health Research Framework as he sought to align the knowledge with the community and interpret it in its natural context (Pienaar, 2017:93).

This framework is proposed by an African scholar who articulates that “research needs to be grounded in its authentic research context” (Pienaar, 2017:87). Corroborating with the previous scholar, Hoppers (2017:5), emphasises on the demand and critical importance of the context in which indigenous knowledge is engorged and preserved. This is critical to its meaning in totality, and it further reflects the internal cultural character of that given community (Hoppers, 2017:5).

With that mentioned, the researcher depicts the importance and respect of the heritage of the KhoiSan community on how they deal with psychosocial health challenges. Equally important, it is submitted by Pienaar (2017:88) that evidence is authentic in its original habitat. Consequently, the researcher embarked on a culturally-collaborative process with the community of the KhoiSan, where the community is the author and the researcher is the co-author of the exploration their own psychosocial health resolution.

Other empirical studies by Schim and Doorenbos (2010:257) in particular, maintains with no uncertainty that culture is a theory in development which still being defined and debated in the literature of various academic and professional disciplines. However, with no scepticism, culture is agreed by the researcher in this study as best understood by Hoppers (2017:1) in its entirety as of socially transmitted behaviour patterns, arts, beliefs, institutions and all other products of human work and thought. Hoppers further articulates culture as “public because, as a system of meaning, it is the collective property of a group”. With the acceptance of this definition, the researcher in partnership with the community explored their cultural way of dealing with psychosocial health challenges by means of dialogues.

In adding to the previous discussion, it can be observed that the AIHRF deals holistically with psychological and social issues (Pienaar, 2017:90). It is used in the joint context of psychology and sociology with the purpose of keeping indigenous meanings as they are. It is for this reason that the community is the main author in the collaborative process where the community becomes an equal to the research (Pienaar, 2017).

The research was approached as a negotiated partnership, allowing the indigenous KhoiSan community to define for themselves the degree to which they wish to make themselves available as subjects (Mkabela, 2005:183). The indigenous communities have control of the research process which makes it easier for everyone involved to monitor progress (Mkabela, 2005:183). In the light of this process, the chief of the KhoiSan community was engaged to give consent to the study. The matter was first informally brought to the chief’s attention,

privately and then confidentially (Pienaar, 2017:88). Furthermore, the chief consulted with his advisors and then the community at large including indigenous healers and elders (Pienaar, 2017).

It was through a consultative process with an experienced African indigenous scholar who through his academic life believes in conducting research “with the” community and “for the” community (Pienaar, 2017). In the context of this research, after a thick description of the nature of the study the community identified the “people” relevant for the study. The researcher with the guidance of the chief identified the relevant participants for this research. In a collaborative process data were collected and analysed in partnership with the community.

2.4 Philosophical underpinning

As opined by Brink *et al.* (2014:23) the term philosophy is used in this study as reference to a worldview, which guides the research to assume values and beliefs about the nature of reality, the KhoiSan community in this context. Congruously, (Owusu-Ansah & Mji, 2013:1) contests that knowledge and its approaches of study, cannot be separated from a people’s cultural context and worldview. This is complimentary to Serapong (cited in Owusu-Ansah & Mji, 2013:1) who submit that African worldview includes wholeness, community and harmony which are profoundly rooted in cultural values. The authors further stipulate that a person is only human in the context of others and needs communal coordination as the pivotal task of becoming a true person.

The researcher used his lived experiences as firstly being rooted as an African child with immeasurable depth in the belief of spirituality and Ubuntu. Expressively, as proposed by Pienaar (2017:95) the researcher must be grounded in the African Indigenous Knowledge System philosophy, which is founded on ubuntu which puts caring and sharing at the forefront of the African context (Metz, 2011 & Pienaar, 2017).

2.4.1 Epistemology

Epistemology is defined by Tuli (2010:99) and Botma (2010:40) as the theory of knowledge that guides the research under study. It deals with how we can know and explain a phenomena. On the same hand, the concept at play is defined by Brink *et al.* (2006:22) as “knowledge of that reality”. It is sound to sum that epistemology needs to be explored in order to determine how social phenomena can be known and what explanation thereof is seen fit.

For this reasons the research was interpreted from an African indigenous knowledge systems perspective (Pienaar, 2017:93). The Seboka research team (2013) led by Pienaar through a communal dialogue and have defined indigenous knowledge as a unique form of knowledge characterized by innovation and practices of local communities that are developed from experiences within specific conditions gained over time and adopted to the local culture and environment of a particular geographical area. It is safe to say that the uniqueness of the African context is not to be entirely separated from all other human experiences and knowledge. However, uniqueness, as used here, is meaningful in the context of the African experience and worldview which is arguably different from those of the Western world (Owusu-Ansah & Mji, 2013:3)

In the light of the above, Grenier (cited by Hoppers, 2017:2) confirms in principle that the notion of indigenous knowledge systems is defined as the knowledge in totality and skills which people in a given geographic area hold, and which enables them to get the most out of their natural environment.

By comparing the views of the Seboka (2010) and those of Kaya (2013:136) it can be observed that African indigenous knowledge systems, are accepted in the context of this research as the long standing foundation of the community’s decision making broadly in health, agriculture and other livelihood engagements. This system comprises of unique knowledge, skills, beliefs, language, teachings and practices that have survived since time immemorial. They are useful for sustaining and improving living engagements (Seboka , 2013 & Kaya, 2013:136). In agreement with the above, for this research, the epistemological context is the African indigenous community, the KhoiSan.

2.4.2 Practice

Loosely, practice is defined as “the actual application or use of an idea, belief, or method, as opposed to theories relating to it” (English Oxford Dictionary).

Notwithstanding the above, in the context of indigenous knowledge systems research, the prime emphasis in practice is on indigenous cosmology, the co-evolution of the spiritual, the natural and the physical world (Hoppers, 2017:5). This means, interconnectedness and interdependence of phenomena in totality i.e. biological, physical, psychological, social and cultural (Hoppers, 2017:5 & Kovacha, 2010).

Therefore, by comparing the views of Hoppers (2017) and Kovacha (2010) it is important to realize that practical knowledge, social history, art, and spiritual or religious practices serve as an important foundation for developing an understanding of the people who hold this knowledge. Intertwined within practical solutions, traditional knowledge often transmits the history, beliefs, aesthetics, ethics and traditions of a particular people.

Henceforth, practice in this research is based on the community from where the research originates and it is founded on the fundamentals of the worldview and epistemology within the KhoiSan community of the Northern Cape in South Africa (Pienaar, 2017:93).

2.5 Application of the framework

2.5.1 Classical (Conventional) African indigenous Methods

Pienaar (2017:95) proposes in the classical approach where the researcher grounds the study in an African worldview, where the framework with no dilution is based on African Indigenous Knowledge Systems. The focus is on Africa as the cultural centre for the study of African experiences and interprets research data from an African perspective (Mkabela, 2005:180). The conventional research approach to be employed is moreover advised by the submission of Owusu-Ansah and Mji (2013:3) that in the African context, like its peoples, knowledge generation is collective and communally centred. Fundamental to the African worldview is the strong orientation to collective values and harmony entrenched in a collective sense of responsibility (Mkabela, 2005:184).

In the process of its application, conventional methods of African research deals with the African reality from the perspective of the African. It is one that places the African experience at the centre, realizing the African voice and endorsing the significance of cultural experience as a point of origin to bring about untainted results at the end (Mkabela, 2005:184).

Clearly, the conventional research approach has its core in understanding the African identity as embedded, centred and located in the African culture in its wholeness – spiritual, mind, body, and social. Hence, the research employed the classical approach envisaging exploring dialogues of healing in management of psychosocial health.

2.5.2 Role of the researcher

As advised by Pienaar (2017:89) it is important that in order to successfully achieve a genuine and trustworthy community engagement the researcher has to build and sustain a shared relationship with the community founded on respect and equality. This is achieved by prolonged engagement with the community to the end that the researcher shows cultural competence. This is primarily, because the latter is a key proficiency in managing research participants in their own cultural context (Pienaar, 2017:90).

In the midst of collaborating with the community Pienaar & Koen, (2014) and Schim & Doorenbos (2010) imply that there needs to be equality and consistency where the researcher is culturally competent. The cycle of cultural assessment, awareness and sensitivity is clearly put by Pienaar and Koen (2014), where the process is referred to as Cultural Congruent Management. Enumerated and demonstrated by Pienaar and Koen as such, there is firstly, cultural ignorance. This comes about because the researcher is not living within the community and not familiar with the ways of living. This first phase is described as a lack of interest and knowledge to discover and familiarize with a specific culture. This was achieved by the researcher approaching the Khoisan community and exploring their ways of living, beliefs and culture. Hence, at this point the researcher was aware and acquainted with their ways of living and what might influence their health seeking behaviour (Pienaar & Koen, 2014). Consequently, the following phase referred to by Pienaar and Koen as the cultural awareness stage is when the researcher collects knowledge and becomes aware of the practices and behaviour of a certain group. According to Pienaar and Koen (2014), the researcher is engaged in a deeper level with the community to explore their customs and praxis with the prime

purpose of understanding the community as a unique African context. Subsequently, the researcher develops sensitivity towards the character of a unique and evolving context. Henceforth, cultural sensitivity, that Pienaar and Koen (2014) mention is during this phase that the research shows respect. Respect is referred to by these two as empathy and understanding of the given community with its own unique ways of living (Pienaar & Koen, 2014). This means that the researcher observed, assessed, explored and analysed the culture of the KhoiSan community of Campbell situated in the Northern Cape, in South Africa so as to develop positive attitudes towards cultural differences and also have the ability to understand and still interact effectively with people by being aware of their own worldview. It is at this phase where Pienaar and Koen agree that the researcher is culturally competent.

With the above understanding, the researcher built rapport with the community with the prime initiative being to be at the centre that the community is in charge (Pienaar, 2017:90).

2.6 Study Context

The research was carried out among the KhoiSan community in the Northern Cape Province of South Africa.

2.7 Population

The research population is an African Indigenous community of the KhoiSan that is domiciled in the Northern Cape Province of South Africa. According to de Vos *et al.* (2008:193), research population is defined as the people, or objects that possess certain characteristics from which the sample for research is determined.

2.8 Sampling Methods

de Vos *et al.* (2008:193) describes a research sample as the portion of the total population that is representative of the total research population. For the purpose of this research theoretical sampling was used.

Not to be misunderstood, theoretical sampling in this study was not applied as traditionally juxtaposed with grounded theory. As attested by (Brink *et al.*, 2006:116) for its purpose of grounded theory founded on its nature of comparison of existing data and that being collected. Incidentally, because of its flexibility (Coyne, 1997:626). It was used but primarily for theory generation and for its ability to guide in emerging theories (Glaser & Strauss, 1999:45; Glaser & Strauss, 2017:45). In putting it into perspective, Coyne (1997:626) contests “theoretical sampling involves sampling test, elaborate and refine a categories and further sampling is done to develop the categories and their relationships and interrelationships”. The gained knowledge enabled the researcher to form a process and also a generic approach in dealing with psychosocial health challenges by means of dialogues for the broader African communities.

Theoretical sampling was employed as deliberated by Glaser & Strauss (2017:45) and Glaser & Strauss (199:45) as the process of data collection for generating theory through which the researcher will jointly collect, code, and analyse data and decides what data to collect next as led by the categories and themes and where to find them, in order to develop the baseline of a theory as it emerges. This process of data collection was controlled by the emerging conceptual framework (Glaser & Strauss, 2017:45). Certainly, Glaser and Strauss (1999) require that comparable groups be chosen based on their theoretical relevance, and that such groups not be stipulated at the start of the research, but to be developed as the analysis of initial groups made it necessary. As proposed by Glaser & Strauss (2017:45) this process was guided by a framework characterised by categories (local concepts) relevant to the problem (elders, indigenous healers, psychosocial challenges, uncles’, aunts, dialogues of healing).

As put forth by Glaser and Strauss (2017:46) and Glaser and Straus (1999:46) the researcher was theoretically sensitive adequately as possible. Glaser and Strauss clarify that this is because conceptualization and theory formulation should emerge as it is from the data not tainted with preconceived theories of the researcher (Glaser & Straus, 2017:46; Glaser & Straus, 1999:46).

Submission is also made by Glaser & Straus (2017:46) and Glaser & Straus (1999:46) that theoretical sensitivity is not static, but is however, always continuously developing. This means that it is developed over many years. The researcher will internalize what he knows, and deal with questions arising around the theory such as “what does the theory do?”, “how is it conceived?”, “what is its general position?” (Glaser & Straus, 1999:46; Glaser & Straus, 2017:46). Theoretical sensitivity is embedded into two characteristics that are enumerated and demonstrated by Glaser & Straus (2017:46) and Glaser & Straus (1999:46) as firstly,

involving the researcher's personal and temperamental bent. Secondly, they state that the researcher's ability to have theoretical insight into the study, together with the ability to make substance of the researcher's insight is key.

In order to have a firm link with Glaser's school of thought, a comparison of groups has to be provided (Glaser, 1999). This firstly, provides the conceptual level and secondly the population scope. The third is maximization and/or minimization of equally the differences and the similarities of data that are also provided (Glaser & Straus, 2017:55; Glaser & Straus, 1999:55). Notwithstanding the above, for the sake of this study only one group was provided having evolving sub-groups controlling similarities and differences.

2.9 Data collection Methods

Data collection methods were applied as outlined by Brink *et al.*, (2014:141) that the researcher needs to meticulously consider what type of information is needed to address the research questions. After meticulous deliberation the researcher in this study made use of orature for data collection. Part of the deliberation was in conformation with Hoppers (2017) and Mkabela (2005) where advocacy for the respect of indigenous knowledge and how it is collected for interpretation is clearly eminent. This is as put forth by Owusu-Ansah and Mji (2013:3), who argue that sensitivity to African realities must be shown by researchers. Hence, orature, data collection method that is specific to the culture was used because the intention was to be sufficiently detailed and sensitive to actual social contexts and to investigate the character of ordinary social activities (Owusu-Ansah & Mji, 2013:3). At the height, this emphasises the already mentioned community collaboration as the prime intention in this study consistent with the principle of African oneness (Mkabela, 2005). What lays the foundation in this research for this data collection method is the same belief shared with Ogundokun (2015:179) that the spoken words are more natural and feasibly assumed than the scripted letters, which are invented to capture and to re-enact the human mind, intention, emotion, opinion, view, experience and prediction among other things.

Barring the above, Burns and Grove (2005:733) define data collection as the specific and systematic gathering of the information that is needed to address the research problem. At the same time, orature was not merely accepted as referred to by the Oxford Living online dictionary, "A body of poetry, tales, etc., preserved through oral transmission as part of a

particular culture, especially a preliterate one”. For the purpose of this research some strength was drawn from Ignatov (2016:1), who defines orature as agency, authority and collectively. Collectively enumerated and demonstrated by the author as such, agency is believed to be a matter of talking to the ancestors and a way of being at peace with the expressivity of the energies of the land and nature’s power to act in cycle with humans. Secondly, authority is seen as a composite more-than human domain consisting of powers of the universe. Lastly, collectively becomes a human-nonhuman collectiveness brought into life through the unified expression of the land, the living, and the dead (Ignatov, 2016:1). Orature is thus a collective data collection method is inclusive of conversations, story-telling, poetry and fine arts.

In concert, with flexibility, storytelling was used in data collection. Kovach (2010) argues that indigenous knowledge comprises a specific way of knowing based upon oral tradition of sharing knowledge. In addition, Lee *et al.*, (2015:84) maintain that the notion “storytelling” has a long standing history that is at the same time being used in many ways depending on the context. However, for the purpose of this research oral storytelling was utilized for data collection.

It is also noteworthy that the researcher takes advantage of the assertion made by Ogundokun(2015) that oral narratives build social togetherness where a communal sense is of key importance. Additionally, Kosara and Mackinlay (2013:44), allude that story-telling serves an essential role on conserving and passing knowledge from one generation to the other which further serves the connective deeper meaning between facts that make them memorable. Kosara and Mackinlay continues to argue the above is because “humans have always tied fact together into stories, effectively presenting information and making a point in a memorable way” to point out the importance of story-telling. . It is further stated by Oundokun that in every human social structure, engagement and storytelling exists to enrich the development of communal rapport whether in a form of friendship, sense of collective responsibility for the general well-being of the community or social binding (Ogundokun, 2015).

Even though the Collins Online Dictionary defines story-telling as “the activity of telling or writing stories” the research counter argues the above by drawing strength from Lee *et al.* (2015:84) in defining storytelling. What is clear is that “story” is influenced by structures, elements, and concepts. On the same wavelength “telling” involves people, tools and channels (Lee *et al.*, 2015:84). As mentioned, the researcher has interpreted story-telling as a narration

of meaningful knowledge handed down from generation to generation characterized by heritage, culture and the indigenous people, the living and the dead.

Empirical studies have been focused on the KhoiSan (derisively called Bushman) narratives over the last 30 years, much of it centred on analyses and re-tellings of the stories, with little attention on KhoiSan story-telling and the comparative insights made possible by such a study (Wittenberg, 2014:101). It is important to realize, that in this research narratives of the KhoiSan were approached as orature which is encompassed with storytelling and metaphors. Notably, the KhoiSan people of the community are predominantly Afrikaans speaking.

In a collaborative (the researcher and the community) process of collecting data by means of orature and at the same time storytelling, the researcher had a one to one engagement with each participant asking unstructured open questions where data was collected and analysed simultaneously. Keeping in mind the nature of sampling, based on the theoretical framework the data collected at a given time directed the researcher to the next participant through the help of the chief and the community as a collective.

2.10 Data analysis

de Vos *et al.* (2008:33) points out that data analysis is the process of bringing order, organization and meaning to the data collected.

For the purpose of this research a four step analysis according to the African indigenous health research framework adopted from Pienaar's school of thought was used to bring about meaning to the data collected. These steps are as follows:

Level one

This refers to "Basic concepts from the spoken word" (Pienaar, 2017:91). While the researcher and participants collect and analyse data instantaneously, the researcher recorded and kept the audio recordings for data processing, and transcriptions. Concepts will be built from the spoken word.

Level Two

There is “Joining or grouping of similar concepts (build from the spoken word) to form a theme or cluster” (Pienaar, 2017:91). Constantly, as the concepts come up the researcher in collaboration with the participants separated and conjoined related concepts together.

Level three

The researcher in collaboration with the participants intuitively deducted, converged and/or discovered new concepts, themes or clusters (insights/discoveries) (Pienaar, 2017:91). This level occur as new information emerged during data collection through intuitive deduction of the researcher.

Level four

This is the building of a story line/pattern to form a process and a generic framework for African unique context.

2.11 Rigour of the research

The rigor is guaranteed in this study by sticking to the truth value and credibility of qualitative research as described by Cresswell (2014:191). In ensuring the trustworthiness of this study, the researcher, according to Lichtman, (2013:292) followed a process of transparency, where data was collected only for the purpose of research, while also searching for multiple perspectives, and changing practices to ensure that results would matter.

At the same time, Lincoln and Guba (cited by de Vos *et al.*, 2009:346 & Liamputtong, 2011:20-23) put forward the criteria involving four constructs that more accurately reflects the assumptions of the qualitative paradigm. These are credibility, transferability, dependability and confirmability. Categorically, this will be achieved as:

Credibility, which seeks to illustrate the accuracy of the inquiry by addressing the congruency of the results with reality (de Vos *et al.*, 2009:346 & Brink *et al.*, 2014). This is met by adhering to the following:

- Triangulation, in which the researcher compares different sources for coherent justification of themes (Shenton, 2004). Where the researcher will collect data from different categories depending on the emergence of theory.

- Member checking, the researcher goes back the participants to check if themes are accurate. The emphasis is on whether participants consider their words match what they actually intended (Shenton, 2004).
- The methods of data collection by nature the will integrally have the participants as part of the research which will strengthen the credibility of the research study.

Transferability

This refers to the extent to which the results of one study can be applied to different contexts and groups, demonstrating that the results of the study at hand can be applied to a wider population (Botma *et al.*, 2010:233). Notably, de Vos *et al.* (2009:346) admit unreservedly that findings and conclusions of qualitative studies are impossible to demonstrate their applicability in other contexts and population. The mentioned authors argue that findings of qualitative research are specific to a small population and setting. On the same hand, de Vos *et al.* (2009:346) argue that to curb such challenges a criteria needs to be followed.

Dependability

Which refers to a process determining the quality of data (Botma *et al.*, 2010:292). In this research this was achieved by means of two co-coder and triangulation. The two co-coders were appointed by the researcher and their mental health experts.

Confirmability

According to Botma *et al.* (2010:292) and Brink *et al.* (2006) this refers to the neutrality or objectivity of the data. Where there is an internal agreement that the findings, conclusions and recommendations. In this research this was achieved by going back to the community and confirming the raw findings. Lastly, the researcher bracketed his pre-conceived knowledge.

2.10 Ethical considerations

This research adhered to and applied the five general principles provided by the APA (2010:3-4) in to the context of nursing science (mental health) and indigenous knowledge systems as explained below.

Principle 1

Beneficence and non-maleficence upon the KhoiSan community.

The researcher safeguarded the welfare and rights of the participants by extensively explaining the research to the participants. The risk and benefit ratio was explained to the community. A written informed consent was given were the full description of the research was presented. The participants were informed that participation was voluntary and that they could withdraw at any time with no particular repercussions.

Principle 2.

Fidelity; and responsibility shown by the researcher

A trusting relation and rapport was successfully established. The researcher approached this research grounded by a code of ethics and professional standards of conduct embedded in the nursing profession.

Principle 3.

Integrity

The researcher promoted accuracy, honesty, and truthfulness in the application of the research. Trustworthiness was maintained throughout the research.

Principle 4.

Justice to the KhoiSan community

Participants were selected based on the theoretical framework emerged during data collection which under the circumstances is accepted as fair and just in this research. Data were recorded and stored safely in steel cabinet at the School of Nursing Sciences; a soft copy was also safely stored.

Principle 5.

Respect for the KhoiSan People's Rights and Dignity

The right to privacy, anonymity and confidentiality was maintained at all times. The information collected and its meaning thereof was only meant for academic purposes. In that way the dignity of the participants and self-determination by the participants was respected. The researcher also showed cultural competence to the KhoiSan community.

Equally important, the researcher further adhered to the considerations prescribed by the ethical research guidelines for health care professionals according to Brink *et al.* (2006) and Botma *et al.* (2010). The research was approved by the ethical guidelines of the Seboka academy, embedded in the community principles and expectations. Further approval was from the NWU ethics committee. Permission was also given by the royal house of the KhoiSan. The memorandum of agreement and understanding were reached with the KhoiSan King and the community.

2.11 Conclusions

Chapter 2 followed presenting a detailed methods used and how the trustworthiness of the research will be ensured to achieve the aim and objectives of the research. Ethical considerations of the research were also clearly explained. These were guided by 5 key principles that helped to ensure that the research is grounded on sound ethics. It also discussed research methods and some of the literature that justified the use of a qualitative approach to this kind of study.

Chapter 3: Realization of the research findings

3 Introduction

In the previous chapter the researcher focused on methodological aspects of the research. Thereon, in this chapter the researcher will illuminate the data-collection, analysis and literature integration. Although data-collection and analysis are discussed separately, it is noteworthy to mention that this was a concurrent process as prescribed by theoretical sampling. Subsequently the discussion of the findings follows the concurrent processes of data-collection and –analysis. *(This chapter answer objective one of the research)*

3.1 Data Collection

As previously discussed orature (storytelling and metaphors) was used for data collection with theoretical sampling as a sampling method. After respectful negotiated partnership was established, the chief of the community within his rights allocated two indigenous persons to assist in the process of data collection. Their roles and functions were to:

1. Facilitate the cultural competence of the researcher,
2. Reiterate and translate the spoken word from the researcher (English), to the participants (Afrikaans),
3. Pre-negotiate appointments with the following participants depending on the conceptual framework emerging. Moreover, the two persons played key role in data analysis as it was running concurrently with collection of data. The two persons were reporting to the chief every second day.

Consequently, after an in-depth description of the research to the chief and the two indigenous persons the first participant was identified. Extemporaneously, theoretical sampling was

employed as deliberated by Glaser & Strauss, (2017:45) and Glaser & Strauss, (1999:45) as the process of data collection for generating theory through which the researcher jointly collected, coded, and analysed data as well as resolved what data to collect next as led by the categories and themes in order to develop the baseline of a theory.

After every orature session was conducted with the assistance of the two indigenous mediators depending on the analysis the two mentioned persons therefore arranged for an interview with the next relevant participant. This collaborative process went on until data saturation was reached. A total of ten orature sessions ranging from 60 – 120 minutes were conducted. However, because of the nature of the data collection method the number of participants is insignificant, because themes started repeating after the fifth orature session.

The above came into play as Durie (2004:1138) contests that indigenous knowledge cannot be verified by western scientific criteria nor can western science be adequately assessed according to the tenets of indigenous knowledge. Moreover, the author articulates “each is built on distinctive philosophies, methodologies, and criteria” (Durie, 2004:1138). However, it is Onwu and Mosimege (2013:1) who express ambiguity in whether the African indigenous worldview and western worldview complement or conflict each other. This might be because of the evidence in the foot-prints of history in theory development of worldviews that philosophers deemed if not degenerated indigenous and traditional knowledge as inept, inferior and a hurdle to development (Agrawal, s.a.). At the same time, it is demonstrated by Durie (2004) that the evolution of indigenous knowledge with no intent to exaggerate, took a good turn. Theorists’ have come to realize that derogatory characterization of the knowledge of the poor and the marginalized populations may be hasty and naïve (Agrawal, s.a.). That is why more strength in this research is drawn from Pienaar, (2017) who puts forward the idea that African Indigenous Knowledge is a science in its own right. Considering the previous discussion the researcher argues that there’s a need for the reader to first acknowledge the context where data collection took place in the process to construct appropriate meaning from the data.

In defining the context which unfolded with data analysis, the researcher deemed it as the point of departure that indigenous people embrace a strong belief that people are not separate from the earth and living things, events happen for spiritual reasons (Onwu & Mosimege, 2013:11; Hoppers, 2017:5 & Kovacha, 2010). With that assertion and the principle of ubuntu premised on the adage “I am because you are” (Seboka), this process of orature as a new developing data collection method came to be an eye-opening epiphany.

During this process, the two indigenous mediators arranged (date, time, place) a meetings with the relevant participants. The place was interminably that of the participant's comfort, e.g. at home. Guidelines for data collection comprised of four main questions, namely:

1. How do you use dialogues or conversations to heal psychosocial challenges?
2. Do you have any stories within the community that could assist in the healing of psychosocial challenges?
3. Do you have any praise poems that could assist in the healing of psychosocial challenges?
4. Are there any metaphors (sayings) in the community that assist with psychosocial healing?

The above main questions were coupled with probe questions depending on the response from the participant.

3.2 Data analysis

From there on, basic concepts from the spoken word were grouped and followed by the step two of the four step analysis.

At the same time, a *four level analysis* drawn from the African Indigenous Health Research Framework (Pienaar, 2017) is used to bring about meaning to the data collected. *Level one* of these processes happened when and where the researcher and participants collected and analysed data concurrently. Basic concepts from the spoken word waere built at this point.

Submission is made by Creswell (2014) that a method of analysis to be used should be specified and clearly defined. Botma *et al.*, (2010:220) and Creswell (2014) defines data analysis as making sense of the data collected. At the same time, de Vos *et al.* (2008:333) contend that data analysis is also a process of bringing about directive, arrangement and meaning to the data collected. Therefore, for the purpose of this research it is important to note that collection of data was an integral part of the analysis.

It is important to note that the research was approached as a negotiated communal partnership, allowing the indigenous KhoiSan community to define for themselves the extent to which they desire to make themselves available as subjects (Mkabela, 2005:183). The indigenous community had control of the research process which made it easier for everyone involved to

monitor progress (Mkabela, 2005:183). In the light of this process, the chief of the KhoiSan community was engaged to give consent to the study. The matter was first informally brought to the chief's attention, privately and then confidentially (Pienaar, 2017:88). Furthermore, the chief then consulted with his advisors and then the community at large including indigenous healers, elders (Pienaar, 2017).

Level two of the process was when "Joining or grouping of similar concepts (build from the spoken word) to form a theme or cluster" (Pienaar, 2017:91) took place. Continuously, as the concepts came up the researcher in collaboration with the participants separated and conjoined related concepts together. It is Botma *et al.*, (2010:221) who states that the strength of data analysis is drawn from the aim of the research. Hence, presentation and interpretation was grounded on exploration of therapeutic merits of dialogues of healing as a tool in achieving the wholeness and spiritual connected to the cosmos while pursuing to achieve an equilibrium in life.

There was the joining of similar concepts which were built from the spoken word to form concepts, categories, following sub-themes and themes. These following are the two main themes that came out:

1. African indigenous communication system
2. Communal practice/lifestyle

In realization of the meaning of data it appeared the themes communication and communal practice / life style stood out more to be relating to subthemes and categories. The relationship to these categories seemed to relate more to subthemes from the two main subjects.

Themes	
1. African indigenous Communication system	2. Communal life style
Sub themes	
1.1 Spoken word <u>Categories</u> a. Metaphors (reprimanding / educational) b. Silence c. Stories	2.1 Day-to-day practices <u>Categories</u> a. Behavioural conduct b. Eating habits
1.2 Active communication <u>Categories</u> a. Self-resilience disclosure b. Directive and instructive language	2.2 Special practices <u>Categories</u> a. Rite of passage b. Grave-yard visit c. !nxhabasas d. Commemoration e. Mpho ya badimo
1.3 Principles and attitudes of communication <u>Categories</u> a. Humility; soft b. Don't be clever or strong c. Silent communication d. Covert speech e. Gender based societal challenges (conversation for men and conversation for women) f. Process of readiness and non-readiness (reprimand) g. Patience/respectful waiting h. Boundary setting i. Direct and Instructive language j. Self-disclosure (resilience)	

Table: 1 Main themes, sub themes and categories.

3.3 Discussion of results

In this discussion the meaning is brought out of the grouped concepts by integrating the discussion into the existing literature.

The discourse is grounded on the two themes presented in **table 1** above. The themes were built from the data collected employing orature as a data collection technique. Two themes emerged when coding the data, by itemizing; the two are as follows: African indigenous communication system and communal life style.

Level three analysis took place at this point where the researcher in collaboration with the participants intuitively deducted or discovered new concepts, themes or clusters (insights/discoveries) (Pienaar, 2017:91). This level occurred as new information emerged during data collection through intuitive deduction of the researcher and the indigenous team.

In realization of the meaning of the data collected further, subthemes and categories are highlighted through which the umbrella themes *African indigenous communication system* and *communal life style* were formed. Relating the themes, sub-themes and categories, it became clear that dialogue in relation to healing is not only the word of mouth, but rather it is also embedded in the everyday communal practices such as manner and actor(s).

Theme 1:

African indigenous communication system

This theme came about when participants' repeatedly talked on the importance of 'who is saying *what* to *whom*; *when* as well as *why* and *how* they are saying it' in communicating amongst the communal person, family, or the community. It became clear that in communal psychosocial management how you talk to one another is a pivotal element in the facilitation of healing. The participants interdependently also explored the attributes and/or principles of communication. It also became clear that the ways of psychosocial management by means of dialogue it is not static, but is however, transferred from generation to generation.

It also came out that '*African indigenous communication system*' plays a key role in achieving balance of life by means of dialogue in psychosocial challenges. The realization came out when

it was noted that communication systems are culture specific and are born from convictions, and experiences of the indigenous people. Hence, it is important to first note that some of the communication systems are inexplicable to other social context. Clearly, confirms Ayantayo (2010:4) argument that the interpretation of what is being communicated may vary from one society to the other. At the same time, Levelt (2001:23) submits that “the human ability to speak is universal”. Henceforth, in African indigenous communication systems as a theme it came out that the ‘*spoken word*’ is more relating as a subtheme. It was the intention of this research to analyse and interpret the meaning of the data collected within its context with no distortion, but to ground it in the voice of the community.

With the theme ‘*African indigenous communication systems*’, the three subthemes emerged, *spoken word*; *active communication*; and lastly, *principles and attitudes during communication*.

Sub theme 1.1:

Spoken word

This is where the realization came that there is more in the spoken word than what is being said. It came out that the community listens not only with the ears, (but with all the senses; eyes, touch, smell) as the meaning might not only be with us in the physical world. In addition, the meaning of what is being said can also be a reflection of someone’s past or future. Moreover, the meaning can lie with those who were here before (fore-fathers) or “us” (community).

This sub-theme and its categories clearly addresses the ‘*how*’ and ‘*what*’ part presented at the beginning of the chapter which spontaneously unfolds as explained below. ‘*How*’ as a communal counsellor do you say it and ‘*what*’ do you want to achieve?

Category (a)

Silence

It came out that silence has a strong hold in the meaning of what is being said. Words and silence are powerful and integral. This has been referred to by the researcher as the unsaid communication and/or the unspoken/silent healing. This was coined after an extensive

engagement with the participants. This came after the realization that even what is not being said forms an integral part of what is being said.

Congruent with the above deliberated category and the sub theme, Ouzman (2005:1) articulates that the vigour of a word relies on the quality and texture of the silences adjoining it. Furthermore, the author submits that words and silence hunt together and feed off each other (Ouzman, 2005:1). Clearly, words and silence are powerful and forms integral structure of communication system.

“We know when to say nothing and still deliver deep rooted message”

Category (b)

Metaphors

This was clearly observed to be conveyed by means of a covert speech style. The register used is rich in meaning of everyday life. In this category a realization came that metaphors are often used by elders for educational reasons and when reprimand is needed.

“Early ripe, early rotten”

Taking from the above statement typical “early maturity” should be celebrated depending on the context. However, in the context of the KhoiSan the meaning lies in the future of the person in concern as a holistic being. This means the communal individuals future is not bright looking at the pace he/she is moving with life. This is normally used with reference to girls who move into womanhood at the young age. For an example, if they start early with sexual activities they will lose their integrity as women later in their life. This is meant for either educational or reprimand reasons.

“If you plant a pumpkin, you cannot expect a peach”

According to the participant quoted above what you’re doing today with your life, is exactly what you should expect to project in future. As a result, the meaning lies with the future on this

aspect also. It is meant also either for educational purposes or when reprimanding a communal individual who is wayward.

“A rude child’s dumpling doesn’t cook well”

Looking at the above quote a realization came that children in the community are raised with good manners. Those that are with bad manners most of the time will not succeed in life. It means that even if you grow up to have the opportunity to better your life, you will most likely fail.

Category (c)

Stories

The stories deliberated on by the participants in managing psychosocial challenges appeared to have much of their meanings embedded in the belief of those who were here before us. These stories are either spoken in remembrance of those who were here before or a reflection of their day-to-day life. However, they are also intertwined with the future and/or the reflection of the past and/or future of the communal individual telling the story and most of the time that of the communal individual receiving the story.

The majority of the stories told to the now generation in managing psychosocial challenges appeared to be those of the hardship endured by the community through colonialism and apartheid. Realization came that resilience is at the centre of the stories being told. It was also clear that indigenous ways of living have withstood the test of time despite the birth and evolution of western civilisation.

“We had to travel far to get water”

“We had to work long hours for the whites, paying us cents”

Participants quoted above explained repeatedly that the life of today might be relatively easy because we are now living in a democratic dispensation. They however note that resilience is important in managing psychosocial challenges.

The story that stood out was that of ‘*phokoje*’. Its meaning was on social cohesion. The “jackal” is referred to as the ‘*men preying on young girls*’

“The story of phokoje (jackal)”

This was narrated by one of the elderly women where she focused on a psychosocial communal practice of protecting younger girls from men with predator behaviour.

– Where the youth from the community play together. With a group of young girls and a young boy appearing to be a jackal preying on sheep’ (young girls from the community). The other young boy is that who appears to be a protector who would by all means chase the jackal away from the young girls.

In realization, the above story demonstrated and instilled the sense of protection and responsibility from the youth of the KhoiSan community. The younger girls felt that they are to be protected, cared for and loved. The young boys were given a sense of responsibility, love and care to protect the young girls from any harm. This also appeared to have created a sense of communalism and togetherness among the youths, both male and female.

Sub theme 1.2: Active communication

With communication the realization came that there is also the “action part” which complements the sub theme 1.1. This brings more decisiveness and directness in the usage of African indigenous communication systems.

This sub-theme and its categories address more of ‘*what*’ to say to the communal counselee when managing psychosocial challenges by means of dialogues.

Category (a)

Self-resilience disclosure

This is where the participants’ sense of openness to the communal individual at the centre of the psychosocial challenge come into play. It is when the counsellor(s) open up to the counselee on their own lived and/or perceived experiences concerning societal challenges and how they have managed to overcome the challenges. This is important in that both parties form communal rapport. Secondly, this also shows empathy. Lastly, it gives one the footprints and direction on how to better themselves.

“I have been through this, I know how you are feeling”

“Life might seem like it’s unfair to only you, but we all have been through this”

Category (b): direct and instructive language

This direct and instructive language is seen always coupled with a reprimand. It is however, characterized with gentleness. This is done repeatedly without anger until the achievement of healing.

“My child, don’t do that”

“A problem is a problem, and no problem is bigger than a family”

*“If you don’t want to listen to the laws of the elders, go out there so you
can experience the bitterness of life”*

Sub theme 1.3: Principles and attitudes of communications

This sub-theme came about when participants kept talking on the attitude and makeup of the communal counsellor. The importance of the healthy and conducive atmosphere (yourself as the helper and the environment) should always be welcoming and conducive for healing.

This sub-theme attends to the ‘how’ as the helper you should discharge your function.

Category (a)

Humility, (‘soft’)

In this category realization came that the sense of humility is kept through-out which is embedded in the principle of ubuntu – “I am because you are”. It addresses the psychosocially challenged saying, “Your” psychosocial challenge is “our” problem. This also facilitates the sense of belonging, that even if one is wrong s/he will not be alienated from the community.

“Be soft, talk with the sense of gentleness”

“Do not go to the level of the one who’s wrong, rather be the bigger person and talk with a soft tone and show sense of maturity”

Furthermore, in this category it came out that one should not carry themselves as the “better one” when the other is in the wrong. It came out that the counsellor should at all times be gentle, and do not talk with harshness. That means everyone is equal and not perfect. It is also important not to make the communal individual in the wrong to feel excluded. The counsellor should not by any chance display anger, and/or physical aggression.

“Do not be clever or strong”

Category (b)

Endurance (respectful waiting)

It is shown in this category that patience and/or respectful waiting is of importance in the character of the counsellor for facilitation of psychosocial management. If one communal individual is in the wrong (psychosocially challenged) the communal counsellor is always aware that patience is valuable in the process of healing. In the attitude makeup of the communal counsellor patience is always of priority. This is consistent with Pienaar, (2005:11) where he points out that respectful waiting in counselling is essential to allow the communal individual to share and independently make a determination. Hence, It is understood by the community that healing takes place from within (psychosocially challenged) in order to achieve the balance of life. Henceforth, the (counsellor) will always give the psychosocially challenged communal person a chance for healing to take place.

“Do not rush him/her, let him go through the change process from within”

Category (c)

Gender appropriate psychosocial challenges

The realization came that not everyone is involved in psychosocial management depending on the nature of the challenge, and the gender involved. It came out clearly that there are certain

challenges that are managed by women, mothers and elderly women of the community, and also there are those managed by married women only. This is where the ‘who’ question is attended to.

“If the problem involves the girl child, the mother, aunts and sometimes the women of the community depending on the extend of the problem”

“Equally, if the problem that needs to be managed involves a boy child, only men will manage the problem”

“If the psychosocial issue involves a married couple, only elders and the married individuals are allowed to manage the challenge”

Category (d)

Boundary-setting

Realization came that as the helper maintains gentleness at the same time he/she should be firm and direct in setting boundaries. The emphasis from the participants was clear that this is not with ill intention.

“You will listen to me whilst living under my roof”

Category (e)

Process of readiness and none readiness

Realization came that while respectfully waiting for change in the communal counselee the communal counsellor should have the ability to assess the readiness to go through the change process. In this category the emphasis was made that it is important to be aware that the communal counselee is ready to go through the process of healing or not.

“If you do not want to listen you must go out there and experience the world”

Following up the above, realization came that even though the above quote implies that the communal individual is rejected out of the community, he/she still represent the community and still belong.

“Even though I am firm and saying all this, the person still has a special place in my heart”.

Category (f)

Respect

In this category it came out that the communal counsellor and the communal counselee need to exchange the basic sense of respect, particularly the communal counsellor. Order needs to be maintained and the environment of healing must always be welcoming and conducive.

“Respect one another regardless of age”

“If you want to be respected, give out respect”

Theme 2: Communal life style

It came out that dialogues is not limited to the traditional linear model of communication (word of mouth ‘message’ between the sender and the receiver). It is also embedded in the practices and rituals of the community. This theme came out when participants’ continually conversed the significance of communicating with *“those who have been here before us”* in order to bring about healing and henceforth, maintain the balance of life.

This is in line with Ngubane (*cited by du Toit, 1980:31*), who found out that the environment is continuously changing causing imbalances which in order to survive the African communities restore balance by regularly performing rituals. It was deduced that in order to

build resistance and survive everyone must establish and maintain a form of balance with the environment.

It also came out that in the KhoiSan community maintaining balance with the ever changing surroundings *day-to-day indigenous practices* and *special rituals* are continually practiced, which emerged in this paper as categories.

Sub-theme 2.1

Day-to-day communal practice

This sub-theme came out after the participants emphasised that their life is ‘one’. This means that they live with a strong belief that they are connected to the environment, those who passed on, and those who are still in the physical form with them. It is at this point when the realization came that the life of this community cannot be compartmentalized.

“Those who passed on form part of us”.

*“I talk to my son every day, and I know he can hear me, and I also can feel
and hear him”*

The above is quoted from one of the participants when explaining the essence of the community’s belief system. Congruent with the previous finding, du Toit (1980:28) observed that there are life circle rituals which are significant for strengthening the individual and protecting him/her for the new life phase.

*“My father who passed on visited me at night while I was sleeping and
touched me while I covered myself with my blankets. I asked him not to
scare me, if there’s something he wants to say, he must please say and not
scare me”*

The story above was told by one of the participants who according to her “*those who passed on are real, and are always with us*”. The participant was exploring on the communication she had had with her father who was here before us.

Category (a)

Behavioural conduct

In this category realization came that the community has the day-to-day communal practices which have their meanings embedded but not only on psychosocial health. This practices starts from early childhood up until the communal individual pass on. These practices help with behavioural conduct from early childhood.

“These are our cultural practices, meant also for us to maintain the balance of life”.

“A girl child is not allowed to sleep out”

“A boy child is raised to respect women”

Category (b)

Eating habits/practices

In this category it came out that there are eating practices within the community which are acceptable and specified according to the age and gender of the communal individual. In this regard, age is not specific but differentiated by [children, girl, boy, young man, young woman, adult, married and those who are not married, elderly]. It came out that when food is cooked in everyday life and most importantly during special rituals there are certain body parts of the meat of the animal slaughtered which are specifically for a stage of life like ‘elderly’ or a specific gender.

“Brain and the skull always should be given to elderly people in the family and community”

The giving of the brain and the skull of the slaughtered animal to the elders emanates from the belief that they give out knowledge; and strength and protection to what is housing the knowledge (human skull). It is a strong belief that emphasizes that elders need the knowledge and protection thereof in order to lead and give out pertinent advice were needed.

“Ears, eyes, and tongue are given to elders to eat”

It said that all these animal parts have a strong sense of meaning embedded in the dialogue between those who were here before us and those with us in the physical world. Ears are said to hold power in what you hear (elders need these body parts in order to have the patience to listen to the challenges in their respective communities and the community at large). Eyes are meant to give out the power to see between what is wrong and what is right. Lastly, the tongue is meant to help the elders to say the correct things at the correct time. In unfortunate situations where kids happen to eat these body parts it said they will hear things they are not allowed to hear; they will see things they are not allowed to see; and say things there are not allowed to say.

“The back bone and its meat of the animal is meant for elderly people to eat and never children”

The backbone and its meat given to elders because this holds meaning and power for elders so that they can have the strength to carry the families and the community at large.

“The pelvic bone, and its meat is only to be eaten by married people”

The above quote was explained with a deep sense of secrecy that *“it is knowledge meant for old people”*. Being a researcher I am a rooted African boy where I did not hesitate to desist with respect continuing to explore the subject.

The notion that the true meaning of African knowledge lies within its secrecy is supported by Bok (1993:54) and Alem (2016:42) who puts forth that in Africa secrecy is a complex phenomenon being a key strategy in much secular and ritual experience, including traditional

forms of education. That is why as an African ‘boy’ who’s not yet married I was obliged to show respect and not ask further questions on the subject.

“Bones and meat of the lower parts of the front legs are for the children”

It is said that this signifies that from a young age children should have the strength to reach out for higher grounds in looking for better life.

Sub theme 2.2: special practices/rituals

The realization showed that indigenous rituals are supposed to take place at different stages of a communal individual’s life. In agreement, it was discovered by du Toit (1980:30) and Ouzman (2005:11) that in striving to maintain balance life circle rituals form part of that effort and these can be performed by the household head. In some instances an indigenous practitioner is called for guidance. That is why Edwards *et al.*, (2009:3) submit that if such rituals are not performed there is a strong belief that this will bring about imbalances in life in the form of for example, sickness, misfortune which signify the dissatisfaction of those who were here before us.

Category (a)

Rite of passage

This is where a ritual is performed to highlight the passage or transition of a communal individual to another stage of life. This was realized by participants saying in case of a girl, whenever she starts menstruating or start to show signs of sexual activities. They are then taken through a ritual, this is referred to as ‘!nxabasas’ (purity of a young girl).

“This is a ritual that encourages and promotes respect among other things”

“This is about teaching the girl child as woman of culture how to do things and behave herself”

There was also the realization that it is essential for a young woman in the KhoiSan community to be introduced into womanhood through cultural means. It was said that this ritual is meant for communication with those who were here before us.

“The ritual is for the girl to be introduced to the people who were here before us as a woman, for them to protect her and guide her”

Category (b)

Going to the graveyard

This came about when the participants continually talked on the importance of visiting the graveyard. There is a strong belief that visiting those who were here before us where they are laid and always brings about luck and the balance in life.

“If I have problems I just visit my dad and talk to him. I know he is listening”

When I come back from the graveyard I know and strongly believe that my problems will go away.

Category (c)

Mpho ya badimo

‘*Mpho ya badimo*’ means giving back to those who were here before us. This can be done when you show respect and appreciation to those who were here before us, and also for balancing of life. With this ritual a sacrifice has to be made, normally of a sheep or a goat. With the food from this animal it is important to maintain the discipline of one who is eating what part of the sacrificial animal.

“If I feel I have bad luck, things are not going well for me I perform Mpho ya badimo”

“The year I found a job I did perform mpho ya badimo”

Category (d)

Commemoration of the late King Adam Kok (IV)

This is an annual ceremony where the community gives special thanks to one of the kings of the KhoiSan community who according to the community achieved a lot for them under the difficult times of colonialism and later Apartheid. He was born in October and died in October month, which is why the event is always held in October of every year.

3.4 Conclusion

The researcher discussed the themes that emerged as well as sub-themes and categories in order to bring forward the meaning of the collected and analysed data. This was done with the aim to explore the therapeutic merits embedded in dialogues of healing that are used to manage psychosocial challenges in a KhoiSan community. Clearly, it is noted that dialogues hold meaning in ‘who’ is saying ‘what’ to ‘whom’, ‘when’ as well as ‘why’ and ‘how’ their saying it in order to achieve the balance of life and eventually heal. The researcher also observed that the dialogues of healing do not just involve the living but also bring in those who passed on who are called “those who went before us.”

Chapter 4: Discussion of the emerging approach

4 Introduction

In the previous chapter the researcher in a collaborative process achieved level 3 out of four of data analysis employed in this study. It is in this chapter that the researcher applies the last level (**level 4 analysis**) where the building of a story line/pattern to form a generic framework for African unique context comes to play. The aim of the research was to explore the therapeutic merits embedded in dialogues of healing used to manage psychosocial challenges in a KhoiSan community. On that basis the data collected was presented, interpreted, and integrated where meaning was brought upon as it is seen in the previous chapter. In this chapter the emerging approach from the integrated data is deliberated upon and demystified (*Objective three of this research*).

It came out clearly that there is a fundamental grounding first that the communal person is seen as a whole (mind, body, emotion) connected to the surroundings (cosmos and those who were here before us). There is a genuine belief that those who were here before us are still with us and there is a dialogue connecting this wholeness. Congruent to this is what McCube (2008:114) states that there is a collective and unconscious dialogue connecting the living and the dead to their surroundings. Clearly, a communal individual has to be grounded with this belief so as to make meaning of life. all this translates to the principle of Ubuntu that is summed up as ‘I am because you are’.

Deduction was made that at the end an understanding needs to be made on ‘**who** is saying **what** to **whom**; **when** as well as **why** and **how**’. Hence, it came out that there is a communal hierarchal structure from the communal individual, family and the community at large. This hierarchal structure determines the leadership landscape which stems from an emerging approach which has been evolving since time immemorial. The characteristics of the counsellors are as follows;

- Age – elder; man/womanhood; marital status; youth
- Gender
- Marital status

The constitution of the communal counsellor team managing psychosocial challenges gives meaning to the '*who*' and also '*whom*' forms part of the assertion put forth. This means if the psychosocial challenge involves a boy child, it is the father, uncles and elderly male person(s) who constitutes the communal counsellor team. This also applies with female related problems where it will only be a female team involved. The exception is only when it is a marital problem that is then where the people managing the challenge will all have to be a married team.

It is important to note as Glaser and Strauss (1967:41) asserted that it must be emphasised that the development of an approach is best when it emerges from the concepts in the findings. The approach should never just be put together. Henceforth, with this collected, presented and interpreted data it clearly showed that the conceptual framework emerging is a generic approach for this unique African context. This is because it has been found in this research that there are stages of life which are closely connected to the communal life style practices. Therefore the approach that emerged in the dialogues of healing presents a *wheel for the management of psychosocial challenges in a indigenous KhoiSan community*.

Wheel for the management of psychosocial challenges in an indigenous KhoiSan Community

These stages of life are situated in '*the wheel*' which is underpinned by the philosophy that an individual is seen as a whole connected to the surroundings and those who were here before us (refer to **figure 1**). It is understood that in order for indigenous psychosocial life to be wheeled it is dependent entirely on the communication to the surroundings, and those who were here before us. It emerged that in every stage of life the communal individual has to be introduced with a communal practice and still within this particular stage and perform day-to-day practices in order to maintain the balance of life. The community live with a belief that when a life is conceived (pregnancy) there are rituals to be performed introducing the new life to those who were her before us. The introduction is meant for recognition, support and protective reasons by those who were here before us. To keep the meaning of this new life wheeled, in the childhood stage there are day-to-day rituals to be performed, most of the time by the head of the family.

In transitioning from the youth stage in to woman/man hood a rite of passage is performed. The boys will be taught how to behave as a man; how to treat a woman; what is expected in a man and mostly to build a home for his family and to look after it. On the other hand, women

are taught as a woman of culture how to carry herself and how to behave as a woman and mother. They will be taught how to dance; cook; respect; and what is expected from a KhoiSan woman. These rituals are there for encouragement and the promotion of respect ultimately keeping the life balanced and progressively wheeled.

Moving from woman/manhood into the elderly realm is seen by being given more responsibility which often happens spontaneously through for example conducting rituals and heading family meetings. Later when you pass on to another realm it is believed that you are still with us and have assumed the responsibility of providing vision, caring and protecting individuals, family and the community at large on the other side of life.

Clearly, living in the KhoiSan community cannot be compartmentalized into fragments. It should be seen and understood as ‘whole’ with the prescripts of its philosophy, ontology and epistemologies. It is seen as a continuous journey where every age group and practices are landmarks on a long journey.

It emerged that inter-communal teams are formed, given a psychosocial challenge, either at a family or community level and are exclusively guided by the ‘*wheel of life*’. Hence, the approach to be explained below is proposed with its inseparable techniques.

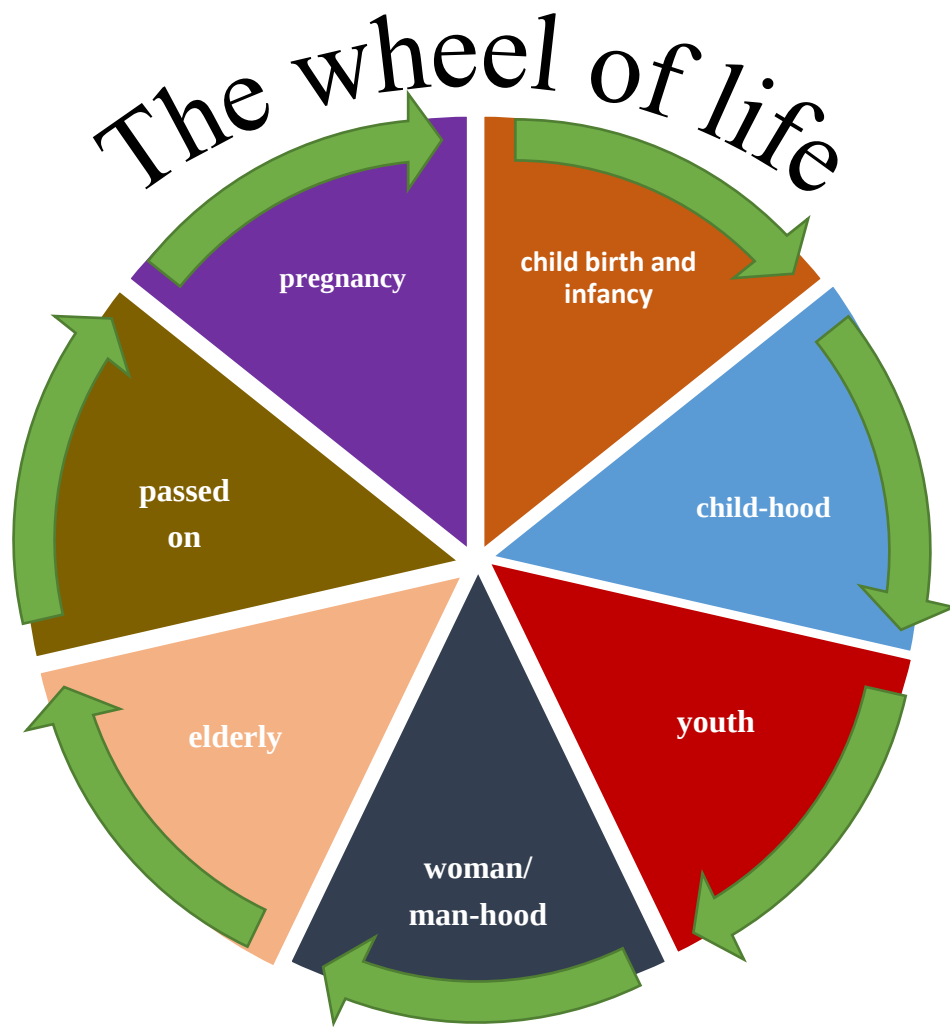


Figure 1: Wheel for the management of psychosocial challenges in an indigenous KhoiSan Community

Approach

African dialogues of healing: a psychosocial approach

1. Assessment

This is where the communal team with the counselee to make a determination on the root of the problem.

Firstly, an assessment has to be made by the communal team of the day in order to determine the root of the psychosocial challenge given. An assessment is made based on the ‘wheel of life’ of that given individual, family and/or community at large. As previously alluded, life is ever changing and this brings about imbalance to the ‘wheel of life’ which translates to ill-health evidenced by a psychosocial challenge. After an assessment is done the council will know depending on which stage the communal counselee is. A determination will then be made on ‘**why**’ there is an imbalance of life. A lot of times the imbalance is mainly the manifestation of the ‘unhappiness’ shown by those who were here before us. Because of the connectedness mentioned before this will unfold in unfortunate events as the connection has been tainted. These can be presented by for instance, loss of a job; delinquent behaviour; emotional stress; mental problems and/or death in the family.

At the same time an assessment of readiness is made whether the communal individual is ready for change, if not the proceedings are terminated (‘**when**’). The counselee may come back later, something which happens many times and this presents characteristics of readiness for the process to re-commence.

2. Communal cultural process

It is defined for the purpose of this research as the action phase where the communal team takes appropriate measures to ensure cultural rituals are employed correctly.

At this phase the team is assessed according to the wheel of life and reflect on the processes of communal culture in an attempt to take action. Assessment done in the first phase will determine the process during this phase. This has to be done with caution because if it is a wrong intervention it might potentiate the existing psychosocial challenge.

The elders (**'who'**) are normally tasked to head such proceedings. However, it can also be the father, and/or uncles.

3. Psychosocial process

This is where the evaluation takes place. Normally this happens at a family level where a communal caregiver is assigned to ensure compliance from the communal counselee. For an example, the counselee can be instructed to perform 'Mpho ya Badimo' - (**'what'**). The caregiver's role in this regard is to evaluate the initiation plan by the counselee. Because, the counselee must budget (ritual is carried out on the counselee's cost), set out a proposal for a date, etc.

The caregiver reports back to the council on the progress depending on the time line given. During this process and after the ritual is done a determination is made on whether the balance of life is achieved. Ultimately, the psychosocial process is based on 'the wheel of life' being re-aligned again.

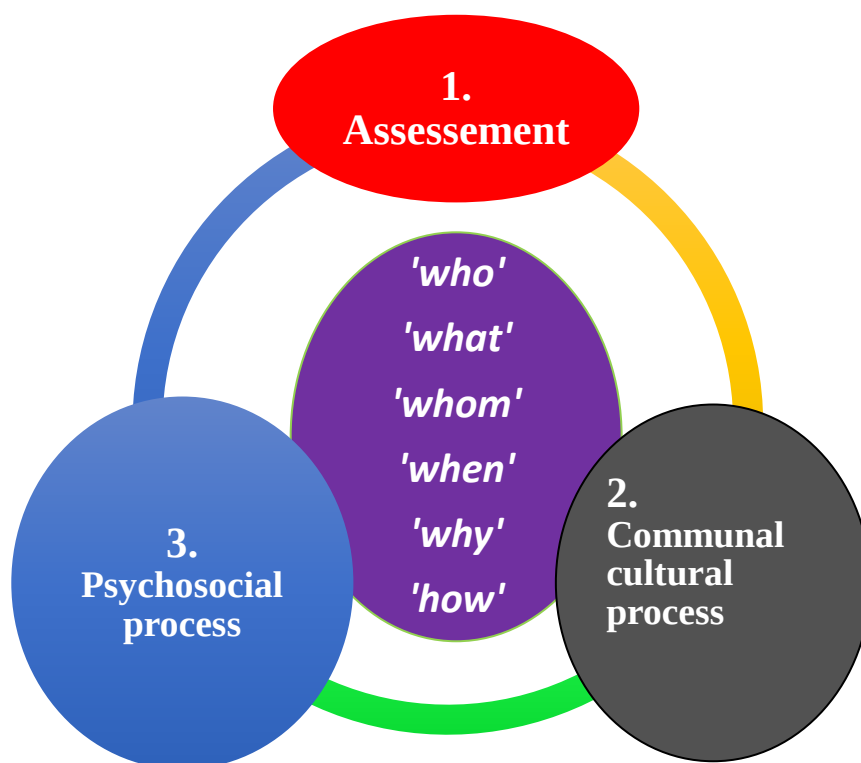


Figure 2: African dialogues of healing; a psychosocial approach

Techniques - what and how to say it'

African indigenous communication system can be a complex phenomenon, which is why for the purpose of this research the focus is only on the techniques. Notably, these techniques are incorporated and intertwined in the approach, 'they hunt together'.

Communication

What is being said to the counselee is of importance, because of the people constituting the communal team. This team is built depending on the extent of the problem. One of the members should at least be an elder with vast life experience. This is because covert language is used in the form of metaphors together with stories and thus requires extensive knowledge of life which brings about meaning of life. The counsellors should also show the character of being firm and decisive as reflected by boundary setting.

Silent communication

Elders and individuals in different stages of life happen to naturally acquire this technique of de-escalating emotions with a silent presence. This is most of the time used to manage emotional challenges present in any psychosocial challenge that is identified. The counsellor is not only quiet but present with silence, 'the counsellor is there emotionally for the counselee'.

Humility

As the counsellor one should display the sense of humility and respect through-out which is embedded in the principle of Ubuntu. It is based on "your" psychosocial challenge is "our" problem. One should accept the counselee as a person who is allowed to make life mistakes.

Self-resilience disclosure

In the benefit of empathy the counsellor should show sense of openness and transparency. The counsellor must open up about past experiences on similar psychosocial challenges. It is when the counsellor(s) open up to the counselee on their own lived and/or perceived experiences concerning societal challenges and how they've managed the challenges that one gets re-alignment.

5 Limitations

The researcher has identified the following limitation(s);

More women participated in the research. Gender incongruity is largely accounted for by the categories developed depending on the theoretical framework that emerged during data collection.

6 Recommendations *(Objective two of the research)*

6.1 Recommendations for communal therapeutic practice

- Strategies striving to introduce African approaches of counselling into the class room and in the clinical setting. Students will be capacitated with the skills identified in this approach to understand the techniques of the elders in an African indigenous context. Furthermore, this students will be empowered to utilize these techniques when they engage in a therapeutic conversation with an African indigenous mental health care user;
- Practitioners need to be culturally competent towards African communities in the management of psychosocial challenges. Because of the diversity nature of South Africa and Africa at large, cultural competence is crucial in managing mental health care users, particularly with psychosocial challenges. This approach will enhance cultural awareness and stimulate cultural sensitivity of mental health care providers in the African context

6.2 Recommendations for teaching and learning

- The researcher recommends that a curriculum be developed with a specific focus to recognise indigenous health systems equally as western healthcare systems. This curriculum will be used to capacitate mental health care providers delivering service in an African indigenous context.

6.3 Recommendations for further research

- In continuing, more research can be done on testing the efficiency of the emerged approach in similar unique contexts. All this research will contribute to the revitalization of such indigenous practices.

7 Conclusion

Evidently, therapeutic merits in dialogues of healing as a means of curing in the KhoiSan community context does not exist in compartments, but as a ‘gestalt’. Therapeutic merits of dialogues of healing were discovered to be part of everyday life of the community with the belief that a communal person is seen as ‘whole’. This means that from the conception of life to passing on depend on how you interact with others; surroundings and those who were here before us. This forms an important part of the communication system and the balance of life. In addition, who is saying what to whom, when as well as why and how they are saying it forms the centre of the merits of dialogues in management of psychosocial challenges.

Conversely, this approach that emerged in this research will be further explored and developed to benefit the marginalised African indigenous communities in psychosocial healing.

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Annexure A



NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
MAFIKENG CAMPUS

Informed Consent form

Title of the research is

Dialogues of healing in the management of psychosocial health challenges in an indigenous Khoisan community

Name of researcher : Mr K.S. Mahlatsi

Name of supervisors : Prof. A.J. Pienaar

: Miss N. Nare

Name of institution : North West University (Mahikeng Campus)

Name of sponsor : Seboka project (National Research Foundation, Health and Welfare Seta)

Introduction and Procedure

I am Khauhelo S. Mahlatsi currently studying with the University of North West, Mahikeng campus registered for Masters Programme. The research is dialogues of healing in the management of psychosocial challenges facing the community.

Information will be collected by means of orature involving storytelling, poetry, conversation, and metaphors. This process will be recorded with an audio recorder.

Importantly, you need to read and understand the following explanations of the study before accepting or refusing to participate in this research. The following describes the Aim, Objectives, benefits, risk, right to refusal/withdrawal, confidentiality, and costs or payment

This information will also be thoroughly explained by the researcher in a manner easier to understand.

Main aim of the research is

The researcher aims to explore the therapeutic merits embedded in dialogues of healing used to manage psychosocial challenges with in the KhoiSan community.

Objectives of the research are to

- (1) Explore dialogues of healing, (2) elucidate the benefits of dialogues in relation to healing and (3) revitalize the healing practice in dialogues of healing for the management of psychosocial challenges in the community.

Benefits of the research are

Participation in this research will be beneficial to the community by contributing to our knowledge base of management of psychosocial health challenges by means of dialogues within the South African

diverse context. It will benefit unique contexts of the Africa space by developing a general approach in the use of dialogues in relation to healing.

Risks

There are no risks associated with participating in this research.

Confidentiality

The information collected during this collaborative research will at all times remain confidential. Name will not be shared during the research or publication of the results. Data obtained from the community will be used for the research purpose only. Feedback of the results of the research will be given to the community. Furthermore, the research results will be presented to the North-West University, Mahikeng campus for examination.

Right to withdrawal

Participation is voluntary and refusal to participate in this study will involve no penalty. Each participant is free to withdraw consent and discontinue participation at any given moment in time.

Costs or Payments

There will be no costs involved for taking part in this research. No participant will receive any remuneration to participate in this research project.

Agreement

This certify that you have read and received a copy of this informed consent. Your signature below indicates that you understand the parameters of your participation and agree to take part in this research.

Name of the participant : _____

Date : _____

Name of the researcher : _____

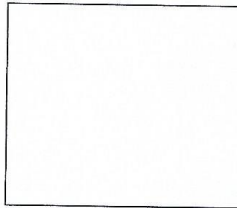
Date : _____

NOTE: In the instance where participant cannot read and write, a literate witness/guardian/chief should sign on behalf of the participant.

I witnessed the reading and explanation of the consent form to the potential participant and the individual had the opportunity to ask questions. I endorse that the individual has given consent voluntarily.

Print name of witness: ADAM LOEY

Thumb print of participant:



Signature of witness : ADAM LOEY

Date : 05/09/2017

Signature of the researcher : [Signature]

Date : _____

Note: In this unique African context a verbal consent is also accepted.

Who to contact

In case you have any question related to the research.

Researchers name : Khauhelo. S. Mahlatsi

Email address : khauhelo.mahlatsi@gmail.com

Annexure B

THE GRIQUA ROYAL HOUSE DIE GRIEKWA KONINGLIKE-HUIS



Administration Office: c/o 26th & Baardman Str. Faith Mission Centre Leonsdale Elsies River 7490 PO Box 316 Elsies River 7480
Tel: 021 932 9801 Fax: 021 931 9400 Email: adamkoku@polka.co.za

MEMORANDUM OF UNDERSTANDING

This memorandum serves as an agreement reached between the Seboka Team under the leadership of Prof. Abel J. Pienaar and the Griqua Royal House. An appointed Seboka member will be expected to abide and respect the values and norms of the community while conducting research.

The following are the terms and conditions of agreement.

- The Seboka team is given the permission to conduct the research within the Griqua community, on a mutual capacity principle;
- The conducted research will be based on the Indigenous Knowledge Systems, of which the community will lead and guide the proceedings;
- The team (Seboka) will conduct the research using multiple research methodologies but the primary approach will be conducting "makgotla" with the assistance of a nominated member of the Griqua Royal House;
- The Seboka team will always respect the community and make sure that all the information is treated confidential;
- The research will be conducted by the appointed Seboka researcher, who will in turn sign the consent;
- Both parties also agree that the shared information remains the property of the Griqua Royal House unless otherwise stated;

This memorandum will be used as a global consent for conducting the research in the community. The participants' rights will also be taken into consideration and be respected while conducting the research. These rights are but not limited to the following:

Ako

K-S

- Autonomy and self-identification
- Privacy
- Confidentiality
- Justice
- Non-maleficence
- Voluntary participation
- Freedom of speech and movement as it will be an open forum

These conditions were discussed and agreed upon by the two parties (Community leader and Seboka Team leader). The terms and conditions discussed above are legal and bonding to the parties.

Signed at CAMPBEE on 17th of July 2017
 Seboka team leader : [Signature]
 Griqua Royal House : Ahona
 Researcher : [Signature]

Copies to: Griqua Royal House, Seboka office and researcher



His Majesty King Adam Kok v
 His Excellency High Commissioner A.M.W. Massatane



AK

KS

Annexure C



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
MAFIKENG CAMPUS

SCHOOL OF NURSING SCIENCE

RESEARCH AND POSTGRADUATE STUDIES

Tel 0183892236

Email 22891935@nwu.ac.za

Address Office G09 Nursing Building A13, NWU, Mafikeng

Re: Confirmation of proposal presentation for Mr Mahlatsi K

I hereby confirm that Mahlatsi K is a registered student for Masters in Nursing Science in the School of Nursing Sciences. He had presented a proposal entitled: *"Diagnosis of Healing in the Management of Psychosocial Health Challenges in an Indigenous Khoisan Community"* under the supervision of Prof AJ Pienaar.

The SONS research scientific committee assessed the proposal and the proposal was approved on the 17th August 2017.

This confirmation letter for proposal approval is issued to serve the purpose for which is desired.

Dr L Makhado

Acting Programme Manager: Research
School of Nursing Sciences

