

**THE PATIENT RELATIONSHIP AND
THERAPEUTIC TECHNIQUES OF THE
SOUTH SOTHO TRADITIONAL HEALER**

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**THE PATIENT RELATIONSHIP AND
THERAPEUTIC TECHNIQUES OF THE SOUTH
SOTHO TRADITIONAL HEALER**

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**In memory of my loving mother, the late Moselantja Bertha Pinkoane
fondly known as Mme, and my two late brothers**

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EXCELSIOR (I HAVE FOUND IT)

ABSTRACT

The practice of traditional healers up to 1996 was outlawed in South Africa and not afforded a legal position in the community of health care providers. In 1974 the Health Act forbade healers not registered with the South African Medical and Dental Council (SAMDC) from practising or performing any act pertaining to the medical profession. In 1978 the World Health Organization (WHO) identified traditional healers as those people forming an essential core of the primary health workers for rural people in the Third World Countries. They offered this recognition through a mandate so as to ensure that, in countries where traditional medicine is widely practised, and is within the existing system of medicine, its uses should be availed as part of health services. During 1994, with the change in the South African Government, this trend of identifying traditional healers as forming an essential core of primary health care workers was followed. This recognition was confirmed by the passing of the Act of Chiropractors, Homeopaths and Allied Health Service Professionals in 1996.

In South Africa traditional healers are the health care choice of a large number of the African population. It is estimated that 80% of the black population uses traditional medicine as it deeply rooted in their culture as part of their cultural heritage linked to their religion.

Therapeutic techniques typically used in traditional healing sometimes conflict with the therapeutic techniques used in biomedicine. Biomedical therapeutic techniques are based on a scientific approach while those of traditional healing are unscientific, therefore, perceived as being strange in the view of biomedical personnel's understanding of healing.

Therefore, the patients' perceptions of traditional healing, their needs and expectations, may be the driving force behind their continuous strife to consult a traditional healer, even though the former may have sought the therapeutic techniques of biomedical personnel. This creates conflict, which I as a black

nurse, trained within the biomedical context, identifies the existence of both systems, operating with the same society. These simultaneous consultations create a problem to both providers and recipients of health care. Confusion then arises and the consumer chooses the services closer to her.

The research was therefore aimed at investigating the characteristics of the relationship between the traditional healers and the patients, explore the therapeutic techniques that are used in South Sotho traditional healing process, as well as investigate the views of both the traditional healers and the patients about the South Sotho traditional healing process so as to facilitate incorporation of the traditional healers in the National Health care delivery system.

A qualitative research design was followed. Participants were identified by means of a non-probable, purposeful voluntary sampling. Data collection was achieved by means of video recordings of the six traditional healers and six patients as well as conducting semi-structured interviews with the six traditional healers and twelve patients. This was followed by taking down field notes.

An independent co-coder and the researcher analysed the data independently after which three consensus discussions took place to finalise the analysed data. For the video recordings a checklist was used and for the interviews content analysis was done.

From the results of the research, it appears that the traditional healer views himself as the only person able to treat the patient's culturally perceived illnesses and not biomedical personnel. The traditional healer and the patient seem to have a relationship which evolves around the patient's cultural illness, strengthened by the shared worldview. The traditional therapeutic techniques used were various but all were used after the process of divination which is a procedure carried out to determine the cause of the problem and the solution thereof. Further the conclusions confirm that the traditional

healer is seen to have the ability to cure culture bound diseases by giving the patient medicines suitable for these diseases.

The conclusions confirm that the traditional healer is not used as part of the health care system and functions in isolation. It is for this reason that the guidelines were formulated on the basis of which the traditional healers can be incorporated in the National Health care delivery system so as to enrich health care resources. The guidelines involve the facilitation of the change in perceptions and attitudes of both the biomedical personnel and the traditional healers, development of a more committed relationship, establishing negotiations for the process of incorporation as well as for facilitation of a comprehensive community based health care delivery service.

[Key words: Relationship, traditional healer, traditional medicine, healing process, biomedical personnel, biomedicine, therapeutic techniques, patient]

OPSOMMING

Tot en met 1966 was die praktyk van tradisionele genesers nie gewettig in Suid-Afrika nie en het ook nie 'n wettige posisie beklee by die verskaffers van gesondheidsorg nie. In 1974 het die Wet op Gesondheid tradisionele genesers wat nie by die Mediese en Tandheerkundige Raad geregistreer was nie, verbied om te praktiseer of om enige mediese aksie uit te voer. In 1978 is tradisionele genesers deur die Wêreldgesondheidsorganisasie geïdentifiseer as 'n belangrike bron van primêre gesondheidsorg vir landelike inwoners in Derdewêreldlande. Hierdie erkenning is verleen om te verseker dat in lande waar tradisionele medisyne grootliks aangewend word binne die grense van die tradisionele sisteem, die gebruik daarvan aangewend sal word vir gesondheidsorg. Gedurende 1994, met die verandering in die Suid-Afrikaanse regering, het die neiging posgevat om tradisionele genesers deel te maak van die kern van primêre gesondheidsorg. Hierdie erkenning is bevestig met die goedkeuring van die Wet op Chiropraktisyns, Homeopate en Verenigde Allied Professionele Gesondheidsdienste in 1996.

In Suid-Afrika is tradisionele genesers die keuse van 'n groot deel van die Swart bevolking. Daar word geraam dat omtrent 80% van die Swart bevolking gebruik maak van tradisionele medisyne aangesien dit diep gesetel is in hul kultuur en aan hulle geloof gebonde is. Die tradisionele geneser deel met die pasiënt sy lewens- en wêreldbeskouing en die wyse waarop dit funksioneer wat heeltemal onbekend is aan die bio-mediese personeel.

Tipiese terapeutiese tegnieke wat gebruik word vir tradisionele genesing is heeltemal in konflik met terapeutiese tegnieke in bio-medisyne. Terapeutiese bio-mediese tegnieke is gebaseer op 'n wetenskaplik-gefundeerde benadering terwyl die tradisionele genesing nie-wetenskaplik is en daarom deur die bio-mediese personeel as 'n vreemde wyse van genesing ervaar word.

Die pasiënt se persepsie van tradisionele genesing, sy behoeftes en verwagtinge word beskou as die dryfveer vir sy volgehoue besoeke aan tradisionele genesers al is hy ook bewus daarvan dat bogenoemde terapeutiese advies

ingewin het by bio-mediese personeel. Omdat beide metodes bestaan en funksioneer in dieselfde gemeenskap, neem ek as 'n opgeleide swart verpleegkundige in die bio-mediese rigting bekend met albei gebruike. Konflik-situasies is geïdentifiseer waar hierdie gelyktydige konsultasies 'n groot probleem veroorsaak vir die voorsieners sowel as die ontvangers van gesondheidsorg. Verwarring ontstaan nou en die verbruiker maak gebruik van die naaste beskikbare dienste.

Hierdie navorsing was dus grootliks daarop gerig om 'n ondersoek in te stel na die verhouding tussen die tradisionele geneser en die pasiënt, verken die terapeutiese tegnieke wat gebruik word in die proses van Suid-Sotho tradisionele genesing, die sienings van beide tradisionele genesers en die pasiënt omtrent Suid-Sotho tradisionele genesing te ondersoek, om sodoende, die inkorporering van tradisionele genesers in die gesondheidsorgsisteem te vergemaklik.

'n Kwalitatiewe navorsingsontwerp is gevolg om deelnemers te identifiseer by wyse van 'n nie-waarskynlike, doelgerigte, vrywillige steekproef. Databesonderhede is verkry by wyse van video-opnames van ses tradisionele genesers en ses pasiënte sowel as die voer van semi-gestruktureerde onderhoude met ses tradisionele genesers en twaalf pasiënte.

'n Onafhanklike kordeerder en die navorser het die inligting afsonderlik geanaliseer en daarna het drie konsensusgesprekke plaasgevind om die verkrygte data te finaliseer. Vir die video-opnames is daar 'n kontrolelys gebruik en vir die onderhoude is 'n inhoudsanalise gedoen.

Volgens die uitslae van die navorsing blyk dit dat die tradisionele geneser en die pasiënt 'n verhouding het wat wentel om die pasiënt se kulturgebonde siekte, versterk deur hul gedeelde lewens- en wêreldbeskouing.

Verskeie tradisionele terapeutiese tegnieke is gebruik maar eers na 'n proses van "divination", 'n prosedure wat uitgevoer word om te bepaal wat die oorsaak en oplossing van die probleem behels.

Die tradisionele geneser beskou homself as die enigste persoon wat in staat is om die pasiënt se kultureel verworwe siekte te behandel en nie biomediese personeel nie.

Die gevolgtrekkings bevestig verder dat die tradisionele geneser geag word om siektes wat verband hou met kultuur te genees en om geskikte medisyne hiervoor te verskaf.

Riglyne is geformuleer waarvolgens tradisionele genesers ingeskakel kan word in die lewering van gesondheidsorg en om sodoende te dien as bron van hulp om gesondheidsorghulpbronne te verryk. Hierdie riglyne sluit ook in die proses van verandering, die persepsies en houdings van beide biomediese personeel en tradisionele genesers, die ontwikkeling van 'n beter wedersydse verhouding, die daarstelling van gesprekke vir die proses van inkorporering sowel as die daarstelling van 'n omvattende gesondheidsorgplan vir die gemeenskap.

[Sleutelwoorde: Verhouding, tradisionele geneser, tradisionele medisyne, genesingsproses, biomediese personeel, biomedies, terapeutiese tegnieke, pasiënt]

TABLE OF CONTENTS

ABSTRACT	i
OPSOMMING	iv
CHAPTER 1	
OVERVIEW OF THE RESEARCH	1
1.1 INTRODUCTION AND PROBLEM STATEMENT	1
1.2 RESEARCH OBJECTIVES	6
1.3 PARADIGMATIC PERSPECTIVES	7
1.3.1 METATHEORETICAL ASSUMPTIONS	7
1.3.1.1 Persons.....	8
1.3.1.2 Health.....	8
1.3.1.3 Illness.....	8
1.3.1.4 Nursing.....	9
1.3.1.5 Environment.....	9
1.3.2 THEORETICAL STATEMENTS	9
1.3.2.1 Central theoretical argument.....	10
1.3.2.2 Conceptual definitions.....	10
1.3.3 METHODOLOGICAL STATEMENTS.....	12
1.4 RESEARCH DESIGN	13
1.5 RESEARCH METHOD	13
1.5.1 LITERATURE STUDY	14
1.5.2 SAMPLE	14
1.5.2.1 Population	14
1.5.2.2 Sampling	15
1.5.3 DATA GATHERING	15
1.5.3.1 Data collection method.....	15
1.5.3.2 Role of the researcher	16
1.5.3.3 Physical setting	16
1.5.4 DATA ANALYSIS.....	16
1.5.4.1 Analysis of video recordings	16
1.5.4.2 Analysis of semi-structured interviews.....	17
1.6 GUIDELINES	17
1.7 CHAPTER OUTLINE	17

CHAPTER 2

RESEARCH DESIGN AND METHOD	18
2.1 INTRODUCTION.....	18
2.2 RESEARCH DESIGN	18
2.3 RESEARCH METHOD.....	19
2.3.1 SAMPLE	20
2.3.1.1 Population one: South Sotho traditional healers.....	20
2.3.1.2 Population two: Patients of the South Sotho traditional healers ...	24
2.3.2 DATA COLLECTION.....	26
2.3.2.1 Data collection method.....	26
2.3.2.2 Physical setting	30
2.3.2.3 Role of the researcher	31
2.3.3 DATA ANALYSIS	31
2.3.3.1 Data analysis of video recordings	31
2.3.3.2 Data analysis of audiotape transcriptions	33
2.3.4 TRUSTWORTHINESS.....	34
2.3.4.1 Credibility	34
2.3.4.2 Applicability	37
2.3.4.3 Consistency	37
2.3.4.4 Neutrality	40
2.3.5 ETHICAL ASPECTS	40
2.3.5.1 Quality of the research.....	40
2.3.5.2 Confidentiality and anonymity	41
2.3.5.3 Privacy	41
2.3.5.4 Consent.....	42
2.3.5.5 Risks	42
2.3.5.6 Termination	43
2.4 GUIDELINES	43
2.5 CONCLUSION	43

CHAPTER 3

THE RELATIONSHIP AND THERAPEUTIC TECHNIQUES OF THE SOUTH SOTHO TRADITIONAL HEALER: A LITERATURE STUDY	44
3.1 INTRODUCTION.....	44
3.2 SOUTH SOTHO TRADITIONAL MEDICINE: AN OVER-VIEW.....	44

3.2.1	DEFINITION OF TRADITIONAL MEDICINE	46
3.2.2	RELIGION, CULTURE AND THE CONCEPT OF ILLNESS AND HEALTH.....	46
3.2.2.1	Ancestors and ill health.....	47
3.2.2.2	Ancestors, illness and initiation to be a traditional healer	48
3.2.2.3	Illness resulting from evil spirits	50
3.2.2.4	Illness resulting from witchcraft or sorcery.....	51
3.2.2.5	Illness resulting from taboos/pollution.....	52
3.2.3	TRADITIONAL MEDICINE AND CHANGE	54
3.3	THE CHARACTERISTICS OF THE RELATIONSHIP BETWEEN THE SOUTH SOTHO TRADITIONAL HEALER AND HIS PATIENTS.....	56
3.4	THERAPEUTIC TECHNIQUES USED IN THE SOUTH SOTHO TRADITIONAL HEALING PROCESS.....	60
3.4.1	SUPERNATURAL DIVINATION.....	61
3.4.1.1	Bone throwing	61
3.4.1.2	Listening to ancestors	63
3.4.1.3	Ventriloquism - "Whistling great ancestors"	64
3.4.2	REMOVAL OF THE HOSTILE SOURCE.....	64
3.4.2.1	Rituals, ceremonies and appeasing the ancestors	65
3.4.2.2	Preventative, protective and curative therapeutic techniques.....	69
3.4.3	FEES PAID TO THE TRADITIONAL HEALER.....	79
3.5	SUMMARY	82
 CHAPTER 4		
DISCUSSION OF THE RESULTS AND LITERATURE CONTROL		83
4.1	INTRODUCTION.....	83
4.2	THE REALIZATION OF DATA COLLECTION AND ANALYSIS	83
4.3	THE RESULTS AND DISCUSSION OF THE RESEARCH.....	84
4.3.1	RESULTS FROM THE VIDEO RECORDING	85
4.3.1.1	Personal data of the traditional healers.....	85
4.3.1.2	The results and discussion of the interaction between the traditional healers and the patients.....	89
4.3.1.3	The use of traditional therapeutic techniques	96
4.3.1.4	Various methods of using traditional therapeutic techniques.....	99
4.3.1.5	Payment for the treatment by the patient.....	103

4.3.2	THE TRADITIONAL HEALER AND THE PATIENTS' VIEWS REGARDING THE TRADITIONAL HEALING PROCESS AND THE USE OF TRADITIONAL THERAPEUTIC TECHNIQUES	104
4.3.2.1	The traditional healer's views regarding the traditional healing process, and the use of therapeutic techniques	104
4.3.2.2	The patient's views regarding the traditional healing process, and the use of therapeutic techniques	138
4.4	CONCLUSION	165

CHAPTER 5

	CONCLUSIONS, SHORTCOMINGS AND RECOMMENDATIONS WITH SPECIAL REFERENCE TO FORMULATION OF GUIDELINES FOR INCORPORATION OF TRADITIONAL HEALERS INTO THE HEALTH CARE DELIVERY SYSTEM	166
5.1	INTRODUCTION.....	166
5.2	CONCLUSIONS.....	166
5.2.1	CONCLUSIONS REGARDING THE DEMOGRAPHIC DATA OF THE TRADITIONAL HEALERS AND THE PATIENTS	166
5.2.2	CONCLUSIONS REGARDING CHARACTERISTICS OF THE RELATIONSHIP BETWEEN THE TRADITIONAL HEALER AND THE PATIENT AS WELL AS THE USE OF TRADITIONAL THERAPEUTIC TECHNIQUES AS DERIVED FROM THE VIDEORECORDINGS.....	167
5.2.2.1	Conclusions regarding the interaction between the traditional healers and the patients.....	167
5.2.2.2	Conclusions regarding the use of traditional therapeutic techniques.....	170
5.2.3	CONCLUSIONS REGARDING THE TRADITIONAL HEALERS' AND THE PATIENTS' VIEWS OF TRADITIONAL HEALING PROCESS AS DERIVED FROM THE INTERVIEWS	171
5.2.3.1	Conclusions about the traditional healers' views regarding the healing process and the use of therapeutic techniques.....	172
5.2.3.2	Conclusions about the patients' views regarding the traditional healing process.....	175
5.2.4	GENERAL CONCLUSIONS.....	179
5.3	SHORTCOMINGS OF THE RESEARCH.....	181
5.3.1	SHORTCOMINGS OF THE VIDEO RECORDINGS	181
5.3.2	SHORTCOMINGS OF THE INTERVIEWS	1182
5.4	RECOMMENDATIONS.....	182
5.4.1	RECOMMENDATIONS FOR NURSING EDUCATION.....	182

5.4.2	RECOMMENDATIONS FOR NURSING RESEARCH.....	184
5.4.3	RECOMMENDATIONS FOR NURSING PRACTICE	185
5.5	CONCLUSION	199
	BIBLIOGRAPHY	201

ANNEXURES

ANNEXURE A:	LETTER OF CONSENT TO THE SENIOR TRADITIONAL HEALER.....	208
ANNEXURE B:	LETTER OF CONSENT FOR THE TRADITIONAL HEALERS IN MAOKENG, IKAGENG AND SEBOKENG	211
ANNEXURE C:	LETTER OF CONSENT FOR PATIENTS WHO ARE PARTICIPANTS	214
ANNEXURE D:	SEMI-STRUCTURED INTERVIEW SCHEDULE FOR THE TRADITIONAL HEALERS	217
ANNEXURE E:	SEMI-STRUCTURED INTERVIEW SCHEDULE FOR THE PATIENTS.....	219
ANNEXURE F:	WORK PROTOCOL FOR DATA ANALYSIS.....	221
ANNEXURE G:	CHECKLIST	225
ANNEXURE H:	SECTION OF A TRANSCRIPTION OF A VIDEORECORDING OF THE SOUTH SOTHO TRADITIONAL HEALER AND HIS PATIENT	233
ANNEXURE I:	FIELD NOTES OF RESEARCHER'S VIDEORECORDINGS	239
ANNEXURE J:	SECTION OF A TRANSCRIPTION OF AN INTERVIEW WITH A TRADITIONAL HEALER	257
ANNEXURE K:	FIELD NOTES OF RESEARCHER RE INTERVIEWS WITH TRADITIONAL HEALERS	260
ANNEXURE L:	SECTION OF A TRANSCRIPTION OF AN INTERVIEW WITH A PATIENT	263
ANNEXURE M:	FIELD NOTES OF RESEARCHER RE INTERVIEWS WITH PATIENTS	266
ANNEXURE N:	THE TRADITIONAL HEALER'S VIEWS REGARDING THE TRADITIONAL HEALING PROCESS AND THE USE OF THERAPEUTIC TECHNIQUES	269
ANNEXURE O:	THE PATIENT'S VIEWS OF THE TRADITIONAL HEALING PROCESS.....	272

LIST OF TABLES

TABLE 4.1:	AGE AND GENDER OF SIX TRADITIONAL HEALERS.....	86
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TABLE 4.2:	CHOICE TO USE THE SERVICES OF THE TRADITIONAL HEALER BY THE PATIENTS	88
TABLE 4.3:	PROCESS OF DIVINATION USED BY THE TRADITIONAL HEALERS.....	91
TABLE 4.4:	THE TRADITIONAL HEALER'S VIEWS REGARDING HIS ROLE EXPECTATIONS	105
TABLE 4.5:	VIEWS ABOUT THE PATIENT'S SELF-RESPONSIBILITY FOR THE HEALING PROCESS	107
TABLE 4.6:	VIEWS ABOUT THE TRADITIONAL HEALER'S CULTURE AND BELIEF SYSTEM.....	110
TABLE 4.7:	VIEWS ABOUT THE THERAPEUTIC ACTIONS IMPLEMENTED BY HIMSELF	113
TABLE 4.8:	VIEWS ABOUT THE MEDICINES WRAPPED BY THE TRADITIONAL HEALER TO BE USED BY THE PATIENT AT HOME	122
TABLE 4.9:	VIEWS ABOUT THE HOME VISITS CARRIED OUT	123
TABLE 4.10:	VIEWS ABOUT THE FOLLOW-UP PROCESS	125
TABLE 4.11:	VIEWS REGARDING REFERRAL OF PATIENTS	126
TABLE 4.12:	VIEWS ABOUT GOD AND THE ANCESTOR'S RELATIONSHIP WITH THE TRADITIONAL HEALER	129
TABLE 4.13:	VIEWS ABOUT TRADITIONAL HEALER-PATIENT RELATIONSHIP	131
TABLE 4.14:	VIEWS ABOUT THE FAMILY-TRADITIONAL HEALER RELATIONSHIP	133
TABLE 4.15:	VIEWS ABOUT THE COMMUNITY'S RELATIONSHIP WITH THE TRADITIONAL HEALER.....	137
TABLE 4.16:	THE PATIENT'S VIEWS ABOUT THE TRADITIONAL HEALER'S ABILITY TO TREAT ILLNESSES	139
TABLE 4.17:	THE TRADITIONAL HEALER AND THE PATIENT SHARE THE SAME WORLD- VIEW	141
TABLE 4.18:	THE PATIENT'S VIEWS REGARDING HANDLING PROBLEMS AND DIFFICULTIES	143
TABLE 4.19:	VIEWS ABOUT DIFFERENT TYPES OF TREATMENT USED IN TRADITIONAL HEALING	147
TABLE 4.20:	VIEWS ABOUT THE INSTRUCTIONS GIVEN REGARDING USES OF TRADITIONAL MEDICINES.....	149
TABLE 4.21:	VIEWS REGARDING PROBLEMS AND DIFFICULTIES ENCOUNTERED WHEN USING TRADITIONAL MEDICINES.....	150

TABLE 4.22:	VIEWS ABOUT THE PRESCRIPTIONS FOR USES OF MEDICINES AT THE PATIENT'S HOME	152
TABLE 4.23:	VIEWS ABOUT THE PROCESS OF FOLLOW UP BY THE TRADITIONAL HEALER.....	154
TABLE 4.24:	VIEWS REGARDING THE SOURCES FROM WHERE MEDICINES ARE OBTAINED	156
TABLE 4.25:	VIEWS ABOUT THE INTERACTIVE RELATIONSHIP WITH THE TRADITIONAL HEALER.....	158
TABLE 4.26:	VIEWS ABOUT THE TRADITIONAL HEALER'S RELATIONSHIP WITH THE ANCESTORS	161
TABLE 4.27:	VIEWS REGARDING PAYMENT FOR TREATMENT	163

CHAPTER 1

OVERVIEW OF THE RESEARCH

1.1 INTRODUCTION AND PROBLEM STATEMENT

The practice of traditional healers up to 1996 was outlawed in South Africa and not afforded a legal position in the community of health care providers. In 1974 the Health Act forbade healers not registered with the South African Medical and Dental Council (SAMDC) from practising or performing any act pertaining to the medical profession (Freeman & Motsei, 1992:1184; Gumede, 1990:92; Arthur, 1997:64). Internationally, traditional medicine was also regarded as not being far from witchcraft and superstition. It was for this reason that it was expressly forbidden. However, research indicates that it was still used even though it was forbidden (Fulder, 1985:235).

In 1978 the World Health Organization (WHO) identified traditional healers as those people forming an essential core of the primary health workers for rural people in the Third World Countries (Holdstock, 1979:121). They offered this recognition through a mandate so as to ensure that, in countries where traditional medicine is widely practised, and is within the traditional system of medicine, its uses should be availed in the health services (Akerle, 1987:177). During 1994, with the change in the South African Government, this trend of identifying traditional healers as forming an essential core of primary health care workers, was followed. Traditional healers are now recognized as forming an integral part of the health team (ANC, 1994:55). This recognition was confirmed by the passing of the Act of Chiropractors, Homeopaths and Allied Health Service Professionals in 1996 (Department of Health Annual Report, 1996:25).

In South Africa traditional healers are the health care choice of a large number of the African population. It is estimated that 80% of the black

population uses traditional medicine (Freeman & Motsei, 1992:1185; Abdool Karim *et al.*, 1994:3). The majority of black people reside in rural areas, turning the country into a combination of a Third World and a developed country. It is in these rural areas and urban "townships" that many people turn to traditional healers because they are freely accessible (Freeman & Motsei, 1992:1186), and is sometimes the only source of health care (Mankazana, 1979:1005).

Apart from the latter two reasons, traditional healing is also deeply rooted in black people's culture. Abdool Karim *et al.*, (1994:3) mentions, that black people's cultural heritage is linked to their religion. Arthur (1997:63) further states, that this religion is a frame of reference, which forms the "fabric" of traditional African life; a fabric which closely connects all thoughts and activities of the people. Ideas of health and illness form an integral part of this religious system and according to Mburu (1977:161), these ideas of illness are a function of the social condition of the "people", their values, philosophy, attitudes and the conviction that diseases can or cannot be treated. Other persons observe the person who is ill and if the illness is minor, home remedies are given, because the illness can be treated. If the illness is serious and cannot be treated, outside opinion is sought (Ngubane, 1977:100). A decision to consult a traditional healer in times of ill health, is the beginning of the formation of a relationship between the traditional healer and the patient. This relationship is usually very close and intense (Gumede, 1990:164), because the traditional healer as an existing resource, is accessible, popular (Hopa *et al.*, 1998:8), and available to the black people. "He is of the people and comes from among them" (Gumede, 1990:164).

Abdool Karim *et al.*, (1994:2) declares, that the traditional healer shares with the patient a view of the world and the way in which it works, something which is completely alien to biomedical personnel.

The traditional healer provides comfort and support to both the patient and relatives. One of the greatest attributes of a good healer, biomedical or

traditional, is to be a good listener (Gumede, 1990:153), and the traditional healer is an expert at providing comfort and reassurance (Musi, 1996:31). It is because of these attributes, that the nature of the relationship is one of trust. The traditional healer knows and understands their needs and expectations (Abdool Karim *et al.*, 1994:5), which consist of more than medications.

In addition, traditional healing involves the care of the whole person, including the social, psychological, biological and spiritual aspects (Freeman & Motsei, 1992:1186; Musi, 1996:31). Therefore, it becomes clear, that it is within this entire healing process that a close and intense relationship of trust becomes incorporated. This trust is based on the belief in the nature and causes of illnesses (Holdstock, 1979:119). The relationship is also strengthened by the traditional healer's understanding of the patients' beliefs and their concept of health within the framework of the patients' culture (Gumede, 1990:144). This relationship is also strengthened by the family's participation in the application of therapeutic techniques. In this way, practices that contribute to the restoration of positive interpersonal relations and group harmony, are maintained (Abdool Karim *et al.*, 1994:5) as family involvement has a cathartic effect in the healing process.

The traditional healer shares language, idioms and other verbal and nonverbal communication symbols with the patient, fostering the traditional healer-patient relationship. Freeman and Motsei (1992:1186) states, that traditional healers are designed to preserve cultural institutions and to help the patient live in peace with her inner self, family, clan and village. Therefore, traditional healers become a full part of the socio-cultural life of the members of the whole community.

Therapeutic techniques typically used in traditional healing, sometimes conflict with the therapeutic techniques used in biomedicine. Biomedical therapeutic techniques are based on a scientific approach (Arthur, 1997:63), while those of traditional healing, according to Gumede (1990:154), are

unscientific, crude and unplanned and, therefore, perceived as strange in the view of biomedical personnel's understanding of healing. It is from this premise, that traditional healers' operations continue to be shunned, kept secret (Freeman & Motsei, 1992:1188), and treated with suspicion to an undue degree (Mburu, 1977:167).

Therapeutic techniques used in traditional healing, follow different stages. According to Yangni-Angate (1981:242) these therapeutic techniques entail firstly, the identification of the cause or the discovery of the violation of established order. This identification of the cause is achieved by supernatural divination (Abdool Karim *et al.*, 1994:5). Firstly, in supernatural divination, there will be throwing of bones (Gumede, 1990:77; Haram, 1991:89; Abdool Karim *et al.*, 1994:5). From the shape and position of such bones, the diviner can predict the unknown (Ngubane, 1977:101).

Another technique used in divination is "listening" to the ancestors, without the use of objects. Ngubane (1977:102) refers to the listening techniques as a way in which the ancestors "sit" on the diviner's shoulder.

The third technique which is regarded as the highest in the graded scale of divination, is that of the "whistling great ancestors." Ancestral spirits will communicate directly with the patients by whistling out words which are meaningful to the listener (Ngubane, 1977:103). Gumede (1990:80) refers to the "whistling great ancestors" as ventriloquists who do not use any objects, bones, sticks, palms or thumbs, but who present themselves as voices of ancestral spirits, which sound like whistling. The traditional healers understand the language and relay to the enquirer what is being said (Ngubane, 1977:103; Gumede, 1990:80). A traditional healer who diagnoses by "whistling ancestors", is said to hail from great ancestors; therefore, regarded as the highest order in the scale of divination.

After the identification of the cause through supernatural divination, there follows the removal of the hostile source or neutralization of the sorcerer

(Yangni-Angate, 1981:24). If the ancestors have been angered or transgressed, their forgiveness is sought by making sacrifices and performing rituals in order to appease their anger (Abdool Karim *et al.*, 1994:5), and certain medications are also prescribed after supernatural divination.

For each therapeutic technique used in divination, fees are charged accordingly (Ngubane, 1977:103). This fee schedule is neither fixed nor standardized and arrangements to pay later can easily be made.

According to Green and Makhubu (1984:1074), this payment schedule establishes an enduring relationship between the traditional healer and the patient. This relationship entitles the patient and her family to free treatment for subsequent illness.

Parallel to the relationship of trust and therapeutic techniques, are certain perceptions of the patients about the entire healing process. These perceptions are inherent to traditional beliefs and view traditional healing as contributing to positive interpersonal relations, promotion of health and well-being of an individual's family and community (Abdool Karim *et al.*, 1994:5). Therefore, the patients' perceptions of traditional healing, their needs and expectations, may be the driving force behind their continuous strife to consult a traditional healer, even though the former may have sought the therapeutic techniques of biomedical personnel. This creates a conflict, which I as a black nurse, trained within the biomedical context, identifies the existence of both systems, operating within the same society.

These two systems have for centuries "ministered" side by side to the needs of communities; just as they still do today (Levitz, 1992:24). Therefore, the right of choice remains with the consumer of health services, because she identifies the traditional healer as part of the existing health system, irrespective of whether they do more harm than good (Levitz, 1992:35). These consultations are carried out at the same time, whereby the patient receives biomedical treatment, either before or after consulting the traditional

healer (Freeman & Motsei, 1992:1184). These simultaneous consultations create a problem to both providers and recipients of health care. When complications arise, one blames the other because of lack of communication and trust between these two health systems. They both protect their own domain by preaching the value of using one and not the other. This creates a dilemma to the consumer, who sees both systems as serving her needs.

Confusion then arises and the consumer chooses the services closer to her. It is because of this dilemma, that I as a black South Sotho nurse, feel the need to investigate how these two health systems could be linked, in a supportive capacity, where both will be accepted as health care resources. The focus of this study will thus be on the South Sotho traditional healing process. To understand some aspects of traditional healing mentioned in the context, and to address the existing problem, the following questions need clarification.

What are the characteristics of the relationship between the South Sotho traditional healer and his patients?

What therapeutic techniques are used in the South Sotho traditional healing process?

How does the South Sotho traditional healer view the South Sotho traditional healing process?

How does the patient view the South Sotho traditional healing process?

How can the South Sotho traditional healer be incorporated into the National Health Care Delivery System?

1.2 RESEARCH OBJECTIVES

The aim of this study is to -

- 1.2.1 Investigate the characteristics of the relationship between the South Sotho traditional healer and his patients;
- 1.2.2 Explore the therapeutic techniques used in the South Sotho traditional healing process;
- 1.2.3 Investigate the views of the South Sotho traditional healers regarding the South Sotho healing process;
- 1.2.4 Investigate the views of the patients regarding the South Sotho traditional healing process; and
- 1.2.5 Formulate guidelines for possible incorporation of the South Sotho traditional healers in the National Health Care Delivery System.

1.3 PARADIGMATIC PERSPECTIVES

The metatheoretical assumptions, theoretical statements, and methodological statements of this research, are based on the researcher's own philosophy and the use of Madeleine Leininger's theory as a framework. These are subsequently discussed.

1.3.1 Metatheoretical assumptions

The metatheoretical assumptions formulated for this research, are based on the theory of Madeleine Leininger's Culture Care Diversity and Universality (George, 1995:79; Fitzpatrick & Whall, 1996:183-195). This theory emphasizes the historical, social and cultural contexts of human beings, so as to explain and predict broad dimensions of human care. Human care is addressed as cultural congruent care based on values, beliefs and lifestyles of people from diverse cultures. Within this theory, emphasis is placed upon culturally derived nursing care, based on transcultural human care to maintain health and well-being, or to help clients face death in a culturally appropriate way (Fitzpatrick & Whall, 1996:184).

From the researcher's own philosophy and the theory of Madeleine Leininger (Fitzpatrick & Whall, 1996:183 – 195), the following assumptions such as persons, health, illness, nursing, and environment are addressed.

1.3.1.1 Persons

The researcher accepts the traditional healers and patients as those persons who are cultural beings who have survived through time and place, because of their ability to minister the physical and spiritual needs of both young and old in a variety of environments and in different ways (Fitzpatrick & Whall, 1996:184).

1.3.1.2 Health

This condition refers to a state of well-being that is culturally defined, valued and practised, and which reflects the ability of individuals to perform their activities in culturally expressed, beneficial and patterned ways (Fitzpatrick & Whall, 1996:187). Health is, therefore, closely associated with the religious system which exists among the people, and in this research the focus is placed on health which is the main objective of traditional healing, namely to enhance cultural practices that restores a state of well-being.

1.3.1.3 Illness

For the purpose of this research, the description of illness, according to Hammond-Tooke (1989:57), is used and "... is believed to be intentionally caused by four possible agents: God, the ancestors, witches and pollution." Illness is a state of not being well resulting from man's interaction with a culturally defined external environment, which comprises of the above four named agents, whereby this state of not being well, is a mechanism of fending off these agents.

1.3.1.4 Nursing

Fitzpatrick and Whall (1996:185) see nursing as a "... scientific profession and discipline focused on human care phenomena and activities in order to assist, support, facilitate or enable individuals or groups to maintain or regain their well-being (or health) in a culturally meaningful and beneficial way, to prevent, promote and cure culturally defined illnesses of individuals, families and communities in a way that will facilitate regaining a state of well-being, or accept death in a dignified way". For the purpose of this research, the focus is on the activities of the traditional healer which are undertaken to prevent and cure culturally defined illness in a way that will facilitate regaining a state of well-being, or to accept death in a dignified way.

1.3.1.5 Environment

According to Leininger's theory (Fitzpatrick & Whall, 1996:186), the environment influences the health care patterns of individuals, families and cultural groups. The researcher defines the external environment as a cultural environment that greatly influences an individual's way of life. A cultural environment is determined by the family or community in which one is born, which, if not respected or preserved in a meaningful way, may lead to a state of not being well, therefore to illness. In this research, this external environment includes both family and community. The internal environment focuses on the environment within the person, which is to a greater extent shaped and moulded by the external cultural environment. The internal environment is the individual's physical, psychological and spiritual being.

1.3.2 Theoretical statements

The theoretical framework for this research, includes the central theoretical argument as well as conceptual definitions that are relevant to this research.

1.3.2.1 Central theoretical argument

Knowledge of the characteristics of the relationship between the South Sotho traditional healer and his/her patients, the therapeutic techniques used by the South Sotho traditional healer, and his and the patient's views regarding the South Sotho traditional healing process, will contribute to the formulation of guidelines for possible incorporation of South Sotho traditional healers in the Health Care Delivery System.

1.3.2.2 Conceptual definitions

The following concepts are applicable to this research and are subsequently described.

- **Relationship**

A close and intense interactive relationship where both parties occupy varying positions (Aakster, 1989:128) with a close and intense interaction that is strengthened by the sharing of the same worldview, and where an individual, family and community relate to each other in a mutual interdependent way.

- **Traditional healer**

A person who is recognized to provide health care by using vegetable, animal and mineral substances and certain other methods based on the social, cultural and religious background, as well as on the knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental and social well-being, and the causation of disease and disability (WHO, 1979:9).

In this research, reference to traditional healer implies both male and female South Sotho traditional healers. Where HE or HIS is used in this research, it also refers to female traditional healers.

- **Traditional medicine**

A sum total of all knowledge and practices, explicable or not, used in the diagnosis, prevention, promotion, curing and elimination of physical, psychosocial or spiritual imbalance and relying exclusively on practical experience and observation handed down from generation to generation whether verbally or in writing (WHO, 1978:8).

- **Healing process**

In this research the healing process refers to a process through which an ill person is restored back to health. This occurs by a series of steps or actions undertaken by the South Sotho traditional healer, which will entail supernatural divination(making a diagnosis), followed by the performance of rituals and/or ceremonies and prescription of medications (adjusted from Hammond-Tooke, 1989:115; Abdool Karim *et al.*, 1994:5). The patient accepts the prescriptions and follows them through, until believed to be healed.

- **Biomedical personnel**

Those doctors and nurses who have been scientifically trained for years as professionals at an institution of learning, university or college (Holdstock, 1979:121; Abdool Karim *et al.*, 1994:2; Arthur, 1997:65).

- **Biomedicine**

An inclusive system of health care, based on scientific and empirical knowledge and methods of treatment that are scientifically tested (Anon, 1996:51) and substantiated research results preserved in writing (Hammond-Tooke, 1989:145).

- **Therapeutic techniques**

For the purpose of this research, therapeutic techniques are defined as those methods used by the South Sotho traditional healer to "... prevent, eliminate,

cure and promote physical, psychosocial or spiritual imbalances" (WHO, 1978:8). These therapeutic techniques are applied by various routes, namely: externally, orally, by inhalation, rectally, by injection or blood letting, sucking and steaming (Gumede, 1990:88-90; Abdool Karim *et al.*, 1994:5; Hammond-Tooke, 1989:119-120).

- **Patient**

In this research, a patient is defined as a "... person, male, female or child experiencing illness or sickness, who feels the pain and seeks to find the reasons for what is happening to her" (Ngubane, 1977:100; Mburu, 1977:164; Ingstad, 1989:274).

In this research HER is used to refer to patients both male and female.

1.3.3 Methodological statements

The methodological statements in this research are based on the research model of Botes (1995:1-9) and supports the functional thought approach. This functional thought approach is a basis for practicability and applicability. The present research will be made applicable, once guidelines have been formulated for possible incorporation of traditional healers in the National Health Care Delivery System whereby the existing health care resources would be enriched.

Botes (1995:1-9) highlights three orders from which the research emanates. The first order constitutes the practice area and an endeavour to find possible solutions through research in order to resolve these problems. In this research, the applicable area is the relationship between the South Sotho traditional healer and his patient and the specific therapeutic techniques that he uses.

The theory and methodology of nursing, with research and theory formulation as activities, arise from within the second order. In this research an investigation will be conducted from within the first order, so that exploration

shall be undertaken to highlight the activities in the first order. In this research the investigation is focused on the characteristic of the relationship between the traditional healer and his patients as well as his and the patient's views regarding the South Sotho traditional healing process.

The third order is comprised of the philosophical framework. In this research, the metatheoretical assumptions are based on the theory of Madeleine Leininger's Culture Care Diversity and Universality (George, 1995:379; Fitzpatrick and Whall 1996:183-195). Inclusive in the formulation of these metatheoretical assumptions, are definitions from other authors like Hammond-Tooke (1989:57) and Gumede (1990:9), who give an exposition of traditional healing concepts as applicable to this research. Several theories comprises the theoretical statements and the methodological statements are based on Botes' (1995:1-9) model.

1.4 RESEARCH DESIGN

This chapter gives a short description of the research design and method. In **chapter two** the research design will be discussed in detail. This research uses a qualitative research design, whereby a survey will be conducted for the purpose of exploring and describing the characteristics of the relationship between the South Sotho traditional healer and his patients, the therapeutic techniques used in South Sotho traditional healing, as well as his and the patient's views regarding the South Sotho traditional healing process. The context is thus the South Sotho culture from the townships of Maokeng, Ikageng and Sebokeng.

1.5 RESEARCH METHOD

A brief outlay of the exposition of the research method is given, namely the literature study, sample, data collection, and data analysis. Chapter two will provide a detailed description of the research method.

1.5.1 Literature study

A literature study is undertaken to gain more knowledge and information about the existing information and to ground the checklist, the viewing of the video as well as the interview schedule. The following areas are explored:

- South Sotho traditional medicine: an overview.
- The characteristics of the relationship between the South Sotho traditional healer and his patients
- Therapeutic techniques used in the South Sotho traditional healing process

1.5.2 Sample

For the purpose of this research, samples will be selected from two populations, namely (i) the South Sotho traditional healers and (ii) their patients.

1.5.2.1 Population

For the purpose of this research, two populations are identified.

Population One: South Sotho traditional healers

The population consists of the South Sotho traditional healers practising in Maokeng, Ikageng and Sebokeng.

Population Two: Patients of the South Sotho traditional healers

The population consist of the patients of each of the above-mentioned traditional healers in the three identified areas.

1.5.2.2 Sampling

A non-probability purposive voluntary sample (Rubin & Babbie, 1997:226) is used for both samples (see Chapter two). Data saturation indicates the size of both samples.

1.5.3 Data gathering

1.5.3.1 Data collection method

Data collection is done by way of video-recordings, conducting semi-structured interviews on audiotape and taking field notes, with both the traditional healers and the patients.

Firstly, the South Sotho traditional healer is video -taped when he interacts with the patients and when he uses the therapeutic techniques. This is followed by conducting a semi-structured interview on audiotape about the traditional healer's views of traditional healing process and the uses of traditional therapeutic techniques. Field notes are taken after each of the interactions.

Secondly, the patient is videotaped when she applies the therapeutic techniques the traditional healer has prescribed. This is followed by conducting a semi-structured interview on audiotape about the patient's views regarding the traditional healing process, after which field notes are taken. Experts test the interview schedules for content and face validity. Communication techniques such as paraphrasing, reflecting, minimum verbal response and summarizing (Kaplan *et al.*, 1994:8-10) are used during the recording and conducting of both sets of semi-structured interviews. Field notes are taken after conducting semi-structured interviews as well as the video recordings. These field notes consist of personal observation and methodological notes (Talbot, 1995:478; Polit & Hungler, 1997:307). Ethical aspects as described by the Democratic Nurses Organization (Denosa, 1997:1), are applied throughout the research (Chapter 2).

1.5.3.2 Role of the Researcher

The researcher makes contact with the senior South Sotho traditional healer, who then acts as an intermediary throughout the research and who arranges for a meeting with other traditional healers within the three areas already mentioned. These South Sotho traditional healers indicate a date and time for the researcher to come for commencement of the research.

Permission for the researcher to be part of the healing process, is granted by the senior South Sotho traditional healer in agreement with the other South Sotho traditional healers who participate voluntarily in the research. The patients nominated by the South Sotho traditional healers to participate, are briefed and permission is obtained from these patients.

1.5.3.3 Physical setting

The physical setting where the research takes place, is the homes of the South Sotho traditional healers and the homes of the patients recommended by the traditional healers.

1.5.4 Data Analysis

Two types of data analysis is done as described hereunder.

1.5.4.1 Analysis of video recordings

Data analysis of video recordings of both the South Sotho traditional healers and their patients, is done according to the combined method of Mann *et al.*, (1994:226-230) and described by Dorwick (1991:31). The analysis entails the viewing and coding with the use of a checklist, where selected activities are viewed and tallied in the checklist by means of a tick sign. The checklists are given to experts before hand to be checked for content and face validity. The researcher and a co-coder analyse the video recordings independently of one another, after which they meet to compare their findings and to reach consensus.

1.5.4.2 Analysis of semi-structured interviews

The transcribed semi-structured interviews are analysed according to a combined method for content analysis of Tesch (*in* Creswell, 1990:153-155) and Giorgi (*in* Omery, 1983:57-58). A work protocol compiled by the researcher guides the co-coder to analyse the transcriptions. After the independent analysis, the researcher and co-coder compare their findings and reach consensus.

1.6 GUIDELINES

Guidelines are formulated from the literature study and the collected data. The guidelines focus on the incorporation of the South Sotho traditional healers in the Health Care Delivery System.

1.7 CHAPTER OUTLINE

The chapter outline for this research is as follows.

- Chapter 2: Research design and method
- Chapter 3: The relationship and therapeutic techniques of the South Sotho traditional healer: a literature study.
- Chapter 4: Results, discussions and literature control
- Chapter 5: Conclusions, shortcomings and recommendations, with specific reference to the formulation of guidelines for incorporation of the South Sotho traditional healers in the Health Care Delivery System.

CHAPTER 2

RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

The previous chapter dealt with the introduction and problem statement, paradigmatic perspective of the research as well as an overview of the research design and method. In this chapter as a continuity from the previous chapter, is a detailed description of the research design and method that is followed in this research.

2.2 RESEARCH DESIGN

The research design used for this research is a qualitative survey (Rubin & Babbie, 1997:345-359), conducted for the purpose of exploring and describing (Mouton & Marais, 1996:122) the characteristics of the relationship between the South Sotho traditional healer and his patients, the therapeutic techniques used in the South Sotho traditional healing process, the South Sotho traditional healer's views regarding the healing process, as well as the patients' views regarding the healing process within the context of the South Sotho traditional healing.

With a qualitative survey the goal is "to obtain enough data on many people in many places within a brief space of time" (Schnettler *et al.*, 1989:2). This qualitative survey will be appropriate for this research because it is conducted in the three areas of Maokeng, Ikageng and Sebokeng. Rubin and Babbie (1997:245-359) follows on this qualitative survey by mentioning that this survey will yield a broad basis for the subject to be studied. The subject to be studied is the domain phenomenon that Mouton and Marais (1996:122) describe, as an in depth, accurate, exploration and description of events which will be the relationship between the South Sotho traditional healer and his patients, the uses of South Sotho therapeutic techniques, the South Sotho traditional healer as well as the patients' views regarding the healing process.

Mouton and Marais (1996:120-121) further describe, a context with a qualitative survey, as a setting within which research is conducted. The context of this research is described for the South Sotho traditional healer and their patients in the three areas of Maokeng, Ikageng and Sebokeng. The reason for this distinction is because there are South Sotho traditional healers who are already practising in these three areas and they are dealing with black urban and rural patients' health problems. The health problems that are experienced by black urban and rural patients are unique to their cultural environment. These unique health problems create a dilemma for the patients as to whether to seek the help of the biomedical personnel or the help of the traditional healer.

The change in the South African socio-political climate is such that the urban educated black person now seek the help of the traditional healer without any fear of prejudice. The elite and the poor therefore strive to get access to available health care services because of a strong culture bound bond that exists between them and the traditional healer. The three towns where the research is conducted are situated in three different provinces. The distance that separates these three towns does not affect the people's desire in each town to seek the help of the traditional healer. It appears that there is common ground amongst all the people in the three towns to cross the barrier of distance to get access to the best traditional healer available. It is therefore clear that the researcher selected these three areas of Maokeng, Ikageng and Sebokeng because there is already more information available about what she wants to study. The patients in the urban and rural areas of the three identified areas seek the help of the traditional healers, because traditional healing remains part of their cultural heritage.

2.3 RESEARCH METHOD

The research method to be followed for this research is dealt with in detail hereunder.

2.3.1 Sample

For the purpose of this research two populations are used, namely the South Sotho traditional healers and their patients. The population, sampling, choice of intermediators for samples and size of samples, for both populations are described separately.

2.3.1.1 Population one: South Sotho traditional healers

Described here is the sample of traditional healers.

a) Population

The population consists of South Sotho traditional healers practising in Maokeng, Ikageng and Sebokeng. These traditional healers practice independently of each other within these three areas.

b) Sampling

A non-probability purposive voluntary sample (Rubin & Babbie, 1997:266) is used and done according to set criteria. For the purpose of this research the selection criteria for the traditional healers is as follows:

The traditional healers:

- are of South Sotho ethnic group;
- practice in one or more of the three areas, namely Maokeng, Ikageng and Sebokeng;
- meet the definition of traditional healers according to the WHO's definition;
- are able to communicate effectively with the patient and the researcher;

- are willing to give written or tape recorded informed consent to participate in the study after being informed about the reasons and procedure of the research;
- allow the interaction between himself and his patient to be video-recorded;
- are prepared to participate in a semi-structured interview and have this recorded on an audiotape; and
- be able to speak through the medium of English, South Sotho and/or Afrikaans.

(c) Choice of an intermediary

A letter (see Annexure A) requesting the senior South Sotho traditional healer to act as an intermediary and a participant is taken to him to inform him about his role as an intermediary in this research as well as what to expect when identifying further participants (traditional healers) for the research. He should:

- identify participants according to a set criteria as provided by the researcher;
- inform the participants about the following aspects as planned for the research:
 - the reasons for the research and methods of data collection;
 - that participation is voluntary and that participants have a right to withdraw from the research at any stage;
 - video-recordings are used to capture their actions when interacting with their patients and when using the therapeutic techniques;

- anonymity is ensured whereby only the researcher, co-coder and study leaders shall have access to the video recorded tapes and transcriptions;
 - that video-recorded tapes are availed to them for viewing if they so desire;
 - interviews following the video-recordings are conducted at their homes and the duration is about one and half hours per contact session, or until all necessary information is obtained, and
 - the interviews are tape-recorded and transcribed;
 - that not all the participants nominated by the intermediary shall necessarily be included;
 - that they are informed about the results of the research;
- inform them that the researcher will personally contact them telephonically to confirm their participation. In areas where there are no telephones, a home visit shall be done to confirm participation and arrange for appointments to take video recordings and conduct interviews;
 - encourage the respective traditional healers to partake in the planned research;
 - avail to the researcher the names, addresses and telephone numbers of potential participants; and
 - inform the researcher about the participant's language preference.

Request to act as intermediators

Once the South Sotho traditional healers has been identified by the Senior South Sotho traditional healer, they are contacted by the researcher to

request their permission to participate in the research, as well as to act as intermediators between the researcher and their patients. When identifying participants (patients) for the research, they should:

- do this according to a set criteria (Annexure C) provided by the researcher;
- inform participants (Annexure C) about the following aspects as planned for the research:
 - the reasons for the research and methods of data collection;
 - that participation is voluntary and that participants have a right to withdraw from the research at any stage;
 - the video recordings are used to capture the interactions between them (traditional healers) and their patients;
 - only the researcher, co-coder, study leader and co-leader will have access to the video recorded tapes and transcriptions;
 - that video-recorded tapes will be availed to them for viewing if they so desire;
 - that a follow-up video-recording will be made of them when using the prescribed techniques of the South Sotho traditional healer;
 - that interviews are conducted at their homes following the video-recordings, and that the duration will be about one and half-hours per contact session, or until all necessary information is obtained;
 - that the interviews will be audiotape-recorded and transcribed, but anonymity will be ensured by not mentioning anywhere in the research report about their names;

- that their names and home addresses are not mentioned, and only the researcher, co-coder, study leader and co-leader will know this information;
- that all the potential participants as nominated by the intermediary shall not necessarily be included, or may be included until data is saturated;
- that they will be informed about the results;
- inform them that the researcher shall inform the participants or will personally contact them telephonically to confirm their participation, and in areas where there are no telephones, a home visit will be done to confirm participation and arrange for appointments to record the videotapes and conduct the interviews;
- encourage the various participants (patients) to partake in the planned research;
- avail to the researcher the names, addresses and telephone numbers of potential participants; and
- inform the researcher about the participant's language preference.

c) Sample size

In this research participants will be included until all data is saturated Burns and Grove (1997:302-306).

2.3.1.2 Population two: Patients of the South Sotho traditional healers

The following is the description of population two, namely the patients of the traditional healers.

a) Population

The population consists of patients of each of the above-mentioned traditional healers, staying in the above-mentioned areas of Maokeng, Ikageng and Sebokeng.

b) Sampling

The patients are selected by using a non-probability purposive voluntary sample. Rubin and Babbie (1997:266) describes, purposive voluntary sample as the inclusion of all participants that are conveniently available at the time the research is undertaken and are willing to participate.

The selection is done according to the following set criteria. The patients

- include adults and/or children;
- live in the above-mentioned areas;
- are those who are not using traditional healing therapeutic techniques for the first time;
- have no fear of open communication
- can communicate in South Sotho, English or Afrikaans;
- are willing to participate in the research and give tape-recorded or written informed consent (see Annexure C) after being informed about the reasons and procedures of the research;
- are willing to be videotaped when interacting with the traditional healer, and when using therapeutic techniques at home and
- are prepared to have interviews recorded on tape.

c) Sample size

As mentioned in 2.3.1.1, participants will be included until data is saturated.

2.3.2 Data collection

The data collection method, physical setting, field notes as well as the role of the researcher in this research is discussed hereunder.

2.3.2.1 Data collection method

Data collection is achieved by video recording and the conducting of semi-structured interviews on audiotape, as well as the documenting of field notes, at the end of the aforementioned methods.

2.3.2.1(a) Data collection of the South Sotho traditional healers

The researcher starts by taking video-recordings of the South Sotho traditional healers when interacting with the patients, as well as when they use their therapeutic techniques. Data collection for each traditional healer is done separately.

During the video recordings the researcher ensures that there is sufficient light on the scene to be captured. This can be achieved by the use of another light source to illuminate the field. To ensure that the camera is not shaky, a tripod is recommended or alternatively the camera is placed on a sturdy object in a corner. A secluded place will also minimise distractions and decrease observer effects (Roberts *et al.*, 1996:334-338). Baker *et al.*, (1984:1-60) refer to precision in picture taking and is as follows:

- Take the picture with an introduction speech.
- Ensure available sound effects immediately.
- Replace silence with explanatory captions.
- Time picture-taking and record the resuming activities.
- Ensure that the picture accommodates all necessary information.

- Highlight the areas of concern.

The researcher shows acknowledgement by non-verbal responses and behaviour coupled with minimum use of voice (Roberts *et al.*, 1996:334-338).

The video-recording sessions continue until all the necessary information is recorded.

After the video recording of the interaction between the traditional healer and his patient, the researcher explores the relationship between the traditional healer and his patient by means of a semi-structured interview.

The researcher first explains to the South Sotho traditional healer what is to be expected of him during the semi-structured interview. She endeavours to build rapport with the traditional healer and the patient to keep the atmosphere relaxed. The semi-structured interview schedule is read to the traditional healer prior to commencement of the interview, to facilitate clarity of questions and create an understanding of what the interview is all about. The semi-structured interview then commences by asking the questions in the interview schedule (Annexure D). The researcher takes the educational level of the traditional healer into consideration. The traditional healers are allowed to converse fully within the objectives and area of the topic and they are given enough time to answer each question. The interviews will proceed for as long as the conversation allows and until all the information is saturated. On conducting the semi-structured interviews, the traditional healer is encouraged to communicate freely with the researcher through the use of communication techniques as described by Kaplan *et al.*, (1994:8-10), as well as Okun (1992:70-71). These techniques are described as:

- **Clarifying:** This is used as an attempt to focus on or understand the basic nature of the patients' and traditional healers' statements.

- **Paraphrasing:** During paraphrasing a verbal message or the words of the patient and traditional healer are repeated in other words or by means of synonyms by the (interviewer) researcher.
- **Reflecting:** Reflecting is used where the patients and traditional healers are shown in an empathetic way that their responses are heard and understood. However no interpretation is done.
- **Minimum verbal responses:** This entails using a nod, leaning forward and the use of "uh-huh", "yes" and "Mm-mm". It indicates that the traditional healers and the patients are heard and encouraged to continue talking.
- **Summarizing:** By summarizing the researcher synthesizes what is said during the interview and highlights the important affective and cognitive themes.

2.3.2.1(b) Data collection on the patients of the South Sotho traditional healer

This phase commences when the South Sotho traditional healers indicate to the researcher that the patient is ready and data collection takes place at the patient's home. The researcher videotapes each patient individually while they use the therapeutic techniques the traditional healers has prescribed. During the video recordings the researcher ensures that the same principles that are applied in the video recording of the South Sotho traditional healer are adhered to, as described by Roberts *et al.*, (1996:1-60) and Baker *et al.*, (1984:334-338) (2.3.2.1(a)). The video-recording sessions shall be determined by the duration of the application of the therapeutic techniques or until all the necessary information is recorded.

After the video recording sessions the researcher conducts interviews with the patients regarding their perceptions of the traditional healing process. These interviews are recorded on audiotape. The researcher will first ensure

that the atmosphere is relaxed. She reads the questions to the patients to clarify them and create an understanding of what the interview is all about. The semi-structured interview commences by her asking the questions from the interview schedule (Annexure E). The patients receive questions that are specifically designed for them taking into consideration their level of education. Conversation will be within the objectives and topic area of the research. These patients are given enough time to answer each question. The communication techniques described in 2.3.2.1(a) are also used during this interview.

2.3.2.1.3 Field notes

The researcher takes field notes after the video recording and conducting the semi-structured interviews for both the traditional healers and their patients (Annexure I, K and M).

According to Talbot (1995:478) and Polit and Hungler (1997:307) these field notes comprise of the following:

- **Personal notes**

These are notes of personal reactions, reflections and experiences as observed by the researcher. These notes expect the researcher to place herself in the position of the participants, especially patients who are seekers of help. The researcher needs to be empathetic.

- **Observation notes**

This is the description of events as seen and heard. It entails the who, what, where and how of the situation with as little interpretation as possible.

- **Methodological notes**

This implies the instructions, researcher's critique with regard to the recording of the videos, conducting of the interviews, description of interpretations,

directions and motivation that has been formulated and can serve as a guide or scheme for data analysis.

The researcher records the date, the names of the participants and places where field notes are taken to facilitate an orderly and full description of data for the data analysis.

2.3.2.2 Physical setting

2.3.2.2.1 Physical setting at the traditional healer's homes

The homes of the traditional healers are ideally used because the traditional healers operate from their homes. It is the duty of the traditional healers to arrange the physical settings at their homes. Polit and Hungler (1997:306) states, that a physical setting is a context within which human behaviour unfolds and should not be constrained. It should be an environment that foster psychological freedom and enhance participation. The video camera is set up in such a manner that it ensures effective capturing of the interactions between the patients and the traditional healers, and when the traditional healer and the patient use the therapeutic techniques. The researcher and the traditional healers concerned, ensure that the temperature is normal, ventilation and noise is limited. A notice is placed on the door where video recordings and interview sessions are conducted to enhance a distraction free environment. The sitting place is arranged in such a manner that it facilitates eye contact and continuous rapport. The homes of the traditional healers and the patients do not conform to strict controlled or manipulated settings (Burns & Grove, 1997:42), because they are natural settings.

2.3.2.2.2 Physical setting at the homes of the patients

The homes of the patients are to conform to the above-mentioned requirements. The family needs briefing about the importance of a distraction free environment. The researcher will do this briefing in the presence of the patient concerned.

2.3.2.3 Role of the researcher

The researcher obtains the relevant written informed consent from the Senior South Sotho traditional healer. The Senior South Sotho traditional healer avails the names, addresses and telephone numbers of the traditional healers and their patients who are willing to participate in the research, to the researcher. The researcher contacts these participants telephonically or personally where there are no phones, so as to obtain their written informed consent and to find out whether the reasons for conducting the research is clear to them. The researcher makes an appointment with the senior traditional healer and other traditional healers to arrange for the date, time and place where the video-recordings and interviews will be conducted. These appointments are confirmed a day before commencing with the video recording and interviews by the researcher. The researcher uses these personal visits as an opportunity to clarify any uncertainties regarding each traditional healer and patient's participation in the research. The researcher tears off the consent form slip and keep them as proof of voluntary participation in the research.

The date, time and place of the video-recordings and semi-structured interviews will be determined by the traditional healers in agreement with the patients. The video recordings and the semi-structured interviews takes place as described in 2.3.2.1(a) and 2.3.2.1(b).

2.3.3 Data analysis

Data analysis for this research is divided into two categories, namely, analysis of the video-recordings and data analysis of the audiotape transcriptions.

2.3.3.1 Data analysis of video recordings

Data analysis of the video recordings are done according to a combined method of Mann *et al.*, (1994:226-230) and Dorwick (1991:31). This is to be

done by means of viewing and coding with a checklist (Annexure G). The checklist indicates selected activities that depict behaviours and events that are done or not done. The checklist of each traditional healer and his patient should have their personal information recorded prior to its use.

The process of viewing and coding entails the following steps:

- Use a videocassette recorder attached to a colour Television set.
- Look at the videocassettes, whilst simultaneously using a checklist to tally with a tick sign for observed events.
- Observe the videocassette for events that correspond with those that are in the checklist and tally them off.
- Behaviours or events that appear on the videocassette but are not in the checklist are written separately in the area reserved for remarks or comments.
- Behaviours or events that are in the checklist but not depicted on the videocassette are ignored.
- When an event is recognized as not clear a pause button (freezing frame) is pressed to review the behaviour and compare it with what is in the checklist.
- To analyze a session the video playback is resumed by pressing the rewind button, in this fashion an entire session is analysed. The researcher will view and code independently of the co-coder. The co-coder will receive the copies of the videocassettes and checklists to enable her to view and code independently.
- After viewing and coding independently, the researcher and co-coder will meet to reach consensus.

2.3.3.2 Data analysis of audiotape transcriptions

The audiotapes of the interviews are transcribed verbatim by the researcher. Content analysis is done by means of a combined technique of content analysis of Tesch (*in* Cresswell, 1990:153-159) and Giorgi (*in* Omery, 1983:57-58). This is done as follows:

- Transcriptions are presented in such a manner that there is an area for notes; concepts noted on the left and researchers perceptions on the right side.
- Read through all the transcriptions to get a sense of the whole.
- Choose the most interesting or shortest transcription and read through it.
- Decide on words and themes as units of analysis.
- Read through the transcriptions underlining these themes and words.
- From the transcriptions carry the spoken words to the left column and any perceptions are written on the right column.
- Read through the left column and look at any spontaneous main categories and subcategories that come to mind and systemise them in a table format.
- Spoken words are transferred to the subcategories and main categories in the table. Perceptions are used to help clarify these tables.
- Look at the remaining themes also in this column.
- Refine the table by translating the table into scientific language. Giorgi (*in* Omery, 1983:570) recommends that redundances in the themes should be eliminated.

- The researcher should meet the co-coder to discuss the findings so as to reach consensus and to finally finalize the tables.

The use of double coding is employed whereby a nurse specialist or an expert co-coder decodes independently of the researcher. The co-coder will receive copies of the transcriptions, checklist and filed notes, and a work protocol (see Annexure F), that indicates the objectives of the research the questions as asked to the traditional healers and patients as well as the guide of steps to follow during the process of analyzing.

2.3.4 Trustworthiness

Trustworthiness is described as a measure to ensure reliability and validity in qualitative research. For trustworthiness in this research a combination of the approach of Guba (*in* Krefting, 1991:214) and the model of Woods and Catanzaro (1988:136-137) for reliability and validity is used.

Guba (*in* Krefting, 1991:214) uses specific criteria to measure trustworthiness namely credibility, applicability, consistency and neutrality. This criteria is therefore applied to this research and is discussed hereunder.

2.3.4.1 Credibility

Guba (*in* Krefting, 1991:219) states, that in order for credibility to encompass truth-value, it should be a true reflection of what the participants experience. The experiences should concur with the findings of the researcher and the researcher endeavours to give an accurate reflection of what the participants have conveyed to her.

To ensure that there is an accurate reflection of the truth in this research, the following techniques are used:

- The researcher has undertaken a literature study from various sources (data collection is controlled by this);

- field notes are taken after the video recording sessions and conducting of interviews, and form part of data analysis;
- cross validation is used during data analysis by means of independent data analysis and a consensus discussion between the researcher and the co-coder;
- a trust relationship is built between the researcher and the participants so as to reduce misconceptions.

Woods and Catanzaro (1988:137) does not refer to credibility as such but mentions further threats to validity in qualitative research as (a) observer effects (b) selection (c) regression and (d) mortality.

a) Observer effects

Observer effects arises when the participants become aware that they are being observed and put themselves in the best light to be acceptable (Woods & Catanzaro, 1988:137). For the purpose of this research the South Sotho traditional healer may act unnaturally since his role is observed, as he attends to his patients and in respect of patients, they may also sway data by lying or omit relevant information because they are observed when applying traditional therapeutic techniques. The researcher uses the following control measures:

- The video camera is to be placed in such a manner that it blends with the furniture.
- The researcher should minimise physical movements during video-recording to decrease distracting participants.
- The tape recorder is switched on when the interviews commence and an interview schedule is used.
- The findings during data collection are described and compared with the data in the literature study.

- Field notes are written by the researcher immediately after each video recording and interview session so as to reflect the whole video recording and the interview session.
- The co-coder and the researcher analyze the data independently to facilitate coding.
- The researcher and co-coder have a discussion during which differences in their interpretations and coding are highlighted.
- In the report of the research results the researcher acknowledges her alliance to the research situation.

b) Selection

According to Woods and Catanzaro (1988:137), selection of participants can include threats to the validity of the research. For this research the threats are embedded in the criteria for selection of participants (see 2.3.2.1(a) and 2.3.2.1(b)). It can be possible that the sample does not necessarily represent the target population. Control measures to enhance reliability in this research is as follows:

Selection is done according to a purposive voluntary sample. Available participants are selected by the intermediators according to a determined selection criteria in the three identified towns where the research is to be undertaken. After selection the participants may willingly agree to participate or not. The criteria also affords people who can provide data about the research an opportunity to be selected.

c) Regression

According to Woods and Catanzaro (1988:137), regression arises from information or data that becomes old and loses its viability. In this research regression is prevented by taking video-recordings and conducting interviews, that are similar to all traditional healers and those that are the same for all

patients. Data is collected once only for the duration of about four weeks from the first to the last recording of videos and conducting of interviews.

d) Mortality

Mortality arises from loss of participants when the research is undertaken for a long time (Woods & Catanzaro, 1988:137). It may be possible for a participant to be lost from the time when the participant availed herself to be part of the research to the time when data is collected. Therefore data is collected within four weeks in this research. To decrease the possibility of mortality amongst the participant the researcher shall:

- Endeavour to keep the time between consenting to be part of the research for recording videos and conducting interviews as short as possible.
- Emphasize the importance of turning up for the video recordings and interviews in the letters.

2.3.4.2 Applicability

According to Guba (*in* Krefting, 1991:216), applicability refers to the degree to which the research can be applied to other situations. Qualitative, contextual research, according to Guba (*in* Krefting, 1991:216), cannot be generalized to other similar situations. The researcher is to ensure that a dense description and consistent reporting is done from the data that is collected from this research context, in case other researchers may want to criticize it or conduct further studies (see Chapters 2 and 4).

2.3.4.3 Consistency

Guba (*in* Krefting, 1991:216) uses the term auditability when referring to consistency. Auditability is used to describe the situation where another researcher on account of the dense description of the research, can be in a position to follow this determined research based on the argument of the

researcher. To make this research auditable and to increase reliability, the researcher gives a dense description of the data collection method, data analysis and the results. These descriptions serve as measures to indicate how unique and replicable this research can be.

Further threats to consistency that are likely to arise in qualitative research are described by Woods and Catanzaro (1988:137). These threats can be controlled in this research, namely the status of the researcher, the choice of participants as well as the social situation.

- **The researcher's status**

The reliability of this research is influenced by the researcher being known to the participants. The researcher is a black nurse, brought up with some of the participants and lives amongst them. The researcher's involvement in this research is high, stemming from the fact that she is present during the shooting of the video-recordings and personally conducts the interviews, takes field notes and analyses the data. The use of experts is to ensure trustworthiness of the checklist and interview schedule before these are used for data collection. After data collection, a co-coder is used for independent data analysis to increase trustworthiness of the research results.

- **Choice of participants**

According to Woods and Catanzaro (1988:137), there are the so-called "good" participants, with qualities that may not be present within the population. The use of an intermediary in both populations during data collection increases the risk that only the so-called "good" participants are selected for the research. The researcher uses the following control measures to ensure consistency in this research, namely:

- Setting clear selection criteria (see 2.3.1.1 and 2.3.1.2) for both samples, namely traditional healers as well as their patients who are purposively selected by intermediators.

- When participants are selected, each participant maintains the right to participate voluntarily (see Annexures A, B and C).

- **Social situation**

A final threat to the consistency of the research may be the social situation of the participation. The social situation of the participants indicates that they may judge the relevance of their responses in relation to the context of the research (Woods & Catanzaro, 1988:136). In this research the traditional healers may feel threatened by the fact that it is expected of them to relate in a certain way with their patients, and apply the therapeutic techniques in a manner in which they may not be normally applying them. They may view it possibly as a judgement, namely that they may feel that the services they are rendering are not complete. This can lead to dishonest responses. The patients who use traditional therapeutic techniques may also feel threatened because they reckon that they may also not give honest responses. The following control measures are to be applied, namely:

- The researcher accepts that the interview session is a personal meeting and ventures to build rapport with the participants and create a relaxed atmosphere.
- To increase consistency in both samples, the researcher explains the reasons for conducting the research to each participant and emphasizes to each, their importance for participating in the research. This is done before commencing the research.
- The researcher records field notes after every video recording and interview session. These field notes are used during data analysis to present a picture of the whole video recording and interview session so as to reflect the trustworthiness of the results. It is upon obtaining these results that guidelines are

formulated regarding the possible incorporation of traditional healers in the Health Care Delivery system.

2.3.4.4 Neutrality

Neutrality refers to a clear connection between the sources of data and the description thereof. According to Guba (*in* Krefting, 1991:216-217), neutrality of the research will be increased by the auditing of the checklist, verbatim transcriptions of the interviews, field notes, video-recordings, data analysis documents, interpretations of categories and format of questioning. In this research the researcher will keep all the aforementioned records in case other researchers would want to review them for neutrality.

2.3.5 Ethical aspects

Ethical aspects specific to this research are taken into consideration as detailed in the Democratic Nurses' Organization of South Africa guidelines (1998:1-7). These ethical aspects shall be dealt with as follows:

2.3.5.1 Quality of the research

The researcher endeavours to attain and maintain the highest standards of the research through the use of thorough planning, implementation and documentation of the research findings. The research project is approached with integrity; inclusive support, opposing views and criticism during the literature study.

The researcher ensures the high standards of the research by:

- Following the Harvard style of bibliographic reference (PU for CHE, 1997);
- the use of a checklist to confirm video recorded events;
- the use of coding and verbatim transcriptions of the semi-structured interviews; and

- the use of an expert co-coder during data analysis.

Quotations from the verbatim transcriptions are included in the discussions and interpretations of the results (see annexures of results).

Acknowledgement is given to participants, co-coders, study leader, co-leader and financial supporters in written records and verbally (see page of acknowledgements).

2.3.5.2 Confidentiality and anonymity

Confidentiality and anonymity in this research is ensured by not revealing anywhere in the report the identity of participants or instances where data was collected. The researcher, study leader, co-leader and the traditional healers are the only ones who will know the names of patients. The study leader and co-leader involved in the research are also made aware of the importance of confidentiality and anonymity, and this is explained to the participants by the researcher (see Annexure A, B and C).

2.3.5.3 Privacy

Privacy is ensured by recording the video sessions and conducting the semi-structured interviews in total privacy at the homes of the traditional healers and their patients. Information from each one is not divulged to the other. The homes of both the South Sotho traditional healers and their patients are to be free of any disturbances, telephones or other people. A "Do not disturb" sign is placed on the door where video-recordings and interviews will be conducted. This will ensure that the participants should function to their optimum level without the fear that their behaviour or thoughts may be used against them. Only information necessary for the research is obtained as set out in the checklist and the interview schedule. The researcher endeavours to collect only data that is absolutely necessary to achieve the research objectives. According to Heacock *et al.*, (1996:336-338), privacy is also

enhanced by videotaping only the areas of interest, or as outlined in the research objectives.

2.3.5.4 Consent

The research takes place within a specific area of both the traditional healers and the homes of their patients and therefore informed consent is obtained from both the South Sotho traditional healers and the patients to conduct research in their homes (see Annexure A, B and C). The participant's humanity is considered even though voluntary participation implies consent. The desire or wish to withdraw from the research is respected even if the research is not yet completed.

Informed consent from both the South Sotho traditional healers and their patients involved in the research is obtained in a written form. The Annexures A, B and C includes amongst other aspects: the reasons for undertaking the research; the research method; the duration of video recordings and the interviews; the manner in which their participation is expected; how the results will be reported and published; the identity of the researcher and co-coder; possible discomforts during interviews and video recordings; how confidentiality and anonymity will be ensured (see 2.3.4.2).

2.3.5.5 Risks

The research is planned and to be implemented with involvement of minimum or as little exposure to possible physical, psychological and social risks. The evidence of any discomfort and anxiety, which may be more than usually expected or experienced, shall be dealt with after conducting the interviews and video recordings. The patients forming population two of the sample may be referred to therapy of their own choice if the data collection process has been physically, psychological and emotionally taxing. Any physical and/or psychological discomfort experienced by the participants will be described in the research results.

2.3.5.6 Termination

The video recordings and interviews will be terminated if the traditional healers, and/or the patients so desire. Termination of the research will also occur if the relevant data cannot be obtained.

2.4 GUIDELINES

Guidelines are formulated from the literature study, collected data and literature control about the characteristics of the relationship between the traditional healer and his patients, the therapeutic techniques that are used in the traditional healing process, and the views of both the South Sotho traditional healer and his patients regarding the traditional healing process. These guidelines are formulated for incorporation of traditional healers in the Health Care Delivery System to ultimately give the traditional healers a role in the delivery of health care.

2.5 CONCLUSION

In this chapter the research design and research method are discussed completely. In the following chapter a literature study to ground the checklist and the interview schedule will be dealt with.

CHAPTER 3

THE RELATIONSHIP AND THERAPEUTIC TECHNIQUES OF THE SOUTH SOTHO TRADITIONAL HEALER: A LITERATURE STUDY

3.1 INTRODUCTION

A detailed discussion of the research design and method for this research was given in chapter 2. In this chapter, an overview of existing literature of South Sotho traditional medicine is given. This discussion is followed by describing the relationship between the South Sotho traditional healers and their patients, the use of various therapeutic techniques by the South Sotho traditional healers and their patients, as well as the traditional healing process. This chapter provides grounding for the checklist and the interview schedule.

3.2 SOUTH SOTHO TRADITIONAL MEDICINE: AN OVERVIEW

South Sotho traditional medicine is linked to the traditional medicine of other African cultures south of the Sahara, therefore, the existing South African definition of traditional healing is inclusive for all cultures. It is thus not possible to speak of a single African traditional healing system. Differences between cultures south of the Sahara are sufficiently small for generalizations to be made within certain limits (Abdool Karim *et al.*, 1994:4).

Even though a small difference occurs between the cultures, the researcher realises the necessity to explore the South Sotho traditional healing practices. This is based on the premise that the South Sotho are a group of people who believe in traditional cultural practices. Literate or illiterate, urban or rural, the typical Mosotho will always refer to traditional cultural practices in order to

maintain a harmonious relationship with his world, in order that he should be at peace with himself, his family, community and ancestors.

Embedded in traditional cultural practices, are the uses and application of traditional healing medicines. The South Sotho have a vast knowledge of effective medicines used in rituals and ceremonies, with a view to maintaining a balance in their world. As mentioned earlier in the paragraph, there is difficulty in drawing a clear demarcation line between the cultures stemming from migration of people from the north to south and those from south to north. This migration has led to people of different cultures staying together and using traditional healing practices that are interwoven. Hammond-Tooke (1989:116) states, that in the literature on traditional healing in South Africa, there has been a tendency to think of all traditional healers in terms of the witch doctor, yet the witch doctor is the one who is involved in evil practices and the traditional healer is the one who cures and heals culturally defined illnesses. Thus, both among the North and South Sotho, there are traditional healers who use the Nguni method. Such traditional healers among the South Sotho are referred to as "ngaka" or "mokome". For the purpose of this research, a thorough exposition is done to distinguish the existence of the South Sotho traditional medicine from that of other cultures.

A literature study has been done about the Nguni, the Tswana as well as the North Sotho contexts, of which the last two run parallel to the South Sotho context. The South Sotho traditional healer ("ngaka") is either a man or a woman who operates in both urban and rural areas. This traditional healer has the ability to act as a diviner and a herbalist who prescribes his own medicines after divination. He also has the ability to act as a religious consultant, a legal adviser, a police detective, a marriage counsellor and a social worker (Staugard, 1985:12).

3.2.1 Definition of traditional medicine

Prior to elaborating on how the traditional healer ("ngaka") operates, it is imperative to define traditional medicine so as to identify its applicability to this research. According to the World Health Organization's definition of traditional medicine, reference has been made to the definition already made by African experts who met in Brazzaville in 1976, that traditional medicine is "the sum total of all knowledge and practices, explicable or not, used in the diagnosis, prevention, promotion, cure and elimination of physical, psychosocial or spiritual imbalances and rely exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing" (WHO, 1978:8).

This definition befits South Sotho traditional medicine, because the South Sotho, like all other African people, base their healing on a combination of naturally derived medicines and rituals (Green & Makhubu, 1984:1973). Developed within the African culture in Southern Africa, South Sotho traditional medicine is derived from both plant and animal sources and prepared in a variety of ways which is inclusive of burning and boiling. Even though the traditional healing practices vary slightly, healing expertise is intricately intertwined with cultural and cosmic phenomenology (Abdool Karim *et al.*, 1994:4). The above statement implies that traditional healing is deeply rooted in the black people's culture, which is also interwoven in their religion.

3.2.2 Religion, culture and the concept of illness and health

Arthur (1997:63) states, that this religion is a frame of reference which forms the "fabric" of African traditional life. The South Sotho also uses this religious frame of reference as a fabric which closely connects all thoughts and activities of the people. Ideas of health and illness are an integral part of this religious system. According to Mburu (1982:161), ideas of illness are a function of the social condition or conviction that such diseases can or cannot be treated. The person who is ill, is observed by those around and if the

illness is minor, home remedies are given, since the illness can be treated. If the illness is serious and cannot be treated, outside opinion is sought (Ngubane, 1977:100). A decision to consult a traditional healer in times of ill health, is the beginning of the formation of a unique relationship between the traditional healer and the patients. A thorough exposition of the characteristics of the relationship appears in 3.3.

Abdool Karim *et al.*, (1994:2) declares, that the traditional healer "shares with the patient a view of the world and the way in which it works", something that is completely alien to biomedical personnel. The traditional healer provides comfort and support to the patient and relatives. One of the greatest attributes of a good healer, biomedical or traditional, is for him to be a good listener (Gumede, 1990:153), and the traditional healer is an expert in giving reassurance and providing comfort (Musi, 1996:31), because he is of the people and comes from amongst them.

It has been mentioned earlier that the traditional healer acts as a religious consultant. This consultancy is facilitated by the ability to communicate with the ancestors. Ancestors are highly regarded and respected by all South Sotho's. Who are the ancestors and what effect do they have on the people? The following paragraphs will give an explanation of who the ancestors are, and what their role is in illness and health, as perceived by black people.

3.2.2.1 Ancestors and ill health

Ancestors are seen as a link between the living and God. Ingstad (1989:251) states, that they protect their descendants and intercede for them with God to bring good luck and happiness if they are treated with respect before and after their death. It is imperative to maintain a good harmonious relationship with the ancestors, and therefore, with God. The South Sotho refers to their God as "Módimo", who is regarded as a creator of all things and He reigns supreme over the most important events in life. If the general laws and rules of life are not respected, punishment is inflicted by bringing about illness or

disasters (Staugard, 1985:49). From the previous statement of Mburu (1977:161) 3.2.2, it is clear that ideas of illness are a function of the social condition of the people. This social condition also includes the religious system, where, if the ancestors are transgressed, consulting the traditional healer is the only way to remove the source of illness (Abdool Karim *et al.*, 1994:5). Ancestors continue to guide and supervise daily activities of the people and mediate between God ("Modimo") and the people.

Yangni-Angate (1981:241) further states, that ancestors may be visible or invisible. The South Sotho believe that one's parents and extended family are your living ancestors and therefore, failure to obey them or maintain the expected balanced relationship with them, may lead to punishment. This stems from the clear rules of correct behaviour between the juniors and seniors (Hammond-Tooke, 1989:102). Gumede (1990:41) says, that good health and good fortune are rich rewards for good behaviour and this is accomplished by sacrifices to the "ancestral spirits". Ill health is regarded as a punishment for "sins" of commission and omission, summarized as "... render unto Caesar that which belongs to Caesar". Failure to comply, leads to such protection being withdrawn, therefore the descendant falls prey to witches and other types of evil and misfortune (Staugard, 1985:69; Gumede, 1990:41; Abdool Karim *et al.*, 1994:6).

3.2.2.2 Ancestors, illness and initiation to be a traditional healer

Ancestors may also inflict another form of illness if the person is chosen or called to be a traditional healer. This illness is not greeted with enthusiasm by the chosen one and/or family, because it means a lifetime of taboos and travelling around the country at the request of patients (Hammond-Tooke, 1989:106). This form of illness is referred to as "ancestral spirit possession", indicating the need to be an apprentice or an initiate to be a traditional healer (Abdool Karim *et al.*, 1994:6). To do this the chosen one must present himself to an established master traditional healer and must go live with him

for a period of about two years depending on the order of that doctor (Hammond-Tooke, 1989:107).

According to Yangni-Angate (1981:242) this type of disease has a supernatural origin and those who refuse to submit to its will, can become mad, or the penalty can be death. Hammond-Tooke (1989:107) states, that because the "sickness" these initiates are suffering from, is sent by the ancestors, its cure depends on rituals and not on medicines. The treatment of an initiate to be a traditional healer, is performance of an apprenticeship taught by a master traditional healer of good reputation.

Training involves mental exercises for divining, studying of herbs, plants and communication with ancestors. Gumede (1990:75) further states that during apprenticeship, mixing family life with the calling, is not feasible. Therefore, on completion of the initiation programme, a "graduation" ceremony is held. The feast involves the ritual killing of a beast or a goat and the brewing of beer. Hammond-Tooke (1989:108) describes an initiation dance that continues throughout the night. Prior to the dance, the initiate is expected to use his divining powers to smell out the ritual beast or goat, before it is slaughtered. The ceremony is a celebration cum solemn prayer whereby the ancestral spirits are requested to guide and guard the initiate through the channel of communication with the ancestral spirit world. Gumede (1990:75) claims, that this resembles the Hippocratic oath, the nurses pledge or an oath of allegiance. The family is now informed by the master traditional healer that the initiate doctor is now ready to come home and commence his life's work.

Ngubane (1977:142) mentions, that communicating with the ancestral spirits, makes the traditional healer clairvoyant and must avoid unclean situations throughout. He must use white symbols to emphasize his purity and his special association with the purity of the spiritual world.

The South Sotho initiate is called "mocholoko". When the chosen one feels that he does not want to go through the process of initiation ("thwasa"), the

master traditional healer, after consultation, may prescribe the rite to shut down the ancestors (Gumede, 1990:72). Some people often keep this a secret, especially those who are significant members of the society. A person will be "ill" until he yields but may convert to Zionism to be a prophet. According to Staugard (1985:107) this person will now be classified as a prophet ("moprofita"). Freeman and Motsei (1992:1183) mention, that these faith healers prophets are not traditional in the commonly used sense of the word. Further Freeman and Motsei (1992:1183) claim, that these prophets did not exist before the development of biomedicine. The researcher will not elaborate on the existence of faith healing, as it does not befit the description of the South Sotho traditional healer and medicine, but will continue with the process of shutting down the ancestors.

The South Sotho do not encourage shutting down ("kwala") the ancestors because they claim that it brings about family hardship, misfortune and prolonged incurable illness to the chosen one. However, Gumede (1990:72) explains this process of shutting down the ancestors as involving drinking a medicine and vomiting it into an ant heap, and walking away without looking back. Alternatively the patient goes to a river far away and the procedure of vomiting into an ant heap is repeated, together with immersing the chosen one in the river up to the neck. On leaving the water, they do not look back and in this way they shake off the spirit.

3.2.2.3 Illness resulting from evil spirits

The South Sotho also refers to evil spirit possession as "mafofonyane". Gumede (1990:144) refers to this as the worst form of behaviour. A person is possessed by a horde of spirits of different racial groups. This spirit possession leads to mental derangement. For this illness to be treated, exorcism is performed and these spirits wander around and may gain entry if the people are not protected. Gumede (1990:46) mentions "wanton spirits" which are destructive, mischievous and malevolent. These evil spirits act in an unpredictable wanton manner with no rhyme or reason and behave in an

unreasonable manner. They are believed to be spirits of people who died gruesomely or unhappy and who are intent to get revenge. These are seen at night as "sepoko" a ghost form of a sullen silent figure who appears and vanishes without notice. Children, listless and crying in the night, are said to notice the presence of these spirits. A crying baby is often mistaken to be ill, until identified by the traditional healer to be crying due to the presence of these spirits. In the farm lands they are said to be responsible for barren fields and unproductivity. Illness arising from evil spirit possession, is treated by the traditional healer, coupled with performance of rituals and ceremonies. This is explained under the uses of therapeutic techniques.

3.2.2.4 Illness resulting from witchcraft or sorcery

Another form of illness for which South Sotho medicine is used, is illness arising from witchcraft. There is no identified biomedical cure for witchcraft. The patient may go to a biomedical doctor, who diagnoses the patient according to the prevailing symptoms and who prescribes treatment which may yield no positive results. According to Gumede (1990:47), if the relatives remain unimpressed with management, they will then visit the traditional healer to derive the answers for the problem as they see it. Staugard (1985:95) states that witchcraft is an act whereby anti-social medicines are used to coerce people to act in an antisocial way. And further, this witchcraft may bring misfortune to those regarded as enemies. Witches also use malevolent, wanton spirits to "get even" with enemies. Abdool Karim *et al.*, (1994:6) indicates, that in witchcraft medicines can be placed in a pathway of a pregnant woman. They can be particularly dangerous because they may result in stroke or some other affliction. According to Haram (1991:170), a sorcerer ("moloji") or witch works with various techniques, the most feared being "sejeso" which causes an internal growth in the body, the purpose being to kill that person.

Ngubane (1977:81) continues to explain the reasons for witchcraft as competition and rivalry for scarce resources which are always in short supply,

for example beauty, richness and power. This is the seedbed for the origins of sorcery flourishing even in tranquil communities. A witch is a feared and hated person of the lowest strata. Gumede (1990:52) details the abilities of witches and supports previous authors by mentioning that witches will, without compunction, send lightning at will. He further claims, that they can be hired to kill for a fee like a lawyer who defends a case for a fee stipulated by law. Another method of bewitchment described by Hammond-Tooke (1989:78), involves chewing medicines and spitting them out, whilst calling the victim's name; alternatively, taking a spear, dipping it into boiling medicines and throwing it out through a crevice in the wall while calling out the victim's name. When the spear touches the ground, the victim will have chest pains and cough blood.

Staugard (1985:95) and Ingstad (1989:250) both refer to "night" and "day" witches. These are predominantly women, who may wield their powers in the same fashion as described in the preceding paragraph. The sad part is the punishment imposed on witches. Punishment ranges from expulsion from the village to death (Hammond-Tooke, 1989:81). Gumede (1990:64) identifies other methods of killing witches, such as impaling them or throwing them off a cliff into a pool. The latest trend, is to burn all those suspected of being witches or wizards. The South African society is still baffled by these senseless killings, predominantly amongst the Sotho. Witchcraft is the most feared and dreaded shadow that hangs over the lives of the African (Smit, 1987:16), inclusive of the South Sotho.

3.2.2.5 Illness resulting from taboos/pollution

The South Sotho have rules and regulations governing social life, like marriage, births, deaths, menarche and rites of passage. These are referred to as taboos. Abdool Karim *et al.*, (1994:6), explains these taboos as rules and regulations governing public health notions and are enmeshed with regulations and intertwined with the code of living, which is a complex socio-magico-religious code of beliefs. Gumede (1990:128) refers to these taboos

as a system of avoidance to ensure a healthy person, physically, spiritually and morally. Failure to observe these taboos is then regarded as precipitating an illness (Abdool Karim *et al.*, 1994:6). Gumede (1990:127) summarizes these taboos as "collective hygiene and community health", a phase in search of the truth through which all the people of the world move or pass.

These taboos are linked to states and periods of cleanliness and uncleanness, where there has been a disturbance in social equilibrium. Ngubane (1977:131) refers to pollution as a period of uncleanness, and during pollution it is the responsibility of the one who is polluted to protect those around them from pollution. This is achieved by avoiding physical contact with those not polluted. According to Smit (1987:17) and Ingstad (1989:252), pollution in either male or female may be transmitted to either partner through sexual intercourse. The South Sotho refers to taboos as "meila". This is applicable also to some food that young girls are not allowed to eat, like eggs and organ meat (tripe) during early years of menstruation. Mourning ("sefifi") refers to the period through which those who are bereaved, pass (Hammond-Tooke, 1989:102). A man or woman may not marry during this time, otherwise illness ensues, because the one in mourning is still polluted. Abdool Karim *et al.*, (1994:6) states, that it is the duty of traditional healers and parents alike, to ensure a state of equilibrium by instructing children in the correct public behaviour from early childhood. Ulin (1979:245) explains the presence of so many diseases amongst the youth by stating that interests in taboos "meila" is declining and that the fundamental cause is the deterioration in sexual morality.

Illness arising from imbalance related to the morality principle, may show no somatic symptoms but misfortunes or both. Ngubane (1977:132) says, that mystical treatment will be used to treat misfortunes and for somatic symptoms, medicinal cure will be given. This will be dealt with in detail under

various therapeutic techniques used by the South Sotho traditional healer (3.4).

Earlier in the chapter Gumede (1990:127) mentioned taboos as "collective hygiene and community health". The South Sotho, in common with other African cultures, are very cautious about their hair after a cut. As part of collective hygiene and community health, this hair is disposed of properly in order to avoid being blown by the wind and ending up in the food or being inhaled. The consequences may be, that a witch may get hold of it and mix it with "muti" to make the person mad, or worse, hair may never grow on that head again. Lo if it is a woman! The researcher mentions only a few of the many taboos existing in the South Sotho life, like sitting on a door step is said to bring about boils and rectal abscesses. Urinating anywhere or passing a stool anywhere, results in witches taking your deposits and causing you to be ill. Eating in the dark, is said to bring bad luck. To summarize the above statements: these taboos have beneficial effects for society, because people know what is right and what is wrong. A moral code of behaviour is maintained throughout life and results in a state of equilibrium.

Changes in the social structures have brought about movement of people from the homelands to the cities. This has resulted in changes in the belief system of the South Sotho. Norms and values have deteriorated or could have been transformed in order to meet the needs of the new way of living (Gumede, 1990:187).

3.2.3 Traditional medicine and change

This assimilation of new cultures can be explained as an open system to accept and integrate new ways of living into the old orthodox ways. Traditional healing has also undergone this change with regard to the manner of application of therapeutic techniques. According to Haram (1991:167), integration of the old orthodox ways of applying traditional therapeutic techniques with the new ways imply "openness", while rejection of the new

implies "closeness" which is identified by traditional healers and patients when confronted with a new body of knowledge and techniques. A baby who contracts diarrhoea and is dehydrated, will be referred to the biomedical clinic after making markings on the head of that baby. The traditional healer will also tell the mother to use the salt and sugar mixture the clinic nurse has recommended (Levitz, 1992:35). Here there is an indication of the incorporation of modern medicine into basic skills, which the traditional healer uses simultaneously to effect a cure.

The above paragraph furthermore indicates, that even though traditional medicine is said to be "closed" and "open", it uses old basic methods of health practices as well as some new approaches. It is interesting to note that traditional healing is as old as the civilization of Africa (Holdstock, 1979:118). Originating from the Sahara, traditional healing was disseminated southwards to the Sub-Saharan countries and northwards to the North African countries. As Gumede (1990:154) states, that it is crude, unplanned and unscientific, Smit (1987:17) does not refrain from indicating, that traditional healing is a deeply rooted popular custom that is difficult to oppose, or to discourage its users from continuing with. Traditional healers use these crude, unplanned therapeutic techniques and integrate the new techniques as recommended by biomedical personnel. This integration of old and new may be the reason why black people still seek the help of the traditional healer. The black people believe that the new fortifies the old orthodox traditional therapeutic techniques and thus a stronger relationship is formed between the traditional healer and the patient. It is from the above statement, that it becomes imperative to investigate the characteristics of the relationship between the South Sotho traditional healer and his patients, in order to understand the entire traditional healing process.

3.3 THE CHARACTERISTICS OF THE RELATIONSHIP BETWEEN THE SOUTH SOTHO TRADITIONAL HEALER AND HIS PATIENTS

The relationship between the South Sotho traditional healer and his patients will be discussed, taking cognisance of the preceding information about South Sotho taboos. As mentioned by Abdool Karim *et al.*, (1994:6), it is the duty of the traditional healer and parents to instruct children in correct public behaviour from early childhood. This implies, that the community and the family have trust and confidence in the traditional healer, to bestow upon him the power to educate their children. This fulfils his educational capacity. The trust relationship also emanates from the fact that the traditional healer is an integral part of black culture (Abdool Karim *et al.*, 1994:2). He is available as an existing resource person and educator who, according to Freeman and Motsei (1992:1186), is a person who is regarded as contributing positively and beneficially to the cultural and spiritual life of the individual and the community. Mention is made in the previous paragraph (3.2.2.5) that the traditional healer is a religious consultant. This stems from the fact, that he is able to communicate with the ancestors, therefore, with God (Ingstad, 1989:251). Mburu (*in* Singer, 1982:172) explains that the traditional healer is the human being closest to God, therefore he is highly respected (Hammond-Tooke, 1989:121) because he is the interpreter of the spiritual and supernatural world. He is looked upon with awe, this keeps the community and families closer to him. Not only do people respect him, but they have a certain degree of fear for what he might do if he is offended. Nobody ever thinks of transgressing or offending the traditional healer, parallel to being able to cure, he may also inflict a curse.

The relationship of the South Sotho traditional healer with his patients, is described as very close and intense (Gumede, 1990:164). This intensity and closeness is related to the sharing of a worldview and the way in which this worldview works, which is totally strange to biomedical personnel. The

traditional healer shares traditional values, norms and beliefs with the individual and community. Abdool Karim *et al.*, (1994:2) states, that the beliefs of patients are that illness results from natural and supernatural causes and that the traditional healer is the only person who can cure the supernatural mystic and somatic illness. Ingstad (1989:265) maintains, that the traditional healer retains close contact with the ancestors through offerings. Therefore, the ability to cure supernatural mystic and somatic illness, is conveyed to him from God through the ancestors, who facilitate the ability to find the correct diagnosis and treatment.

This relationship is further strengthened by the belief that traditional healing contributes to positive interpersonal relations, promotion of health and the well-being of individuals, family and community (Abdool Karim *et al.*, 1994:2). Promotion of health and the well-being of individuals, are facilitated by family involvement in the care of the patient. Family involvement has a cathartic effect on both the traditional healer and his patients, because group harmony is restored and maintained. Holdstock (1979:119) confirms the maintenance of group harmony, by stating that the traditional healer plays an important role in maintaining social stability because he fulfils a pervasive role in the black society. It is because of this whole process, that the nature of the relationship is that of trust. Holdstock (1979:119) states, that at the basis of this trust is the belief in the nature and causes of illness. Abdool Karim *et al.*, (1994:5) state, that he "... knows and understands their needs and expectations" which signifies more than just medication.

Another factor which contributes to positive interpersonal relations and which strengthens the traditional healer-patient relationship is, according to Staugard (1985:123), the relaxed quiet atmosphere where individuality is maintained. Complaints are afforded all the necessary care, consultations and are held in confidence (Ngubane, 1977:103). Mburu (*in* Singer, 1982:173) maintains, that even though the actions of the traditional healer are

performed in secrecy, they are inclined to slip out of his security and may be used by others according to their own motives.

Ideally, a good relationship ensues from the carefully managed treatment and the satisfactory disclosure of information to the patient, as well as the provision of emotional support (Aakster, 1989:298). The value of the information is of paramount importance within traditional healing, because the traditional healer has sufficient time to explain all the details, since fewer than ten patients are seen per day (Staugard, 1985:124).

A stress-free environment, therefore, fosters emotional support. The traditional healer provides comfort and support to the patient and relatives, and one of the good attributes of the traditional healer, as Gumede (1990:153) affirms, is to be a good listener. Biomedical personnel concentrate on pure medical aspects of health care (Freeman & Motsei, 1992:1186), and are referred to as "impersonal and frightening" (Levitz, 1992:35). Major technological advances have reduced the quality of human care, bringing about inadequate explanations about diagnosis and procedures performed (Freeman & Motsei, 1992:1186). Whereas traditional healing on the other hand, involves the care of the whole person, the social, psychological, biological and spiritual aspects (Holdstock, 1979:119; Freeman & Motsei, 1992:1186). It is, therefore, clear that it is within this entire healing process that a true relationship becomes incorporated. The holistic approach to patient care enables the traditional healer to talk to the patient and find out about herself, and her relations with her family (Levitz, 1992:23). In this way, he is able to treat the psychosocial, spiritual and cultural aspects of the patient (Musi, 1996:31). This interactive relationship where both parties occupy varying positions, is a dimension that enhances the traditional healer-patient relationship. The WHO (1978:13) supports the holistic approach, because it brings about a wholesome equilibrium between man, in totality within a wide ecological spectrum.

Abdool Karim *et al.*, (1994:4) states, that the biomedical personnel treats the diseases, while the traditional healer treats the person who is ill. Aakster (1989:298) further states that, the technical aspects of biomedicine more or less preclude the close personal involvement of biomedical personnel and the participation of the patient as a partner. Musi (1996:31) maintains, that the main thing any patient wants from the doctor, is reassurance, and in this the traditional healers are experts. Mburu (*in* Singer, 1982:173) mentions, that the therapeutic techniques, services and changes the traditional healer offers, are accepted by the patient and that his recommendations are implemented without questioning.

The fees charged for the services, are handled in a flexible way, and as Musi (1996:31) explains, traditional healers do not have the problem of turning patients away if they cannot afford treatment. A different situation arises when treatment and services are offered by biomedical personnel, where the mode is, "no fees, no treatment" in most institutions (Freeman & Motsei, 1992:1185). Even with the introduction of the "gateway" system of Primary Health Care, where services are rendered free, the majority of black patients still seek the services of the traditional healer, because culturally he understands their concept of illness. Levitz (1992:23) says, that the traditional healer takes time to talk to the patient and is able to find out about her state of mind, and how she relates with the family, thereby rendering social services. The comprehensive services that the "gateway" system offers, is offered in principle by the traditional healer as well.

In the preceding paragraph, Musi (1996:31) mentions, that traditional healers are flexible in respect of fees; this is confirmed by Abdool Karim *et al.*, (1994:5), who states that even though the fees paid to traditional healers may be higher than for biomedical treatment, an arrangement to pay later can easily be made. This surely strengthens the patient-traditional healer relationship. According to Green and Makhubu (1984:1074), this payment schedule establishes an enduring relationship between the traditional healer

and the patient. This relationship entitles the patient and her family to free treatment for subsequent illnesses. Though in some rare instances, it happens that a patient who has not paid in full for the previous therapy, will not be treated if she or her family should need traditional healing. The traditional healer will not attend to her until the debt is paid in full.

Gumede (1990:210) states, that to avoid haggling over fees and to maintain a good relationship, custom enables the traditional healer to be rewarded even if the treatment has not been very successful because a lot of time and work has been applied to a particular case. If the traditional healer is given less than his due, he will not complain and seldom reports the matter to the chief (Watt & Van Warmelo, 1960:48).

Green and Makhubu (1984:1074) clarifies the above, by saying that social controls to ensure that the traditional healer receives his payment operate at local levels in all societies. For the purpose of strengthening the patient-traditional healer relationship, traditional healers at times forfeit payments for their reputation. Among the South Sotho, the traditional healer who relates well with his patients, is the one who is more popular and this popularity makes him to be known far and wide. From the relationship between the traditional healer and his patients, the various therapeutic techniques will be highlighted.

3.4 THERAPEUTIC TECHNIQUES USED IN THE SOUTH SOTHO TRADITIONAL HEALING PROCESS

As already mentioned in 3.2, that there are doctors among the North and South Sotho who use the Nguni method of traditional healing, therefore the researcher has identified therapeutic techniques that fall within both ethnic groups. A thorough exposition of the South Sotho therapeutic techniques will be given, whilst simultaneously discussing the routes for the application of medicine. From the definition of therapeutic techniques in 1.3.2.2, it is clear that these therapeutic techniques will be employed by the traditional healer,

because he shares with the patient the same worldview, and the way in which it works (Abdool Karim *et al.*, 1994:2). The traditional healer understands the concept of illness and health within families and communities who seek his help because he is of the same cultural group (Gumede, 1990:16).

Accompanying the relationship of trust and belief in the ability of the traditional healer to cure their culture-bound illnesses, the patients present themselves for the identification of the cause or violation of established order, through supernatural divination. This process of supernatural divination is followed by the removal of the hostile source by neutralisation of the sorcerer, performance of rituals and ceremonies and/or prescription of medications (Abdool Karim *et al.*, 1994:5).

3.4.1 Supernatural divination

This is the first technique which the traditional healer uses and it entails identification of the cause or the discovery of violation of established order (Ingstad, 1989:253; Abdool Karim *et al.*, 1994:5). There are three types of supernatural divinations, namely bone throwing, listening to ancestors and ventriloquism.

3.4.1.1 Bone throwing

In the process of divination, the traditional healer will throw bones or cast the "holy" bones (Ingstad, 1989:253). These sets of "holy bones" are kept in a small bag (Staugard, 1985:74), made of animal skin. These bones are thrown repeatedly until they refer to the matter at hand. If the bones do not yield any results, the person consulting may be asked to throw the bones himself. Furthermore, a particular throw can have one interpretation which can be confirmed by another traditional healer if the owner (traditional healer) had indicated to him the meaning attached to each bone (Watt & Van Warmelo, 1960:49).

Staugard (1985:78) further claims, that the diviner talks to the bones by using a "secret language", usually uttering a short prayer to the ancestors. Hammond-Tooke (1989:105) explains this short prayer as a request to the ancestors to assist in making the bones to "see" clearly. An instrument used simultaneously with the "holy bones", is the broom of a wildebeest tail. It is used by the traditional healer to communicate with the ancestors. Staugard (1985:74) states, that the broom is used to transfer the ancestors' powers to the traditional healer and the patient during the process of diagnosis and treatment.

The South Sotho traditional healer uses snuff to clear his head. Ngubane (1977:102) states, that this sniffing creates an exciting mood and brings about sneezing which enables him to see clearly and to make a diagnosis. Ingstad (1989:253) further states, that the bones are thrown on the ground at least three times. Some traditional healers use this technique if the problem is too difficult to diagnose. The first time would be to find out where the problem is. The second time is to identify the origin, and whether it is witchcraft, God's will or pollution. The third throw shows him if he is able to treat the condition or whether to refer the patient to another traditional healer or to the hospital. Staugard (1985:78) indicates, that all this is performed by the traditional healer while sitting on the ground, while the patient and relatives form a small circle around him.

Staugard (1985:79) further states, that during the process of bone casting a dialogue continues between the traditional healer and the patient. In this way the patient is actively involved in making a diagnosis. Gumede (1990:78) says, that the clapping of hand is allowed in some instances, but the main objective is to say "yes" if the diviner is moving in the right direction. Ngubane (1977:102) explains this handclapping as co-operation, which indicates agreement or disagreement. Clapping should also be loud if it is the truth and more subdued if not. The "yes" should also be more emphatic if the diviner is correct about the subject at hand. The Nguni word for this "yes" is "siya

vuma", meaning we agree. The South Sotho also uses these words in the same fashion as the Nguni. Staugard (1985:79) says, that even the prognosis for the problem is foretold by the bones. Staugard (1985:79) further claims, that as a rule, the traditional healer is not to question the patient about her problem prior to casting the bones, because the ancestors will direct and clarify the diagnosis. It is the ancestors who bestow upon the traditional healer the powers to be clairvoyant. Ngubane (1977:103) states, that if what is divulged at a session, involves other people's names, secrecy is to be maintained, to avoid social rifts, the traditional healer will give out special prescriptions for special use. Mburu (1977:84) had already indicated, that even though secrecy is maintained, some information is likely to slip out and may be used for other purposes.

According to Ngubane (1977:102) and Gumede (1990:79), the learning about bone throwing is a process which traditional healers are taught by their masters during apprenticeship. They are to know exactly what each bone stands for (Watt & Van Warmelo, 1960:49).

3.4.1.2 Listening to ancestors

Another technique used in supernatural divination is listening to the ancestors without the use of objects. Ngubane (1977:102) refers to the "listening" technique as a way in which the ancestors "sit" on the diviner's shoulders and whispers into the diviner's ears. When the diviner is driving towards the truth, the patients are to respond enthusiastically and less so, when the diviner is not, in the same fashion as the bone thrower. The South Sotho traditional healers who are trained in the Nguni method and who are specialists, are the only ones who are capable of this technique. This is a specialized technique not common to urban South Sotho traditional healers. Staugard (1985:122) refers to them as "ngaka e didupang". Some make a diagnosis by using a small piece of mirror to augment or complement the use of the "holy" bones (Staugard, 1985:60).

3.4.1.3 Ventriloquism - "Whistling great ancestors"

The third technique regarded as the highest in the graded scale of supernatural divination is that of "whistling great ancestors". Ancestral spirits will communicate directly with the patients by whistling out words which are meaningful to the listener (Ngubane, 1977:103).

According to the South Sotho, training is received from the great masters in ventriloquism. The whistling great ancestors communicate from the roof of the hut in rural areas where there are thatched roofs. In urban areas, the use of small round calabashes ordained in colourful beads, are used. These two or three calabashes are placed in a corner on weaved mats, where it is easy for them to communicate in squeaky voices with the traditional healer. The South Sotho use the name synonymous with the Nguni "balozì".

According to Gumede (1990:80) a traditional healer who diagnoses by "whistling ancestors", is said to have great ancestors, therefore this is regarded as the highest in the scales of divination. Diviners, who are able to diagnose the source of illness or disturbance, may also identify the kind of healer to consult, which may be traditional or biomedical. These diviners are referred to as specialists in metaphysical causes (Yangni-Angate, 1981:242). Yangni-Angate (1981:242) further states, that failure to recognize the initial cause responsible for the disturbance or violation of the established order, may lead to death. It is, therefore, imperative for the patient to seek help from the traditional healer so as to remove the hostile source.

3.4.2 Removal of the hostile source

After identification of the cause through supernatural divination, the traditional healer who is consulted regarding the problem, will give recommendations about what is to be implemented (Mburu *in* Singer, 1977:173).

Gumede (1990:19) states, that if the illness is caused by the ancestors for the purpose of having chosen the sick candidate to be an initiate traditional

healer, then the master traditional healer consulted, will indicate what steps should be taken. Should the sick candidate agree to be initiated, the steps as explained in 3.2.2.2 of the initiation ceremony, will be followed. This will complete the chosen one's expected obligations to the ancestors. He will then go forth and practise as a traditional healer ("ngaka") or alternatively, the ancestral spirits will be closed down. This is a process of trying to remove the hostile source identified as ancestral spirit possession (3.2.2.2).

Another form of the hostile source is illness inflicted by the ancestors, which is illness of a different kind. Ingstad (1989:251) refers to this illness as being related to withdrawal of ancestral protection and therefore, the person falls prey to witches and other types of misfortune. Hammond-Tooke (1989:64) states, that being disrespectful to the seniors, may also lead to this illness. Staugard (1985:65) states, that children can also be punished for the wrongs of their parents and ulcers called "setsoa" develop on the child. These are curable only by appeasing ancestors on the mother's side. Other misfortunes arising from the removal of ancestral protection, are repeated jail sentences for minor offences. Ngubane (1977:110) refers to bad luck, which is unpopular and is looked upon as being repugnant ("setena"). The South Sotho use these words which, if properly understood, are synonymous with the Nguni explanation of the same situations. Staugard (1985:64) claims, that misfortunes caused by ancestors, are best understood as cautioning, a gentle nudging to remind people to perform the necessary rituals at home. Hammond-Tooke (1989:66) says, that these situations are inflicted and therefore, intended to impose punishment for transgressions.

3.4.2.1 Rituals, ceremonies and appeasing the ancestors

The above rites are usually followed by a process of a cleansing ceremony (Green & Makhubu, 1984:107), which is also coupled with appeasing the ancestors (Abdool Karim *et al.*, 1994:5). If the illness or misfortune arises from witchcraft, then this illness is regarded as more serious than illness caused by ancestors (Hammond-Tooke, 1989:64). The ceremony is a mode

of neutralizing the witchcraft, and redirecting or driving the spells away. The ceremony and ritual is a process that is highly respected and honoured by the family and relatives. Family members are expected to attend as a sign of praying with the affected person in seeking for forgiveness for the transgression of rites to ancestors. The affected person or her relatives will then seek the help of the traditional healer.

The traditional healer consulted, will advise the family to buy a sacrificial goat, sheep or beast according to the severity of the condition. The sacrificial animal is slaughtered by family members in the presence of the traditional healer, who will indicate the parts that are to be used. Usually it is the gall and the green contents of the stomach chyme which are used (Ngubane, 1977:113).

The gall of this beast and the green contents of the stomach chyme are mixed with herbs (Gumede, 1990:20). Ngubane (1977:122) states, that the gall as part of sacrificial beast, is the most acceptable to the ancestors. The cleansing ceremony is performed very early in the morning before the sun rises at dawn. Ngubane (1977:124) further mentions that the chyme represents "life giving essence". The medicine is mixed inside a clay pot until it froths, while at the same time the affected person speaks to the ancestors telling them of her problems and simultaneously asking for forgiveness.

The ritual itself is performed in two parts. Hammond-Tooke (1989:67) explains these two parts as a private one and a public one. The private one is where the traditional healer will be involved. This is where there will be the mixing of herbs, gall, chyme and aloe leaves. Blood is rarely used by the South Sotho in this ritual. Very early at dawn the afflicted person will be given a bath in urban areas where there are no rivers, the mixture is poured into cold water and the affected one is expected to take this bath. The remainder of the mixture will be smeared upon his entire body after which he will dress. He is not expected to remove the smeared material until after twelve midday. There is a difference of opinion regarding the time to wash it off. Some say

twelve midday, others say sunset, but the gist of the matter, is for the material to remain for six hours or more, but not less.

At the same time, a feast is prepared with the slaughtered sheep, goat or beast, and home-brewed beer. Hammond-Tooke (1989:67) describes this feast as taking place early in the morning. The South Sotho refers to this part of cleansing as "ho hlapisa". For the ancestral honour, it is referred to as "mpho ya badimo". This affair is made public so that the ancestors can be seen to be honoured. It is still believed by the South Sotho that the cleansing ceremony should be only a family affair, because whatever has been removed from that person, may enter the unsuspecting, unprotected people. In other clans in South Sotho, it is taboo to attend a cleansing ceremony for the reasons explained above. The cultural change brought about by the socio-political climate has decreased the value attached to cleansing ceremonies, where in the township the youth attend these rituals more than adults. This is clarified by Ulin (*in Ademuwagun et al.*, 1979:245) who says that the presence of so many diseases amongst the youth, results from their deteriorated values regarding taboos ("meila"). They pick up what has been removed and discarded by the affected person and therefore, become ill.

Another South Sotho custom which, if not observed, and lead to illness, is the custom associated with death. Gumede (1990:30) states that after the burial it is customary to wash the hands in water mixed with herbs, by all those who had attended the funeral. In urban areas the herb commonly used, is the aloe plant, which is crushed and added to the water. This is the first and initial cleansing ceremony for all who had attended the funeral. The initiate traditional healer does not attend funeral services except for that of her children, wife, mother or father (Gumede, 1990:73-75). The reason for this is that death is darkness and the initiated is expected not to be involved in any situation that is shrouded by darkness. For family members, there are certain taboos associated with death. According to Gumede (1990:30) these taboos are many; vary from place to place and differ across the cultures. For the

purpose of this research, the focus is on specific taboos ("meila"), which means respect for the one who has joined the ancestral world. It should be borne in mind that the life of the African is dualistic, according to Mburu (*in* Singer, 1982:172). Black people believe in ancestors, God and life after death. The belief in life after death plays a major role in the life of black people; hence the respect that is bestowed upon the deceased.

After the initial washing of hands with water mixed with herbs, follows a change of clothes for the chief mourner. The chief mourner can be the mother, wife or the oldest member of the family, mostly a woman. The chief mourner will be dressed in black to indicate loss and mourning. This is from the day after the burial to a period not less than a year for a husband. The woman is not allowed out of her premises anytime after sunset. She is to light a candle for her husband's clothes if these are not distributed amongst family members the day after the burial. The spouse of the deceased is not to marry or have any relations with other men or women respectively. Failure to observe this taboo, leads to illnesses of pollution (Staugard, 1985:87; Hammond-Tooke, 1989:90) that may end up in death. All people respect the chief mourner until after the cleansing ceremony has been performed.

A haircut is also mandatory amongst the South Sotho and, as Gumede (1990:33) explains, failure to have a haircut may lead to the deceased coming to fetch those who failed to have the hair cut. The wearing of a mourning cloth is now in the process of losing its value. This loss of value, is related to people not respecting the mourning period and secondly, the absence of an uncle on the mother's side whose responsibility is actually to offer a sheep as part of the cleansing ceremony. Those who did not attend the funeral, may come back later, pick up a stone and gently toss it over the grave. Gumede (1990:33) mentions that the cause of confusion regarding this stone throwing process, is related to the acculturation process where there is a mixture of the Judaeo-Christian culture. The urban people do not toss the stone over the grave, but place it on the grave and beseech the deceased to rest in peace.

In the final tidying-up ceremony, the bones of the sacrificial beast are burned, otherwise the enemies might use them and turn their ancestors towards those who made the sacrifice (Gumede, 1990:33). The same is done in respect of the sacrifices of ancestral honour, the bones of all sacrificial cattle, sheep or goat are disposed of in this way. This is referred to as cementing a sacred covenant and the woman mourner is sent to her family, for them to cleanse her. She is to be accompanied by a boy and an offering to indicate that now she is without a husband. At her home, the cleansing ceremony is explained as for removal of bad luck (Ngubane, 1977:106). She will return home in new clothes and may resume her duties as before. If the woman is younger and has had no children, the Christian culture is seen to exist here, like in the Bible where Ruth had requested her daughter in law Naomi to return to her home (Bible, 1995:340-343), for her to remarry if she wanted to. The choice would be hers to remain or to go back to her home. The traditional healer also gives her medicines to drink, so as to remove her husband's "heat" from her body, which is the cause of the illness. Failure to observe any of the pollution ritual and ceremonies performed to restore good health, results in supernatural illnesses. The cure is the performance of these rituals with the assistance of the traditional healer and his medicines. From the preceding data, it is obvious that therapeutic techniques employed, overlap with the use of rituals and ceremonies. Therefore, the researcher will now focus on other preventative, protective and curative South Sotho traditional therapeutic techniques.

3.4.2.2 Preventative, protective and curative therapeutic techniques

Ingstad (1989:253) clarifies these techniques by categorically indicating that the curative function is to provide a cure. Prevention and protection in traditional healing overlap with the curative aspect and, as a result, complement each other. Yangni-Angate (1981:242) indicates, that unless the traditional healer in prevention, succeeds in eliminating the origin of the condition, and the cure fails, the patient may experience further misfortunes

and as Green and Makhubu (1984:1073) mention earlier, the purpose is to drive the spirits away, neutralize or redirect the evil spells. Ngubane (1977:105) confirms this protection against misfortune by highlighting the application of these traditional medicines in spring, to fortify the home against lightning, even after building a home on a new site to protect it against fires. According to Staugard (1985:83), as a rule, treatment is performed in the presence of many people. So, in the process of protecting the homestead, the whole family is involved and if it is the fields, then the whole community becomes involved. This whole process of family and community involvement substantiates what Freeman and Motsei (1992:1187) describe as preservation of cultural institutions where everybody lives in peace with each other.

Another form of protection derived from traditional medicine, is the eating of certain herbs and plants to give strength. The South Sotho believe, that eating certain foods like roots of certain plants, gives strength and energy and at the same time are protective against all evil spirits. Staugard (1985:83) further refers to amulets, bracelets, charms and necklaces, of which some are worn by children for protection. Teeth of certain animals and porcupine feet are some of the amulets worn by South Sotho children of certain totem animal descent. If a child is troubled by epistaxis, the use of a key hanging around the neck is also resorted to. The idea is to lock the outlet of the epistaxis (Hammond-Tooke, 1989:124).

According to Yangni-Angate (1981:243), some of the traditional medicines are carefully guarded secrets belonging to certain families and only handed down from generation to generation. Hammond-Tooke (1989:64) clarifies this by saying, that before undertaking a long journey, a traveller requests from the ancestor that his journey be successful and that no accidents or misfortune should befall him. The traditional healer gives some medicines to chew and spit out whilst talking to the ancestors, asking for a clear path (Gumede,

1990:65). Even on accomplishing a great task, it is seen as befitting to thank the ancestors by offering a sacrifice.

A similar procedure of chewing herbs and spitting them out, is followed by criminal elements whose aim is to ward off the wrath of justice. This is often not successful, but if the magistrate favours the accused, it is claimed that the medicine has worked (Gumede, 1990:135).

In this whole process of the healing nature of traditional medicine, Staugard (1985:81) makes mention of the preventive function which he claims as medicines socially acceptable. Gumede (1990:68) mentions self-protection and empowerment as another form of concern for the South Sotho. According to Gumede (1990:69) sometimes even resorting to ritual killings is done to get an unfortunate person whose flesh is mixed with herbs to give power and to gain respect from people, or to assist in making the business to flourish.

The preventative services by the traditional healer, as mentioned earlier, include prevention against witchcraft. To protect patients against witchcraft, a medicine from the "holy horn" and/or herbs, boiled or raw, mixed with water, is sprinkled over the patient and the area of concern. Ngubane (1977:126) clarifies that these medicines remove the evil, misfortunes and the darkness, all of which shroud the patient. Staugard (1985:95) agrees, that these are specific medicines intended for protection against witches, evil spirits and other supernatural agents of misfortune, because they possess the special quality of rendering the evil effects of witchcraft ineffective (Ngubane, 1977:110).

According to Gumede (1990:159) this is a very vital factor in the consideration of whether traditional healing is magic, art, or science. Witchcraft is a part of healing which is antisocial, because it may coerce people to take actions that they would not normally take, or may involve bringing misfortune to those referred to as enemies. A witch gains success by means of malevolent

spirits, usually at the expense of others, and may even provide the spirits with human flesh. It is because of these actions that witchcraft is universally condemned (Staugard, 1985:92). Prevention in the traditional healing concept, is different from the biomedical scientific concepts. In the world of the traditional healer, to achieve effective prevention of disease and ill health, is a more important aspiration rather than to deal with an actual disease (Staugard, 1986:93).

The curative function in traditional healing is to provide a cure which includes, as Abdool Karim *et al.*, (1994:5) explains, prescription of medications and/or performance of rituals and ceremonies by means of sacrifices as mentioned previously. The traditional healer who is a diviner, will initially have identified the kind of healer to consult which, according to Yangni-Angate (1981:242), may be another traditional healer or biomedical person. The traditional healer who first made the diagnosis is, therefore, able to make a distinction between illness that needs the attention of the traditional healer and that which requires services of biomedical personnel. Therefore, traditional healers may even advise their patients to purchase biomedical treatment.

If treatment of symptoms with biomedicine alone is thought to be ineffective, the traditional healer will prescribe and or dispense such medications. The curative powers of these medications will be reinforced by verbal charms, sacrificial rituals and ceremonies (Abdool Karim *et al.*, 1994:5).

3.4.2.2(a) Colour symbolism and categories of traditional medicines

A description of three groups of medications is given, indicating that traditional medicines fall into three main categories. Ngubane (1977:109) supports this classification into three main colour categories, by stating that medicinal compounds" can be divided into three colour categories of "black, red and white" and each is used according to the type of illness or problem diagnosed during divination. Distinguishing them by colour clarifies their

uses. Red and black coloured medicines are used for protection, white for purity or cleanliness. These medicines are either in powder or in liquid form. Solid medications are made with a mixture of wild bird, animal, goat or cow fat; even snake fat is used.

Gumede (1990:115) refers to the use of herbs and plants to make infusions and concoctions some of which may be used undiluted and applied to the body (Ngubane, 1977:106). Watt and Van Warmelo (1960:53) mention that roots, barks and stems are also used. According to Hammond-Tooke (1989:112), all those from vegetable origin are used raw, dried or boiled. In urban areas, because of the scarcity of wild birds and animals, Gumede (1990:115), Watt and Van Warmelo (1960:53) and Staugard (1985:113) makes mention of the use of Vaseline to mix powdered medicines, which is then kept in its original container. According to Abdool Karim *et al.*, (1994:8), sometimes clay or ash is used to make mixtures. Hammond-Tooke (1989:119) argues, that the demand for herbs is great and, therefore, threatens many species. He further states, that eighty percent of medicines are of vegetable origin and these formulations make different medicines ("ditlhare") mixtures which are administered by various routes namely, by mouth, to be used as an emetic, or for drinking, enemas, baths, inhalations, external formentations or pastes and surgical procedures.

3.4.2.2(b) Routes and reasons for administering traditional medicines

Routes for administration of traditional medicines is almost similar to routes used in biomedicine. Gumede (1990:116-125) refers to various routes of administration, but the major route being the oral route.

i) The oral route

The reason for oral administration may be associated with 80% medicines of vegetable origin. Earlier on, in the preceding paragraphs, it was clarified that South Sotho medications' uses overlap tremendously. Its preventive, protective and curative nature is such, that one medicine could be used for

other purposes as well. It is because of this nature that boiled oral medications can also be used as enemata. Edwards (1986:89) states that enemata are used for stomach complaints. Ngubane (1977:107) further asserts, that stomach disorders and abdominal pains are treated with oral purgatives. Some purgatives are used to reduce the quantity of gall in the stomach, which is believed to be also used by pregnant women because they are strong and induce uterine contractions.

The South Sotho uses the word "pitsa", which is synonymous to the Nguni "imbiza" (Abdool Karim *et al.*, 1994:8) for medicines that are to be taken orally. Medicinal compounds for drinking are served cold or hot. Some medicines are also used as emetics. Ngubane (1977:108) explains that for chest problems and to reduce biliousness, these medicines are taken on an empty stomach. They can make a person vomit, or vomiting could be induced, by trickling it the back of the throat. When a person has been poisoned ("sejeso"), in the South Sotho traditional healing process this is removed by inducing vomiting (Edwards, 1986:89). The medication is given after it is boiled, and very early in the morning this person is given this medicine mixed with copious amounts of water. He then goes to the veld and a hole is dug in the ground wherein the vomitus are to be deposited. This is part of the curative function of the South Sotho medication. This procedure of vomiting will continue for some days, coupled with enemata and taking of oral treatment.

Gumede (1990:87) states that oral medicines are also edible and can consist of a single herb or a mixture. As mentioned earlier, those that are chewed, are spitted out to ward off the wrath of justice or to weaken any opponent in the event of competitions. According to Chavunduka (1986:25), infertility in women is treated by giving medicines that are mixed with food, to restore fertility. Gumede (1990:88) further mentions, that some medicines known to be poisonous, are mixed with milk so as to remove the poisonous part of it.

ii) Enemata and douches

As mentioned earlier in (i), the nature of boiled oral medicines can also be used for enemata. Gumede (1990:89-90) says that a lot of children's medicines are administered as enemas, because children under the age of twelve are unable to carry out deliberate vomiting. It is because of this inability to induce vomiting in children, that most children with diarrhoea or other illnesses are given their medication by enemata to be retained or returned. Hammond-Tooke (1989:121) refers to deleterious side-effects of some of these purgatives and enemas. A child with diarrhoea will most certainly be treated with an enema. Ngubane (1977:107) says, that in cases of diarrhoea, the use of enemas and purgatives is to clean out the cause of the diarrhoea from the system.

Administering enemata to children is the mother's task, or the traditional healer may do it at his home. Gumede (1990:90) mentions that a reed suitable for this purpose, is used. In rural areas where there are no rubber syringes, this reed is ideal, because the mother takes a mouthful and squirts into the anus via the reed. The use of a reed is a painful procedure for the infant which if possible could be substituted by rubber syringes. In olden days adults used cow's horns that are opened at the tapered side for easier introduction in the anus. Men and women treat infertility and reproductive problems with enemata. The street vendors of traditional medicines sell these because they are more in demand in urban areas. Gumede (1990:117) refers to medicines used by men to counteract impotency as "mvusa nkunzi". The South Sotho uses the same Nguni name for the same medicine.

Staugard (1985:90) mentions douching as a purifying agent, capable of cleansing the sick body or which can be used for enhancing fertility in barren women. Ngubane (1977:108) says, that medicines may be introduced directly into a woman's womb and therefore effect fertility.

iii) Inhalations and baths

Inhalations are also used as steam baths (Staugard, 1985:91). Chavunduka (1986:25); Edwards (1986:89) and Gumede (1990:88) state, that a very hot metal or stone is placed in the herbal water mixture and the patient is covered with a thick blanket in order to create steam for the patient to inhale the moist medicine. Steaming is also mentioned by Edwards (1986:89) as a means of reducing fever. Crushed medicines in powder form are used as snuff, for relieving headaches. According to Gumede (1990:89), some leaves of identified medicines are rubbed between hand palms and the smell of the leaves is inhaled.

Bathing usually follows a hot steam bath. The South Sotho use the same medications intended for steaming, to wash the patient. Edwards (1986:89) refers to this as a bathing cure, because the medicine in the bath is to cure the patient by removing the actual cause of the identified disorder. Ngubane (1977:108) says, that after steaming, the patient is covered in a blanket and given a hot medicine to drink. Another technique that is similar to steaming, is smoking, which is used for babies to remove bad spirits and to protect the baby. Gumede (1990:88) mentions, that newborn babies are exposed to this smoke as a process of protecting them from dangerous elements of this world. Burning leaves or incense in the house, is a practice well established in most South Sotho households, urban or rural. Abdool Karim *et al.*, (1994:9) identifies this burning of incense as a way of pleasing the ancestors. Those who own businesses, burn incense as a way of pleasing the ancestors, whereas others burn incense or herbs as a way of attracting customers.

iv) Instillations

According to Ngubane (1977:110) eye and ear instillations are applied by the traditional healer. Hammond-Tooke (1989:119) claims, that the use of sniffing up water is used for colds. These installations are used with great

caution in order to avoid injury to the mucous membrane of the eye, as well as the eardrum.

v) External applications and injections

External applications can be either in the form of pastes, powders and leaves to be applied on the skin, or incisions made in the skin.

The application of red or white clay is used for beauty purposes to strengthen the skin or to remove acne. Ngubane (1977:106) refers to herbal medicines applied to open wounds and ulcers, that were earlier mentioned, as "setsoa". Chavunduka (1986:25) identifies some powdered medicines that are rubbed into an incision in the skin over the painful area. Edwards (1986:89) supports Chavunduka (1986:25) by stating that these mixtures are for curative purposes and are inserted into the incision. Gumede (1990:88) further clarifies this incision process, by saying that this is one of the oldest means of administering medicines. The medicine goes directly into the bloodstream, and African patients among which the South Sotho feature, are most satisfied if an injection is administered to them. The South Sotho traditional healer uses a sharp instrument to make the incisions and medications in powder form are introduced in these incisions. In urban areas the use of razors is predominant and of late, great emphasis is placed on clean blades or instruments.

Porcupine quills are used to reduce pain in the feet. Edwards (1986:89) states that this is a form of acupuncture. The South Sotho also uses porcupine quills to aid the baby in walking, if this is delayed. A baby is pricked under the soles and the pain assists in initiating walking. Hot fermentations feature in different ways, Ngubane (1977:108) indicates these as treatment for rheumatic muscular pains. A mixture of herbs is boiled and allowed to cool down a little, so that it does not scald the skin. In urban areas, hot porridge is used to enhance formation of pus where an abscess has developed. For breast abscess in lactating mothers, the same technique

of hot porridge is used as a poultice. Once the abscess is "ripe", it ruptures on its own and the open wound is washed with liquid medicines after which medicinal leaves are applied to enhance the healing. Cleaning and application of medicinal herbs are repeated, until the wound has healed. Ngubane (1977:109) says that this procedure is also done for pregnant women with swollen feet. For swelling extremities, hot fermentations can also be used where a cloth is dipped in the hot medicine and applied cautiously to the swollen parts. This is "ho thoba", a process of reducing the swelling. A great variety of medicinal compounds are used, but they are beyond the scope of this research.

3.4.2.2(c) Surgical procedures performed in traditional therapeutic techniques

Incisions made in the skin with a sharp instrument to insert medicines, are identified as surgical procedures done by traditional healers, as explained in 3.4.2.2(b).

Abdool Karim *et al.*, (1994:9) identified other surgical procedures performed by the traditional healers as bloodletting. Hammond-Tooke (1989:119) says that this bloodletting is a procedure used to remove ritual pollution. Holes are made in the ground to allow blood from the patient to seep into, making the sickness to get into the ground. This procedure is also performed for swollen ankles (Edwards, 1986:90).

Cupping is another surgical procedure done, where a cupping horn is used to suck out some blood from the temple of the hand. Gumede (1990:89) compares this procedure with leeches that were used to perform a bloodless venesection, even though cupping involves drawing of blood. Chavunduka (1986:26) explains the cupping procedure as a way to reduce headache. A hole in the horn allows for air to be sucked out, after which this hole is sealed to create a vacuum. After a few minutes this horn is opened and inspected for blood coming out from the incision. In urban areas or where the traditional

healer does not have a horn, an empty Vaseline bottle is used. Where an incision is made, this bottle is twisted around the skin and by this twist, a vacuum is created over the area. This facilitates suction of blood in that area. The South Sotho refers to this cupping and bloodsucking as "ho lometsa". Staugard (1985:103) clarifies this procedure, by saying that the suction is also used for removal of poison ("sejeso") from the chest after witchcraft. Coupled with the suction, the patient is given herbal medicines to use at home. Chavunduka (1986:26) explains this procedure, which is further clarified by Staugard (1985:103), who states that where the traditional healer sucks the poison, the sucking procedure may be repeated until the patient feels better or until the traditional healer feels satisfied.

Even though good health and good fortune are what most black people yearn for, it has been identified by Green and Makhubu (1984:1073) that from the above routes of administration, possible harmful practices could emanate. Smit (1987:17) supports the existence of these harmful practices, by indicating some reported deaths of people and infants due to administration of these traditional medicines of which the pharmacological properties are largely unknown (Anon, 1992:5). Chavunduka (1986:28) argues that medicines are not used only to cure bodily disorders, but also to achieve control over those forces which would otherwise be uncontrollable. Therefore, the continuous strive to consult a traditional healer in such circumstances as described by Chavunduka (1986:28), cannot be thwarted by fatalities resulting from the use of herbal traditional medicines, even if they have been recorded. It is for these reasons that it becomes difficult to oppose such a deeply rooted custom (Smit, 1987:17). This custom is culturally perceived, and "... rests upon a religious frame of reference that connects all thoughts and activities of the people" (Arthur, 1997:63).

3.4.3 Fees paid to the traditional healer

Throughout the entire consultation process with the traditional healer, fees are charged accordingly. The relationship between the traditional healer and

his patient is reviewed, and the researcher identifies the flexibility of fee payment in 3.3. Therefore, the process of divination is charged differently especially if it is not combined with the treatment schedule. In divination, Ngubane (1977:104) states, that for bone throwing, the fees charged, are lesser than for ventriloquism. The fees of a ventriloquist are expensive, because he has a longer period of developing spiritual contact that enables him to relate in a special way to the ancestors.

According to Staugard (1985:114), fees paid for children, differ from fees paid by adults, children are charged less than adults. A small fee of about two rands is paid before treatment commences (Hammond-Tooke, 1989:114). The South Sotho traditional healer, in common with other African healers, requests payment to cover the process of divination where the holy bones ("ditaola") are used. These holy bones, as previously stated, consist of various bones, stones, seashells and dice, though the dice is not used by most traditional healers. Gumede (1990:90) explains this fee schedule, by stating, that in the olden days everybody knew about the fees, which was an ox or a cow, but Green and Makhubu (1984:1074) mentions, that previously a cow is paid to the traditional healer only after the patient has been cured (Hammond-Tooke, 1989:114; Gumede, 1990:91; Abdool Karim *et al.*, 1994:5).

Recently the practice is similar, though the actual fee charged, varies from region to region, between traditional healers and according to the type of illness and the nature of the therapeutic techniques used (Abdool Karim *et al.*, 1994:5). Those who are without livestock, may pay an equivalent amount of money for a cow, goat or sheep (Ingstad, 1989:256). Musi (1996:31) explains that claiming from a medical fund is impossible and the traditional healers insist on being paid in live cattle, even though township regulations are strict about cattle "lowing" around the streets. This difficulty encountered with payment does not make patients deter, because there is flexibility in payments. Patients who cannot afford treatment, are not turned away, but

arrangements to pay later are easily made (Abdool Karim *et al.*, 1994:5; Musi, 1996:31).

As already mentioned by Green and Makhubu (1984:1074), this payment schedule establishes an enduring relationship between traditional healer and patient. Ngubane (1977:105) further states, that it is not always that the services of the traditional healer are used; instead, prepared medicines for a particular ailment may be bought from other traditional herbalist who sell their medicines on street corners or "muti" shops. In this instance, only medications bought, will be paid for, because there is a fee for the treatment only, which varies according to the severity of the condition, as well as to the results (Ingstad, 1989:256).

Social controls to ensure that the traditional healer receives his payment, operate at local levels (Green & Makhubu, 1984:1074). Gumede (1990:91) states, that custom allows the traditional healer to be rewarded, even if the treatment has not been very successful, because a lot of time and work have been applied to a particular case. If the traditional healer is given less than his due, he will not complain and seldom reports the matter to the chief (Watt & Van Warmelo, 1960:48).

If the traditional healer's medications effect no cure, he may privately go to another colleague a traditional healer and obtain the treatment, for which he (the traditional healer) must pay, not the patient. If he does not get the treatment he will give up the case and may admit his inability to cure the patient and, therefore, does not get paid (Watt & Van Warmelo, 1960:48). For the treatment that is completed in one day, payment is always made in cash and is to be paid in full on the same day. If the patient treated, haggles over the sum required, the treatment is said to be ineffective (Ngubane, 1977:105). From the use of therapeutic techniques, the researcher now focuses on the views of the traditional healer regarding the healing process.

3.5 SUMMARY

From the preceding literature study, it is apparent that the South Sotho regard traditional healing as a deeply rooted cultural practice which constitutes part of their traditional practices. To mediate between black people and the ancestors, is a point that clarifies the functions and the role of the traditional healer in black people's lives.

The traditional healer is regarded as an important person who has the ability to cure culture bound-illness. This curing of culture-bound illness is achieved through the use of various therapeutic techniques. Techniques which no other person can use, unless she is a traditional healer, who has been initiated and taught by a master traditional healer with good reputation.

Post initiation the traditional healer practices his medicine, and those who seek his help, are expected to pay the services just like the service of biomedical personnel. These fee schedules are flexible and that is what makes the traditional healer more acceptable to black patients.

Chapter 4 will focus on the realisation of data collection and analysis, the research results, literature control and discussions, conclusions, shortcomings as well as recommendations which will then be used to draw the guidelines for possible incorporation of traditional healers in the Health Care delivery system.

CHAPTER 4

DISCUSSION OF THE RESULTS AND LITERATURE CONTROL

4.1 INTRODUCTION

In the previous chapter a literature study was done to ground the checklist and the interview schedules. In this chapter attention is given to the realisation of data collection and analysis as well as the results and the discussion of the research which includes results of the video recordings depicting the characteristics of the relationship between the traditional healers and the patients and the use of therapeutic techniques; as well as the views of both the traditional healers and the patients regarding the traditional healing process and the use of traditional therapeutic techniques. The latter was obtained by conducting interviews with both the traditional healers and the patients.

4.2 THE REALIZATION OF DATA COLLECTION AND ANALYSIS

Data regarding this research was obtained from two populations that were chosen purposefully and voluntarily. The first population was made up of six (6) traditional healers out of the diverse population of traditional healers working in the towns of Maokeng, Ikageng and Sebokeng. All six traditional healers satisfied the criteria for inclusion (see 2.3.1.1(a)), and data saturation was reached after the sixth video recording and interview.

The second population was made up of twelve (12) patients, namely two patients of each traditional healer, out of the diverse population of patients who are seen by the traditional healers in the three towns (mentioned above) where they are working. They also satisfied the criteria for inclusion (see 2.3.1.2(b)). This second population had to be divided according to the phases of data collection, namely six (6) patients for the video recordings and

twelve (12) patients for conducting the semi-structured interviews. Data collection was divided into two phases. The first phase was achieved by the use of a video camera to capture the interaction between the six traditional healers and their patients. The second phase was realised by using an audiotape to record both the six traditional healers and the twelve patients' views of the traditional healing process. Data saturation for the video recording was reached after the sixth videotape was recorded. For the semi-structured interviews data saturation was reached after the eighth interview, but further four interviews were conducted to confirm the findings.

The video and audiotape cassettes were translated and transcribed verbatim into English. Portions of these transcriptions of the videocassettes and interviews are given in Annexures H, J and L. Field notes were taken after each video recording and interviewing session (see Annexures I, K and M).

Data analysis was conducted by the researcher and an independent co-coder who used a combined method of Mann *et al.*, (1994:226-230) as well as Dorwick (1991:31) for analysing the video recordings. This was achieved by viewing and coding using a checklist (Annexure G) which was compiled from the literature. For the semi-structured interviews, a combined method of Tesch's (*in* Creswell, 1990:153-157) eight steps and Giorgi's (*in* Omery, 1983:57-58) five steps of content analysis was used (see 2.3.3.2). After independent data analysis, three consensus discussions took place between the researcher and the co-coder after which consensus regarding the coded data was reached.

The results of this research are discussed as follows.

4.3 THE RESULTS AND DISCUSSION OF THE RESEARCH

The results and discussion of this research falls into two sections. The first section depicts the results and discussion of the video taped interaction between the traditional healers and six patients, and the use of therapeutic techniques.

The second section depicts the results and the discussion of the different views of the six traditional healers and the twelve patients about the traditional healing process. This second section of the results was obtained by the use of semi-structured interviews. This section of the data is enriched by quotations derived from the interviews with the traditional healers and their patients. The findings are confirmed by a literature control.

Firstly, attention will be given to the results and discussion of the video recordings depicting the interaction between the traditional healers and the patients as well as the use of traditional therapeutic techniques.

4.3.1 Results from the video recording

These results were obtained from viewing the videos cassettes with the checklist (see Annexure G) which was divided into three portions, namely:

- 1) the section on the personal data of both traditional healer and the patients. (The personal data of both the traditional healers and patients was recorded out of the camera's range and did not form part of the video recordings);
- 2) the portion that depicts the interaction between the traditional healers and the patients, and
- 3) the portion that shows the uses of the various therapeutic techniques.

4.3.1.1 Personal data of the traditional healers

The following table 4.1 illustrates the personal data of the six traditional healers who participated in the research and depicts their ages and gender division.

Table 4.1 Age and gender of six traditional healers

AGE	GENDER	
	MALE	FEMALE
52	1	
42		1
39	1	
37		1
21		1
45		1
0 = 39,33	2	4

Table 4.1 illustrates the ages and gender of the six traditional healers who participated in the research as ranging from 21 years to 52 years.

The average age of 39, 33 portrays that the traditional healers who took part in the research appears to be younger than it was expected by the researcher.

The other personal data of traditional healers that was obtained was the gender division. From the six traditional healers who participated in the research, four of them were females and two were males. Hereafter follows the personal data of the patients who were seen by the traditional healers.

- **Personal data of patients**

The personal data of patients who participated in the research includes specifically their age, gender division and marital status.

From the twelve patients who participated in the research only six were videotaped to show the interaction between the traditional healers and the patients and the use of therapeutic techniques. Their ages ranged from 21, 37, 39, 42, 45 to 52 years. From the six patients four were females and two men. The marital status of the six patients was also reflected as three patients being married, two divorced and an unmarried couple.

It seems from the above-mentioned ages of the six patients seen by the traditional healers the majority are made up by a younger generation than otherwise expected. It also appears that women seek the help of the traditional healer, more than men. Of the patients who took part in the video recording, five came individually and two came as a couple. For the rest of the discussion the couple will be identified as a unit and referred to as a patient.

Hereafter follows the number of sessions attended by the patients.

- **Number of sessions attended by the patient**

When patients seek the help of the traditional healer they attend these in sessions.

From the six patients who were seen by the traditional healers, the sessions varied from two patients having had two consultations; three patients, having had three consultations; and one patient having had four consultations. It appears that the patients seeking the services of the traditional healers do so on more than one occasion.

- **First contact date**

Even though it appears that the patients sought the services of the traditional healer more than once, there was no clarity regarding the initial contact date to indicate the period of treatment. All the patients could not recall their first contact date, although they are still using the services of the traditional healers and none has terminated these services.

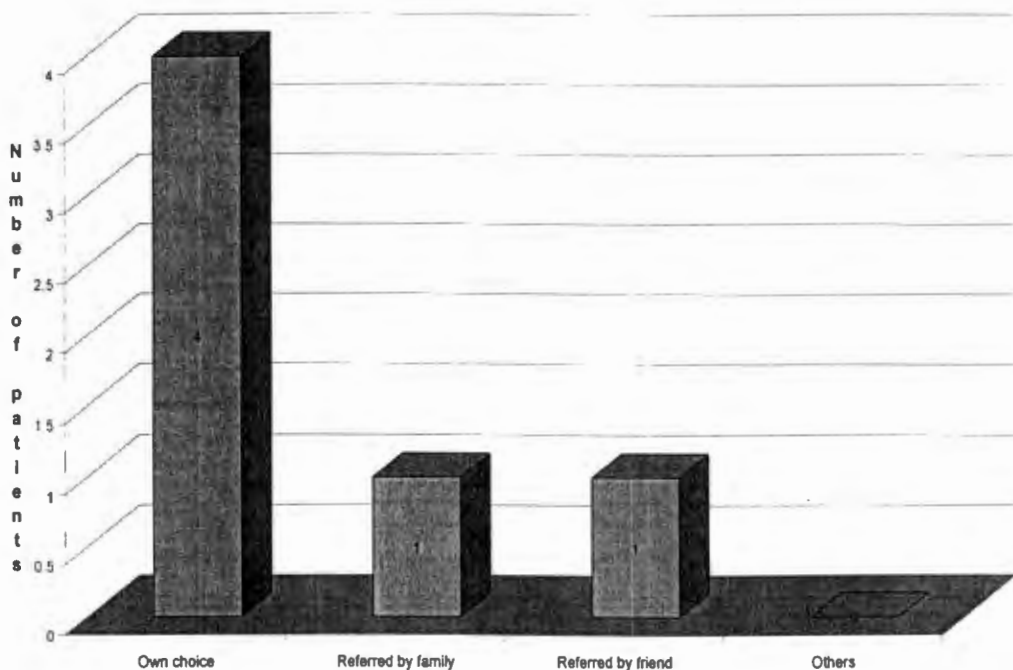
- **Venues where the interaction took place**

The venues for the interaction between the traditional healers and their patients were at the six traditional healers' homes. For the purpose of the research it was possible to follow only one patient and videotaped her at home where she continued to use therapeutic methods that the traditional healer has prescribed. This follow up process was an agreement that was reached between the traditional healer, the patient and the researcher. The rest of the patients were videotaped at the traditional healers' homes when the therapeutic techniques were used during the session.

- **Choice to use the services of the traditional healer**

The choice of the patients to use the services of the traditional healer is a process that originates from the initial contact the patient had with the traditional healer. The following table 4.2 illustrates how patients made the choice to use the services of the traditional healer.

Table 4.2 Choice to use the services of the traditional healer by the patients



The above bar diagram demonstrates that the six patients who used the services of the traditional healers, the majority which is four, came out of their own free will, with one patient being referred by the family and one by friends.

From the above table 4.2 it appears that more patients seek the help of the traditional healers on their own free will without being urged to do so by anybody. Family and friends appear to a lesser degree to encourage the patient to use these services as only one patient was referred by them.

4.3.1.2 The results and discussion of the interaction between the traditional healers and the patients

The results of the interaction between the traditional healer and the patient is derived from the recorded videotapes and the checklist. The researcher and co-coder reached consensus about the outlay of the findings. From the video recordings it is apparent that this interaction formed a therapeutic process which falls into three phases, namely the beginning phase, the working phase and the termination phase. These phases are discussed hereunder.

A. The beginning phase

The first phase, which is the beginning phase, resumes the interaction process between the traditional healer and the patient. It is a phase which is further divided into two stages, namely (1) stage one building relationship, and (2) stage two clarification of the problem or diagnosing. These two stages are discussed in detail hereunder.

- **Stage One: Building relationship**

From the results it seems that this stage can further be divided into entry and divination process.

- * **Entry**

Entry starts when the patient enters the consulting rooms of the traditional healers. It was observed that on entering the consulting rooms of the

traditional healers all six patients removed their shoes at the doorstep of the consulting rooms. This was seen as an act of respect for the traditional healer. This removal of shoes was not found in the literature and seems to be a unique finding for this research.

Entry of the patient seems to continue by the exchange of verbal and non-verbal greetings. Out of the six traditional healers who were videotaped four traditional healers initiated verbal greetings and of the six patients seen by the traditional healers, four patients responded to the verbal greetings. The other two patients were seen to enter the consulting rooms in silence.

After the exchange of greetings, it seemed common practice that the traditional healers beckoned patients to sit down. Four traditional healers beckoned the patients to sit down on the floor while the other two patients who were not beckoned to sit down but went and sat on the chairs without being requested to do so. When the patient had settled down the traditional healers enquired about the patient's problem. These results were evident from the fact that, five out of six traditional healers enquired about the patient's problem while only one traditional healer did not inquire about the patient's problem. The above actions seem to conclude the entry part of the first stage to be the building of a relationship between the traditional healers and the patients. On observation it seemed that the entry of the patient is surrounded by an aura of respect for both the traditional healer and the area where the consultation took place.

After entry follows the divination process.

*** Divination process**

Divination is a process during which the traditional healer seeks to understand the patient's problem, diagnoses it and selects the type of treatment that is suitable to resolve the problem. The results show that the divination process is the process which follows after the patients have entered the traditional healer's consulting room. Prior to initiating divination four of the

six traditional healers requested the patients to pay for the divination even before it commenced. The other two traditional healers did not make this request and the patients paid voluntarily on their own free will. The payment before the divination process seems to be a unique finding of the research as literature does not indicate specifically when the payment should be made.

In this research the duration of the divination process differed. Three out of six traditional healers performed this procedure for a period longer than one hour, two traditional healers took an intermediate period of half an hour and the one traditional healer took a short period of less than half an hour. The actual procedure of divination as initiated by the six traditional healers is explained in table 4.3.

Table 4.3 explains the activities displayed by the traditional healers during divination and the number of traditional healers who performed the various acts.

Table 4.3 Process of divination used by the traditional healers

ACTIVITY	FREQUENCY
• Divination process initiated by the traditional healer	
- bone throwing	4
- clairvoyance	-
- use of water in glass and lit candle	2
• Traditional healer starts with a prayer	
- contact with ancestors	6
- mumbles prayer to ancestors	4
- does not mumble prayer to ancestors	2

• Use snuff to clear head	
- by traditional healer	5
- by assistants to the traditional healer	1
- snuff sprinkled on floor by the traditional healer	6
• Spitting on bones	6
- Traditional healer asks patient to spit on bones	2
- Does not ask to spit on bones	4
• Points at holy bones by	
- whisker	2
- stick	2
- spear	1
- does not point at all	1
	N = 6

The table 4.3 demonstrated the activities performed by the traditional healers during divination. From table 4.3 it seems that divination is performed by use of varying methods.

- **Methods of divination**

From the six traditional healers whose divination process was videotaped, four of them used bone throwing, two traditional healers used water in a glass and a lit candle and none used clairvoyance, an activity used in divination as described in the literature.

- **Use of prayer**

It was noted that all six traditional healers started the divination process with a prayer. Four mumbled a prayer to the ancestors. The prayer and the mumbling were said in languages varying from South Sotho, Tswana, Zulu to Tshangaan.

- **Use of snuff during divination**

Divination is continued by the traditional healers and his assistants using snuff to clear their heads. Snuff was used by five of the traditional healers. One traditional healer did not use snuff but was this was used by his assistant. All six traditional healers sprinkled snuff on the floor. The four who used the holy bones sprinkled snuff on them while the two who used a glass of water and a lit candle sprinkled the snuff around the diagnostic tools.

- **Spit on bones**

Another activity demonstrated by two of the traditional healers was to request two patients to spit on the bones whilst holding them in their hands. The other four traditional healers did not ask the patients to spit anywhere near the bones or glass of water and a lit candle.

- **Pointing at holy bones**

Form the six traditional healers videotaped the divination process was also accompanied by all traditional healers using objects to point at the "holy" bones or glass of water and a lit candle. Two used whiskers to point at the "holy" bones, two used sticks, one used an "assegaai" (spear) and one did not point at all. Although the discussion of the table 4.3 is concluded, further results and discussion about the divination process continues henceforth.

The divination process continued with five traditional healers enquiring more about the problems in detail from the patients. All the patients responded by

verbalising their problems in detail. The traditional healer who did not enquire about the problem did not get a verbal detail presentation of her problem.

Three of the traditional healers encouraged their patients to explore their problems even further. The three traditional healers who encouraged their patients to explore their problems were the ones who also took a longer period of time for divination.

As divination continued it appeared that all six the traditional healers listened attentively to their patient's problems. All their patients also listened attentively to them as they explained the cause of their problems to them.

- **Clarification of the problem during divination**

From the research results it seems that clarification of the problem during divination is a process where feelings and agreements are exchanged. It seems that during this time the traditional healers become emotional as they delve deeper into the patient's problem. It is a time where the traditional healers requests the patients to agree by saying "Siya Vuma" we agree on his initial "Vuma".

Four out of six traditional healers requested the patients to agree saying "Siya Vuma". In this stage the patients' faces were observed for expressions like smiling, anger, seriousness, blank or neutral look during divination. From the six patients seen by the traditional healers, one patient was smiling, two were serious and three wore neutral facial expressions.

All the traditional healers were leading in an authoritative and prescriptive manner during divination. Four were in a trance, four were emotional and continued to break wind loudly in a belching manner. Clarification continued by the traditional healers requesting the patients to clarify the cause of their problems to them. All six traditional healers made this request for clarification and all six patients reacted by clarifying their problems by explaining further

about the cause of their problem. The six traditional healers listened attentively as the patients explained further about their problems.

The six traditional healers repeated in a confirming manner the cause of the patient's problem, to which a mutual agreement and understanding about the diagnosis was reached by all six patients and traditional healers.

After clarification of the problem follows the working phase which is the part of the divination process where help and support is offered.

B. Work phase

This is the second phase of the interaction between the traditional healers and their patients. It is a phase where the traditional healer offers help and support to the patient regarding her problem. This help and support is explained to enable the patient to understand the therapeutic techniques to be used. The six traditional healers all offered help and support to the six patients that they had seen. This is the phase where possible solutions and options regarding the necessary treatment are explored. Each of the six patients considered the help as explained by each of the six traditional healers. All the patients seen by the traditional healers agreed verbally to be treated. They all listened attentively to the traditional healer as he explained the modalities of the treatment that could be used to resolve the existing problems. It was during this phase that the traditional healers were seen to initiate the treatment as was deemed necessary. As the process of diagnosing continued out of the six traditional healers only one gave the patient medicines to drink immediately after divination. The traditional healers all prepared medicines during the interactions, wrapped them and gave out instructions on how these should be used.

The results indicated that this was the phase that also encompassed asking and answering of questions from the patient to the traditional healer. During this phase all six traditional healers afforded the patients the time to ask questions and all six of them answered the patients' questions. It however

occurred that one traditional healer appeared doubtful about the patient's outcomes. The six patients showed signs of satisfaction but only one patient expressed her feelings of gratitude. Hereafter follows the last phase of the interaction process, namely the termination and referral phase.

C. Termination and referral phase

The termination phase included the information that showed that the traditional healer's indicated to the patients that they may return for a follow up visit should their problems be not resolved. The patients left the consulting rooms of the traditional healers in silence and put on their shoes at the entrance.

It is important to mention that literature mentioned referral of patients to the biomedical personnel by the traditional healers, but in this research, out of six traditional healers who saw the patients, none referred the patients to biomedical personnel.

The above information concludes the discussion about the interaction between the traditional healers and their patients.

Hereafter follows the results and the discussion about the use of traditional therapeutic techniques by the traditional healer as depicted in the video recordings.

4.3.1.3 The use of traditional therapeutic techniques

The use of traditional therapeutic techniques is seen as an important aspect of traditional healing. These traditional therapeutic techniques seem to be used to resolve the patient's problem. Since the traditional healers operated from their homes, this enabled them to use some of their medicines on the patients immediately after divination. Other medicines were prescribed and wrapped to be used by the patients at their homes. The following are the results of medicines prescribed and used immediately.

- **Medicines prescribed and used immediately**

These medicines used by the traditional healer and his assistant included administration of oral medicines, enemata, emesis, steam inhalations and bathing. These therapeutic techniques are discussed on page 97 under the various methods of using traditional therapeutic techniques and will not receive attention here.

Hereunder follows the results that shows another form of medicines to be used by the traditional healer, for example "injections", incisions, punctures made by porcupine quills and tapping with a "holy" horn.

- * **Use of "injections" incisions**

Another form of therapeutic technique was the use of "injections, "which refers to the use of a razor blade or punctures from porcupine quills. These "injections" were performed by the traditional healers and were not performed by any other person. It appeared that the traditional healer used a new razor blade to make these incisions on the skin of the patient. Out of the six patients who were seen by the traditional healers only one patient had real incision made on his body and he seemed not to feel any pain. These incisions bled slightly and had oily medicines rubbed into them. The other two patients had punctures made with porcupine quills and seemed also not to show any emotions when these punctures were made. The porcupine quills were used to prick the areas which the patient identified as problem areas and an oily substance was also rubbed into them.

- * **Use of a "holy" horn**

A further technique which was observed was the use of a "holy" horn, which was hanging around the neck of the traditional healer. Only one traditional healer used this "holy" horn to tap the patient on her forehead and her chest. It was however noted that this patient seemed slightly amused by this action.

Hereafter follows medicines that are wrapped to be used by the patients at their homes.

- **Prescription and wrapping of medicines to be used at home by the patient**

During the process of assessment the traditional healer would decide on a specific medication, wrap it and put it aside. This process would continue throughout the process of assessment and diagnosis. At the end of the session the traditional healer would give instructions regarding the uses, options for use and recommendations. A more detailed description follows hereunder.

- * **Wrapping of traditional medicines**

This is a method that the traditional healers used to dispense their medicines for taking home. Wrapping is done by the traditional healer self or by his assistant. All these medicines are mostly medicines for the patients to use at their homes. The wrappers were mostly brown paper and plastic cut from shopping bags. All the traditional healers wrapped medicines for their six patients to use at their homes.

- * **Giving instructions regarding the use by the patient**

All the traditional healers gave instructions to the patients regarding the use of the medicines. The instructions included how boiled medicines are to be prepared and the amount to drink. The traditional healers laid a lot of emphasis on how the medicines should be applied and application could be to the body or face. The medicines could also be chewed and swallowed or chewed and spat. The instructions were written on the wrappers or placed inside coloured plastic wrappers. A detailed description of how the medicines are used is clarified in 4.3.1.4.

* **Option not to use the medicines**

During the prescription of medicines it was discovered that out of the six traditional healers only one traditional healer opted not to prescribe nor to immediately use the medicines on the patient. His patients were given an opportunity to explore the possible options as was explained by the traditional healer. The one patient was requested to come back again for the application if she decided to be treated. The other patient was given an opportunity to go and obtain a sacrificial hen, if she opted to be treated.

* **Recommendations by the traditional healer and the patients' responses to the recommendations**

After making a diagnosis the traditional healers made recommendations to the patients regarding the chances of recovery if they wanted to be treated. From the six traditional healers who participated in the research, all six made recommendations to the patients about the use of medicines out of which five of the six patients found these recommendations to be acceptable and positive. The other patient was given an opportunity to weigh her decisions regarding the recommendations to use the medicines.

* **Patient's responses to recommendations**

Four out of six patients showed eagerness to be involved while two patients were seen to be negative and showed less eagerness to be involved. These were the two patients who were given an opportunity to review their decisions.

4.3.1.4 Various methods of using traditional therapeutic techniques

The therapeutic techniques prescribed by the traditional healers are used in various ways like oral use, enemata, inhalations, home protection, sniffing by nose, instillation in the eye, ear and nose of the patient, external application to the body by smearing or rubbing on the skin. The following are the results

obtained from the video recordings depicting the various traditional therapeutic techniques used by the six traditional healers.

- **Administration of oral medicines**

From the video recordings it was observed that the patients were given various oral medicines to drink, vomit, chew or lick.

- * **Drinking medicines**

Out of six patients, one patient was given medicines to drink using a cup. This patient swallowed with ease.

- * **Emesis**

Out of six patients emesis was used by three patients. One vomited excessively and the other two scantily.

- * **Chewing medicines**

One patient used chewing medicines, which was also swallowed. No patient chewed and spat medicines.

- * **Licking medicines**

Two patients used the method of licking medicines from their own hands. This procedure was not known to the researcher and was neither found anywhere in the literature. It was however recorded on video as indicated in the results.

- **Administration of medicines by enema**

The administration of enemata was used to a lesser extent. Only one patient was given medicine to administer as an enema. A family member administered this at home using a rubber syringe. This patient was followed home to videotape the use of medications at home.

- **Steam inhalations and bathing**

Steam inhalations and bathing were used on three patients to effect a cure on the patient. The steam was observed to have been created by the use of boiling water poured inside a metal basin. The steam was seen to make the patient to perspire profusely. The patient stooped over the steam, with her head and body hovering above this steam. A blanket was used to cover the patient to increase the steam and make the patient to sweat. This technique was followed by the same water now being used to bathe the patient.

Out of the three patients who used steam inhalations only two took medicinal baths after steaming and they washed themselves. The other patient who used a bath was not associated with steaming, as it was a cleansing bath to remove bad luck and repugnancy. Medicinal water was mixed with gall and blood of a sacrificial chicken. This patient was washed by the assistant traditional healer.

- **Wrapping of medicines for home use**

Three of the traditional healers wrapped the medicines for their patients, to be used at home. In two cases it included medicines for steaming and bathing at home.

The following results continues the discussion about the various methods of using traditional therapeutic techniques but was obtained from a video recording of a patient who was followed home after an agreement was reached between the researcher, the traditional healer and the patient. These methods included home protection, nose, eye and ear instillation, and external application of oily or fatty medicines to the body.

- * **Home protection**

Home protection was done by the patient at her home. She was assisted by her mother in burning incense as well as spraying watery medicine in and

around the house. Home protection appears to be used to fortify the home and drive away evil spirits.

- **Burning incense inside and outside the house**

The incense consisted of a shrub placed inside a small tin with holes on the sides. The burning incense emitted smoke which filled the house. The mother first requested the patient to inhale the smoke, by bending over the tin. Both mother and daughter coughed, sneezed and had watering eyes of the smoke. The mother then moved outside and walked around the yard chanting a prayer holding the tin emitting smoke.

- **Spraying medicines mixed with water inside and outside the house**

The same patient had to use the technique of spraying medicinal water in and around the house and was assisted by her mother. The medicine was mixed with water inside a medium sized bucket. The mother once again chanted a prayer while using a broom to spray inside the house and outside in the yard.

* **Administration of medicines to be sniffed and instilled in the nose as well as in the eyes and ears of the patient**

After the mother had burned the incense and sprayed inside and outside the yard, she indicated to her daughter (the patient) that the traditional healer prescribed medicines to be sniffed by nose. The medicines were also instilled in the patient's nose, eyes and ears. The patient reacted to this medicine by sneezing, coughing and her eyes watering. The mother encouraged the patient to persevere this treatment to which the daughter reacted by silently nodding her head.

After using the above-mentioned medicines the patient now had to apply certain medicines externally on the body.

* **External applications of oily medicines mixed with Vaseline or animal fat**

In this case the medicine was mixed with animal fat. The patient was assisted by her mother to apply the oily medicines on her legs and arms. While her mother was applying this she also used a chant cum prayer and smeared the medicines on the patient's legs and arms.

4.3.1.5 Payment for the treatment by the patient

It was noted that the payment for the treatment is done separately from the payment for the divination process. This was done by agreement between the traditional healer and the patient. It was observed that the payment could either be in monetary form or in live cattle. In monetary form, payment differed from traditional healer to traditional healer and even from place to place. With some traditional healers asking from R250 to R500 or even more depending on the type of treatment received.

The six patients all agreed to pay for treatment received, but that it would be in instalments and that this payment will be in monetary form. The payment schedule was discussed by taking into consideration whether the treatment received was completed or not.

The above results and discussions conclude the use of therapeutic techniques.

Hereafter follows the results and discussion of the second phase of the research, which focuses on the traditional healer and the patients' views regarding the traditional healing process and the use of traditional therapeutic techniques.

4.3.2 The traditional healer and the patients' views regarding the traditional healing process and the use of traditional therapeutic techniques

This is the second phase of the research, namely the traditional healers and the patients' views regarding the traditional healing process and the use of traditional therapeutic techniques. The data was obtained by means of conducting semi-structured interviews with both the South Sotho traditional healers and their patients. The findings of this section include quotations of the traditional healers and the patients during interviewing to enrich data as well as literature control to confirm the findings and to highlight the unique findings of the research.

Attention will first be given to the results and the discussion of the traditional healers' views regarding the healing process and the use of therapeutic techniques.

4.3.2.1 The traditional healer's views regarding the traditional healing process, and the use of therapeutic techniques

The traditional healers' views are reflected in the Annexure N which indicates that these views fall spontaneously under three main categories. These three main categories are referred to as column A, B and C respectively, and are described in detail in Annexure N. The first main category portrays the views about the healing process, the second main category depicts the therapeutic actions undertaken by the traditional healers and in the third main category the perceptions regarding the context of various relationships within the healing process. Each of these three main categories is further divided into sub-categories and further categories that would be given attention as the discussion continues.

The traditional healers' views regarding the healing process falls under Column A (see Annexure N). The results and discussion of these views are given hereafter. A bullet (•) will be used to indicate the subcategory under

discussion, an asterix (*) will be used to indicate a further category and a stroke (-) to show a further further category. The subcategories of the views about the healing process are:

- * Views regarding his role expectations.
- * Views about the patients' self-responsibility for healing.
- **The traditional healer's views regarding his role expectations**

In table 4.4 the findings of the traditional healer's views regarding his role expectations is discussed.

Table 4.4: The traditional healer's views regarding his role expectations

- * Role is to heal ill people by giving them medicines that are suitable for their illnesses.
- * Helps families with problems as well as offers and explains different types of treatment.

- * **Role is to heal ill people by giving them medicines suitable for their illnesses**

The research results shows that the South Sotho traditional healer views himself as having a role in healing people by giving them medicines suitable for their type of illnesses. He also sees his role in healing people as the center of what his work is about.

The following words are examples thereof:

"I heal ill people, I give them medicines that are suitable for their illness."

"I offer people different types of treatment."

Nzima *et al.*, (1992:82-93) confirms the results by stating that the ability to treat patients, makes the traditional healer famous and known throughout the land. Ngubane (1977:109), Gumede (1990:65) and Abdool Karim *et al.*, (1994:5) supports these research results. They agree that the traditional healer's ability to cure illnesses of supernatural origin is obtained from the use of herbs, rituals and ceremonies.

* **Helps families with problems as well as offers and explains different types of treatment**

The research results show that the traditional healer helps families with problems, offers and explains different types of treatment. The results also show that his holistic approach to patient care, includes resolving family problems. This is supported by the following words:

"I offer people different types of treatment, or help when having family problems."

"People come to me for help when they are ill or when they have some family problem, I do offer help to resolve the problem."

Literature confirms that the traditional healer has the ability to act as diviner, a herbalist, a religious consultant, a legal advisor, a police detective, a marriage counsellor and a social worker. Staugard (1985:12) supported by Freeman and Motsei (1992:1186) confirms the findings stating further that the traditional healer is an existing resource person. Subsequently follows the results and discussions about the views regarding the patient's self-responsibility for the healing process.

• **Views about the patient's responsibility for the healing process**

The results of this subcategory are reflected in table 4.5 which indicates the further categories regarding the traditional healer's views about the patient's self responsibility for the healing process.

Table 4.5 Views about the patient's self responsibility for the healing process

- * The patient is expected to follow verbal and or written instructions accordingly.
- * The patient is part of the healing process and is therefore expected to take care of herself.
- * It is an honour for the patient to be part of the healing process.

*** The patient is expected to follow verbal and or written instructions accordingly**

It seems from the research results that the patient is expected to follow verbal or written instructions accordingly. The results further shows that these instructions are written down or said verbally by the traditional healer with a strong emphasis on how the medicines should be used.

The following words confirm these views:

"What I want the patient to do in the healing of illness is to be part of the healing process, when she carries out the instructions I have given her, then the patient takes care of herself."

"When I give them medicines to take home, I ask them to carry out the instructions as I tell them, we understand each other."

The literature confirms these findings as Aakster (1989:298) mentions the carefully managed treatment and the satisfactory disclosure of information to the patient, as important in healing. Mburu (*In Singer, 1982:173*) further supports the findings by saying that the traditional healer expects the patient to follow the therapeutic techniques prescribed or recommended by him, and that these recommendations are to be implemented without questioning.

*** The patient is part of the healing process and is therefore expected to take care of herself**

It appears from the research results that the traditional healer sees the patient as part of the healing process and therefore expects the patient to take care of herself. It appears that the emphasis is to have the patient as part of the healing process so that she applies the medicines self on her body.

It seems from the research results that medicines applied on the body of the patient appears to be the patient's self-responsibility especially during rituals and ceremonies. The traditional healer therefore seems to expect the patient to take care of herself in this regard. The following words confirm these perceptions:

"I expect the patient to be responsible for her healing."

The literature confirms these findings that the patients are given an opportunity to be partners in health care provision, because the decision to continue with the treatment is the patient's choice. These research results are further confirmed by Holdstock (1979:119) and Levitz (1992:23-25) that the traditional healer accords the people an opportunity to take charge of their own health care.

*** It is an honour for the patient to be part of the healing process**

From the research results it seems that when the patient is part of the healing process it becomes an honour to the traditional healer to have the patient as a partner in her own health care. The results also show that the patient's participation and involvement in the healing process is accepted in part by herself without questions or doubts. She seems to wilfully enter into a partnership with the traditional healer in the healing process without any form of coercion from anybody.

The following words confirm the above sentence:

"It is an honour to me that the patient is part of the healing process because some relatives force their people who are ill, especially those with mental problems they force them to take medicine."

"The role of the patient in healing is an honour to me, her role is largely determined by her illness and what she is able to do for herself."

Ngubane (1977:100) affirms the research findings that a decision to consult a traditional healer in times of illness is the beginning of a unique relationship between the traditional healer and the patient. Abdool Karim *et al.*, (1994:2) supports the results by saying that the traditional healer shares with the patient a view of the world and the way in which it works. The respondents affirm these authors by stating that their legitimacy stems from the patients they serve and this makes them to feel honoured when the patients seek their services.

- **Shares with the patient the world controlled by culture which is foreign to biomedical personnel**

From the research results the traditional healer and the patient shares the same worldview, because they even stay and live in the same neighbourhood. The results further show that the traditional healer's world is controlled by culture where beliefs are the centre of life shared by all those who live in the same world with him.

The following words are used as examples:

"Our understanding stems from the fact that I am the traditional healer the patient has illness, she comes to me with the need to be cured, this makes us share the world which is controlled by culture."

"The illness that has cultural origin can only be cured by us as traditional healers, that is how we relate with our patients."

These research findings are confirmed by Abdool Karim *et al.*, (1994:2) when they say that the traditional healer shares with the patient a view of the world and the way in which it works, something completely alien to biomedical personnel. Holdstock (1979:120) supports the findings that the traditional healer is part of the undivided world where the ancestors, dreams, plant, animal and other people all belong to the same sphere.

- **Views about the traditional healer's culture and belief system**

The traditional healers' culture and belief system is reflected by the following categories that are portrayed in table 4.6. These further categories about culture and belief system will be discussed separately.

4.6 Views about the traditional healer's culture and belief system

- | |
|--|
| <ul style="list-style-type: none">* To deal with sick people having cultural problems that can only be cured by traditional medicines.* Shares with the patient the world controlled by culture which is foreign to biomedical personnel.* Traditional medicines removes evil bad notions and protects individuals, families and communities* Traditional medicines are alternated with biomedicine to cure bodily and mental illnesses |
|--|

- * **To deal with sick people having cultural problems that can only be cured by traditional medicine**

The research results demonstrated that the traditional healer deals with people who are afflicted by diseases of cultural origin. It appears from the results that these illnesses are cured by the traditional healer because the people who consults the traditional healer believe in his powers to cure their cultural illnesses.

The following words are used as examples:

"I deal with sick people and people having cultural problems which biomedical people do not understand."

Abdool Karim *et al.* (1994:2) affirms this research findings that the traditional healer shares with the patient a view of the world and the way in which it works, something from the research results that is completely alien to biomedical personnel. It seems as if it is for this reason that traditional medicines are used by the traditional healer on those who believe in the cure of these traditional medicines. Holdstock (1979:120) also confirms the results by saying that the traditional healer is part of the undivided world where the ancestor, dreams, plant, animal and other people all belong to the same sphere.

From the participants it seems that the traditional healer's belief and culture enables him to live in a world where he and his patients to share the same world view. It seems that believing in the same way in which the world functions is the centre upon which traditional healing rests, a world that seems to be strange to biomedical people, but a world of the traditional healer and the people who believe in his world.

* **Traditional medicine removes evil bad notions and protects individuals, families and communities**

From the research results it seems that traditional medicines possess an ability and power to remove or neutralise evil spirit. Further the results show that it appears that the traditional healer uses these medicines to protect the people, their homes and when they have celebrations because jealous evil people can cast a spell that can bring about misfortunes.

The following words are used as examples:

"I also remove pollution and form part of the cleansing ceremony."

"I protect homesteads, weddings, I protect the bride from evil people who can cast a spell and break up these lovely people."

Arthur (1997:63) affirms these findings by saying that to prevent and cure culturally perceived illness is the ultimate turning point, and to attain this the traditional healer is seen to provide the solution. Staugard (1985:83) supports Arthur (1997:63) by explaining that protection from evil spirits is also obtained from eating certain herbs and plants. Green and Makhubu (1984:1073) also confirm the findings that in protection the purpose is to drive the spirits away, neutralise or redirect the evil spell.

*** Traditional medicines are alternated with biomedicine to cure bodily and mental illnesses**

The research results show that the traditional healer changes medicines where there is no improvement and alternatively the services of biomedical personnel are utilised to resolve the problem. It appears from the research results that the traditional healer recognizes the presence of biomedicine and accepts that it does effect a cure where traditional medicines are not effective.

The following words are used as examples:

"I change the treatment first then if it does not work I send the patient to doctors."

"Before anything serious happens, I ask the family to take her to the hospital."

From the literature Freeman and Motsei (1992:1186) affirms that there are instances where the illness is perceived to have other causes, therefore seeking alternative health care is regarded as a solution. Fulder (1985:239) supports the findings by stating that seeking alternative treatment is a result of prior inadequate or unsuccessful treatment by biomedical personnel. The respondents confirmed seeking alternative treatment for the patient as a step undertaken after making a diagnosis then the patient is advised to purchase biomedical treatment from biomedical personnel.

- **Views about the therapeutic actions undertaken by the traditional healer**

The views about the therapeutic actions undertaken by the traditional healer emerged as a second main category. This main category is indicated in Column B of Annexure N, and the results are discussed hereafter under five subcategories and further categories. A bullet (•) is used to indicate a subcategory, an asterix (*) to indicate a further category and a stroke (-) to indicate a further further subcategory. The five subcategories are as follows:

The traditional healers':

- * Views about the therapeutic actions implemented by himself
- * Views about the therapeutic actions he prescribes which are to be implemented by the patient
- * Views about home visits carried out
- * Views about follow up process
- * Views about referral of patients
- **Views about the therapeutic actions implemented by himself**

In the following table 4.7 the further categories are discussed regarding the traditional healer's views pertaining to the above-mentioned subcategory. An asterix (*) will be used to indicate the subcategory and a stroke (-) to indicate a further category under discussion.

Table 4.7 Views about the therapeutic actions implemented by himself

- | |
|---|
| <ul style="list-style-type: none">* Begins with divination process achieved by the use of the "holy" bones.* Treats very ill patients at his home. |
|---|

- * Performs initiation which is a process of curing ancestral spirit possession in the initiate.
- * The traditional healer uses the following therapeutic techniques as part of healing:
 - administration of oral medicines for drinking, chewing, sucking, licking and emesis
 - administration of enemas to be retained or returned
 - administering steam inhalations and bathing
 - performance of cleansing ceremonies, sacrifices and removal of pollution from those patients who do not respect taboos
 - protects homes and weddings from evil spirits
 - administers injections and makes bodily incision
 - uses prophesy, ash and "holy" water.

- * **Begins with divination process achieved by the use of "holy" bones**

The traditional healers who participated in this research indicated that the divination process is achieved by the use of the "holy" bones. With regard to the activities implemented by himself the research results reflect the traditional healer as using divination first to get to know the patient's problem and what treatment to give. It seems as if it is in divination through the use of "holy" bones that the traditional healer starts to get involved with the patient to find a cure for the patient's illness or to resolve her problems. The following two quotations are examples thereof:

"When a person is ill, then I start to get deeper into his illness by first finding out what the "holy" bones have to say."

"I use various therapeutic techniques in traditional healing, firstly I start with divination; this is where I am able to tell the patient what her problem or illness is."

Abdool Karim *et al.*, (1994:5) confirms these findings by saying that the first technique which the traditional healer uses is divination which is achieved through the use of "holy" bones. Further in divination it appears that it is where the traditional healer communicates with the ancestors to get to know the patient's problem. These findings are further supported by Ngubane (1977:102) and Gumede (1990:79).

*** Treats very ill patients at his home**

The traditional healers who took part in this research, described this home treatment as carried out in the event where there is no one to help with the carrying out of the treatment for the patient on a day to day basis.

From the research results it appears that the traditional healer prefers to treat very ill patients self at his home should this person require more intense treatment. This treatment is not delegated to anyone.

The following words are the examples thereof:

"I can never give an ill patient medicines to use on herself, I treat these patients myself."

"He treated me by giving me a place in his home to stay and the time I spent at his home as a student all my illnesses disappeared."

Literature clarifies that the traditional healer treats the patient self at his home and according to Levitz's (1992:23-25) he never delegates this responsibility to anyone. The treatment is administered by himself. The home treatment is also supported by Hammond-Tooke (1989:107).

* **Performs initiation which is a process of curing ancestral spirit possession in the initiate**

From the research results it seems as if the traditional healer who is a master traditional healer is able to treat those patients whose spirits are possessed by the ancestors. He also teaches these initiates the art of traditional healing. It appears that people who are chosen to be traditional healers are exposed to periods of illnesses that are cured only by the master traditional healer. The following words confirm this finding:

"The one healing power from the ancestors is to heal those people who have illness resulting from ancestors. When they choose you, you become very ill."

"This initiation is a sacred passage from being an ordinary person to being a person who communicates with the ancestors. I have these students who have passed in Botswana, Swaziland, Zambia."

This initiation is a process of treating very ill people whose illness is of ancestral spirit possession. The findings are confirmed by Hammond-Tooke (1989:107) who states that the ill person must go and live with the master traditional healer for two or more years to be cured and therefore learn the art of traditional healing after which he will then be released after a ceremony to start practising. These findings are supported by Ngubane (1977:102) as well as Gumede (1990:75) that only a traditional healer of good reputation is the one chosen to cure the ancestral spirit possession.

* **Uses the following therapeutic actions as part of healing**

A stroke (-) will be used to describe further categories that will be discussed. Attention will be given firstly to oral administration of medicines.

- **Oral administration of medicine**

It seems from the research results that the traditional healer administers oral medicines by drinking, using a spoon or a cup, two times or three times a day

according to the instructions that are given to the patient. These medicines are said to be boiled, cooled and then consumed strictly according to the instructions given. The following two quotations confirm the administration of medicines orally.

"When a person starts to come to me, I give her oral medicines to drink after boiling it."

"When the operation remains sore, the person comes to me to request for help, I then boil medicines for her to drink."

From the literature Gumede (1990:115) confirms that medicines administered for drinking purposes are boiled as decoctions and Ngubane (1977:107) supports that these oral medicines used for drinking, are purgatives used to reduce the quantity of gall in the stomach. Further medicines that are taken orally are served either hot or cold.

Other medicines administered orally are chewed, sucked and licked. These are apparently taken raw; they are not boiled, but the traditional healer gives strong instructions on how they are to be used. From the research results it seems that some are to be chewed and spitted out and others are chewed and swallowed. From the participants observed it appeared that licking was used and the patients were instructed on the posture to adopt when, licking from the upper part of the clenched fist. This medicine for licking is in powder form and is to be swallowed.

The following words confirm the administration of medicines by sucking:

"The ones for sucking, they use the fingers to nib and pour on the tongue."

"I made the baby to suck a black powder from my herbs, I rolled a sweet into it to make it acceptable."

From the literature Gumede (1990:87) supports the findings and explains that some of the medicines that are chewed are spitted out while others are

swallowed. Those that are chewed and spitted out are used to weaken opponents in event of competitions. Literature does not make mention of babies given medicines to suck, or licking medicines from the clenched fist. This is a unique situation discovered in this research.

The traditional healers who participated in this research described the medicines for emesis as being given to remove bile, froth and poison, and are given early in the morning before breakfast. The vomiting is said to be induced by tickling the back of the throat with a finger.

The following words confirm induction of vomiting as means of administering medicines:

"I give this person an emesis to vomit. This emesis helps to remove bile, the froth and to open up the chest to breathe easily, as well as to remove the bad dreams that these should not come to her."

Ngubane (1977:108) confirms these findings and explains that for chest problems, and to reduce billiousness, these medicines are taken to make a person to vomit. Edwards (1986:89) supports this statement by saying that this medication is boiled and mixed with copious amounts of water to remove poison ("sejeso") that was ingested with food.

- **Administration of enemata**

From the research results administration of enemata is said to be done rectally to be retained or returned. The results also show that the medicine is mixed with copious water. The enema is said to be used for problems of the reproductive system in both men and women. The following words are used as an example to confirm the above information.

"I use enemata in addition to other medicines."

"I prefer to use bathing, enemata, steaming if it is necessary."

According to Ngubane (1977:107) supported by Gumede (1990:117) the use of enemas and purgatives is to clean out the cause of diarrhoea from the system and also to treat infertility and problems of the reproductive system in men and women.

- **Performance of cleansing ceremonies**

The research results also highlighted performance of cleansing ceremonies as part of the traditional healer's therapeutic actions which he perceives as being able to perform. It seems from the results that these ceremonies and sacrifices are carried out by the traditional healer on the patient to cleanse her of bad luck, repugnancy, or pollution which is said to result from failure of the patient to observe traditional taboos and customs.

The following words are examples to confirm the above statement:

"I deal with sick people and people with other cultural problems where a person did not follow the traditional taboos and customs."

"I also remove the bad luck that is making this person unlucky."

From the literature Green and Makhubu (1984:107) confirms the rites that are followed by using the cleansing ceremony which is coupled with appeasing the ancestors. Ingstad (1989:251) supports the above authors by stating that this illness is related to withdrawal of ancestral protection and that a person falls prey to witches and other types of misfortune. Hammond-Tooke (1989:66) supports the two previous authors and says that these illnesses are inflicted and therefore intend to impose punishment.

- **Protects homes and weddings**

The research results described home protection by the traditional healer as said to be achieved by burning incense, spraying inside and outside the house to dispel evil spirit and witchcraft. It seems from the results that the people who are bewitched fetch the traditional healer from his home to come

and protect their homes and weddings against the effects of evil people. These therapeutic actions of the traditional healer at the homes of the patients are confirmed by the following two quotations:

"The methods I prefer to use to heal people are coupled with the previous ones, like bathing, steaming, they are various including protecting homesteads, weddings, people do call me for this special occasion."

"I also go to weddings to protect the bride and bridegroom from jealous people who want to bring them misfortunes."

From the literature Ngubane (1977:105) confirms this protection against misfortunes by saying that traditional medicines are applied to fortify the home. Gumede (1990:150) and Staugard (1985:83) supports protection of homes and that specific medicines are intended for protection against witches, evil spirits and other supernatural agents of misfortune. Furthermore these medicines are said to be used because they possess the special quality of rendering the evil effects of witchcraft ineffective (Ngubane, 1977:110).

- **Administration of "injections"**

The research results demonstrated that administration of "injections", is an incisions made over an area on the skin where a cut by a razor blade is made or a prick is made by a porcupine quill. The results further shows that the medicine is rubbed into the punctured area and is expected to penetrate the bloodstream to effect a cure.

The following two quotations are examples thereof:

"The incisions I make on the body, I use a clean razor blade, after which I rub the medicine into the incision so that it runs with the blood."

"When the patient is through with steaming then I use injections on this person so that the medicine for injections can penetrate the body to prevent evil spirits that he my encounter."

From the literature Chavunduka (1986:25) supports these incisions by stating that some powdered medicines are rubbed into the skin over the painful area. Gumede (1990:88) further supports this incision-making process, by saying that this is regarded as one of the oldest means of administering medicines, the medicines are said to go directly into the bloodstream. Edwards (1986:89) supports the two authors regarding incisions by stating that these mixtures are inserted into the skin for curative purposes. The traditional healers who participated in the research mentioned that porcupine quills are also used to reduce pain in the affected area and this is likened to acupuncture.

- **The use of prophecy, ash and holy water**

From the research results it seems that the traditional healer views himself as having the ability to use both ash, "holy" water and traditional medicines to effect a cure. The following two quotations are examples that confirm the above information:

"Yes, I can say they are other healing methods, coupled with prayer and ash, God is almighty, and therefore I must pray for the methods I use to be effective."

"The other healing methods that I use are a combination of a prayer and water that I pray for plus ash. I am also a prophet. This is a gift from God and the ancestors that I am enabled to do this type of work."

Literature is explicit about the dualistic activities of the traditional healer and the research explored the use of these dualistic therapeutic techniques. The traditional healers who participated in the research mentioned that they do use this ash and "holy" water. Staugard (1985:107), supported by Gumede (1990:150) confirms that this person who uses these two therapeutic techniques becomes ill and converts to Zionism to be a prophet and becomes classified as a prophet and has the ability to act as a religious consultant, a diviner and herbalist who is able to prescribe his own medicines.

Hereafter follows the results of the therapeutic techniques prescribed by the traditional healer to be implemented by the patient.

- **Views about the medicines wrapped by the traditional healer and to be used by the patient at home**

The views about the traditional healer wrapping medicines that the patient takes home to use as instructed is the following subcategory. Table 4.8 portrays views about these wrapped medicines and they will be discussed in detail hereafter.

Table 4.8: Views about the medicines wrapped by the traditional healer to be used by the patient at home

* Medicines are wrapped and taken home, to be applied on the body of the patient according to given instructions.

- * **Medicines are wrapped and taken home to be used by the patient according to given instructions**

It appears from the results that the traditional healer wraps some medicines for the patients to use at home and that instructions are given to the patient regarding how these medicines are to be used. The results further clarified that the medicines used by the patient's are her own responsibility. The following two examples are words as they were said:

"I am now going to give her prescriptions, medications that are for use at her home."

"I have each medicines' uses written out properly on a piece of paper, and this piece of paper is wrapped inside the plastic that I use to cover medicines with."

Literature does not make mention of the method that the traditional healer uses to give the medicines which are to be used at home whether they are

wrapped up or placed in bottles. From the research findings, it appears that the traditional healer uses brown paper and plastic to wrap medicines for the patients to use at home according to instructions. The patient is therefore expected to use the medicines according to instructions of the traditional healer on her body. The findings further show that the instructions are said to be written on a piece of paper that accompanies the medicines. Medicines that are used at home are also for rituals and ceremonies and Hammond-Tooke (1989:67) supported by Gumede (1990:135) affirms that these are medicines to be used at home which the traditional healer has wrapped up to be used accordingly.

- **Views about home visits carried out by the traditional healer**

This subcategory reflects the views of the traditional healer about the home visits that he carries out and is illustrated in table 4.9 showing these views which are discussed separately in detail hereunder.

Table 4.9 Views about home visits carried out by the traditional healer

- | |
|---|
| <ul style="list-style-type: none">* Ill patients are visited at home for care and comfort.* People come to fetch the traditional healer to treat patients at home. |
|---|

- * **Ill patients are visited at home for care and comfort**

The research results show that the traditional healer views himself as being able to visit and care for the patients at their homes, either on a voluntary basis or when the patients request him to do so.

The following words confirm the above statement:

"Yes, I do visit them when I have a chance, and when that patient is very ill, I do go over to see what is going on."

Literature is not specific about the traditional healer visiting patients voluntarily at their homes. Although Abdool Karim *et al.*, (1994:2) explains that the traditional healer forms an integral part of black culture and that he is available whenever he is needed. From the findings it appears that as he is said to be always available he does get an opportunity to visit the patients when it is necessary to do so.

* **People come to fetch the traditional healer to treat patients at home**

It seems from the research results that families also fetch the traditional healer to treat the patient at home where consultations are carried out in the privacy of the patient's home and this affords the family a chance to be involved in the treatment of the patient.

The following words are used as examples:

"Sometimes I am called to heal people at their homes, and these people come to fetch me, again this is where the family is involved in the healing process."

These results are confirmed by Staugard (1985:123) that the traditional healer relates best with the patient at home because of the relaxed quiet atmosphere where individuality is maintained. Ngubane (1977:103) agrees and supports the findings by further stating that these consultations are held in confidence and complaints are afforded all the necessary attention.

• **Views about the follow up process**

Views about the follow up process emerged as another subcategory and will be discussed in detail as depicted in table 4.10 which portrays its further categories.

Table 4.10 Views about the follow up process

* The treatment is altered when the patient's condition does not improve or becomes worse.
* The patient is expected to report back for review and to discuss the problem area.

*** Treatment is altered when the patient's condition does not improve or becomes worse**

From the research results it seems that the traditional healer expects the patient to report her progress to him, so that he remains informed about negative or positive changes so as to change the treatment accordingly. The research results also shows that he also observes the patient upon which if the patient does not show any positive responses, then he automatically brings about changes to the treatment that is used.

The following words are used as examples.

"When I start to realize that this patient is becoming worse, that is when I start to change form the treatment that I have been giving her."

Literature is not explicit about the need for changing the patient's treatment, even though this is clarified to a certain degree by Watt and Van Warmelo (1960:47-63) when they say that the traditional healer feels that he can treat some diseases and not others hence the change of the treatment as the need arises.

The traditional healers who participated in the research affirmed what Green and Makhubu (1984:1071-1079) referred to as not possessing surgical skills but they able to assess problems and therefore change the treatment when necessary.

From the respondents who participated in the research, when the traditional healer has given the treatment that was to bring change, and he sees that progress is poor, he then changes the treatment and requests to be informed about the patient's progress thereafter.

- * **The patient is expected to report back for review and to discuss the problem area**

From the research results it seems that the traditional healer does not underestimate his ability to treat the patient even though he is aware of the technology that biomedical personnel possess. The results further shows that the traditional healer still feels he needs to know about the patient's condition and therefore to make the necessary adjustments to the treatment schedule.

The following words are used as examples:

"I do ask them to return and tell me how they progress because I need to know if the patient feels better or not."

Literature clarifies this position of the traditional healer by mentioning that the traditional healer wants to see the patient first before going to the hospital and on returning from the hospital. (Levitz, 1992:36) supports these findings and affirms that the ability to give answers to what is wrong in relation to problems of misfortune, are the skills that are important to the traditional healer and in this regard he is able to see if the answers given to the patient solves the problem or not.

- **Views regarding referral of patients**

The abovementioned views by the traditional healers emerged as another subcategory and will be discussed in detail as depicted in table 4.11.

Table 4.11 Views regarding referral of patients by the traditional healer

- | |
|--|
| * The patients are requested to go to clinics, hospitals or surgeries. |
|--|

* Other traditional healer's help is used to resolve the patient's problem.

* **The patients are requested to go to clinics, hospitals or surgeries**

The research results shows that the views the traditional healer has regarding referral of patients to the clinics, hospitals or surgeries emanates from the views that he has regarding the use of therapeutic actions. It seems that he is aware and understands that he cannot treat the patients in isolation and therefore needs other people's help in the healing process.

The following words are examples thereof:

"When still things do not work out according to plan then I request them to go to the hospital."

From the literature Ngubane (1981:361-367) confirms these findings that the traditional healer, when faced with a disease he cannot handle requests the patient to be taken to the clinic. Levitz (1992:35) affirms the above findings by saying that the traditional healer will first attend to the baby with diarrhoea, after which he will tell the mother to take the baby to the clinic.

* **Other traditional healers' s help is used to resolve the patient's problem**

The results show that the traditional healer seems to have no problem referring the patients to biomedical personnel or to other traditional healers. It appears that when his treatment does not yield the expected results then he duly uses other health professional's services without any fear or prejudice. It also looks like the patients are advised to go the biomedical once the need for this is identified. The following words are used as examples:

"I consult another traditional healer's who may have a treatment that can work wonders for this particular patient, you must ask for help from those who do know what you do not know."

Ngubane (1981:361-367) confirms these results by stating that the traditional healer whose family member becomes ill, will seek the help of another traditional healer, because he views the other traditional healer's medicines to be more effective on his family than his own. The respondents who took part in this research not only mentioned the use of other traditional healers' medicines for their families but also for their patients

This involvement of other people in the healing process brings about the need to look at the perceptions of the traditional healer regarding the context of various relationships within the healing process. These perceptions about the context of various relationships within the healing process falls under Column C (see Annexure N).

- **Views regarding the context of various relationships within the healing process**

The views of the traditional healer regarding the context of various relationships emerged as a third main category and this is indicated as Column C of Annexure N. The results of this main category are discussed under four subcategories and their further categories. The four subcategories are as follows:

- * Views about God and the ancestor relationship with the traditional healer
- * Views about traditional healer-patient relationship
- * Views about family-traditional healer relationship
- * Views about community-traditional healer relationship

In the following discussion a bullet (•) will be used to indicate a subcategory and an asterix (*) will be used to indicate a further category.

- **The views about God and ancestor relationship with the traditional healer**

The traditional healer has views about the relationship he has in the healing process with regard to God and ancestors. The results that concur with these perceptions as part of the second main category of the traditional healer's views are reflected in table 4.12 as subcategories and further categories and are discussed in detail hereunder.

Table 4.12 Views about God and ancestor's relationship with the traditional healer

* The gift and powers to deal with sick people are bestowed upon the traditional healer by God and the ancestors.
* Ancestors guide and direct about what is to be done and where to find a cure.
* Ancestral choice for an initiate to be a traditional healer comes in the form of illness which can be cured by initiation performed by a master traditional healer.

- * **The gift and powers to deal with sick people are bestowed upon the traditional healer by God and the ancestors**

From the research results the traditional healer views himself as having a relationship with God and the ancestors. It appears that the traditional healer sees his powers to deal with the sick as coming from God and the ancestors.

The following two quotations are examples hereof:

"Traditional healing is a gift that you are given by God and the ancestors"

"It is healing given by our forefathers who have instructed us on the type of work that we are to treat people"

From the literature these findings are confirmed by Levitz (1992:23-26) supported by Gumede (1990:75) and Ngubane (1977:142) that traditional healers view traditional healing as an effective form of treatment that is a gift from God and the ancestors. The traditional healer seems to believe that he is guided and directed about what is to be done and where to seek help.

* **Ancestors guide and direct about what is to be done and where to find a cure**

The research results show that the ancestors guide and direct the traditional healer about what to do and where to get the cure. It seems from the research results that the traditional healer is guided and directed by God and the ancestors through the "holy" bones to know the problem and the treatment for the patient.

The following words are examples hereof:

"These 'people' give you the power to work, you are sent by these 'people'. You cannot work in any way that you like, you can only work in the way in which they guide and direct you."

"The ancestors through the 'holy' bones are the ones that guides me in my way to look for a cure. They also give me directions about what medicines to use."

Staugard (1985:79), Green and Makhubu (1984:1071-1079) confirms these findings by mentioning that the ability to give the answers to what is wrong, is based on the ability of the ancestors to give these answers during divination. Hammond-Tooke (1989:105) confirms what the previous authors say by stating that to give answers to what is wrong is conveyed by means of a short prayer to the ancestors requesting them to assist him or make the bones to "see" clearly during divination.

- * **Ancestral choice for an initiate to be a traditional healer comes in the form of illness which can be cured by initiation performed by a master traditional healer**

From the research results ancestral choice of an initiate to be a traditional healer has been discussed under perceptions about therapeutic actions undertaken by the traditional healer and it was discussed earlier on as part of table 4.7. Therefore it will not receive further discussion here. However it is important to note that the traditional healer has a special relationship with the ancestors as cited by the respondents in this research.

Hereafter follows the results and discussion regarding views about the traditional healer-patient relationship.

- **Views about traditional healer-patient relationship**

The traditional healer's views about his relationship with the patient emerge as a subcategory and are illustrated in table 4.13 portraying subcategories and further categories from which the discussion will flow.

Table 4.13 Perceptions about the traditional healer-patient relationship

- | |
|--|
| <ul style="list-style-type: none">* The context centers around the patient relating with the traditional healer on the grounds of illness* There is mutual understanding between the traditional healer and the patient, an agreement to work together regarding the patient's illness* The patient is expected to carry out the instructions of the traditional healer and do as he says. |
|--|

* **The context centers around the patient relating with the traditional healer on the grounds of illness**

It seems from the research results that the traditional healer and the patient relate only because the patient is ill and needs help. The help for this illness is seemingly understood by the traditional healer who the research results disclosed that he lives in the patients' world and shares the same worldview with them.

The following words from the participants confirm this:

"Our understanding stems from the fact that I am the traditional healer and the patient has an illness, she comes to me with a need to be cured.

Mburu (*in* Singer, 1982, 172) supported by Abdool Karim *et al.*, (1994:5) affirm these findings that the patients believes that illness results from natural and supernatural causes, hence the need for the traditional healers' help in this situation.

* **There is mutual understanding, an agreement to work together regarding the patient's illness**

From the research results the traditional healer and the patient seem to understand each other and agree to work together to resolve the illness that the patient experiences. The research results confirm the above discussion and the following words are used as examples from the traditional healers:

"I see my patient's relationship with me from the way in which we understand each other, we agree on common things about her illness. This makes us to have a bond."

The findings are confirmed by Abdool Karim *et al.*, (1994:2) supported by Arthur (1997:63) that the traditional healer shares with the patient a view of the world and the way in which it works, the world that is controlled by culture and the meaning attached to illness based on what could have caused it and

how it can be cured. Musi (1996:31) also affirms that the traditional healer is able to treat the psychosocial, spiritual and cultural aspects of the patient and therefore render a holistic approach to the care of the patient.

- * **The patient is expected to carry out the instructions of the traditional healer and to do as he says**

The research results shows that the traditional healer seems to expect the patient to carry out his instructions and do as she is told without questioning or complaining about the instructions. The following words are used as examples:

"I help her with her illness by giving her medicines therefore I expect her to use the medicines in the way in which I have instructed."

Even though literature is not explicit about the instructions that the traditional healer gives to the patients, Mburu (*in* Singer, 1982:173) affirms that the patient follows the therapeutic techniques prescribed or recommended by the traditional healer. The results also show that these recommendations made by the traditional healer are implemented without questioning by the patient.

- **Views about the family-traditional healer relationship**

The traditional healer sees himself as having a relationship with the family emerged as the following subcategory. This relationship is illustrated in table 4.14 which reflects also the further categories that will be discussed separately hereunder.

Table 4.14 Views about the family-traditional healer relationship

- | |
|---|
| * The family is a support system to the patient by |
| - Assisting with the patients who refuses to take medicines |

- Accompanying the patients to the surgeries, clinics or hospital on request by the traditional healer and reporting the patient's progress to the traditional healer.

* **The family as a patient of the traditional healer**

- The family is treated as a unit by the traditional healer
- One family member opens up avenues for treatment of the entire family
- The family is helped with social problems by the traditional healer

* **The family as a support system to the patient**

From the research results it looks as though the family is a support system to the patient by assisting with those who refuse to take medicines. From the results the relatives assist by forcing these patients to take the medicines. The research results further showed that the involvement of the family in the care has a soothing effect on the person who is ill.

The following words are used as examples:

"Some relatives force their people who are ill, they force them to take medicines to be cured."

Levitz (1992:135) confirms these results that the family involvement in the application of therapeutic techniques is meaningful to the patients and has a cathartic effect on both the traditional healer and the patient. These findings are also confirmed by Freeman and Motsei (1992:1186). Family involvement is regarded as having a positive contribution by the patient concerned and is beneficial to the spiritual and cultural aspect of all concerned in the illness-health continuum of individuals and communities.

- **Accompanying the patients to the surgeries, clinics or hospitals, and reporting the patient's progress to him**

It appears from the research results that the family also accompanies the patient to the surgeries and clinics and that they are subsequently expected to give a progress report to the traditional healer.

The following two quotations are use as examples from the traditional healers:

"I ask the relatives to send them to the doctors."

"I do request them to keep me informed about their progress."

The results are affirmed by (Levitz, 1992:23) as well as Abdool Karim *et al.*, (1994:2) who both explain that the traditional healer provides comfort and support to the patient and relatives, and clarifies that the holistic approach enables the traditional healer to find out about the patient and his relations with her family. The results are also confirmed by the respondents who took part in this research.

* **The family as a patient of the traditional healer**

The views of the traditional healer about the family as a patient are discussed under the following further categories, the family being treated as a unit, and helping the family with social problems.

* **The family also seems to consult the traditional healer as a unit**

When one family member has been attended by the traditional healer, the research results shows that the other family members also receive treatment.

The following words are used as examples:

"The family does form part of the healing process."

"The family also bring their children who are ill."

Literature is not clear about the traditional healer's perceptions regarding treating the family as a unit. What is identified as important, is that in home protection against evil, the whole family becomes involved as affirmed by Staugard (1985:83). The respondents who participated in the research clarified that treatment of a family member automatically involves the family, because in home protection all members of that family are protected simultaneously.

Green and Makhubu (1984:1074) affirm these findings by stating that an enduring relationship emerges from the manner in which interaction takes place regarding payment for the treatment. This enduring relationship encompasses the whole family.

- **The family is helped with social problems**

The results demonstrate that the family is helped with social problems which affect children as well.

The following words are used as examples:

"There are times when they are sent over to me to ask if I do not have any extra cents to pay for the school fees."

Regarding social problems that are resolved by the traditional healer Holdstock (1979:119) affirms that the traditional healer plays an important role in maintaining social stability because he fulfils a pervasive role in the black society. The research results as obtained from the participants affirms this help as offered to the family by the traditional healer.

- **Views about the community's relationship with the traditional healer**

The traditional healer views himself as having a relationship with the community. This subcategory and its further categories are discussed in detail hereafter as illustrated in table 4.15.

Table 4.15 Views about the community's relationship with the traditional healer

- | |
|---|
| <ul style="list-style-type: none">* The community views the traditional healer as a leader that helps with life and cures illness.* The traditional healer is happy to be an honoured and respectable person in the community. |
|---|

- * **The community views the traditional healer as a leader that helps with life and cures illnesses**

From the research results the community regards the traditional healer as an important person who is available for them to cure their illnesses. It appears that the traditional healer contributes positively and beneficially to the community through the services that he renders.

The following words are used as examples:

"A leader that helps with life and cures illness."

"His healing you see it as the healing that helps."

According to literature the traditional healer is identified to be very popular in the communities because he is able to find the cause of the perceived disorder and because of his supernatural powers, he is able to correct or resolve it. Staugard (1985:112) as well as Freeman and Motsei (1992:119) confirm these findings.

* **The traditional healer is happy to be an honoured and respectable person in the community**

The research results show that he is regarded as a leader that helps with life. The community seems to have trust and confidence in the traditional healer because he is viewed as a person closest to God. The results also show that the traditional healer contributes positively to the community's social and cultural ways, because he plays an important role in families and communities.

The following words are used as examples:

"An honoured and respectable person in the community."

"He is your healer not your friend."

Mburu (1977:176) confirms the results by explaining that the traditional healer is the human being closest to God, therefore he is highly respected. Abdool Karim *et al.*, (1994:2) affirms this by saying that the community have trust and confidence in the traditional healer. Freeman and Motsei (1992:119) confirm that the traditional healer is regarded as contributing positively and beneficially to the cultural and spiritual life of the community.

The above information concludes the discussion and the results about the traditional healer's views regarding the traditional healing process and the use of traditional therapeutic techniques.

Hereafter follows the results and the discussion regarding the patients' views about the traditional healing process and the uses of traditional therapeutic techniques.

4.3.2.2 The patients' views of the traditional healing process

The main category wherein the patients' views are reflected is described in Annexure 0. The results further shows that the patient's views falls spontaneously into three main categories namely, Column A views regarding

the healing process, Column B views about the therapeutic actions carried out by the traditional healer and Column C the characteristics of the relationship between the traditional healer and the patient. Each of these three main categories is divided into subcategories and further categories discussed further in detail separately. A bullet (•) will be used to refer to the subcategory and an asterix (*) for the further category.

The results of the first main category (column A) regarding the patient's views about the traditional healing process consists of the following three subcategories:

- The patient's views about the traditional healer's ability to treat illnesses.
- The patient and traditional healer are of the same worldview.
- The patient's views regarding handling problems and difficulties
- **The patient's views about the traditional healer's ability to treat illnesses**

The following table 4.16 portrays the findings regarding the patient's views about the traditional healer's ability to treat illnesses. These views will be discussed individually.

Table 4.16 The patient's views about the traditional healer's ability to treat illnesses

- | |
|--|
| * The traditional healer treat black people's illnesses that are caused by transgressing cultural norms. |
|--|
- * **The traditional healer treats black people's illnesses that are caused by transgressing cultural norms**

From the research results it seems that the patient sees the traditional healer as being able to cure black people's illnesses, illnesses that are directed at

traditional healing. The results also show these illnesses to be of natural or supernatural origin and can only be treated by the therapeutic actions of traditional medicines that are preventive, protective and curative in nature.

The patient's views regarding the ability of the traditional healer to treat black people are reflected in these words:

"One has to be treated by the traditional healer when having illness that is directed at traditional healing, illness like pollution where taboos are not respected."

"The traditional healer helps people with regard to the diseases that biomedical personnel know but are unable to cure."

Abdool Karim *et al.*, (1994:2) confirms the belief of patients, that illnesses resulting from natural and supernatural causes are treated only by the traditional healer. Staugard (1986:99) supports these findings that therapeutic actions are preventive, protective and curative medicines that can be used on the patient's body or her surroundings.

- **The patient and the traditional healer share the same worldview**

The patient's views about sharing the same worldview with the traditional healer are the next subcategory. These views are portrayed in table 4.17 and will be discussed separately.

Table 4.17 The traditional healer and the patient share the same worldview

- | |
|--|
| * The traditional healer is of the same colour, black, shares the same language and culture of the patients. |
| * The traditional healer understands black people's illness which biomedical people do not understand |
| * The traditional healer is available when needed and lives in the same area as the patient |

- * **The traditional healer is of the same colour black, shares the same language and culture of the patient**

The above table 4.17 shows the patients views about the traditional healer as sharing the same world view. From the research results the same worldview included culture, race and language.

The following words are used as examples:

"I say they know our customs, the way we black people live, it is their way of life, because they are black they have the ability to treat black people's illness"

"The white doctors do not know what you are talking about. It is the traditional healer who lives in your world, who knows about the ancestors and what to talk with them when they are angry."

Abdool Karim *et al.*, (1994:2) confirms that the traditional healer shares with the patients a view of the world and the way in which it works, something completely alien to biomedical personnel. Further the research results affirms that the traditional healer is an integral part of black culture. Freeman and Motsei (1992:1186) support the research results and the previous literature about these views.

*** The traditional healer understands black people's illness which biomedical personnel do not understand**

Table 4.17 illustrates that the traditional healer understands black people's illness which biomedical people do not understand. The research results show that medicines are seen to effect a cure over supernatural and mystic illnesses that are strange to biomedical personnel. It appears from the participants that the ability to treat this supernatural illness contributes positively to the individual patient, her family and the community.

The following two quotations are used as examples:

"In the world of blacks you find evil people who are witches and you do not use medicines of biomedical doctors, I go where I know the mixtures that are strong to fight the evil"

"One has to be treated by the traditional healer because there are times when a person's illness is directed at traditional healing."

Literature affirms these views that the traditional healer treats diseases of supernatural origin. Ngubane (1977:132) confirms that mystical treatment will be used to treat misfortunes and for somatic symptoms medicinal cure will be given. These findings are also supported by Gumede (1990:127) and Abdool Karim *et al.*, (1994:6) that supernatural and mystical diseases are treated by the traditional healer to ensure a healthy person, physically spiritually and morally.

*** The traditional healer is available when needed and lives in the same area as the patient**

From the research results the patient sees the traditional healer as always available for her whenever she needs him, even in times of dire need where witchcraft is seen to exist. The participants also sees the traditional healer not only as a resource person for medicines, but is also trusted to educate the community.

The following words are used as examples from the patients:

"I come to the traditional healer because I need help and therefore rely on his help in times of crises."

"The traditional healer is always here and available to me when I need him."

Freeman and Motsei (1992:1186) confirm that the traditional healer is available as an existing resource person and an educator. Abdool Karim *et al.*, (1994:5) agrees that the traditional healer knows and understands black people's needs and expectations which simply is more than just medications.

- **The patient's views regarding handling problems and difficulties**

The above mentioned views of the patient regarding handling problems and difficulties is the next subcategory which will be discussed hereunder after being portrayed in table 4.18.

Table 4.18 The patients' views regarding handling of problems and difficulties

* Paying a return visit to the traditional healer to get more information and clarity.
* The patient takes herself to biomedical personnel or is accompanied by the family to resolve her problems
* The patient or family is requested by the traditional healer to return to him to report the progress

- * **Paying a return visit to the traditional healer to get more information and clarity**

From the research results it appears as though the patients encounter problems and difficulties when using traditional medicines. It seems that

when the patient discovers that she does not get better she returns to the traditional healer to request for an explanation about her condition.

The following words are used as examples:

"I go back to the traditional healer to get more information and clarity."

I go there myself to ask for clarity with these medicines. Sometimes he explains again, but warns me not to make mistakes."

Yangni-Angate (1981:243) affirms the research results by saying that after making a diagnosis, the traditional healer can make a distinction between illness that needs the attention of the traditional healer and that which needs the care of biomedical personnel. The respondents who participated in the research described the handling of problems as an event which necessitated a return visit to the traditional healer for clarity or otherwise they have themselves to blame for not recovering as expected.

*** The patient takes herself to biomedical personnel or is accompanied by the family to resolve her problem**

The research results show that the patient on encountering problems she, in the company of a family member or alone, go to biomedical people to resolve her problems when using traditional medicines.

The following words support this information:

"When I see that I do not become better, I go to the clinic or surgery or hospital."

"When I see at times as I am using these traditional medicines and I do not see a change, I go to biomedical personnel again and again."

Anon (1992:5) affirms the results that when the patient ultimately seeks the help of biomedical personnel, it is when there are identified complications arising from the use of traditional therapeutic techniques.

Fulder (1985:238) confirms that returning to either biomedical or traditional healing occurs when the patient discovers that she does not become better seek alternative treatment. Where the illness is seen to have other causes leading to deterioration of the condition, the respondents described the need to go for the treatment which they feel is best suitable for their illness.

*** The patients or family is requested by the traditional healer to return to him to report the progress**

The research results clarifies the views of the patient regarding returning to report her progress to the traditional healer. From the results, it is evident that when the patient sees herself become better or worse she returns to report her progress to the traditional healer.

The following words from the patients confirm these results:

"I go to the traditional healer again to tell him if I feel better or if I am still not cured form the hospital."

"I can go back to the traditional healer like when I had problems with medical doctors' medicines, I went back to them again and again, I will tell him that I am not becoming better, so he must see what to do."

The patients who participated in the research described this return visit as prompted by the need to be better. For them returning to the traditional healer or biomedical personnel is the only solution to resolve their problems.

Levitz (1992:23-16) supports these research results by explaining that to a certain extend the traditional healer wants to see the patient first prior to her going to the hospital or clinic and then to return to him again for review of her progress.

- **Views about the therapeutic actions carried out by the traditional healer**

The views of the patient about the therapeutic actions carried out by the traditional healer emerged as a second main category. This category falls under Column B (see Annexure O). These views will be discussed using a bullet (•) for a subcategory and an asterix (*) for a further category and a stroke (-) for a further further category. These results are discussed hereafter under six subcategories and further categories.

The views that will receive attention are as follows:

- * Views about different types of treatment used in traditional healing.
- * Views about the instructions given regarding the uses of traditional medicines.
- * Views regarding problems and difficulties encountered when using traditional medicines.
- * Views about the prescription for uses of medicines at the patient's home
- * Views about the process of follow up by the traditional healer
- * Views regarding the sources from where medicines are obtained
- **Views about different types of treatment used in traditional healing**

In the following table 4.19 is the discussion about the findings of the patient's views regarding different types of treatment used.

Table 4.19 Views about different types of treatment used in traditional healing

- * The traditional healer uses divination to "see" (diagnose) the problem and to determine suitable treatment.
- * The treatment is administered by various routes: orally, by inhalations, by application to the skin by bathing and enemata.
 - orally by drinking, vomiting and chewing
 - inhalations by steaming
 - application to the skin by incisions, "injections"
 - bathing in medicinal water
 - enemata administration of medicines per rectum
- * **The traditional healer uses divination to "see" (diagnose) the problem and to determine suitable treatment**

From the research results it appears as if the traditional healer uses divination as means of diagnosing the patient. It appears that this divination is a method that enables the traditional healer to determine the treatment after diagnosis. Further the results show that the "holy" bones are used in divination to reveal the patient's problem and also to enable the traditional healer to communicate with the ancestors.

The following words are used as examples hereof:

"The traditional healer uses his "holy" bones to see what is wrong with me and to tell me what I must do to be cured."

"He is able to communicate with the ancestors through the "holy" bones and therefore help me with the problems I have."

From the literature Ingstad (1989:253) affirms the process of divination by the traditional healer who throws the "holy" bones, repeatedly until they refer to the matter at hand. Hammond-Tooke (1989:105) supports these findings that the traditional healer uses a short prayer to the ancestors as a request to make the bones "see" clearly. From the research results it was observed that the bones are thrown more than once if the problem is difficult to diagnose and these throws appear to assist in finding out what the problem is, what treatment to use and where to find the cure.

- * **The treatment is administered by various routes orally, inhalations, application to the skin, bathing and enemata**

From the research results the patients' views the above named methods as ways of being treated by the traditional healer. The following words are examples:

"The traditional healer treats me by giving me medicines to drink, others to vomit with and for enemas."

"He steams me, puts me into baths."

Gumede (1990:116-125) Staugard (1985:9), Ngubane (1977:106) supported by Hammond-Tooke (1989:119) all confirm these various routes of administering traditional medicines. These views of the patients are also supported by the traditional healer's views which are discussed in 4.3.2.1:114-119. These views complement and support each as identified by the research results that the patient views the traditional healer as using various routes for administering traditional medicines.

- **Views about the instructions given regarding the uses of traditional medicines**

The patient's views regarding the instructions that they receive regarding to uses of traditional medicines are discussed as the next subcategory. This

mode of instructions is illustrated in table 4.20 and will be discussed separately hereunder.

Table 4.20 Views about the instructions given regarding the uses of traditional medicines

* Instructions are either written down on wrappers or are given verbally by the traditional healer.

* **Instructions are written down on wrappers or are said verbally by the traditional healer**

From the research results the instructions that were written down were written on paper that was used to wrap these medicines. It was also noted that the verbal instructions are memorised by the patient to avoid forgetting them. These papers for instructions were seen to be wrapped inside the plastic wrappers where these are used in the place of brown paper. Those instructions that were said verbally were emphasised by the traditional healer. The following words are examples thereof.

"The traditional healer gives me instructions on how to use the medicines, he tells me or he writes on the wrappers of medicines he gives me."

"I get instructions that are written down by the traditional healer. He writes them on the brown paper he uses to wrap medicines."

Aakster (1989:298) confirms the results that the manner in which treatment and management is given is seen by the patients as suitable and ideal for them. The research results further show that the traditional healer in treating the whole person, affords the patient an opportunity to understand the explanations regarding the diagnosis and procedures performed. Mburu (1977:173) does not refer to instructions per se, he affirms the findings by indicating that whatever recommendations the traditional healer gives, the patient follows without further questions.

- * **The views about problems and difficulties regarding the instructions of the traditional healers**

The next subcategory re the patient's views about problems and difficulties regarding instructions is discussed after being illustrated in table 4.21.

Table 4.21 Views about problems and difficulties encountered when using traditional medicines

Types of problems encountered are:

- * Forgetting verbal instructions from the traditional healer leading to incorrect use
- * Difficulty reading instructions and asking children to read for the patient
- * Instructions not correctly followed leading to inefficacy or no improvement in patient's condition.

- * **Forgetting verbal instructions from the traditional healer leading to incorrect use**

The research results show that the patient forgets verbal instructions from the traditional healer, further it appears that when these instructions are forgotten the patient returns to him to request for another explanation.

These are supported by the following words of the patient:

"I did forget how to use these herbs and I went back to ask for a re-explanation."

I go there myself to ask for clarity with these medicines."

Literature does not make mention of the instructions which the traditional healer gives to the patient. According to the information yielded from this research, it was identified as a reality by the respondents which they had to

face and to which they took a decision to return to the traditional healer to request for an explanation.

* **Difficulty reading instructions, and asking children to read for the patient**

The research results showed that the patient experienced difficulty reading the written instructions. It seems that when this reading problem was encountered the patients requested children to read for them.

The following words are used as examples:

"Sometimes I do have problems, I may not see properly what is written down, or what is written down I do not understand very well."

"I ask my school going sister's daughter to read for me to avoid making a mistake again."

These are some instances that also have no literature support but are supported by the research results from the participant. The patients who are seen by the traditional healers feel that even though they may not know how to read and write asking for help for this is not a problem. To them using the medicine is the ultimate goal and therefore the help of children is sought upon which they read for the patient.

* **Instructions not correctly followed leading to inefficacy or no improvement in the patient's condition**

The research results show that the above problem of not following instructions properly leads to inefficacy or no improvement in the patient's condition. Further it seems as if when these medicines are not used according to instructions, mistakes occur. From the results it appears as though that when this occurs, the patient returns to the traditional healer for him to see her condition. The following words supports this:

"I will go back to him and tell him I am now worse than before, you never go back when you are well."

"I can go back to the traditional healer like when I had problems with the medicines, I went back to them again and again, I will tell him I am not becoming better, so he must see what to do."

Literature does not refer to patients problems related to forgetting instructions. This is a unique situation which the researcher discovered as perceived by the patient who uses the traditional therapeutic techniques. The patients perceive themselves as encountering problems of forgetting how the medicines are to be used, simply because the verbal instructions could not be remembered. In order to resolve the loss of memory then the patient went back to the traditional healer to request for an explanation about how to go about using these medicines.

- **Views about the prescription for the uses of medicines at the patient's home**

The patient's views regarding the above named subcategory is tabled in 4.22. These views about home use are discussed in detail hereunder.

Table 4.22 Views about the prescriptions for uses of medicines at the patient's home

* Instructions for use at home should be carried out as prescribed or medicines loose their efficacy.
* Home protection by burning incense and spraying with medicinal water inside and outside the house.

- * **Instructions for use at home should be carried out as prescribed or medicines loses their efficacy**

The results show that the patient takes the medicines home which are to be used exactly as the traditional healer has instructed or they may loose their

efficacy should the patient fail to follow the instructions of the traditional healer the medicines do not work as expected. These medicines are to be used strictly according to instructions.

The following words of the patients are used as examples thereof:

"He tells me how to use these medicines according to the instructions for each one differently."

"These that are used at home are used under strict instructions, if you do not use them in this way, they do not work."

Literature is not clear about the instructions that the traditional healer gives the patient and that if these are not used properly their efficacy fails and there are no results. From the patients who participated in the research the inefficacy of medicines was found as resulting from not following the manner in which the medicines are to be used. The research results are supported firmly by the respondents.

From the results of the research the traditional healers affirmed that if the medicines are not properly used then their results are not positive. This was a unique situation which has been recorded that clarifies that failure to follow instructions leads to problems.

*** Home protection by burning incense and spraying with medicinal water inside and outside the house**

From the research results, it seems that the medicines intended for home protection are used inside and outside the house to repel evil and bad notions that affect the family. The following are the words as said by the patient:

"The medicines that are used at home are for protecting the home and the children against evil. There are many types and he tells you how they work."

"The medicines of the traditional healer removes evil spirits, home protection is one of them, smoking inside and outside spraying around the house."

Ngubane (1977:161) affirms these results by saying that remedies are given for treatment. In the event where the problem arises from misfortunes where the ancestral protection is withdrawn, then it becomes necessary to perform the necessary rituals at home. Staugard (1985:65) and Gumede (1990:88) support these findings that as a rule the process of home protection automatically involves the whole family. Burning leaves or incense in the house is a practice of protecting newborn babies from evil.

- **Views about the process of follow up by the traditional healer**

The findings of the patient's views regarding the above mentioned sub-category is illustrated in table 4.23, after which its discussion will follow.

Table 4.23 Views about the process of follow up by the traditional healer

- | |
|---|
| <ul style="list-style-type: none">* Divination is repeated by the traditional healer and the treatment is changed.* Using biomedical treatment and the traditional healer's medicines alternatively. |
|---|

- * **Divination is repeated by the traditional healer and treatment is changed**

The research results show that during follow up by the traditional healer the procedure of divination is repeated to further determine whether the problem could be solved and that if necessary, the treatment should be changed.

The following words are used as examples from the patients:

"Then he changes the medicines and gives me another one to use afresh and throws away the first one."

"He becomes serious and thinks what could be wrong, sometimes he throws his 'holy' bones to get to the bottom of the problem, then he changes the medicines and gives me something else."

Even though the literature is not explicit about the traditional healer repeating divination and changing treatment, the respondents who participated in the research voiced their opinion in this regard.

Mburu (in Singer, 1982:177) affirms these results that the traditional healer will identify the cause of the problem through supernatural divination after which he will give the patient recommendation about what needs to be done. The procedure of divination to resolve the patient's problem is also confirmed by Ngubane (1977:102) supported by Abdool Karim *et al.*, (1994:5).

* **Using biomedical treatment and the traditional healer's medicines alternatively**

From the research results it seems that the patient can even go to the extend of purchasing treatment from biomedical people voluntarily or on the request to do so by the traditional healer. It also appears from the results as if the patient is inclined to use the services of both biomedical people and those of the traditional healer, where one fails, the other is used to effect a cure. The following words are used as examples:

"When I see at times as I am using these traditional medicines and I do not see a change I go to biomedical personnel again."

"I use one of the doctor first and see what happens after that I now go back again to the traditional healer for him to see how I am progressing."

From the literature Abdool Karim *et al.*, (1994:5) confirms these results by stating that the traditional healer after making a diagnosis may advise the patients to purchase biomedical treatment or he may privately go to a colleague and obtain treatment. Freeman and Motsei (1992:1186) and Fulder (1985:238) support the findings that there are instance where the illness is seen to have other causes therefore seeking alternative health care is regarded as solution. The results show that seeking alternative treatment is

seen to be meeting the patient's health care needs, and that the consumer has a right to decide about who should treat her and who should not.

- **Views regarding the sources from where medicines are obtained**

The above-mentioned sub-category regarding the sources from where the medicines are obtained is tabled in 4.24. The discussions about each of these views will follow thereafter.

Table 4.24 Views regarding the sources from where medicines are obtained

* Medicines are obtained from the veld as roots of plants, barks from trees.
* Where medicinal herbs are not used, the traditional healer uses prayer, ash and "holy" water.

- * **Medicines are obtained from the veld as roots of plants, barks from trees**

From the research results it appears that the patient views traditional medicines as being obtained from the veld, where the traditional healer picks up roots of plants and barks of trees. It seems from the results that these herbs and plants can either be used raw or boiled, and that they can be used in or on the body. The following words are used as examples:

"Yes these medicines, herbs are used by the traditional healers to protect us. In the white people's world you cannot get these zoombies and witches, but in our world these are fought with herbs that they pick from the veld, from the ground."

"This healing is important to us because it is healing using herbs and plants."

Gumede (1990:112) confirms these findings by mentioning that all those from vegetable origin are used raw, dried or boiled as concentrations and some are used on the body as pastes. Watt and Van Warmelo (1960:53) and

Hammond-Tooke (1989:119) further affirm that 80% of medicines are of vegetable origin and that these medicines are picked from the veld.

*** Where medicinal herbs are not used, the traditional healer uses prayer ash and "holy" water**

The use of ash and "holy" water that has been prayed for is a peculiar source of medicine in traditional healing. The research results disclosed that some traditional healers have a gift of using dual methods of treatment, where both ash, "holy" water, herbs and plants are used simultaneously.

The following words clarifies the above views:

"Sometimes he uses the ash that he prays for and the water, but he says, only when it is really necessary."

From the respondents who took part in the research this was found to form part of the sources of traditional medicine, use of ash from burned coal or wood and water which the traditional healer prays for. The research results further identified that the use of this ash and water is identified as common practice amongst the traditional healers who are also prophets.

This use of ash and "holy" water is supported by the literature and Staugard (1985:107) confirms these findings that actually this person is regarded as a prophet ("moprofita"). It is a person who did not want to yield to traditional healing only and therefore uses both methods of healing. From the respondents the dualistic traditional healer in using both methods in the treatment of his patients identifies the problem by divination using a lit candle and a glass of water after which he decides which treatment is best suitable for the patient. Freeman and Motsei (1992:1186) also mention prophets in traditional healing.

These results and discussion concludes the views of the patient about the therapeutic actions carried out by the traditional healer tabled as Column B of Annexure 0. The results and discussion about the patients' views about the

characteristics of the relationship between the traditional healer and the patient follows hereafter as Column C of Annexure 0.

- **The patient's views about the characteristics of the relationship between the traditional healer and the patient**

These results of the patients' views about the characteristics of the relationship between the patient and the traditional healer are portrayed in tables and these tables are used as a framework for their discussion. These views will be discussed using a bullet (•) for the sub-category and an asterix (*) for a further category and a stroke (-) for a further further category. The views that will receive attention are as follows:

- * Views about the interactive relationship with the traditional healer
- * Views about the traditional healer's relationship with the ancestors
- * Views regarding payment for treatment.

- **Views about the interactive relationship with the traditional healer.**

The results and discussion about the patient's views regarding the interactive relationship with the traditional healer is the following sub-category. These views are illustrated below as table 4.25 and will be discussed separately.

Table 4.25 Views about the interactive relationship with the traditional healer

* The traditional healer treats the patients as humanely as possible.
* The traditional healer is accessible and listens to the patient's problems.

- * **The traditional healer treats the patients as humanely as possible**

From the research results, it seems that the patient views the traditional healer as a person who treats patients as human beings, and not puppets or clowns. Further the results shows that the biomedical people are insensitive

to treating the patient as a human being because they are said to scold patients who are in need of their care.

The following words are used as examples:

"This person, the traditional healer, he talks to us as human beings, not puppets or clowns."

"Yes, unlike you nurses who scolds and scolds when we do not remember or when we make mistakes, our people understands us better than you."

The respondents who took part in this research mentioned that it is in the patient's best interest not to be scorned or scolded should she choose to seek the help of the traditional healer before going to biomedical personnel. Staugard (1985:123) supports these results by mentioning that a quiet and relaxed atmosphere where individuality is maintained, is present at the traditional healer's home when the patient comes for consultation. Further the research results showed that this is of paramount importance in traditional healing since the traditional healer has sufficient time to explain all the details because few patients are seen at a time. This gives the traditional healer time to talk and listen unhurriedly because he has no pressure of many patients. Levitz (1992:35) further supports the respondents by stating that biomedical people are impersonal and frightening and that they only concentrate on the disease aspect of the patient and not the patient self as a person. Freeman and Motsei (1992:1186) also affirm the findings that biomedical people only concentrate on the medical aspect of the disease and less on the patient as a human being.

* **The traditional healer is accessible and listens to the patients' problems**

From the research results it seems as if the traditional healer is regarded as a gentle person who listens to patients. The research results also show that

the traditional healer is a good listener and an expert in giving reassurances and comfort to the people because he is one of them and lives with them.

The following words are examples hereof:

"When a person needs your care, instead you scold that person, and no not the traditional healer he talks to you gently and he listens to you."

"He listens attentively as we speak and say what we want to say nobody interrupts or says you said a thing when you did not say it. It is only the two of you when you talk."

The participants also affirmed that the traditional healer is a person who is tolerant by nature and Gumede(1990:153) supports the research results by saying that one of the greatest attributes of a good healer, biomedical or traditional is to be a good listener, and the traditional healer is an expert in giving reassurance and providing comfort because he is of the people and comes from amongst them. Holdstock (1979:119), Levitz (1992:23) and Musi (1996:31) affirm these research findings about the traditional healer treating the whole person because he listens to the problems of the patient.

- **Views about the traditional healer's relationship with the ancestors**

The results and discussion about the patient's views regarding the traditional healer's relationship with the ancestors is the following sub-category. This sub-category is illustrated in table 4.26 and these views will discussed separately.

Table 4.26 Views about the traditional healer's relationship with the ancestors

- * The healing powers of the traditional healer originates from the great grandfathers
- * Traditional healing was used in the olden days to cure black people's illness where the ancestors were transgressed.
- * The traditional healer has the ability to communicate with the ancestors through the use of "holy" bones.

*** The healing powers of the traditional healer originates from the great grandfathers**

From the research results the patients view that traditional healing as a gift from the great grand fathers. The results also show that if it was not for this gift that is given to the traditional healer to heal people, there would be no relationship between the traditional healer, God and the ancestors.

The patient's views about the traditional healer's relationship with the ancestors are reflected in the following words that are used as examples:

"To me traditional healing is healing that our great, great grand fathers were using to cure our illness."

"I see traditional healing as healing of our great, great grandfathers, healing that is being used by us as black people."

Ingstad (1989:265) supports the research results by saying that the traditional healer retains close contact with the ancestors and his ability to cure supernatural mystic and somatic illness is conveyed to him from God through the ancestors. The participants in the research mentioned that traditional healing is an old method of healing people. These views of participants are supported by Holdstock (1979:18) and Levitz (1992:25-38) that traditional

healing is an old art of healing for Africans as part of their culture which is still in existence even today.

* **Traditional healing was used in the olden days to cure black people's illness where the ancestors were transgressed**

From the research results it seems that the patient perceives the traditional healer to be living in their world where the traditional healer knows about the ancestors, how to talk with them when they are angry.

The following words are used as examples:

"The traditional healer lives in our world, knows about the ancestors and what to talk with them when they are angry."

"We share the spirit world, the world of the non living but sacred where man plant and animal share all."

Ingstad (1989:251) supports the research results by explaining that ancestors are seen as a link between the living and God and if a harmonious relationship is maintained with the ancestors, it is also maintained with God. The traditional healer communicates with the ancestors through offerings and mediates between the people, God and the ancestors. These findings are supported by Gumede (1990:90) and Abdool Karim *et al.*, (1994:5) that the traditional healer shares the worldview of the patients and that it is the traditional healer who communicates with the ancestors for the patients.

* **The traditional healer has the ability to communicate with the ancestors through the use of "holy" bones**

From the research results it appears that the traditional healer is seen to be able to communicate with the ancestors through the "holy" bones and therefore relay the problems that the patient seems to have with the ancestors who are to come back again through the "holy" bones about how this problem should be solved.

The following words are used as examples:

"He starts first by looking into his 'holy' bones to see by divination what is bothering this person, and this is followed by him giving the person medicine to use on himself."

"I prefer to go to him because he is able to communicate with the ancestors through the "holy" bones, therefore help me with the problems I have."

From the literature Levitz (1992:23-26) and Green & Makhubu (1984:1071-1079) support the results that traditional healing is seen as an effective form of treatment that is a gift from God and the ancestors. The ability to heal and give answers to what is wrong, is based on the ability of the ancestors to give these answer during divination.

Mburu (1977:172) affirms the findings that the traditional healer is close to the ancestors and therefore to God, and his ability to heal is a gift from God and the ancestors. The traditional healer is seen to communicate with God and the ancestors through the offerings and it seems that it is through these offerings that the traditional healer is seen to mediate between the people, God and the ancestors.

- **Views regarding payment for treatment**

The above mentioned sub-category will be discussed after being illustrated in table 4.27 below. These views will be discussed separately.

Table 4.27 Perceptions regarding payment for treatment

* Treatment is offered even when there is no immediate payment from the patient
* The traditional healer expects no immediate payment unlike biomedical personnel who pursue patients for payment of services

* **Treatment is offered even when there is no immediate payment from the patients**

From the research results it seems that the patient views the traditional healer as a person who is able to treat her even without any payment. The following words are used as examples:

"Yes and more, he allows me to be treated without money, my family can go to him even when I am not around, he looks after us all."

"You pay in halves and you finish off when you are healed and you agree together about paying."

From the literature Abdool Karim *et al.*, (1994:5) and Green and Makhubu (1984:1074) confirm that patients who cannot afford treatment are not being turned away but arrangements to pay later are easily made. The participants further claim that this payment schedule establishes an enduring relationship between the traditional healer and themselves.

* **The traditional healer expects no immediate payment unlike biomedical personnel, who pursue patients for payment of services**

The research results show that these services are paid for only when the patient is cured and not before. The traditional healer is said to treat the patients at all times and never turns anybody away. This is said to make him popular with the patients and creates a lasting relationship. The following words are used as examples:

"The fact that when I also owe him he does not follow me to ask for his money, biomedical people, yes they sent you letters at home to remind you to come and pay."

"The payment of the healer is such that only when you are better and the healer is satisfied you pay him a cow, about R250 or R500."

Gumede (1990:90) and Ingstad (1989:256) support these findings and explain this fee schedule as fees which every body knows as an ox or cow. Green and Makhubu (1984:1074) further affirms that this cow is paid to the traditional healer after the patient is cured and that those without livestock may pay an equivalent amount of money for a cow, goat or sheep. Musi (1996:31) supports the research findings and explains that the fees charged are handled in a flexible way even though the traditional healer finds it difficult to claim from a medical fund he insists on being paid in live cattle.

4.4 CONCLUSION

In this chapter a brief overview of how data collection was realised has been done and this was followed by a brief description of data analysis method. The results and discussion thereof was given followed by a literature control. Chapter Five shall deal with the conclusions, shortcomings and recommendations with specific reference to formulation of guidelines for the possible incorporation of traditional healers in the Health Care Delivery System.

CHAPTER 5

CONCLUSIONS, SHORTCOMINGS AND RECOMMENDATIONS WITH SPECIAL REFERENCE TO FORMULATION OF GUIDELINES FOR INCORPORATION OF TRADITIONAL HEALERS INTO THE HEALTH CARE DELIVERY SYSTEM

5.1 INTRODUCTION

In the previous chapter the results of the research are discussed and confirmed with the literature. In this chapter the conclusions, shortcomings and the recommendations of the research are discussed. The focus of the recommendations will be on nursing education, nursing research and nursing practice. The recommendations for nursing practice are formulated as guidelines for the incorporation of the traditional healers in the Health Care Delivery System.

5.2 CONCLUSIONS

When the results of the research, the field notes (see Annexure K and G) and the studied literature are brought together, certain conclusions can be made with regard to the characteristics of the relationship between the traditional healers and the patients, the use of traditional therapeutic techniques and the traditional healer and the patient's views of the traditional healing process.

5.2.1 Conclusions regarding the demographic data of the traditional healers and the patients

The conclusions regarding the demographic data of both the traditional healers and the patients indicates that the traditional healers' ages vary from young to middle age with the patients having more or less the same age distribution as the traditional healers. It seems as though the age of the traditional healers have no effect on the choice made by the patient to consult

the traditional healer. The process of consultation consists almost always of two or more sessions. The contact made indicates that the initial contact date cannot be remembered since the services of the traditional healer are still continued to be utilized.

The venues where consultation takes place are always the traditional healer's homes. It is more the patient's own choice that leads to consulting the traditional healer and to a lesser extent referrals also made by friends or family.

5.2.2 Conclusions regarding characteristics of the relationship between the traditional healer and the patient as well as the use of traditional therapeutic techniques as derived from the video recordings

The conclusions regarding the characteristics of the relationship between the traditional healer and the patient are derived from the video recordings of the interaction between them. Attention will first be given to the interaction between the traditional healers and the patients, followed by the conclusions regarding the use of traditional therapeutic techniques.

5.2.2.1 Conclusions regarding the interaction between the traditional healers and the patients

From the findings of this research it can be concluded that the process of interaction between the traditional healer and the patient is built on a relationship consisting of a beginning, working and termination phase. This relationship is based on mutual respect and understanding of each other's cultural views and beliefs.

Respect for the traditional healer and the area of consultation is highlighted by the removal of shoes by all patients entering the traditional healer's home where an atmosphere of tranquillity exists. On entering the consulting room it is mostly the traditional healer who initiates the greeting.

Consultation is always done in a sitting position with the traditional healer facing the patient. During consultation the fees to be paid are negotiated prior to resuming divination. The fees vary depending on the problem of the patient. Monetary payment is identified as the mode of payment agreed upon by both the traditional healer and the patient.

The beginning and working phases mainly consists of the divination process, which includes the process of assessment and diagnosis. The manner in which both the traditional healer and the patient perceive illness is strongly cultural based, and their attitudes strongly depend on these perceptions. The traditional healer adopts the attitude of being knowledgeable and understanding the patient's problem, and therefore becomes more authoritative. While the patient on the other hand adopts an attitude of following and becoming more submissive. Both expect the diseases which have cultural orientation to be cured by traditional medicine prescribed by the traditional healer.

During the beginning phase attention is given to the building of rapport between the traditional healer and the patient. It is during this phase that the traditional healer comes to a meaningful diagnosis during divination.

The process of divination is an important part of the healing process and the traditional healer becomes active, while the patient becomes much more passive. The patient only reacts to the questions as asked by the traditional healer and the period of divination vary amongst the traditional healers depending on the patient's problem. Although there are various activities performed during divination for example, use of holy bones or a lit candle and a glass of water, these activities vary according to each traditional healer's way of divination, and how they are used.

All the traditional healers starts with a prayer to make contact with the ancestors. It seems as though it is only the manner in which the prayer is said that varies. The snuff is mostly used to sprinkle around the divination

tools and in the case where the "holy" bones are used saliva is spat on them. The use of objects to point at the divination tools is identified as a common practice by the traditional healers.

Clarification of the problem occurs as part of the divination process whereby the patient has to agree and confirm the findings. The working phase is seen as a phase where the traditional healer gives the patient more support regarding the problem. The patient seems to understand the events that follows because support and treatment is accepted as explained by the traditional healer. The traditional healer is seen to be more verbally active and the patient listens to the explanations about the treatment. After making the diagnosis the traditional healer is seen to wrap the medicines and the instructions are written on the brown paper wrappers, or on a separate piece of paper if the wrappers are plastic. This separate piece of paper is wrapped inside with the medicines. During this working phase it was also noted that certain medicines are used by the traditional healer while others are given to take at home. The patients seemed to be satisfied with the treatment as prescribed by the traditional healer and for the answers received for the questions posed to the traditional healers.

The termination phase follows as the last part of the interaction between the traditional healers and the patients. This phase is inclusive of summaries of the conversation made during divination and prescribing treatment. All the traditional healers invite the patients for a follow up visit. There were no referrals to other health care sources.

On leaving the consulting rooms the patients were seen to exit in silence, no greetings were seen to be exchanged and they only wore their shoes at the doorstep,.

Hereafter follows the conclusions regarding the use of traditional therapeutic techniques.

5.2.2.2 Conclusions regarding the use of traditional therapeutic techniques

These conclusions are derived from the research findings regarding the use of traditional therapeutic techniques by the patient and or by the traditional healer self.

The use of traditional therapeutic techniques is seen as an important aspect of the healing process. As the traditional healers works from home most of the treatment was used immediately after divination. The manner in which both the traditional healer and the patient uses these techniques stems from the agreement that they both enter into regarding the implementation process. The implementation process varies from traditional healer to traditional healer and from patient to patient, whereupon one would decide to start with oral administration while the other may start with enemata.

The conclusions that emerge from the uses of these therapeutic techniques centers around the manner in which instructions are given by the traditional healer and accepted by the patient. What emerged from the implementation of these techniques is that the medicines were used according to instructions and agreed options whether to use immediately or to take them as wrapped medicines and use them at home. The techniques used all are non invasive and consist of natural herbs and plants. A few identified medicines are mixed with animal fat which is used for applying on the skin. A porcupine quill was used to prick the skin and a horn of a goat or ram was used to tap the body parts that were affected.

A lot of emphasis is placed on how these medicines are to be used and the implementation process is as follows:

- Oral administration of medicines constituting the major route.
- Administration of enemata.
- Administration of steam inhalations, steam baths and bathing.

- Home protection by means of spraying and burning incense inside and outside the house.
- Eye, ear and nose instillations.
- External application of oily /fatty medicines to the body.

Another aspect that emerged from the research results that form part of the conclusions regarding the uses of the therapeutic techniques is the payment for the healing process (see 4.3.1.5). The conclusions regarding the payment schedule are an agreement between the traditional healer and the patient. This payment schedule differs from traditional healer to traditional healer, with some requesting payment after the treatment is completed or when the patient has the funds available or when she is cured.

Hereafter follows the conclusions regarding the traditional healer and the patient's views about traditional healing process.

5.2.3 Conclusions regarding the traditional healer and the patient's views of traditional healing process as derived from the interviews

The conclusions are made from the research results as well as the literature study and control. The analysis of the data fell into three main categories for both the traditional healer and the patient's views of traditional healing process (see Annexures N and O).

Attention will first be given to the conclusions regarding the traditional healer's views and these will be followed by the patients views.

5.2.3.1 Conclusions about the traditional healer's views regarding the healing process and the use of therapeutic techniques

The conclusions from the findings are that the traditional healer has definite role expectations about himself. In these role expectations he sees himself as having the ability to heal people who have culture bound illnesses.

The traditional healer also sees himself as able to heal ill people by giving them medicines suitable for their illnesses. It seems as though the families with problems, are offered different types of treatment, and receive explanations on how these can be used.

- * During the healing process the traditional healer places a lot of emphasis on the patient's **self-responsibility**, for the healing process. The conclusions hereof reflects that the patient is expected to **do as instructed and take care of herself**. The patient is seen as an active partner in the healing process although the traditional healer is more **authoritative and expects the patient to follow orders and do as instructed**.
- * Conclusions regarding the traditional healers' **culture and belief system** is identified by the traditional healer **sharing the same culture and beliefs** with the patient. This enables him to cure cultural diseases with his medicines. In this culture bound world, traditional medicines seems to be **used to remove evil and bad notions** whereby individuals family and communities are protected.
- * Conclusions from the findings about the **therapeutic techniques** undertaken by the traditional healer is initiated by the use of divination process. **Divination is undertaken using "holy" bones and in some instances a glass of water and a lit candle**. These "holy" bones are bones of animals and some other objects like seashells which are used to determine the problem and the treatment. This process of divination, is an important aspect of the therapeutic techniques where

an in-depth discussion takes place between the traditional healer and the patient, to determine the cause of the problem and the treatment thereof. After divination the traditional healer decides on the treatment to give the patient, to resolve her problem. If the patient's problem is found to be ancestral spirit possession then the traditional healer **performs initiation** to cure this patient. The other therapeutic techniques used by the traditional healer in exclusion of initiation are explained in 5.2.2.2.

- * Views regarding wrapping medicines and taking them to use at home is seen as method of continuing with the **application of therapeutic techniques at home according to instructions**, to resolve the patient's problem **where the family may or may not be involved** when these medicines are used.
- * The conclusions from the findings about home visits carried out is that the traditional healer sees himself as **visiting patients at home** to care and comfort them. These **home visits** are seen to be carried out **for ill patient** and in some instances for **some patients treatment is carried out at the traditional healer's home**. It seems that **people or families also come to fetch the traditional healer to treat patients at their (patients') homes**, if the patient is unable to come to the traditional healers home.
- * Conclusions about the **follow up process** is that, the traditional healers **follows patients to their homes** after giving them treatment, to **assess their condition**. The patient is also expected to **report back for review of her condition** and to discuss the problem area if the condition is not seen to improve.
- * During the follow up process if the traditional healer, sees that the patient's problem is not resolved, **requests them to go to the clinics or surgeries, or use other traditional healer's medicines**.

- * The conclusion from the findings about the traditional healers' views regarding the context of various relationships within the healing process highlights the **relationship of the traditional healer with God and the ancestors**. This relationship is seen as stemming from the fact that the traditional healer is **given powers by the ancestors** to deal with sick people.

The traditional healer is seen to be chosen by the ancestors and the **choice comes in the form of illness** which is cured by the master of traditional healer. It is the ancestors who seem to **guide and direct** the traditional healer about **what to do and where to go** to find a cure to heal ill people.

- * Views about the relationship between the patient and traditional healer is derived from the findings that the traditional healer relates with the patient on the **ground of the patient's illness** and that there is mutual **understanding** between them to work together regarding the illness. Working together regarding the patient's illness implies that the traditional healer gives the patient medicines to use, with instructions on how these are to be used. It seems that the patient is **expected to carry out** the instructions of the traditional healer regarding the uses of the medicines. The patient is found to be obedient and **follows the instructions** of the traditional healer without any further queries or questions.

- * Conclusions from the views of the traditional healer family relationship, shows the traditional healer views himself as having a **definite relationship** with the family. The conclusions that are made from these findings indicate that the family's relationship centers around **assisting with the patient who refuses to take medicines**. The family is seen to coerce this patient to take medicines prescribed and in the event of showing poor progress the family also **accompanies the patient to the biomedical people** on request to do so by the

traditional healer. It seems that after taking the patient to the biomedical people the family is expected to **report the progress** of the patient to the traditional healer. The conclusions about the family traditional healer relationship also indicates that the family **is treated as a unit by the traditional healer**, where the treatment of one member opens up avenues for treatment of the entire family. It seems that the family is also **helped with social problems** by the traditional healer, in the event where there are issues not related to any illness the traditional healer is seen to help solve social problems.

- * The traditional healer views his relationship with the community as a **leader that helps with problems, cures illnesses and happy to be an honoured and respectable person**. The findings show that the traditional healer plays a definite role in communities and that **communities value his presence as their member**.

5.2.3.2 Conclusions regarding the patient's views about the traditional healing process

From the inferences regarding the traditional healers views of traditional healing process, deductions can be made about the patient's views regarding the healing process and the use of traditional therapeutic techniques. It is initially identified that the patient perceives traditional healing on the same principles upon which the traditional healer basis his views.

- * The conclusions hereof indicate that the patient views the traditional healer as **able to treat black people's illnesses** that are caused by transgressing cultural norms. These illnesses are viewed as **culture bound** which the findings confirm as not understood by biomedical personnel.
- * The views about the patient and the traditional healer **sharing the same worldview** are from the findings that the patient and the traditional healers worldviews are similar. This similarity of a shared

worldview is a premise upon which the definition of diseases is based. The shared worldview is also influenced by the traditional healer being **black, sharing language and culture** with the patient, and **living in the same area** as patient. Living in the same area as the patient makes him accessible as and when needed by the patients.

- * Additional to the shared worldview with the traditional healer the patient sees the **biomedical people as not understanding their illness**, and that they are **not always near and available** as the traditional healer.
- * **The problems and difficulties** that the patient experiences when using traditional medicines forces the patient to **pay a return visit to the traditional healer** to get more clarity or goes to biomedical personnel upon which the traditional healer expects the **patients to return to him to report her progress**.
- * The conclusions about the patient's views regarding the therapeutic actions carried out by the traditional healer, are viewed in the same fashion as the traditional healer views them (see 5.2.2.2). The manner in which the divination is performed as well as the various routes of administering medicines are seen as **methods used to solve or heal their culture bound illnesses or problems**. These similar views about these therapeutic actions carried out are strengthened by the shared worldview.
- * From the conclusions regarding the use of different types of treatment used the findings are that the patient receives the instructions from the traditional healer, without any questions. **The instructions are accepted written down on a piece of paper or said verbally by the traditional healer**. Inherent in the instructions regarding the uses of these traditional medicines, are problems and difficulties encountered by the patients. These problems and difficulties are seen as

forgetting verbal instructions from the traditional healer leading to incorrect use of medicine. Other problems experienced by the patients are **difficulty reading instructions** and therefore asking children to read for them, this may lead to **faulty use and therefore inefficacy** of the medicines resulting in **no improvement** on the condition of the patient.

- * The other instructions which the traditional healer gives the patient are for medicines to be used at home for **home protection inside and outside the house**. The medicines for home use are similarly used as 5.2.2.2 to remove evil or bad notions. These medicines are found to be **mixed with water and a broom is used to sprinkle or spray inside or outside the house**. Those that are burned emit smoke that fills the house and are seen as **protecting all the family members**.
- * From the use of the medicines the patient has views about the follow up process by the traditional healer. The conclusion hereof is that the traditional healer **repeats divination** after which he **changes the treatment to effect a cure in the patient**. This is seen as a way of doing follow up if the condition does not improve, then the other medicines are given after repeating divination to reassess the problem area. Further if the patient sees that the traditional healer's medicine brings no positive results then **alternatively biomedical treatment is used**.
- * The conclusions about the patient seeing the traditional healer as **obtaining medicines from the veld, is from the findings that roots of plants, barks from trees** are used as medicinal herbs. Where these herbs are not used, the traditional healer uses **ash and "holy" water**. These herbs are seen to be used dried or boiled, some are crushed as powder, but all are derived from plant origin.

- * Conclusions regarding the characteristics of the relationship between the traditional healer and the patient are derived from the findings that the patient views the traditional healer as having an interactive relationship with her, based on the **humane treatment** received from him. The findings further indicates that the patient **sees** the traditional healer as **accessible and listening** to problems, that the traditional healer's **ability to treat their culturally perceived illness is a gift and powers bestowed upon him by God and the ancestors**. The ability to heal these culture bound diseases is also derived from the traditional healer's ability to communicate with God and the ancestors. Communication is facilitated by the **use of the "holy" bones**, which are understood to **identify the cause of the problem and the therapeutic techniques** which are to be used to relieve the problem.
- * Conclusions regarding the payment for treatment which the traditional healer has offered the patient, is obtained from the findings that the patient views this payment for treatment positively. The traditional healer is seen to **expect no immediate payment** and that **treatment is offered even when there is no payment**, which is unlike the **biomedical people who expects immediate payment** for treatment and may even **pursue patients** for the payment.
- * The patient views the traditional healer as **showing her more respect than biomedical personnel**. This makes the patient to view the traditional healer as a leader and therefore **show respect and honour for him as well as the place where consultations are carried out**. These factors contribute largely to why the patient seeks the help of the traditional healers in times of need for their culturally perceived illnesses.

5.2.4 General conclusions

The discussions of the preceding conclusions reflect that in the demographic data of both the traditional healers and the patient, the age category is almost the same with both groups appearing to be younger. This age factor does seem to affect the need to consult the traditional healer in times of need. This consultation takes place at the traditional healers' place, with the patients coming at their own free will, more than once. The video recordings which were taken to depict the interaction between the traditional healer and the patient highlighted the process of interaction as involving divination (diagnosis). Before divination the traditional healers requested the patients to pay for divination. In divination the traditional healer uses the "holy" bones which are the objects which assists him to get to know the patient's problems as well as the treatment that can be used to resolve this problem. The traditional healer becomes emotional and gets into a trance as he "communicates" with the ancestors to get to the gist of the problem. Once the problem is identified then, the traditional healer and the patient agree on the treatment to be used to resolve this problem. The treatment comes in a form of various medicines which are used immediately or are wrapped with the option to use at home. The patient poses no questions to the traditional healer and accepts the medicines with the instructions on how these are to be used. The traditional healer places a lot of emphasis on how these are used, be it oral, as enemata, bathing, steaming, protecting the home, applying to the body, ears, eyes or nose the important aspect is, to do as instructed.

After the medicines are used or wrapped to use at home, the patient departs and leaves the consulting room in silence and puts on her shoes at the doorstep.

The conclusions regarding the traditional healer and the patients' views of traditional healing process are obtained for the interviews conducted with both groups. Their views run parallel to each other and both views reflect their shared world view, which is culture bound. They both view traditional healing

as a process where the traditional healer has an ability to treat black people's illnesses that are caused by transgressing cultural norms. This is seen as stemming from the fact that the traditional healer is black and lives within the same area as the patient. Secondly, this is seen as arising from the fact that the traditional healer is chosen by the ancestors and has the gift and powers to heal these cultures bound illnesses. It is noted that the biomedical personnel are seen as unable to cure these culture bound illnesses, but their services are only utilized as an alternative where traditional medicines are seen not to yield the expected results. The traditional healer and the patient both view the family as a support system in the healing process, but they both see the patient as responsible for her own healing, because she is expected to carry out the instructions herself. In the healing of these culture bound diseases the traditional healer uses traditional therapeutic techniques. These therapeutic techniques used are identified by both groups as similar to cure culture bound diseases. The patients encounter problems related to the use of therapeutic techniques for example, not being able to read, or not following instructions accordingly. These identified problems are said to reduce the efficacy of traditional medicines. In events like these where problems are encountered, the traditional healer reassesses the patient or request them to go to biomedical people, afterwhich a follow up visit is undertaken to review the patient's progress. It seems that after the treatment the patient is expected to pay, but this payment differs from that of divination in that divination appears to be cheaper than payment for treatment. This payment is negotiated between the traditional healer and the patient. This negotiated payment seems to enrich the existing relationship and ultimately the family becomes involved. It appears that the traditional healer does not only get to treat the individual patient, but her family as well as the community, which values and respects the traditional healer as their member.

The above general conclusions summarise the conclusions of the video recordings and the interviews. Hereafter follows the shortcomings of the research which are further divided into shortcomings related to the video

recordings and those that are related to the interviews with both the traditional healers and their patients.

5.3 SHORTCOMINGS OF THE RESEARCH

The following shortcomings can be identified with regard to the video recordings and the interviews. Attention will first be given to the shortcomings of the video recordings, then followed by the shortcomings of the interviews.

5.3.1 Shortcomings of the video recording

The following shortcomings were identified:

- 5.3.1.1 Not all the patients who participated in the research agreed to be video taped at their homes, except one patient who had no objections. The reasons stated by these patients were that their personal lives and privacy would be invaded when using these therapeutic techniques at their homes. This shortcoming led to the researcher being unable to investigate fully the use of the prescribed medicines at the homes of the patients.
- 5.3.1.2 The use of traditional therapeutic techniques is still viewed as witchcraft by some black urban people. Therefore those who participated in the research were afraid of victimisation by the others who are negative towards the use of the traditional healer's services. They kept on glancing at the camera because they were aware that their activities were being videotaped. What was observed as appropriate was the fact that both the traditional healer and the patient did not alter their behaviour even though they were aware of the video recording.
- 5.3.1.3 Even though the main themes were captured by the video camera, some pictures appears darker than usual and this is related to lack of light in the consulting rooms which were small and cramped.

5.3.1.4 Noise was the greatest distracter during recordings and it came from the children playing in the neighbourhood, dogs barking and in one instance rain from a cloud burst.

5.3.2 Shortcomings of the interviews

The following shortcomings were identified:

5.3.2.1 During the process of translation from English to South Sotho the interview questions sounded similar because of the similarity in the structure of the content. This yielded the same information and led to the traditional healer's agitation and irritability.

5.3.2.2 The traditional healer's responses were directed only at answering the questions, they avoided elaborating on the answers.

5.3.2.3 Not enough information could be obtained regarding the perceptions related to fatal complications because they were not addressed in the questionnaire.

5.4 RECOMMENDATIONS

Recommendations can be made from this research for nursing education, nursing research and nursing practice. These recommendations indicate how nursing education, nursing research and nursing practice can be aligned to facilitate effective use of the traditional healers as part of the health care system. After the recommendations for nursing education and nursing research are described, recommendations for nursing practice will be reflected in the form of guidelines for the incorporation of traditional healers in the Health Care Delivery System.

5.4.1 Recommendations for nursing education

The recommendations for nursing education are reflected as follows:

- 5.4.1.1 The specific guidelines (see 5.4.3.1) which have been generated for this research can be included in the course that leads to registration with the South African Nursing Council as a nurse (general, psychiatry, community health) and midwifery, including courses that leads to additional qualifications, as well as those of the multi-professional health team. These guidelines can be used to teach the multi-professional health team the use of traditional therapeutic techniques as well as how the traditional healers can function as partners in providing a more comprehensive health care service.
- 5.4.1.2 Furthermore these guidelines can be used to form part of the curriculum for the multi-professional health team to create a culture sensitive approach to patient care and when caring for the families and communities. The multi-professional health team's culture sensitivity will engender an awareness that the patients who seek the services of the traditional healer, do so out of cultural need, and expect to be given their due respect and acceptance for the choice they have made. Creating culture sensitivity will assist to eradicate negative attitudes amongst all categories of the multi professional health team.
- 5.4.1.3 These guidelines can also be used as part of in-service education programme for the various categories of the multi-professional health team. For in-service education the focus can specifically be on the changes in views and attitudes, so that traditional healers can be viewed as part of the health care team. The development of a team spirit with the traditional healers should be encouraged as explained in 5.4.3.1 and emphasised during these educational sessions. The in-service education should also include the need to respect the traditional healer and his traditional therapeutic techniques.

5.4.1.4 In nursing education, workshops and discussion groups can be held whereby representatives from the traditional healers are invited to address the multi-professional health teams in health care institutions.

5.4.2 Recommendations for nursing research

According to the research data there is evidence of a potential to undertake further research re the following:

- 5.4.2.1 The manner in which traditional healers can be utilised effectively to render health services depending on the initiative of the Government regarding their roles as partners in health care delivery.
- 5.4.2.2. The pharmacological effects of traditional medicine so as to identify those that are beneficial and those that are toxic and therefore alert the community in this regard.
- 5.4.2.3. The similarities of the procedures and methods that exists between traditional therapeutic techniques and therapeutic techniques of biomedicine.
- 5.4.2.4. The manner in which the traditional healers can be taught early recognition of complications and refer promptly to the biomedical personnel.
- 5.4.2.5. The relationship between the traditional healer and biomedical personnel.
- 5.4.2.6. The process of organising traditional healers into a professional body
- 5.4.2.7. A model for registration and licensure of the traditional healers
- 5.4.2.8. The formulation of ethical guidelines for the traditional healers

5.4.2.9. The manner in which biomedical personnel should in reality be seen to avail humane patient treatment.

Hereafter follows the recommendations for nursing practice, which will be applied to formulate guidelines for the incorporation of traditional healers in the Health Care Delivery System.

5.4.3 Recommendations for nursing practice

The recommendations for nursing practice will be reflected in the form of guidelines that are formulated for the incorporation of traditional healers in the Health Care Delivery System. The implementation of the guidelines that are formulated for this research can enhance the process of incorporating the traditional healers to act as part of the health care system. This might increase the effective service delivery on the part of health personnel and as such increase health care resources. Increasing service delivery implies that there will be a comprehensive health care service which includes the traditional healers for the benefit of the consumers in an effort to enrich the health care resources.

5.4.3.1 Guidelines for the possible incorporation of traditional healers in the Health Care Delivery System

The results and the conclusion indicate that there is a possibility of including traditional healers in the Health Care System. The specific components that are paired and used as a framework to progress the process for incorporation of the traditional healers are as follows:

- (a) Facilitating changes in the perceptions and the attitudes of both the traditional healers and the biomedical personnel towards treating culturally perceived illnesses.
- (b) Developing more committed relationships between the traditional healers and the biomedical personnel.

- (c) Establish negotiations between the traditional healers and the biomedical personnel for the process of incorporation.
- (d) Facilitating a comprehensive community based health care delivery service.

Guidelines with regard to facilitating these components are hereby reflected and what needs to be noted is that these components even though described independently of each other, augment and complement each other.

(a) Guidelines to facilitate changes in the perceptions and attitudes of both the traditional healers and the biomedical personnel

From the conclusions it is identified that it would be meaningful if the traditional healers and the biomedical personnel could change their perceptions towards the treatment of the patient's culturally perceived illness. That the traditional healer should not view himself as the only person able to cure cultural oriented diseases.

According to Abool-Karim *et al.*, (1994:2) the views by the traditional healer as able to cure culturally perceived illnesses stems from the sharing of the same worldview with the patient, something alien to biomedical personnel. This worldview can also be meaningful to biomedical personnel if they can decrease concentrating on the pure medical aspect of health care and treat patients as humanely as possible, and consider the patients' culture bound illnesses.

It follows from here that it would be of value if the biomedical personnel can accept the contribution of the traditional healer as part of the health care system in the treatment of the patients culture bound illnesses. This acceptance of the traditional healer can come in the following ways:

- * Developing a trust relationship between the traditional healer and the biomedical personnel

- * Investigate views, needs and expectations of both the traditional healers and the patients
- * Review attitudes towards management and care of patients with objective reality

Hereafter follows the discussion regarding the guidelines to develop a trust relationship between the traditional healers and the biomedical personnel.

- * **Developing a trust relationship between the traditional healers and the biomedical personnel**

The importance of the development of a trust relationship between the two parties creates an opportunity for both the traditional healers and the biomedical personnel to trust each other's mode of health care delivery. Freeman and Motsei (1992:3) explain that it is imperative that each health system should recognise the efficacy and the limitations of its own system as well as those of the others. This will definitely lead to one knowing and accepting that the treatment offered to the patient may or may not be effective therefore the modalities that can be employed to resolve the patient's problem can come from either one of them. Furthermore once the traditional healer recognises that his medicines effect no cure, he would have no doubt in requesting the patient to go to biomedical personnel for help. This principle can also be reversed and used for the biomedical personnel and from this point then mutual trust can occur. This mutual trust can contribute to working together whereby the community can see the traditional healer as a recognised and acceptable health care resource. The traditional healer could therefore be used to provide health care even for the western health sector.

*** Investigate the views, needs and expectations of both the traditional healers and the biomedical personnel**

As soon as a trust relationship between the traditional healer and the biomedical personnel is established then it will be possible to investigate their views, needs and expectations.

From the research it is clear that it can be meaningful to look at how changes in the perceptions of both the traditional healer and the biomedical personnel can have a meaningful contribution towards the process of incorporation. Oskowitz (1991:21) believes that if the biomedical personnel can change their views and expectations towards the traditional healers and their patients, this can bring about some positivity to both parties. The same principle need to be applied to the traditional healer who also needs to change his views about what biomedicine is all about.

This change in views and expectations can contribute meaningfully towards patient care. Furthermore this can lead to both the traditional healer and the biomedical person acting responsibly towards the patient. To effectively change perceptions they need to be open to developments and progress regarding health care provision. This opening up to development is described by WHO (1978:19) as best attained by availing training programmes such as the development of common pharmacology to serve as a bridge between the two parties.

In order to help in development of more acceptable perceptions and attitudes it is imperative to establish a dialogue. This dialogue will be engendered during the process of training where ideas will be exchanged to further decrease demystification of several aspects of medicine (WHO, 1978:19). Communication being the centre of a dialogue is further explored in 5.4.3.1.b where formulation of guidelines to develop a more committed and involved relationship is discussed.

Investigating the traditional healer and the biomedical personnel's views makes the following step possible, namely, reviewing their attitudes towards management of the patients objectively and realistically.

*** Reviewing attitudes towards management of the patients with objective reality**

The management and care of the patients with objective reality implies that the situation in which the traditional healer, the patient and the biomedical personnel find themselves should be viewed with as much objective reality as possible. The events that unfold during the management of the patient need also to be addressed as objective and factually as possible, to enable the two parties to reach a mutual agreement about the concepts that are discussed during negotiations (see 5.4.3.1) to further facilitate progressive discussions.

From the research it appears as if the only way in which the management of the patient can be handled objectively with reality is to address the issue of opposing views regarding the patient's culturally perceived illness. These views are to be investigated on the grounds of validity and merit to objectively review how the patient is to be managed and cared for.

It would be meaningful if the traditional healer can be open and objective enough when they treat the patients. They should be able to be objective enough and tell the patients when they foresee complications or no improvement in the condition of the patient. This objectivity will enable the patient to make a choice to seek the health care system that will best resolve her problem.

Neuman and Lauro (1982:1818) explain an important factor that is often ignored by health care systems, that is, to look at the issue of misconceiving the true situation. Patients resort to one or another depending on their perceptions of the illness, because in one situation the reality of the treatment was not objectively reviewed, the patient then makes a choice to change and move to the other health system.

From the research it appears that biomedical personnel also fail to be open and objective in the same fashion as the traditional healers, but base their perceptions on a belief that there is no illness which has no scientific evidence for its origin. The biomedical personnel regard the diseases affecting the patients as curable according to what is the cause of the problem. This approach according to Neuman and Lauro (1982:1818) makes biomedicine to be impersonal. Further the patients are not treated with respect which makes biomedical personnel cold and insensitive to these patients (Levitz, 1992:23). Biomedical personnel treats the disease whilst the traditional healer treats the whole person. It is in this frame of reference that the traditional healer gives the patient an opportunity to take care of herself using the self-care concept. Biomedical personnel on the other hand do not mind whether the patient understands the instructions or not because of the believe in the powers of the treatment prescribed.

It would therefore be meaningful if the patients can be treated by both the traditional healer and the biomedical personnel with respect for human dignity, tolerance, acceptance, empathy and perseverance. The changes in the attitudes of both practitioners is surely a process that is painful and at times difficult, because it may be met with possible rejection and resistance due to doubtful products that may come from incorporation (WHO, 1978:18).

Hereafter follows the guidelines to develop a more committed relationship between the traditional healers and the biomedical personnel.

(b) Guidelines to develop a more committed relationship between the traditional healers and the biomedical personnel

Form the results and conclusion it is obvious that there is no commitment in the relationship that exists between the traditional healers and the biomedical personnel. This lack of commitment stems from the fact that traditional healers do not communicate with biomedical personnel when requesting the patient to go to them (biomedical personnel) for help.

According to Hopa *et al.*, (1998:8) this lack of communication results from deep divisions fuelled by mutual suspicion that exists between the traditional healers and the biomedical personnel. This deep division and mutual suspicion is not in the interest of the patient who uses both services simultaneously.

It is therefore important to improve communication, understanding and co-operation between the traditional healers and the biomedical personnel. WHO (1978:19) explains that it is necessary to establish a dialogue among the traditional healers and the biomedical personnel to eliminate prejudices and to help them to develop more acceptable attitudes. This will surely enable the patient to openly use the two services equally through referral from one to the other. Communication will further strengthen the relationship and commitment between the two parties because no one in the relationship would like to be seen to be making mistakes by failing to communicate. This is another feather in the cap for the patient who will respect both modes of health care delivery as trustworthy and reliable. Ways in which effective communication can be facilitated to strengthen the commitment and the relationship are as follows:

- * Availing the most recent factual data about activities in both parties through:
 - Organising workshops for both groups
 - Avail training programmes and strategies about common pharmacology
 - Introduction of public educational forums to keep the community informed
- * Mutual respect and recognition of each other's existence enhances commitment therefore communication.

Hereafter follows the guidelines to establish negotiations between the traditional healers and the biomedical personnel.

(c) Guidelines to establish negotiations between the traditional healers and the biomedical personnel for the process of incorporating traditional healers in the health care delivery system

Up till now the guidelines that have been discussed refer to the changes in perceptions by both parties and developing a committed and involved relationship. The traditional healers and the biomedical personnel can now further be prepared to negotiate about developing a process of incorporation.

It means that the traditional healer and the biomedical personnel should reach an agreement with regard to what contribution does the traditional healer make in provision of health care and that the independent isolated attitude of traditional healers should be eradicated. That biomedical personnel should also decrease their negative dominant attitude in order that in both parties provision for their needs can be achieved to reach common ground.

It would be of great value if the Health Care Delivery System can initiate facilitating the negotiation process, because it is essential also to review the perceptions of these two parties regarding the process of incorporation. It is identified by Freeman (1992:65), Freeman and Motsei (1992:1188) that the way that these two parties view each other in health care provision, can to a great extent influence the negotiation process. A positive attitude needs to be fostered by both the traditional healers and the biomedical personnel. If the negotiations are to be successful, Arthur (1997:6) explains that traditional healers and biomedical personnel need not view each other on polar sides and that synergy of both the biomedical and traditional healing is feasible on the grounds of relative openness from both parties. There is a possibility of a common ground for the sharing of knowledge and skills for the benefit of the patients who are the consumers of the health care services.

According to Levitz (1992:25) a stalemate was reached in August 1991 in Pretoria whereby the traditional healers and biomedical personnel could not reach an agreement about the role that each could play in health care provision if they were to function side by side. It is this stalemate that must be resolved by negotiations to reach an agreement by the traditional healers and the biomedical personnel about how to function side by side. Further Levitz (1992:5) states that the National Government was requested to assist in establishing links between the Health Department and the traditional healers. At that time Dr Haram Pretorius had explained that, "traditional healers are a fact of life, they have years of experience and we must have traditional healers on our side".

To facilitate the negotiation process there is need for the Health Department to act as a facilitator between the biomedical personnel and the traditional healers. During this negotiation process, it would be of value to refer to the following principles as described by Arthur (1997:65), Freeman (1992:40), Freeman and Motsei (1992:1184), Oskowitz (1991:21) and the WHO (1978:17):

- * The involvement of the traditional healers as active participants in the negotiation process so that each and every step of the negotiations can be explained to them and that they understand these and agree with them.
- * The declaration of the views, needs and expectations of both the traditional healers and biomedical personnel as already discussed in 5.4.3.1.
- * Identification of the best possible ways of support and use of resources with a view to give answers to the identified expectations and needs
- * The facilitation of reaching an agreement between the traditional healers and the biomedical personnel with regard to the most applicable, suitable methods of incorporation.

- * During facilitation for the negotiations between the traditional healers and the biomedical personnel, it becomes important to make provision for attending to both their needs and expectations. The following important aspect that concur with these are identified as derived from the results and conclusions:

- **Negotiations with regard to provision for the needs of traditional healers**

The traditional healers' need to form part of the health care system keeps track with his need for independence, and to be respected as a human being chosen by the ancestors (see 4.4.1) to heal ill people. It is important that the Health Care Delivery System should encourage the biomedical personnel that this need for independence and respect should be provided for. The Health Care Delivery System therefore expects the biomedical personnel to create an opportunity for the traditional healers to inform them about their needs and expectations. This stems from the fact that it is the Health Care Delivery System that is involved in facilitating the negotiations between the traditional healers and the biomedical personnel to honour these needs. The support from the biomedical personnel can be in the form of:

- * accepting patients from the traditional healers and treating these patients as humanely as possible as described in chapter 3 and 4.
- * respecting the traditional healers' existence and the services they are rendering.

Additional support that the biomedical personnel should give to the traditional healer, need to be engendered by the Health Care Delivery System which should continue to encourage and motivate the biomedical personnel to continuously offer and maintain support of the traditional healers by means of communication. This continuous support helps maintain stability between the traditional healers and the biomedical personnel.

The value of this support is to make the traditional healers feel more at ease and therefore remain encouraged to continue offering services that benefit the community.

- **Negotiations with regards to provision for the needs of biomedical personnel**

From the research it is deduced that the needs of biomedical personnel are more in the direction of reducing their fears and suspicions. The involvement of traditional healers so far, looks like the only solution to increase the needed health services and act as partners to the biomedical personnel. To reduce the fears and suspicions that the biomedical personnel are experiencing, it becomes necessary to:

- * open up negotiation channels where talks should be held to reduce or eliminate these fears and suspicions. An opportunity need to be created to offer both parties an arena for holding discussions about how they can share responsibility in health care provision. At this point the negative dominant attitude of the biomedical personnel should surely diminish so that more attention can be given to shared responsibility in health care provision
- * further, they need to concentrate on the process of incorporation by establishing the necessary support networks. These networks need to be reviewed for their physical and financial viability as well as available information systems (WHO, 1978:19).

Research clarifies at this point that it is the Health Care Delivery System that needs to facilitate the biomedical personnel's progression through the process of incorporation, and that the Health Care Delivery System need to keep the community informed about the position of traditional healers and the biomedical personnel in provision of health care. The biomedical personnel's acceptance of their roles in the incorporation process places them in a

confident position to access the necessary information in an orderly way so as to review the specific objectives necessary for this process.

It appears from the literature that the biomedical personnel have already identified the necessary role players in the incorporation process as the traditional healers, themselves (multidisciplinary health team) and the Health Care Delivery system. Edwards (1986:1275) clarifies that there is a need to assess the demand for opinions as well as implications of incorporating traditional healers in the Health Care Delivery System. As the WHO (1978:17) explains, there is a need to adopt a cautious approach in progressing towards incorporation. The National Health Care Delivery System is already having an act of 1996 in place which gives the traditional healers their due recognition but does not state that they should form part of the National Health Care Delivery System (White Paper for transformation, 1997:96). It is therefore important for the parties which are to be involved in the incorporation process to agree in principle about concepts related to:

- Definition of applicable terms and an intensive literature search on traditional medicines that need to be carried out.
- Varieties of traditional belief systems as they exist in South Africa.
- Investigation of the perceptions and needs of both the traditional healers and the biomedical personnel as explained in 5.4.3.1.
- Cultural integration of illnesses in health care institutions
- Ethical and legal implications of incorporation
 - Review the process of licensure or registration for the traditional healers
- Training of traditional healers in detecting diseases that are beyond their scope.

- Teaching biomedical personnel the fundamental principles of traditional healing.

During these negotiations it remains an absolute necessity for the Health Care Delivery System to remain as a facilitator for this incorporation process. The presence of the Health Care Delivery System will assist further with the following:

- identification of the possible ways of incorporation, as well as the available resources so as to meet the identified expectations and needs.
- facilitate the reaching of agreements between the traditional healers and the biomedical personnel in developing the most suitable ways of incorporation.

The Health Care Delivery Systems is not alone in provision of health care, therefore it is necessary to review how the traditional healers can be availed to be part of a comprehensive community based health care delivery service so as to enrich the health care resources. Guidelines describing these components are reflected hereunder.

(d) Guidelines for facilitating a comprehensive community based health care delivery service

The National Health Care Delivery System initiated a community based health care delivery service (ANC, 1994:15) as a first line contact between the patients and the biomedical personnel as part of the multi-professional health team. It is here that the biomedical personnel meet the patients who may have just consulted the traditional healers before coming to them (see 3.3). To be able to facilitate a comprehensive community based health care delivery service it is important to review the role played by the traditional healers in the care of patients, families and communities. In 3.2.1 and 3.4 the role of the traditional healer and the use of traditional therapeutic techniques

are explained, reflecting his role as a health care provider. Hereafter it would be of value if his role in health care provision is identified by the following activities:

- Delivery of health care services, especially with regard to those illnesses that are perceived to be culture bound (see 3.4). It would also be valuable to note that the traditional healer also acts as an educator, a religious consultant and offers social services to those who need these because of his holistic approach to the patients' problems. The traditional healer offers these services personally as a health provider, upon which he also refers the patients to other traditional healers or to biomedical personnel, if he is unable to handle the problem (see 3.2.3).
- The provision of the necessary traditional therapeutic techniques in the form of medicinal herbs. These therapeutic techniques are provided as part of the package which accompanies each consultation (see 3.4). They are prescribed and administered self by the traditional healer and others are wrapped for home use.
- Family involvement in health care provision. It is essential for those patients who are very ill to be cared for by their families at their homes. The family is identified to have a positive bearing on caring for the very ill patients (see 3.4) and the traditional healer involves the family in this regard.
- Patient involvement as a partner in health care provision. The patient self is given an opportunity to be self reliant in execution of prescribed medications. This patient's personal involvement fosters the self-care concept (see 3.4) and affords the patient an opportunity to be fully responsible for her own healing.

The above components clarify the way in which a comprehensive community based health care delivery service can be realised. If all the available health

care resources are to be utilised equally adding the traditional healer as a role player, rendering services as explained above to augment the existing healthcare resources, can realize the availability of a comprehensive community based health care delivery system.

The above information concludes the guidelines for facilitating a comprehensive community based health care delivery system.

5.5 CONCLUSION

The research was initiated to explore the relationship between the traditional healers and the patients, the use of traditional therapeutic techniques, as well as the traditional healers' and the patients' views of traditional healing process. This occurred after it was identified that traditional healers are not used as part of the health care delivery system. The goals of this research are therefore attained because of the guidelines that have been formulated.

Before the research was conducted, an intensive literature study was undertaken, which identified how in South Africa traditional healing process is used by black people. Out of the literature it was also identified how the National Health Care Delivery System has come to recognise the existence of the traditional healers as clarified by the Act of 1996. The Act of 1996 describes the role of the traditional healer as being recognised but that at this point he cannot function as part of the health care delivery system. According to the literature the traditional healer has a potential to function as a partner in the Health Care Delivery System. This potential of the traditional healers is also reflected in the research results which were obtained from the interviews that were conducted separately from both the traditional healers and the patients. On answering the four research objectives (see 1.2), it is evident from the results obtained from the video recording and the views of both the traditional healer and the patients that the traditional healer does contribute to health care provision. The research is indicative that the traditional healer is prepared to act as a partner in health care provision.

The results from the interviews shows that both the patients and the traditional healers identifies the traditional healer as a person gifted and given powers by the ancestors to cure culture bound diseases. They both view his healing powers positively and regard him as providing health care.

The recommendations, made for nursing education is that the guidelines formulated can be included in the curriculum for courses of the multi-profession health care team, at basic and post basic levels.

Recommendations for nursing research are identified as researchable problems arising from within the research and can further be investigated by other researchers regarding traditional healing.

As the last objective of this research, the recommendations made for nursing practice are realised in the form of guidelines which are subsequently formulated for the incorporation of traditional healers in the Health Care Delivery system. The goals of this research are attained because these guidelines that are formulated for this research are to make the process of incorporating the traditional healers in the National Health Care Delivery System a reality. My hope and prayer is that these guidelines can be followed and applied with success in the practice area so as to enrich the health care resources of South Africa.

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WHO

SEE

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ANNEXURE A

LETTER OF CONSENT TO THE SENIOR TRADITIONAL HEALER TO ACT AS A MEDIATOR

Dear Sir/Madam

I am a black nurse and a student at the Potchefstroom University for Christian Higher Education and currently doing an MA nursing degree. I am working on a research project dealing with the traditional healing process and studying the interaction between the traditional healer and the patient, the use of traditional medicines, as well as both parties' views regarding traditional healing.

I kindly request you to partake in this research and to act as a "go between", in order to identify other traditional healers who will participate in this research within the areas of Maokeng, Ikageng and Sebokeng.

As a participant, you will be requested to allow the researcher to videotape you while you interact with your patients and use your traditional medicines. Afterwards an interview will be conducted with you to explore your views regarding the traditional healing process.

Your involvement in acting as a "go between" will require of you to identify South Sotho traditional healers who:

- are living in the three above-mentioned areas;
- are willing to participate in the research (and will give written informed consent) after having been informed about the purpose and procedures of the research;
- have been practising as traditional healers for two or more years;
- are able to communicate openly and are prepared to be videotaped when interacting with patients and when using traditional medicines; and
- are willing to have a taped interview afterwards with the researcher.

A letter of consent which clarifies the nature of involvement will be sent to each participant, who has a right to withdraw at any time during the research. All information will be handled in confidence; names and addresses of all participants will not be revealed in any way.

Your involvement will be very helpful. Should you be prepared to partake and act as a "go between", I would appreciate it if you could forward the following information regarding the South Sotho traditional healers.

1. Name
2. Residential address
3. Telephone number where the person can be contacted
4. Language preferred for conducting the interview

Please fill in the attached form giving your written consent to be part of the research. If you cannot read and write, this information will be read to you by the researcher the day she comes to arrange for an appointment. You may contact me at the numbers indicated below, so as to allow me to come and collect the information from you.

Yours faithfully

.....
MS MG PINKOANE
RESEARCHER

.....
PROF. M GREEFF
STUDY LEADER

.....
MRS M WILLIAMS
CO-LEADER

I, hereby consent to be a participant in the research project "Relationship and therapeutic techniques of the South Sotho traditional healer" and act as a "go between" to identify patients, as well as South Sotho traditional healers who are willing to partake in this research.

Signed at
on the day of1999.

.....
SENIOR TRADITIONAL HEALER

ANNEXURE B

LETTER OF CONSENT FOR TRADITIONAL HEALERS IN MAOKENG, IKAGENG AND SEBOKENG TO PARTAKE IN THE RESEARCH

Dear Sir/Madam

I am a black nurse and a student at the Potchefstroom University for Christian Higher Education and doing an MA nursing degree. I am working on a research project dealing with the South Sotho traditional healing process. The senior traditional healer, Mr Hlalele J Simon, in Maokeng, gave me permission to communicate with you regarding your involvement in this research, both as a participant and as a "go between" to identify patients who will participate in the research.

I am kindly requesting your participation in this research, because it involves recording of video tapes of you while you interact with your patient and when you use traditional medicines. This will be followed by conducting an interview with you about your views regarding traditional healing; this will be recorded on audiotape. I would appreciate it if you as a "go between" could identify two patients who are willing to participate in the research. These patients should:

- be staying in your own residential area;
- be of any sex;
- be of any age;
- not be using traditional medicines for the first time;
- have no fear of open communication;
- have no fear of involvement in research;
- be prepared to be videotaped when interacting with you and when using traditional medicines you have prescribed at home;
- be prepared to have interviews recorded on tape; and
- be willing to give written informed consent after having been informed about the purpose and the procedures of the research.

Your involvement will be very helpful, should you be prepared to partake and act as a "go between". I would appreciate it if you could forward the following information of each patient.

1. Name
2. Address
3. Telephone number
4. Language to be used
5. Age
6. Sex

The letter of consent explaining what will be expected of them, will be sent to them individually. Each person has a right to withdraw at any time during the research. All information will be handled confidentially and names and addresses will not be divulged. I shall collect this information from your house at a suitable date that suits you. Attached to this letter, is a consent form which kindly requests you to partake in the research and to act as a participant and a "go between" for the patients. Your participation in this regard is greatly appreciated and very valuable to this research, and should you be prepared to partake in this study, please complete the consent form.

I shall appreciate your contacting me at any of the telephone numbers indicated below, once you have identified potential patients.

Yours faithfully

.....
MS MG PINKOANE
RESEARCHER

.....
PROF. M GREEFF
STUDY LEADER

.....
MRS M WILLIAMS
CO-LEADER

I, hereby consent to be a participant in the research project "Relationship and therapeutic techniques of the South Sotho traditional healer" and to act as a "go between" to identify patients who are willing to partake in this research.

Signed at
on the day of1999.

.....
TRADITIONAL HEALER

LETTER TO PATIENTS WHO ARE PARTICIPANTS

Dear Dr/Mr/Ms

I am a black nurse and a student at the Potchefstroom University for Christian Higher Education and currently busy with a research project dealing with the traditional healing process. Your name was given to me by the traditional healer you had consulted. Therefore, I want to thank you for agreeing to partake in this research.

The reason that I am undertaking this study is because there is a lot of mistrust between the traditional healers and biomedical personnel. I shall appreciate it if you would allow me to observe how you and the traditional healer relate by, videotaping your discussion and your modus operandi when you use the medicines that the traditional healer has prescribed for you. I shall also need to conduct an interview with you about your views on the healing process. This will be done on audiotape at your home. The tapes will be erased after data analysis.

I undertake to keep all information in confidence. Faces will be blurred on the videotape and your name and address will never be known, except to the leader, co-leader and researcher. You have a right to withdraw from this research at any time if you so wish.

I will be honoured by your participation because it will be a valuable contribution to this research. Please find attached a written consent form for you to complete, should you be prepared to participate in the research.

If you cannot read and write, this information will be read to you the day when I come to make an appointment for the video recording and interview. This information will be recorded on tape.

For further information and enquiries please feel free to contact me at the following numbers:

Yours faithfully

.....
MS MG PINKOANE
RESEARCHER

.....
PROF. M GREEFF
STUDY LEADER

.....
MRS M WILLIAMS
CO-LEADER

CONSENT FORM

I, hereby consent to be a participant in the research project "Relationship and therapeutic techniques of the South Sotho traditional healer".

Signed at
on the day of1999.

.....
PARTICIPANT

ANNEXURE D

SEMI-STRUCTURED INTERVIEW TO EXPLORE THE SOUTH SOTHO TRADITIONAL HEALER'S VIEWS REGARDING THE TRADITIONAL HEALING PROCESS AS WELL AS THE USE OF THERAPEUTIC TECHNIQUES.

SECTION A.

1. TRADITIONAL HEALER'S PERSONAL DATA

1.1 **Name:**

1.2 **Age:**

1.3 **Sex:** Male Female

1.4 **Marital Status:** Married Divorced Single

1.5 **Residence:**

SECTION B

2. VIEWS REGARDING THE TRADITIONAL HEALING PROCESS

2.1 How would you describe your work as a traditional healer?

O ka hlalosa jwang tshebetso ya hao ya bo ngaka ba Sesotho?

2.2 What do you see as the traditional healing process?

Ke eng se o se bonang, e le tshebetso ya bongaka ba Sesotho?

2.3 How do you see your relationship with the patient in the healing process?

O bona jwang kopano ya hao le bakudi tshebetsong ya bongaka ba Sesotho?

2.4 What is the role of the patient in the healing process?

Mosebetsi wa mokudi ke ofeng ho phekolweng?

2.5 What is your view about being chosen by the ancestors to be a traditional healer?

Maikutlo a hao ke afeng hore badimo ba o kgethile hore o be ngaka ya Sesotho.

3. THE USE OF THERAPEUTIC TECHNIQUES BY THE TRADITIONAL HEALER?

3.1 What therapeutic techniques do you use in traditional healing?

O Sebedisa mekgwa e feng ho phekola batho?

3.2 How do you know when to use divination?

O tseba jwang hore o tshwanetse ho sebedisa ditaola.

3.3 To what extent do you use divination to guide you to choose a specific therapeutic technique?

Ditaola di o laela ho fihla kae hore o tsebe hore o ka kgetha mekgwa o feng wa ho phekola?

3.4 What healing methods do you prefer to use?

Ke efeng mekgwa yeo o kgethang ho e sebedisa ho phekola batho?

3.5 What other healing methods do you use?

Ke mekgwa e feng e meng hape eo o e sebedisang ho phekola batho?

3.6 What do you do when the patient reacts differently from what you expect?

O etsa eng ha mokudi a fetoha a sa ye ho ka ya moo o neng o lebelletse ka teng?

3.7 How do you handle these different reactions?

O etsa eng ha ho fetoha hona ho hlaha?

ANNEXURE E

SEMI-STRUCTURED INTERVIEW SCHEDULE TO EXPLORE THE PATIENT'S PERCEPTIONS REGARDING THE TRADITIONAL HEALING PROCESS

SECTION A

1. PATIENT'S PERSONAL DATA

1.1 Patient's Name:

1.2 Age:

1.3 Sex: Male Female

1.4 Marital Status: Married Divorced Single

1.5 Residence:

SECTION B

2. PERCEPTIONS REGARDING TRADITIONAL HEALING PROCESS

2.1 What do you see as traditional healing?

Hlalosa hore o utlwisisa eng ka ho phekolwa ke dingaka tsa Sesotho?

2.2 What do you see as the work of the traditional healer in healing?

Ho ya ka wena mosebetsi wa ngaka ya Sesotho ke ofeng phekolong ya batho?

2.3 Why do you prefer to go to the traditional healer?

Hobaneng o kgetha ho ya ngakeng ya Sesotho?

2.4 How do you see your relationship with the traditional healer?

Ke eng se o se bonang e le kopano ya hao le ngaka ya Sesotho?

2.5 What makes you to use traditional healing methods?

Ke eng se o etsang hore o sebedise ditlhare tsa Sesotho?

2.6 If a medical doctor gives you the same medicine, will that medicine also be effective?

Ha ngaka ya sekgowa e ofa moriana o tshwanang le wa Sesotho o bona hore na le o na o ka sebetsa?

2.7 How do you use these traditional healing medicines?

O sebedisa meriana ena ya Sesotho jwang?

2.8 Do you ever encounter problems relating to the instructions of the traditional healer?

Ha o ko o ba le bothata ho hopola ditaelo tsa ngaka ya Sesotho?

2.9 How will you handle problems when you use these traditional medicines?

Ha o ka ba le bothata o sebedisa ditlhare tse tsa Sesotho o ka etsa jwang?

ANNEXURE F

WORK PROTOCOL FOR DATA ANALYSIS

Dear Ms

WORK PROTOCOL FOR THE DATA ANALYSIS OF THE RESEARCH PROJECT TITLED "RELATIONSHIP AND THERAPEUTIC TECHNIQUES OF THE SOUTH SOTHO TRADITIONAL HEALER".

I am a student at the Potchefstroom University for Christian Higher Education and currently studying for M. A. Nursing degree and working on the above named project.

Thank you for your willingness to be part of this research and act as a co-coder.

The objectives of this research are to:

- * Investigate the characteristic of the relationship between the South Sotho traditional healer and his patients.
- * Explore the therapeutic techniques that are used in the South Sotho traditional healing process.
- * Investigate the views of the patients regarding the South Sotho traditional healing process.
- * Formulate guidelines for possible incorporation of the South Sotho traditional healers in the National Health Care Delivery System.

Your participation in this research is two fold:

Firstly you are expected to use a checklist to analyze the videocassettes, which explores the interaction as well as the use of traditional therapeutic techniques by the traditional healers and their patients. The video cassettes are analyzed according to a combined method of Mann, Walkup and Berryman (1994:226-230) and Dorwick (1991:31) and this analysis is done by

means of viewing and coding by means of a check list. The process of viewing and coding entails the following steps:

- Use the video cassette recorder attached to a colour Television set.
- Look at the videocassettes, whilst simultaneously using a checklist to tally with a tick sign for observed events.
- Observe the videocassettes for events that correspond with those that are in the checklist and tally them under column Yes.
- Behaviours or events that appear on the videocassette but are not in the checklist are written separately in the area reserved for remarks or comments.
- Behaviours or events that are in the checklist but are not depicted in the videocassettes are tallied off under column No.
- When an event is recognized as not clear a pause button (freezing frame) is pressed to review the behaviour and compare it with what is in the checklist.
- To analyse a session the video playback is resumed by pressing a rewind button, in this fashion an entire session is analysed.

Secondly you are expected to decode two sets of transcriptions of interviews. Six of the interviews done with the South Sotho traditional healers and twelve with their patients. These interviews explore the views of the South Sotho traditional healer and their patients, regarding the South Sotho traditional healing process. These interviews are to be decoded using guidelines as described below by using a combination of Tesch's (*in* Creswell, 1994:153-157) eight steps and Giorgi's (*in* Omery, 1983:57-58) five steps of content analysis. This process is as follows:

- Transcriptions will be presented in such a manner that there is an area for concepts noted on the left, and the researcher's perceptions on the right side.
- Read through all the transcriptions to get a sense of the whole.

- Choose the most interesting or the shortest transcription and read through it.
- Decide on words and themes as units of analysis.
- Read through the transcriptions underlining these themes and words.
- Go into the transcriptions and carry the spoken words to the left column and any perceptions are written in the right column.
- Read through the left column and look at any spontaneous main categories and subcategories that come to mind and write them in a table format.
- Spoken words are transferred to the subcategories and main categories in the table, perceptions are used to clarify these tables.
- Look at the remaining themes also in this column.
- Refine the table by translating the table into scientific language. Giorgi (*in* Omery, 1983:570) recommends that redundancies in the themes should be eliminated.

After the process of analyzing and decoding, I will appreciate it if we can agree on a date on which we can meet to discuss our findings and reach a consensus regarding the analysis of this data.

Attached please find the video checklist, transcriptions of the video recordings and their field notes, transcriptions of the interviews and field notes for verifications of data. Your activities as a co-coder are highly appreciated and I hope that this is going to be interesting and meaningful to you as well.

You are welcome to contact me at the telephone numbers indicated below should you require any clarity or further information:

Thank you for your due concern

Yours faithfully

.....
MS M.G. PINKOANE
RESEARCHER

.....
PROF DR M. GREEFF
STUDY LEADER

.....
MRS M. WILLIAMS
CO – LEADER

ANNEXURE G

CHECKLIST TO RECORD THE INTERACTIONS BETWEEN THE TRADITIONAL HEALER AND PATIENT

KEY TO USE OF CHECKLIST

Activities performed: Yes

Activities not performed: No

Indicate with ✓ sign in appropriate column and appropriate box.

1. PERSONAL DATA OF TRADITIONAL HEALER

1.1 Name:

1.2 Age:

1.3 Sex: Male Female

2. PERSONAL DATA OF PATIENT

2.1 Name:

2.2 Age:

2.3 Sex: Female Male

2.4 Marital status: Married Single Divorced

2.5 Residence:

2.6 Number of sessions attended:

2.7 Period of treatment: Commencement date:

Termination date:

2.8 Venue(s) of sessions:

2.9 Choice of healer: Own choice

2.10 Referred by family:

2.11 Referred by friend:

2.12 Others (specify):
.....

CHECKLIST FOR THE INTERACTION BETWEEN TRADITIONAL HEALER AND PATIENTS

BEGINNING PHASE	YES	NO
Stage 1 Building relationship		
Entry		
• Verbal greetings -		
- traditional healer to patient		
- patient responds to greetings		
• Traditional healer beckons patient to sit		
- down on floor		
- on chair		
- inquires about problem		
DIVINATION		
• Payment for divination		
- by the patient		
- on request of the traditional healer		
• Divination process initiated by traditional healer		
Bone throwing - use of "holy" bones		
Use of clairvoyance "didupang"		
Any other method, name		
• Use of snuff to clear head		
- by the traditional healer		
- by the assistants		
• Duration of divination		
± Long - 1 hour		
± Intermediate - 45 minutes		
± Short - 30 minutes		
• Starting session		
- Traditional healer starts with a prayer		
- Traditional healer mumbles words to ancestors		
- Traditional healer points to "holy bones" with whisker		
- Use of any object to point at "holy bones", mention		

	YES	NO
• Divination progressess in depth		
- Traditional healer enquires in more detail from patient ...		
- patient responds by verbalising problem in detail		
- traditional healer encourages patient to explore the problem		
- traditional healer listens attentively to problem		
- patient listens attentively as traditional healer explains ..		
Stage 2 Clarification during divination		
• Feelings and agreement during divination		
- Traditional healer requests for agreement, "Vuma"		
- patient reacts by saying "siya vuma"		
* positive facial expression smiling		
* negative – anger, serious facial expression		
* neutral - blank facial expression		
- Traditional healer acts authoritatively		
* is in a trance during divination		
* emotional during divination		
* leading during divination		
- traditional healer requests for clarification from the patient		
- patient explains further about problem		
- traditional healer listens attentively to patient's clarification		
- patient listens attentively as traditional healer repeats the cause of the problem and other related problems		
- patient agrees to a diagnosis by traditional healer		
- mutual understanding and agreement on diagnosis made		
Stage 3 Working Phase		
Traditional healer offers help and support regarding the problem		
Traditional healer explores possible solutions and options regarding the necessary treatment		
- patient considers the help as explained by the traditional healer		
- patient agrees verbally/non verbally to be treated		
- patient listens attentively		

	YES	NO
Termination and Referral		
Traditional healer affords patient time to ask questions		
Traditional healer answers questions		
– summarises the content of the conversation		
– indicates that if problem not resolved patient to come back		
– referral to biomedical personnel		
Traditional healer indicates that patient may return for follow up		
Patient demonstrates signs of satisfaction		
Patient demonstrates signs of dissatisfaction		
Patient expresses feeling of gratitude		

General impressions of the coder:.....
.....
.....
.....

B. CHECKLIST FOR THE USE OF TRADITIONAL THERAPEUTIC TECHNIQUES BY TRADITIONAL HEALER AND PATIENT

PRESCRIPTION OF MEDICATIONS BY TRADITIONAL HEALER	YES	NO
Wrapping of medicines by traditional healer		
• Giving instructions regarding application/use to patient		
Emphasis on how to apply/use medicine		
Immediate application on patient by traditional healer		
Application by assistants		
Option not to use immediately		
Recommendations by traditional healer		
• Patient's response to recommendations		
– Positive – eagerness to be involved		
– Negative - less involved		
PATIENT'S EXECUTION/USE OF THERAPEUTIC TECHNIQUES PRESCRIBED. BE IT AT TRADITIONAL HEALER'S OR PATIENT'S HOME.		
ORAL USE		
• Drinking of medications		
Use of cup		
Use of spoon		
Other receptacle, name		
– Patient swallows with ease		
– Patient swallows with difficulty		
• Emesis		
Hole dug in ground		
In basin/bucket		
– Patient vomits – excessively		
– Patient vomits - scantily		
• Licking by the tongue		
Licking and spitting out		
Any other name		

ENEMATA / DOUCHES TO USE AT HOME	YES	NO
Use of rubber syringe with medication		
Use of enema cans		
Any other receptacle		
- traditional healer administers enema		
- patient administers enema self		
- patient receives help from family member		
STEAM INHALATIONS		
Steam baths		
- with medications		
- without medications		
Means of covering patient		
- Use of blanket		
- Any other cover, explain		
- Patient does not perspire		
- Patient perspires profusely after steaming		
- Patient takes a medicinal bath		
- washes self		
- is washed by others		
Traditional healer indicates that treatment is completed and the patient may go home		
- the patient may take treatment to use at home		
Patient uses medications for:		
HOME PROTECTION		
• by burning herbs/incense		
- in the house		
- outside		
- moving around the yard with incense container		
Reaction to smoke of the incense		
- eyes lacrimating		
- sneezing		
- no reactions		
• By spraying		

	<ul style="list-style-type: none">• Views regarding the sources from where medicines are obtained	
	<ul style="list-style-type: none">* From the soil in the veld as roots of plants, barks from trees.* Where medicinal herbs are not used, the traditional healer uses prayer, ash and "holy" water.	

	YES	NO
- Use of porcupine quills		
- Use of any other recepticle, name		
REFERRALS BY TRADITIONAL HEALER		
To biomedical personnel		
To other traditional healers		
To return for follow-up		
Any other, name		

PAYMENT FOR TREATMENT BY THE PATIENT		
- Agreement to pay for medications		
* Immediately		
* Later and in instalments		
<i>Monetary payment</i>		
<i>Any other - cattle</i>		
- goat		
Agreement that treatment is completed		

Foot note:

Injection in traditional healing means punctures made on the body where the pain is experienced, this is done by means of porcupine quills or straight pins dipped in some medicine

ANNEXURE H

SECTION OF A TRANSCRIPTION OF A VIDEO RECORDING OF THE SOUTH SOTHO TRADITIONAL HEALER AND HIS PATIENT

Key: A - Activity
 AT1 : Assistant traditional healer 1
 AT2 : Assistant traditional healer 2
 FP - Female Patient
 MP - Male Patient
 T : Traditional healer

A : The traditional healer prepares for a patient who is to see him. He takes his mat and the working instruments. He moves to another room where the divination is performed.

T : I am now going over to that side Sir.

A : He is followed by the assistant to the next room. The patient enters the room silently and removes his shoes at the door.

T : Sit there Sir, sit there.

A : The patient knees down to sit on the mat on the floor. The traditional healer is accompanied by two assistants.

AT1 : Please straighten your legs.

P : Ouh! Yes.

A : The patient straightens his legs.

A ; The two sit together facing the patient with the "holy bones" placed on a mat in their midst. They all prepare themselves and comes closer to each other.

The two females sit on the left side of the male traditional healer. They wear their traditional clothes.

T : Take out the money Sir!

A : The patient takes out the money from his shirt pocket and puts it down.

The three traditional healers moves nearer the "holy bones".

T : Give me my bag of "packages".

A : The assistant no 1 moves out hurriedly to go and get the bag.

T : By the way, where is the little girl?

P : It is my child.

A : The assistant number one gives the patient the bag of "holy bones".

AT! : Please whiff these "holy bones" with your saliva.

P : Whiff, whiff and ...

A : The patient gives the "holy bones" to the outstretched arms of the assistant no 1 who places them on the floor.

AT1 shakes the skin bag of holy bones for almost fifty nine times on the floor.

The senior traditional healer unfolds a piece of toilet roll as the assistant throws the "holy bones" on the floor.

She shakes them out vigorously and one big one goes straight to the patient. The AT1 starts to pick them up and bring them nearer one by one. She places the big one from near the patient next to the corner of the mat extreme side nearer the patient.

She then shakes a container of snuff and gives it to AT2 who is a little less active.

Divination is started by AT2.

AT1 : Please say "siya vuma" we agree including you sir (she tells the patient).

A : Divination is started in Zulu and Shangaan which is not clear, then the AT2 commences in South Sotho.

AT2 : The pain from the body "vuma" agree? "Siya vuma" we agree (Snapping fingers)

T, P & AT1 : "Siya vuma" we agree.

AT2 : It moves down to the waist "Vuma" agree? (Snaps fingers)

T, P & AT! : "Siya vuma" we agree.

AT2 : And it enters the legs "Vuma" agree? (Snaps fingers)

T, P & AT1 : "Siya vuma" we agree.

AT2 : Even your feet "Vuma" agree? (Snaps fingers)

T, P & AT1 : "Siya vuma" we agree.

AT2 : It moves through your body and waist again and affects the reproductive organs as well "Vuma" agree? (Snaps fingers)

T, P & AT1 : "Siya vuma" we agree.

AT2 : It comes up again and goes through your chest "Vuma" agree? (Snaps fingers)

T, P & AT1 : "Siya vuma" we agree.

AT2 : It gives you fears, fears that are said to have started when you were born "Vuma" agree? (Snaps fingers)

T, P & AT1 : "Siya vuma" we agree.

A : The AT2 bows her head in silence with her body moving back and forth.

T : Is it what it is? (he asks the patient)

AT1 : If you do not agree, say so.

P : Yes, it is true.

Silence

T : Yes, do continue.

A : The traditional healer instructs the AT2 whilst AT1 is sniffing snuff.

AT2 : As it is clarified by the "holy bones" "Vuma" agree? (Snaps fingers)

T, P & AT1 : "Siya vuma" we agree.

AT2 : That you have a problem "Vuma" agree? (Snaps fingers)

T, P & AT1 : "Siya vuma" we agree.

AT2 : In your home "Vuma" agree? (Snaps fingers)

T, P & AT1 : "Siya vuma" we agree.

AT2 : Where you live "Vuma" agree? (Snaps fingers)

T, P & AT1 : "Siya vuma" we agree.

AT2 : The family is not united "Vuma" agree? (Snaps fingers)

T, P & AT1 : "Siya vuma" we agree.

AT2 : It is not strong "Vuma" agree? (Snaps fingers)

T, P & AT1 : "Siya vuma" we agree.

AT2 : Let us ask from the grandfathers "Vuma" agree? (Snaps fingers)

T, P & AT1 : "Siya vuma" we agree.

A : The AT2 bows her head again in silence. The AT1 is still sniffing snuff.

T : Do clarify for us.

P : Yes, it is true. I do have a fear of what is going on in our family, what is wrong with us.

T : You and your wife?

P : Yes, me and my wife.

Silence

T : Repeat and continue (he tells the AT2).

AT2 : There is something really wrong "Vuma" agree? (Snaps fingers)

T, P & AT1 : "Siya vuma" we agree.

AT2 : Something that is really with you "Vuma" agree? (Snaps fingers)

T, P & AT1 : "Siya vuma" we agree.

AT2 : It is with you it walks with you "Vuma" agree? (Snaps fingers)

T, P & AT1 : "Siya vuma" we agree.

AT2 : It is something that affects you and your wife "Vuma" agree?
(Snaps fingers)

T, P & AT1 : "Siya vuma" we agree.

AT2 : It says here that you should talk for yourself "Vuma" agree?
(Snaps fingers)

T, P & AT1 : "Siya vuma" we agree.

AT2 : Talk for yourself to the grandmothers and to the grandfathers
"Vuma" agree? (Snaps fingers)

T, P & AT1 : "Siya vuma" we agree.

AT2 : It is something "Vuma" agree? (Snaps fingers)

T, P & AT1 : "Siya vuma" we agree.

AT2 : It is something that is made by man "Vuma" agree? (Snaps
fingers)

T, P & AT1 : "Siya vuma" we agree.

AT2 : It is made by man of blood and soul man "Vuma" agree? (Snaps
fingers)

ANNEXURE I

FIELD NOTES OF RESEARCHER RE TRADITIONAL HEALER'S VIDEORECORDING OF TRADITIONAL HEALING PROCESS

TRADITIONAL HEALER NO 1

1. PERSONAL NOTES

Working as a team explained as the Sotho/Shangaan way of divination.

The person who is the patient looks bewildered at the exposition of the divination but his face is a mask. The divination rotates amongst the healers to get to the core of the problem.

The senior traditional healer is saying less but he is the driving force behind the whole process of divination.

This patient comes from Stilfontein to seek treatment. He agreed to be videotaped only after a thorough explanation is given about his participation in the project.

Letters of the consent form had to be fetched to convince him about the authenticity of the project. The patient is agitated but agrees to participate.

Divination is not so long as anticipated. The diagnosis is concluded by the male. The patient is told to wait whilst they prepare a fire to make concoctions for emesis, to make a hot brick and to prepare other medicines. We had to exercise our best patience, the senior healer sits back whilst the assistants prepare medicines.

The steam bath is an exhaustive procedure for the patient, he looks prostrate. The bath seems to soothe him better, when exposed to incisions he winced but remained stoical. The senior traditional healer is confident of what he is doing and the payment is actually not a big deal to him, he insists on return visit to evaluate the patient.

2. OBSERVATION NOTES

The traditional healers work as a team – they are three. Each one partakes in divination even though the "holy bones" are one set.

A candle is lit and brought in but not lit in advance.

Their method of divination is both Sotho/Shangaan. They snap their fingers as they speak. They speak in turns and augment what each has said.

The man speaks minimally during divination. The room used for medicinal preparations is separate from where divination is performed. The process of preparation of medicines is very long about one hour of which the patient seems tired. They are all in a hurry now when the medicines are ready — bathing is resumed soon after the steaming with two hot bricks. The patient is sweating profusely.

Emesis medications are given the process is followed up immediately.

Fire litters of medicines mixed with water. The patient requests to be given some medicines to take home, but told he must at least use half. Vomiting continues even though the patient is now tired, he asks for a break. He is dressed in their patient attire.

The incisions follow where medicines are rubbed into the bleeding area.

The senior healer does the cutting of the incisions himself. The assistants prepare the medicines to take home. They work hurriedly as orders are given.

The medicine is rubbed in vigorously after incisions are made. He explains that the point for incisions is to be started from healthy to wealthy. The patient winces as he cuts.

They take down the patient's name. Sort of a register and telephone numbers for recording who comes and when for what.

Plastics are used to wrap medicines, not paper. The next step of giving home remedies start. The senior healer attends to patient whilst the assistants wrap home remedies - medicines for sucking – tip of tongue used.

The other assistant writes the instructions for home remedies.

They are so many, she forgets some had to unwrap to look at instructions.

Some medicines are prepared as they are needed.

The measurement is a nip with fingers, then to boil to use cups spoons for measurement.

Assistant request patient to come back or call if necessary.

The patient is requested to buy own razor blade for the incisions.

4. METHODOLOGY NOTES

The area is noisy and had to be controlled to reduce the noise. There is a lot of bustling activity that contributes to noise, some prepare medicines, others work in the house.

The camera is inclined to be focused only on one area and does not move as is necessary to follow what the traditional healer is doing.

Themes handled are as follows:

- The use of therapeutic techniques by the traditional healer.
- Divination where the two traditional healers are involved in divination by use of the "holy bones".
- Patient involvement in divination being less vigorous.
- Traditional healer makes diagnosis and recommends use of therapeutic techniques.

- Preparation and application of therapeutic techniques by the traditional healers to the patient.
- Patient covered by two thick blankets.
- Use of steaming by inserting two hot bricks to water mixed with medicines.
- Bathing where the patient follows the healer's instructions and baths with some medicinal water used for steaming – patient discard the bathing water in a ditch purposely digged for this.
- Preparation of medicines by traditional healer for emesis.
- Patient induces vomiting and the vomitus are copious.
- Traditional healer inspects the vomitus for froth and bile.
- The patient is requested to kneel down – given powdered medicines on crossed hands to lick with tip of tongue.
- Traditional healer gives instructions for remaining medicines to be thrown behind back of patient.
- Traditional healer starts process of making incisions – the patient lies on his back and the traditional healer makes incisions.
- Around the problem area where the pain is experienced and the medicines are rubbed into areas of incisions.
- The patient is requested to turn around and the incisions are made on the chest and the medicine is rubbed in again.
- The patient sit upright and the traditional healer has finished incision making.
- The assistants prepare medicines to take home and these are wrapped in plastic with instructions already inside each medicine wrapping.

- The assistant traditional healers gives instructions on how the medicine is to be used and they emphasize these to the patient.
- Patient's response is positive.
- The traditional healer seems really sure of and satisfied with what he has done.
- He recommends a return visit.

TRADITIONAL HEALER NO 2

1. PERSONAL NOTES

The traditional healer started the healing process looking well and healthy, but towards the middle suddenly has an asthmatic attack which is started by one of the medications she prescribed to the patient. She is a soft-spoken person who is dedicated because even when there is a need to postpone, she said "even when I work on a day to day basis I have these attacks, so it does not help for us to postpone".

The patient is an old patient of the traditional healer because from the manner in which the interaction takes place it is obvious that she already knows what is to happen. She is also on first name basis with the traditional healer.

The divination process is short precise and to the point, even though there is no strong "vuma, siya vuma" to indicate strong involvement. During divination she points at the holy bones by means of fingers and alternates this with the sue of a stick looking like a wishbone. The rain came down like thunder, and it was virtually impossible to stop in the middle, as the traditional healer does not appreciate interruptions when already working. The patient did not even pay for the divination; there was no money or discussion about it. The medicines are given on the spot for drinking this was already boiled and ready for use. The traditional healer uses bron paper for wrapping the part that is inside the mielie meal bag. The instructions were said verbally and nothing was written down.

The patient self looks dishevelled, her hair is uncombed, she looks like all that matters is for her to get treatment not what she looks like.

On the return visit her hair is combed and she looks more relaxed, but it is the healer who has changed. She is hot, flushing and perspiring, she complains of not finishes and her breathing is slightly difficult resulting from the asthma

attack. She is dressed in a brazziere and has removed the top of her attune "to breathe easily", she says.

The other patients waiting for the traditional healer becomes angry if one forgets to close the door after entering, the rule is always take your shoes off and close the door behind you, that is why the other patient scolded the one coming in, for not closing the door.

The environment is now noisy because children speak outside, even though their parents were told to reduce the noise. The dog keeps barking loudly and is uncontrollable, but the healer continues unperturbed.

The process of vomiting is not as expected, the healer becomes agitated and requests the patient to put the vomitus bowl aside. The traditional healer did not see her vomiting because she is facing the camera not her. The patient is afraid to induce vomiting.

The traditional healer does not use the porcupine quills to prick the skin; she uses the horn of a small goat to tap the head and upper and lower extremities as biomedical examines the reflexes with a patella hammer.

2. OBSERVATION NOTES

The environment is noisy, children talking, rain pelting down on the sink roof and dogs barking outside.

The traditional healer is an ill person, she works under duress.

It is not easy to convince her or her patients that she needs to rest and is not well.

The divination is not started with a prayer, cum chant to the ancestors. The divination process is short.

The traditional healer does not use snuff.

The bones are kept in an animal skin bag.

There is no payment for divination or treatment. Treatment is commenced immediately and medicines for use at home are wrapped in brown paper.

There are no written instructions, only verbal ones which are also emphasized.

The patient pretends to be vomiting which made the traditional healer agitated.

The traditional healer works in silence most of the time; she communicates less.

The patient looks like she had not washed before coming to the healer, and is uneasy.

The traditional healer is also uncomfortable; she scratches her head, her back, rubs her forehead, all signs of anxiety.

The attire worn was changed, some clothes removed. She is not embarrassed walking around with a brazziere.

The patient is less concerned about what the healer is wearing.

3. METHODOLOGICAL NOTES

Environment was uncontrollable, it was noisy. The camera was stationary forcing the patients and the healer to look in the direction in which it is facing.

Less communication techniques were used.

The themes that are covered are as follows:

- Divination is a process of diagnosing the problem and getting the information regarding treatment.
- No payment for divination or treatment communicated.
- Payment for divination precedes the throwing of the "holy bones".
- Treatment is commenced immediately after divination.
- The patient comes back for a return visit and treatment.
- Treatment is taken home for application and use at home.

TRADITIONAL HEALER NO 3

1. PERSONAL NOTES

The patient looks bewildered and uncomfortable. He wanted to be videotaped but when the recording started he seemed to want to get out. The traditional healer is relaxed; she knows exactly what to do.

The process of divination is long because it is a mixture of a prayer cum ancestral request to bestow upon the traditional healer powers to diagnose and heal.

The prayer is said in South Sotho so fast it is sometimes difficult to comprehend what is said and divination is long, but ultimately reaches a consensus. The patient is not responsive, does not say "siya vuma" and only talks when the traditional healer asks if he is agreeing or not. The patient needs the traditional healer to convince him about the need to be treated, he seems a little hazy, but it seems like it is his nature, the bewildered type of man.

The use of therapeutic techniques is a laborious process, where there is no big urn, the water is boiled on the pressure stove, because it saves electricity and much faster.

The steaming makes the patient tired, he looks exhausted from the procedure, but the bath refreshed him, some people finds it difficult to take a bath that is why medicinal baths are refreshing when taken. The patient does not even wince when he is pricked with the porcupine quills all over his body.

The traditional healer is obviously on the alert about what the researcher might think, but even then continues with the entire session of treatment, she becomes intermittently tenses and relaxes throughout. When she becomes busy with the patient she becomes lost in what she is doing and become oblivious of the camera's recordings.

Not all the therapeutic techniques are done at the same time. The prescriptions to be used at home are given and therefore the traditional healer requests for a follow-up to review the progress. Payment for the whole treatment is expensive but the patient is afforded an opportunity to pay in terms, and it excludes the money for divination.

2. OBSERVATION NOTES

The patient enters the door like a person treading over holy area. He takes off his shoes at the door and sits down on the floor. The greeting is faint and the request for help is hardly audible. The traditional healer uses both the "holy bones" and the lit candle and glass of water for divination. Payment is requested by the healer and placed down on the floor. The holy bones are continuously "asked" for clarity regarding the problem during the long process of divination.

The divination sounds like a client, very difficult to follow. Diagnosing the problem starts from head to toe during divination. The traditional healer uses the stick to point at what each bone means. She uses the same stick to indicate in her body where the patient's problems are, the pain and the discomfort. The diagnosis is reached but the patient is less responsive.

The traditional healer convinces the patient about the need to be treated, the patient agrees because on entering the door he committed himself for treatment. The preparation for the steaming is done by using a 20-litre urn and the pressure stove. The 20-litre urn is filled with water and should boil. The steaming takes place with the patient covered in two bedcovers, and dressed only in shorts. The steaming is completed with the patient sweating and hot. The bath is taken with the steaming water and no cold water is added to reduce the temperature. The traditional healer uses porcupine quills to prick the patient from head to toe.

The patient sits motionless, show no signs of experiencing the pain from being pricked. The fatty medicine is rubbed into the pricked areas and darkens the areas on the skin. The patient experiences difficulty unbuttoning

the shirt resulting from anxiety. The traditional healer uses pages from the book as wrappers.

The instructions are only said verbally and not written and this patient looks like he has insufficient schooling. The instructions are emphasized authoritatively. They are both conscious that their actions are observed and behave uncomfortably, they repeatedly keep looking at the camera. The traditional healer becomes absorbed in the process of prescription that she forgets the patient's comfort. She places the goatskin for the patient to sit down only after realizing that she is sitting on it and not the patient.

The medications are measured by fingertips and divisions are demonstrated on the wrapper by means of fingers pointing at each part. The written paper in one of the containers serves to remind the traditional healer of what the medication is, it has the same colour as another one for different use.

Wrappings are undertaken meticulously, caution is exercised not to spill any powder. The patient takes his medicines only after being told to do so.

The conclusion of the whole session is another words from the ancestral praise.

3. METHODOLOGICAL NOTES

The video recording is conducted in poor lighting even though the light in the house is on. The face of the patient on entering the door is dark but the picture soon clears up.

The camera focuses only on the areas of interest. The background noise is uncontrollable, it is children playing in the nearby street.

The voices are at times not audible enough, the sound system had to be increased.

Not all the therapeutic techniques are immediately used.

The following themes have been covered:

- The patient is greeted by the traditional healer first.
- Shoes are left at the door's entrance.
- Payment for divination precedes the throwing of the "holy bones".
- Divination is a process undertaken for the duration determined by the traditional healer.
- Divination is a procedure to assess the problem and guide the treatment regime.
- Treatment is commenced immediately according to the problem.
- Treatment to take home is wrapped up and instructions are given verbally.
- The payment for the whole treatment is determined by the traditional healer.
- The terms for treatment payment are an agreement between the patient and the traditional healer.

TRADITIONAL HEALER NO 4

1. PERSONAL NOTES

This traditional healer works with a young initiate traditional healer, who should be taught all aspects of traditional healing. The traditional healer fails to involve this initiate, to teach her well, she only gives her instructions about what to bring. The young initiate is eager to learn but the teacher is holding back information.

The patient looks as though she also came to inspect or see what is going on, she seems to have some knowledge about the treatment that is why she sometimes leads the traditional healer, about what to do. The patient looks like a pleasant person, she is continuously wearing a smile.

The divination is short and precise. It is started by the initiate using a glass of water and a lit candle placed in the center. Eye contact with the patient is impossible because of the manner in which they are all sitting facing the camera. The traditional healer is too camera conscious because her actions are being watched continuously this may be the reason why the divination is short.

The treatment is started at the traditional healer's home, and some medicines are wrapped up to be taken home. The instructions for these medicines are not written down but are only said verbally. The procedure for massaging seems to soothe the patient's aching feet. The patient does not even ... when they use the porcupine quills on her legs.

When the treatment is completed the patient is requested to come back for a check up. This is only now when the traditional healer remembers to teach the initiate about what she should do for such a patient. Payment for treatment is not openly discussed, the patient literally asks about it from the healer who is reluctant to talk about it.

2. OBSERVATION NOTES

The divination is relatively short.

It is started by the young initiate who speaks with a low voice.

The treatment is commenced immediately with eye drops and followed by feet massage and pricking with porcupine quills.

The initiate traditional healer is less involved in the whole process.

The initiate traditional healer is taught hands on in traditional healing.

The traditional healer does not act impressively.

The patient feels no pain when pricked with porcupine quills.

The patient not the traditional healer is concerned about the payment for treatment.

The position of the camera is stationary forcing all participants to face towards it.

3. METHODOLOGICAL NOTES

The atmosphere is relaxed but noise comes from the children outside.

The camera is stationary most of the time does not follow the activities of the participants.

The use of communication techniques is minimally used.

The following themes are covered:

- Divination is achieved by use of a lit candle and a glass of water.
- Payment for divination is immediate before treatment commencement.

- The traditional healers use their heads clairvoyance to diagnose.
- Divination guides the traditional healer about the problems of the patient and the treatments to use.
- Treatment is commenced at the traditional healer's home.
- Medicines for use at home are wrapped up.
- Instructions are said verbally but nothing is written down.
- Initiate traditional healer is taught hands on as patients are seen and treated.
- The payment for the whole treatment is an agreement between the traditional healer and the patient.
- This patient demonstrates eagerness in paying for treatment.
- The traditional healer concludes the treatment by reminding the patient about the return visit.

TRADITIONAL HEALER NO 5

1. PERSONAL NOTES

The room where the patient is seen is very small because it accommodates better only the traditional healer and the patient. The process of divination is undertaken by the two traditional healers, but started by the most junior. They all do not use holy bones but a lit candle and a glass of water placed in the middle. They all three use their heads in divination. The assistant number one did not seem to be well vested with divination. She spoke so soft that at times it was not easy to hear her, but she produced the results that the traditional healer frequently referred to when she finalised the divination. She was sort of cut short by the traditional healer when she said abruptly "Lesedi" let there be light. The noise outside is unbearable. It is from the people opposite to where the divination took place. The assistant number 2 took over the divination with less enthusiasm and she focused on both patients but lay more emphasis on the male patient. The male patient is obviously surprised by the revelations directed at him. The female patient remained silent through out and only occasionally answered when asked a question.

The traditional healer took over the last session with a lot of loud belching. She seems to be in a trance and continues with the divination alternating talking to the patients and divination. She sounds like she is possessed, shaking her head side by side.

The female patient is relatively quiet while it is the male patient who seem to be having questions, even though the focus is on the female patient. The couple come only for divination but were requested to come one after the other to remove the evil that is following the female because it will ultimately affect both of them.

2. OBSERVATION NOTES

Divination is achieved by use of a lit candle and a glass of water.

The three traditional healers use their heads to effect divination.

They take turns in divination; the first phase is started with a prayer and a request to the ancestors. This prayer is only said by the assistant number one who starts the divination.

The assistant number two does not take long with her turn in divination. She is the only one holding a whisker in her right hand.

The traditional healer is the last one in the process of divination. She addresses the couple using references from what the two assistants have said.

The divination lasts long. It unravels some surprising issues for the couple. They look tense and uncomfortable, moving in their seats, wrangling their hands. The male patient does ask for some clarity regarding issues that are directed at the female patient.

The traditional healer seems to be possessed as she speaks her voice rises and falls.

There is no use of "Vuma, Siya Vuma" in this divination.

In clarification the traditional healers do not ask the patient to refute or agree.

The patients explain their situations in accordance with what is said in the divination.

The payment for divination was taken out, out of the camera's range.

3. METHODOLOGY NOTES

The environment was uncontrollably noisy.

The traditional healers used communication techniques that were applicable to their own unique situation.

The camera's focus is highly constrained due to the size of the room.

The picture taking does not accommodate all participants, as it should.

The traditional healer's actions could not be captured, but mostly her voice was recorded.

The first assistant's voice was too soft and faint. Clarity of voice is virtually impossible.

The themes that are covered are as follows:

- Divination is a process of diagnosing the patient's problem and a way of seeking what treatment to give.
- Divination is undertaken for the duration necessary to yield the information needed.
- Information from divination concurs with the patient's problem.
- More than one traditional healer can form part of the divination process.
- Patients as couples do come for traditional healing.
- Treatment after divination is left as a decision to be undertaken by the patient.
- The traditional healer acts only as an informer about the best possible solution to be undertaken to relieve the problem.
- Parents or relatives are to be informed and involved about the problem if it is beyond the control of the patients and when the patients are still staying with the parents.

ANNEXURE J

SECTION OF A TRANSCRIPTION OF AN INTERVIEW WITH A TRADITIONAL HEALER

- R : Good day maam.
- T : Good day to you maam.
- R : How are you?
- T : I am fine thanks, yourself?
- R : I am fine thank you.
- Q-R : What is your name?
- A-T : My name is Matshediso Kili Lerobe (Manana)?
- Q-R : How old are you?
- A-T : I am born 1957 that means I am 42 years old.
- Q-R : Are you married?
- A-T : No I am not married, I am still staying with my parents.
- R : You are still at home.
- Q-R : Where is your home?
- A-T : I stay here in Potchefstroom in Ikageng.
- Q-R : Maam I am now going to ask you some questions that related to traditional healing and how you as a traditional healer works.
- Q-R : I would like you to explain to me how you would describe your work as a traditional healer?
- A-T : My work as a traditional healer I can explain as starting with when I treat a patient I use firstly divination.
- R : You mean your work, as a traditional healer is first to use divination.

- T : Yes maam.
- R : What actually drives you to use divination.
- T : What drives me to use divination. is the problem that the patient presents with. The patients come to me with their problems and I therefore need to know just what is bothering them, that I can only get when I use the "holy bones".
- Q-R : Your work as a traditional healer, does it only entail using divination to know the patient's problem?
- A-T : No, that is actually part of what I do. I thought you wanted to know my first step.
- R : Oh! No I am sorry to have been misunderstood. I want to know more about your work as a traditional healer?
- T : My work is actually very broad. A traditional healer is actually everything because she is wanted for so many things.
- R : Please explain what you mean by saying that the traditional healer is everything?
- T : Mmhgh! Where do I start? Let me start by saying from birth, when the woman has difficulty getting a baby she comes to the traditional healer for help, so that I must help her to have a baby.
- R : Really! How do you achieve this great thing?
- T : I give this woman a medicine, boiled for her to drink to clean up the inner passages. Thereafter she comes and I give her an enema but a small one, not a big one like her husband. Then this followed by encouragement to sleep with her husband as often as she can afford to.
- R : This is truly remarkable! And so she falls pregnant.
- T ; How did you know?

- R : I am a nurse remember!
- T : Oh! Yes how can I forget that!
- R : There is more that I could ask but that is not within what we should do here. What other activities does you work entail?
- T : I also work on homesteads if there is an evil spirit in that house to protect it. I also work on people and their families if they are ill.
- Q-R : Your work is very broad as you indicated, now what do you see as the traditional healing process?
- A-T : What I see as the healing process is when I really get to heal people, more so I have people who are really ill and they then come to me to cure them, I do my best to cure them.
- R : You see the healing process as your ability to cure people, so this is what has made you a traditional healer.
- T : Yes, it is what has made me to be a healer, the ability to cure people their illnesses, the ability to give people the right advises when they come here asking for advises regarding some other problems that may not even be having anything to do with their illness.
- Q-R : Tell me more about your advisory abilities.
- A-T : When a man fights with a woman, the woman can come to me and then I tell her to do the right things. May be she is not doing what her husband wants her to do. Or the man comes to me telling me the woman is running around with other men, I then tell him to change his way of doing things maybe this is what is causing her to be dissatisfied and run around, you must convince them not to do the wrong things in life.
- R : You are able to achieve this without the use of medicines?

ANNEXURE K

FIELD NOTES OF RESEARCHER RE INTERVIEWS WITH TRADITIONAL HEALERS

1. PERSONAL NOTES

The traditional healer seems anxious even though he says he is part of a group traditional healers involved in community project run by the local council of Moakeng.

he is initially brief and answers only what is asked but the researcher continues to acknowledge what he does by constantly nodding her head. He regards himself as a healer with special powers. His visions started at a tender age, parental guidance helped him obtain school education. The initiate traditional healers who are in his "school" are real students, he participates in the interview and at the same time gives them instructions about what to do.

He seem to command a lot of respect amongst the people who are at his home. The patients who are given treatment are expected to carry it out without questioning the traditional healer. The patient is a recipient and the healer acts as a father figure in the healing process.

The family is involved when treatment is not acceptable to the patient.

The therapeutic techniques used are a combination of three methods, not much is said about the use of Lennon's products, but more emphasis is placed on the traditional medicines.

Traditional therapeutic techniques are used because he was initiated in Swaziland where use of herbs is widely practised. The prayer is to augment the other methods that are used in traditional healing. the believe that God reigns supreme is fundamental to the use of traditional healing.

2. OBSERVATION NOTES

The traditional healer has a lot of confidence in his ability to heal. He puts a lot of effort in getting his patients to follow the instructions of how the medicines work. The instructions are written by assistants and placed in wrappers.

The use of coloured plastics indicate that patients who cannot read or write can know what medicines to use.

His divination is strengthened by the ability to use prayer to God and the ancestors. The small bottles of Lennon are of less use, because not much emphasis is placed on their use.

This traditional healer uses the scientific approach to patient care, unsuccessful treatment is reviewed - assessment and evaluation of implementation of therapeutic techniques.

The use of biomedical treatment when treatment is not effective is resorted to, but follow up is done.

3. METHODOLOGY NOTES

Disturbance and silence is achieved by use of a do not disturb sign on the door - noise is controlled by the researcher requesting people around to reduce their voices.

The tape recorder is not near enough to traditional healer therefore the voice is not clear enough and not audible but the researcher changes positions to correct his deficit.

The volume control is increased to increase voice recording.

The questions are answered as asked but somewhere generalization is used by the traditional healer to answer some questions; the researcher has to be direct.

Themes that are covered are as follows:

- People seek the help of the traditional healer because they are having cultural oriented illnesses.
- The traditional healer uses divination to get to know the problem or illness as well as how this is to be treated; divination is the center of traditional healing.
- Patients are responsible for their own treatment and are to carry out instructions as indicated by the healer.
- Family involvement in healing and treatment methods for those who are unable or not willing to do so on their own,.
- Initiation is the "school" for traditional healers to be accepted and known in the world of traditional healing - it is a school for learning traditional healing.
- To be chosen by the ancestors as a healer starts as early as puberty.
- Traditional healers also use prayer to fortify their treatment, methods of healing.
- The use of Lennon's products when babies have problems together with traditional healing medicines and a prayer.
- Request for the patient to consult biomedical personnel when the illness is not cured.
- Use of other traditional healers when the need arises.
- The traditional healer places the life of the patient first before his own interests when problems or complications arises.

[Foot note: The rest of all the field notes will be available on request]

ANNEXURE L

SECTION OF A TRANSCRIPTION OF AN INTERVIEW WITH A PATIENT

- R : Good day maam.
- P : Good morning to you too maam.
- R : What is your name?
- P : My name is Marcia Kgarane.
- R : How old are you Marcia?
- P : I am thirty-six years old.
- R : Oh, oh! Are you married?
- P : No, I am not married.
- R : You are still staying at home.
- P : Yes, I am still staying at home.
- R : Where is your home?
- P : My home is in Vryburg.
- R : Oh! No not that home, I mean here in the vicinity where is your home right now?
- P : I stay in Orkney, in Kanana.
- R : Mmh! Marcia there are a few questions that I would like to ask you about traditional healing.
- P : Yes maam, it is alright I am ready you can ask.
- Q-R : The first question I would like to ask you is what do you see as traditional healing?
- A-P : By traditional healing I understand the reason why we as black people when we are ill, some of our illnesses are not easily treated ;by

biomedical personnel, and therefore we go to the traditional healer for treatment.

R : You go to the traditional healer for treatment because biomedical people are unable to treat some of your diseases.

P : Yes maam, it is like that.

R : Can you please explain to me some of the illnesses that biomedical people are unable to treat?

P : They are like when they have given you poison, this poison eats you up inside and then you become so ill, you cough a lot and I know, the hospital say it is TB (tuberculosis), but you will find that no, this is not so.

R : Tell me why do you say it is not so, what do they find?

P : They take you to the "mirror" (x-rays) and this mirror shows that you have some holes in your lungs, these holes are caused by the poison as it eats you up inside.

R : But surely Marcia, you do know that of now, TB is TB and is not as a result of the Poisson that you have eaten, the nurses in the clinics always try to explain what causes TB and what a person should do.
(Silence)

P : Mmh! I do not know how to tell you, that poison is poison and is different from TB. Tell me then why is it that it takes so long to be cured by the hospital and yet so fast by the traditional healer?

R : I am sorry really Marcia, I do not know because I have not met such a case.

P : Such cases I have seen and I have met, I don't know about you.

(Silence)

- R : You really know about these things Marcia. I will not go into it at this point, do tell me what do you see as the work of the traditional healer in healing?
- A-P : The role of the traditional healer in healing, they really help us in many ways, for example when you have dizzy spells or you have eaten poison, the traditional healer works on you to remove these things that make you sick.
- R : The traditional healer works on you to remove these things, how does he achieve this, actually what does he do to remove these things?
- P : He makes you to vomit, gives you an enema, puts you in a bath and steams you, all this is really determined by the illness you have.
- R : Oh!
- P : Achoo! (she sneezes) achoo!
- R : You have a summer flu, you need some flu medicines.
- P : No, it is from the bath I had today, I'll be alright.
- R : Let us continue from where we left off, shall we?
- P : Yes maam, you may.
- Q-R : Tell me why do you prefer to go to the traditional healer?
- A-P : I prefer to go to the traditional healer because some of our illnesses the traditional healer is able to treat, some I go to the biomedical people for them to treat me.
- R : You take some diseases to the traditional healer and other to biomedical people. Why do you use the two doctors at the same time?

ANNEXURE M

FIELD NOTES OF RESEARCHER RE INTERVIEWS WITH PATIENTS

1. PERSONAL NOTES

The patient originates from the South of North West Province, surely to look for work in the urban towns. Her use of traditional healing medicines can be viewed as a practice that she grew up with from her rural original home.

She explains tuberculosis as ingested poison, typically from rural areas where people are said to be bewitched when they suffer from tuberculosis. The patient is able to support her case clearly with the experience she has of the case. She comes from one town to get cure from another town where the traditional healer stays. The patient relates to the traditional healer simply because she is ill but does not want to bother the healer for nothing else.

The patient believes that traditional medicines have the ability to cure tuberculosis and also remove evil spirits as experienced by the affected person. She is well aware that insecticides are not biomedical treatment for bodily ailments. The patient is able to use common sense to her advantage; she is knowledgeable, when she knows a point she stresses it emphatically. She is not afraid to mention that she does forget the doctor's instructions but the traditional healer does not become angry when the orders are forgotten, which is remarkable.

When the traditional healer's cure is not effective, the patient turns to biomedicine. She is informed because she knows that people cannot be turned away from the hospital no matter what the condition of that person is.

2. OBSERVATION NOTES

The patient starts off as relaxed, but tense as the interview progresses. She relieves her tension by sniffing snuff and she becomes less anxious.

The atmosphere is slightly noisy but this does not affect the interview.

The use of both traditional medicines and biomedicine seem to satisfy the patient. The traditional healer is regarded as an out of bound person who nobody can just go to at will.

The researcher is forced to agree in principle with the explanations especially when the patient becomes agitated when her explanation seems to be doubted.

This agreement in principle is actually a way to relax the patient. The ability to make reasonable comparisons between biomedical treatment for bodily use and home insecticides is evident, she knows exactly what is used for what.

The researcher seems to fumble, she loses sight that even when a person is not learned, she has her own natural intelligence.

Nurses are said to be unfriendly and bully patients but to turn the patient away is not feasible anymore.

3. METHODOLOGY NOTES

The research interview is conducted in one and half-hours. The researcher used communication techniques and tried to keep the atmosphere relaxed. All the questions were asked and answered satisfactorily. The audiotape was operated by batteries and fortunately the tape is clear and uninterrupted.

The following themes are covered during the interview:

- Traditional medicines are used for diseases that are regarded as of cultural origin.
- Knowledge of biomedicine is not clear but other products used to enhance a healthy lifestyle are clearly understood.
- Traditional medicines efficacy is regarded as being above biomedicine.
- Therapeutic techniques used are bathing, steaming, emesis, enema and home protection.

- Biomedicine and traditional medicines are used simultaneously.
- Biomedical treatment is used when traditional medicines are not effective.
- Traditional healers afford the patient an opportunity to seek biomedical treatment when his treatment is not effective.
- Patient is supported by use of communication techniques.

[Foot note: The rest of all the field notes will be available on request]

THE TRADITIONAL HEALER'S VIEWS REGARDING THE TRADITIONAL HEALING PROCESS, AND THE USE OF THERAPEUTIC TECHNIQUES

COLUMN A	COLUMN B	COLUMN C
PERCEPTIONS REGARDING THE HEALING PROCESS	VIEWS ABOUT THE THERAPEUTIC ACTIONS UNDERTAKEN BY THE TRADITIONAL HEALER	VIEWS REGARDING THE CONTEXT OF VARIOUS RELATIONSHIPS WITHIN THE HEALING PROCESS
<ul style="list-style-type: none"> • The traditional healer's views regarding his role expectations 	<ul style="list-style-type: none"> • Views about the therapeutic actions implemented by the traditional healer self 	<ul style="list-style-type: none"> • Views about God and the ancestor relationship with the traditional healer
<ul style="list-style-type: none"> * Role is to heal ill people by giving them medicines that are suitable for their illnesses. * To help families with problems as well as offers and explains different types of treatment. 	<ul style="list-style-type: none"> * Begins with divination process achieved by the use of the "holy" bones. * Treats very ill patients at his home. * Performs initiation which is a process of curing ancestral spirit possession in the initiate at his home. * Uses the following therapeutic techniques as part of healing: <ul style="list-style-type: none"> - Administration of oral medicines for drinking, chewing, sucking, licking and emesis - administration of enemas to be retained or returned - administering steam inhalations and bathing - performance of cleansing ceremonies, sacrifices and removal of pollution from those patients who do not respect taboos 	<ul style="list-style-type: none"> * The gift and powers to deal with sick people are bestowed by God and the ancestors. * Ancestors guide and direct about what is to be done and where to find a cure. * Ancestral choice for an initiate to be a traditional healer comes in the form of illness which can be cured by initiation performed by a master traditional healer.

	<ul style="list-style-type: none"> - protects homes and weddings from evil spirits - administers injections and makes bodily incision - uses prophesy, ash and "holy" water 	
<ul style="list-style-type: none"> • Views about the patient's self responsibility for the healing process 	<ul style="list-style-type: none"> • Views about the medicines wrapped by the traditional healer and to be used by the patient at home 	<ul style="list-style-type: none"> • Views about the traditional healer-patient relationship
<ul style="list-style-type: none"> * The patient is to follow verbal and written instructions accordingly. * The patient is part of the healing process and is therefore expected to take care of herself. * It is an honour for the patient to be part of the healing process therefore the patient self is responsible for healing. 	<ul style="list-style-type: none"> * Medicines are wrapped and taken home to be applied on the body of the patient according to instructions as given. 	<ul style="list-style-type: none"> * The context of the relationship centers around the patient relating with the traditional healer on the grounds of illness. * There is mutual understanding between the traditional healer and the patient, an agreement to work together regarding the patient's illness. * The patient is expected to carry out the instructions of the traditional healer and do as he says.
<ul style="list-style-type: none"> • Views about the traditional healer's culture and belief system 	<ul style="list-style-type: none"> • Views about home visits carried out 	<ul style="list-style-type: none"> • Views about the family-traditional healer relationship
<ul style="list-style-type: none"> * To deal with sick people having cultural problems which can only be cured by traditional medicines. * Shares with the patient the world controlled by culture which is foreign to biomedical personnel. * Traditional medicines removes evil, bad notions and protect individuals, families and communities. * Traditional medicines are alternated with biomedicine to cure bodily and mental illnesses. 	<ul style="list-style-type: none"> * Patients are visited at home for care and comfort by the traditional healer. * Ill patients are treated at home and home visits are done where necessary. * People come to fetch the traditional healer to treat the patients at home. 	<ul style="list-style-type: none"> * The family is a support system to the patient by: <ul style="list-style-type: none"> - assisting with the patient who refuses to take medicines - accompanying the patient to the surgeries, clinics or hospitals on request by the traditional healer and reporting the patient's progress to the traditional healer * The family is a patient of the traditional healer <ul style="list-style-type: none"> - the family is treated as a unit by the traditional healer - one family member opens up avenues for treatment of the entire family

		- the family is helped with social problems by the traditional healer
	<ul style="list-style-type: none"> • Views about the follow-up process 	<ul style="list-style-type: none"> • Views about the community's traditional healer relationship
	<ul style="list-style-type: none"> * Treatment is altered when the patient's condition does not improve or becomes worse. * The patient is expected to report back for feview and to discuss the problem area. 	<ul style="list-style-type: none"> * The community views the traditional healer as a leader that helps with life and cures illness. * The traditional healer is happy to be an honoured respectable person in the community.
	<ul style="list-style-type: none"> • Views about referrals of patients 	
	<ul style="list-style-type: none"> * The patients are requested to go to clinics, hospitals or surgeries. * Other traditional healer's medicines are used to resolve the patient's problems. 	

THE PATIENT'S VIEWS OF THE TRADITIONAL HEALING PROCESS

COLUMN A	COLUMN B	COLUMN C
<p>THE PATIENT'S VIEWS ABOUT THE TRADITIONAL HEALING PROCESS</p>	<p>VIEWS ABOUT THE THERAPEUTIC ACTIONS CARRIED OUT BY THE TRADITIONAL HEALER</p>	<p>THE PATIENT'S VIEWS ABOUT THE CHARACTERISTICS OF THE RELATIONSHIP BETWEEN THE TRADITIONAL HEALER AND THE PATIENT</p>
<ul style="list-style-type: none"> • The patient's views about the traditional healer's has the ability to treat illnesses 	<ul style="list-style-type: none"> • Views about different types of treatment used in traditional healing 	<ul style="list-style-type: none"> • Views about the interactive relationship with the traditional healer
<ul style="list-style-type: none"> * The traditional healer treats black people's illnesses that are caused by transgressing cultural norms. 	<ul style="list-style-type: none"> * The traditional healer uses divination to "see" (diagnose) the problem and to determine suitable treatment. * The treatment is administered by various routes: <ul style="list-style-type: none"> - Orally by drinking, vomiting nad chewing - Inhalations by steaming - Application to the skin by incisions, "injections" and smearing medicines into these areas - Bathing in medicinal water - Enemata administration of medicines per rectum 	<ul style="list-style-type: none"> * The traditional healer treats the patient as humanely as possible. * The traditional healer is accessible and listens to the patient's problems.
<ul style="list-style-type: none"> • The patient and the traditional healer share the same world view 	<ul style="list-style-type: none"> • Views about the instructions given regarding the uses of traditional medicines 	<ul style="list-style-type: none"> • Views about the traditional healer's relationship with the ancestors
<ul style="list-style-type: none"> * The traditional healer is of the same colour, black, shares the same language and culture of the patients. * The traditional healer understands black people's illness which bio- 	<ul style="list-style-type: none"> * Instructions are written down or said verbally. 	<ul style="list-style-type: none"> * The healing powers of the traditional healer originate from great grandfathers. * Traditional healing was used in the olden days to cure black people's illness where the ancestors were transgressed. * The traditional healer has the ability to communicate

<p>medical people do not understand.</p> <p>* The traditional healer is available when needed, and lives in the same area as the patient.</p>		<p>with the ancestors through the use of "holy" bones.</p>
<p>• The patient's views regarding handling problems and difficulties</p>	<p>• Views about problems and difficulties encountered when using traditional medicines</p>	<p>• Views regarding payment for treatment</p>
<p>* Paying a return visit to the traditional healer to get more information and clarity.</p> <p>* The patient takes herself to the biomedical personnel or is accompanied by the family to resolve her problem.</p> <p>* The patient or family is requested by the traditional healer to return to him to report progress.</p>	<p>* The types of problems encountered are:</p> <ul style="list-style-type: none"> - Forgetting verbal instructions from the traditional healer leading to incorrect use - Difficulty reading instructions and asking children to read for the patients - Instructions not correctly followed, leading to inefficacy or no improvement in patient's condition 	<p>* Treatment is offered even where there is no immediate payment from the patient.</p> <p>* The traditional healer expects no immediate payment unlike biomedical personnel who pursue patients for payment of services.</p>
	<p>• Views about the prescription for uses of medicines at the patient's home</p>	
	<p>* The instructions for use are to be carried out as prescribed or the medicines lose their efficacy.</p> <ul style="list-style-type: none"> - Home protection by burning incense and - Spraying with medicinal water inside and outside the house. 	
	<p>• Views about the process of follow-up by the traditional healer</p>	
	<p>* Divination is repeated by the traditional healer and the treatment is changed.</p> <p>* Using biomedical treatment and the traditional healer's medicines, alternatively.</p>	

	<ul style="list-style-type: none">• Views regarding the sources from where medicines are obtained	
	<ul style="list-style-type: none">* From the soil in the veld as roots of plants, barks from trees.* Where medicinal herbs are not used, the traditional healer uses prayer, ash and "holy" water.	