

**AN INVESTIGATION INTO THE TRADITIONAL HEALING AND RITUAL PRACTICES
OF THE BATLOKWA AND BAKWENA IN THE MADIKWE AREA, North West Province
(SOUTH AFRICA)**

BY

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**A Thesis submitted for the fulfilment of the requirements for the degree of Doctor of
Philosophy in Indigenous Knowledge Systems in the Faculty of Human and Social
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08 JULY 2011

DECLARATION

I, Mpobe Richard Letsholo, declare that the Thesis for the Degree of Doctor of Philosophy in Indigenous Knowledge Systems (IKS) at North West University, hereby submitted, has not been previously submitted by me for a degree at this or any other university, that it is my own work in design and execution and that all material herein contained has been duly acknowledged.

Signed: 

Date: 08/08/2011

ACKNOWLEDGEMENTS

From the bottom of my heart, I would like to express my sincere gratitude and thanks to the following persons without whose support, assistance and advice this work could have been a futile exercise: My supervisor, Prof. H.O. Kaya, who has not only provided exceptional intellectual leadership and guidance during the course of the study, but has also been a loving father, mentor, fellow African and senior colleague to me throughout; Mrs Hettie Sieberhagen and Mr. Joel Moletsane, colleagues in the English department, for spending sleepless nights ensuring that the work is properly edited; Dr Kgabudi Molefe who has supported and assisted me selflessly at all times when storms were strong; Dr Vusi Hongwane (Potchefstroom Campus) who gave perpetual courage and strength whenever tides went high and everything appeared almost unachievable; my colleague Mr Elroy Zeekoei who offered his computer expertise to me whenever a need arose; Ms Dolly Dlavane, a Setswana subject colleague who offered to check all Setswana quotations from respondent community members in the Madikwe area, and all colleagues and friends from Potchefstroom and Mafikeng campuses who always enquired about the progress in prayers and rituals. I would like to acknowledge all the good things that you wished me and the times you cherished during the tough times I went through. My beloved family, Fasty Cathrine “Seboko sa mmu`a motlhaba” (my wife), Nameng William, {my son: Rre), Mmaabo Letlotlo (Mmakgamanyana Esther), my daughter: Mmê, Mmêmmê Sinah (mother-in-law) and my only surviving sisters Seele and Mmantshadi, all of whom have taken me through the storm on wings of prayers and good wishes to ensure that the work is completed. I shall never let you down.

Re mafifatshwana a go rekwa ka kgomo;
ke rona mafetakgomo a je motho;
rona Barwa Mokgwa `a Matlhabana;
Matlhabana a Marakadu.

*We are the black ones worthy of the beast,
the ones that leave the beast and kill a man,
we, the children of Mokgwa of Matlhabana,
Matlhabana, the ant-eaters*

I would like to remember great African men and women, (sons and daughters of the soil) all my co-workers in the name of Indigenous Knowledge Systems (IKS): Kgosi Mokalake II, wa Batlokwa Boo-Bogatsu, Kgosi Gasebone wa Bakwena Ba Ga Morare, Kgosi Matlapeng wa Batlokwa Boo-Kgosi, mmogo le baswi Magosi Sedumedi wa Batlokwa Ba Letlhakeng le Maselwane wa Bakwena

Ba Modimosana OO Nonyana, Rre Rasekene Jacob Konopi, Rre Ntakana Penyenye, Mmê Mmampho Maselwane, Rre Sekano, Rre Tlholoe, Rre Letlhake, Rre le Mmê Moroeng, Rre le Mmê Meko le ditsala tsa me tsotlhe tsa tlhogo ya poo: Rapotso Modise, Abuti Ntibi Lebotse, Keorapetse Bogatsu, Oupa Mawela, Molemo Ramadie, Didimalang Ramadie, Phologo Bogatsu, Mmamolato Songwane, Rremogolo Bogatswi Setshedi, Julius Sedumedi, Mabe Matthwes Mokoka, Dingake Foromane (Fori) Mokoka le Tshose Abel Motshelanoka. Montsamaisabosigo bagaetsho, ke mo leboga bo sele.. Le ka moso!

Lastly, all thanks, glory and grace to the Lord Ramasedi a Poloko (The Father of Lights of Salvation), Creator of Heaven and Earth. Le badimo botlhe betsho ke lo lebogela kemonokeng ya lona ka metlha le ka metlha.

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Abstract

This study followed a participatory and case study approach to investigate the traditional healing practices of the Batlokwa and Bakwena tribes in the Madikwe area from the community perspectives. The study was based on the following arguments: Firstly, most of the research activities already done with regard to African traditional ritual healing systems and practices in South Africa were often carried out by foreign researchers using Eurocentric approaches and perspectives. They tended to neglect the views of local communities, especially community knowledge holders. This led to cultural distortions and misrepresentation of facts about these healing practices. Secondly, past studies on the research problem have failed to interpret correctly the spiritual role that ancestors play in the healing systems of the African local communities. This study holds the opinion that the role of the ancestors with regard to their intervention in the healing systems and interpretation of the associated rituals cannot be correctly done and understood by people from outside a specific cultural community. Thirdly, past studies lacked proper explanation with regard to the reasons why most traditional healers were not prepared to disclose information pertaining to their activities. The study argued that matters of healing have always been treated confidentially because healers and patients hold the opinion that these healing activities involve ancestors and therefore need to be respected at all times. It was also one strategy of protecting knowledge from abuse and exploitation by outsiders. Fourthly, most researchers on African traditional healing systems have failed to go into the cultural and spiritual details of the same so that areas of controversy could be clarified. Moreover, they have failed to understand the socio-cultural context of African healing systems, especially the holistic nature of diseases in African cultural setting.

The study found that in spite of the marginalization of these traditional healing practices and rituals by colonialism and apartheid regimes including the current challenges facing them, African local communities in the study communities supported and used them, especially in situations where modern medical and health services were limited and unaffordable. They were holistic and culturally acceptable as they venerated the role of ancestors in the total welfare of the community. This was contrary to western medical practices which concentrated on the physical aspects of diseases and health.

The study looked at the importance of rituals in the healing practices of the study communities. Healing rituals were performed to keep contact with ancestors in terms of certain important matters in the lives of the people. The role of the chief in traditional healing practices was emphasized. Traditional leaders were regarded as the custodians of the healing rituals amongst Batlokwa and Bakwena. They were endowed with these responsibilities by the ancestors. Even if the chief was not a traditional healer himself, his position and respect as a leader of the tribe gave him the dignity and authority to be respected and had a very big role to play in controlling and working with traditional healers in the community.

One strength of the study was the way the socio-economic and demographic characteristics of the respondent knowledge holders and community members in general were investigated from the perspective of the people themselves. This was contrary to the conventional way of describing and analysing these aspects from the researcher's and western perspectives. They neglected the fact that these variables have cultural significance in the lives of the people, especially in issues related to people's health, such as the traditional healing systems and ritual practices.

On the issue of challenges and prospects facing traditional healing practices in general and in the study area in particular, the study indicated a number of issues with regard to challenges as the practices tried to incorporate modern healing and health care systems and

some people who were not trained as traditional healers might cheat the patients. It is on the basis of the above conclusions that the following recommendations were made:

- There is need for more research work to be conducted in African tribal communities in South Africa and Africa at large to investigate the efficacy of traditional healing systems, especially their contribution to primary health care in the respective local communities. These studies should be done in a participatory approach from the perspectives of the communities themselves, especially their knowledge holders and practitioners. This will help to remove the concern with past studies which tended to neglect or marginalize the views of the communities.
- In order to avoid the distortion of the views of the community members and their knowledge holders, research work in these tribal communities should be conducted in the local languages and the views must be presented in their original form in the form of narratives. Past studies done by outsiders tended to interpret the views of the communities from their own cultural perspectives using foreign languages and concepts.
- Taking into consideration the role traditional medicine and healing practices play in the welfare of the people, especially their holistic nature and approach to health, they should not be treated as alternative medicine. They are a central health care system to the majority of the people in poor communities who cannot afford modern health care systems. Government and other stakeholders in cooperation with the local communities should find ways of incorporating modern medicine into these traditional practices in the interests of the patients. The current approach puts emphasis on finding ways of incorporating traditional medicine and healing practices into modern medicine and not vice versa. Majority of Africans do not depend on modern medicine for survival.
- Government in collaboration with traditional leaders in the local communities should work together to ensure that all traditional healers are registered for the purpose of identification and safety of the patients. As was indicated in the findings that there were a number of people in the country who claimed to be traditional healers and hence create a danger to the health of the people.
- Standard generating bodies need to be created composed of traditional practitioners themselves for the accreditation of healers and other aspects pertaining to their practices.
- Various platforms need to be created where traditional healers and modern medical practitioners could meet to exchange ideas and experiences in the interest of improving the health care system of the communities and the country at large. More research work could be done in collaboration of the two health care systems.
- There are a number of issues which the two systems could learn and benefit from each other in the interest of improving the health care system of communities. The modern medical practitioners could learn from the holistic approach of traditional medicine and the traditional medicine could take advantage of the technological advancement of modern medicine to affirm, validate and improve their work.

CHAPTER ONE

INTRODUCTION

1.1 Background

According to Nzewi (2002:54) rituals, traditions, and celebrations are an important part of people`s cultural identity. Oltmans & Erney (2001:63) state that in many traditional communities of the world, such activities are perpetuated within families, by ethnic and racial groups, and by communities. Haruna (1993:87) maintains that rituals range from daily routine activities to elaborate once-in-a-life-time ceremonies. In their discussion of rituals in Africa, Turner (1969:63) Van Gennep (1970:40) Maimela (1991:10) Somé (1993:55) and Grimes (1994:25) confine rituals to a set of repeated actions often thought of to have symbolical value and the performance of which is usually prescribed by a religion or by the traditions of a community, by religious or political laws because of the perceived efficacy of those actions.

Kigunda (2003:44) indicates that a ritual may be performed at regular intervals, or on specific occasions, or at the discretion of individuals or communities. Rituals may occur in arbitrary places, or in places especially reserved for them, either in public, in privacy or before specific audiences. Fogeling (2007:77) explains that a ritual may also be restricted to a certain subset of the community, and enables or underscores the passage between religious or social states. Bashir & Bennet (2000:75) state that the purpose of rituals are many and varied; they include compliance with religious obligations or ideals, satisfaction of spiritual or emotional needs of the practitioners, strengthening of social bonds, demonstration of respect or submission, or sometimes just for the pleasure of the ritual itself. Darrow and Molloy (1998:27) indicate that rituals of various kinds are a feature of all known human societies, past or present. These include not only various religious worship rites and sacraments of organised religions and cults, but also oaths of alliance and coronations.

On the relationship between healing rituals and obedience or reverence to the ancestors, Doumbia & Doumbia (2004:55) state that the will of God is sought by the healing practitioner through consultation of oracular deities, or divination. In many

African traditional religions, there is a belief in the cyclical nature of reality (Durkheim, 2001). Somé (194:50) states that the living (people) always stand between their ancestors and the unborn, in this way making sure that the link between the ancestral world and the living is strong and sustained. Gavua (2000:44) shows that, like in various other traditional religions, African traditional religions embrace natural phenomena – ebb and tide, waxing and waning moon, rain and drought – and the rhythmic patterns of agriculture (Honwana, 2005; Grimes, 1994; Somé, 1993; Maimela, 1991; Turner, 1969; Van Gennep, 1970).

Winthrop (1991:43) shows that the role of a traditional healer is in some respects broader than that of a contemporary medical doctor. The healer advises in all aspects of life, including physical, psychological, spiritual, moral, and legal matters. He also understands the significance of ancestral spirits and the reality of witches (Yankah, 1995). Rainmakers are believed to be capable of bringing about or stopping the rain by manipulating the environment meteorologically, e.g. by burning particular kinds of woods or otherwise attempting to influence movements of clouds (Boothy & Veatch, 2007:78). This brings another important dimension in African ritual healing, the symbolical nature of some rituals.

Thalbourbe & Delin (1999:36) state that due to their symbolical nature, there are hardly any limits to the kinds of actions that may be incorporated in African healing rituals. The rites of past and present societies have typically involved special gestures and words, recitations of texts, performance of special music, songs or dances, processions, manipulation of certain objects, use of special dresses, consumption of special food, drink, or drugs, and much more (Wilce, (2006:892). Religious rituals have also included animal sacrifice, human sacrifice, ritual suicide, and general healing rituals. Ritual lamentation – a song performed with weeping – in many societies was regarded as important to ritually carry the departed soul to a safe afterlife and leave peace and harmony for those remaining behind (Tolbert, 1990a, 1990b, Winkelman, 2000).

Rawanpura & Nair (2006:187) provide the following reasons why individuals and communities perform rituals:

- Rituals make sense of their lives in many different ways;

- A ritual connects a person to God and the ancestors;
- A ritual connects one to his family and community;
- A ritual It enhances human health;
- A ritual influences peace, harmony and cooperation within families and amongst members of the community;

A ritual gives spiritual strength to a person and provides a better sense of what life stands for, the meaning of life. According to Somé (1994:74) one of the most crucial challenges that traditional communities have faced over the years, was how to survive against dangerous diseases that trouble humans from time to time. Traditional healing systems and ritual activities were seen as extremely important for the enhancement of “health” and “stability” in the community (Kigunda, 2003:67).

Mwale (1998:33) adds that for traditional communities the fight against diseases could be rated second to the struggle against hunger/starvation, personal security and the acquisition of shelter. According to the respondent members of the community such as traditional healers, traditional leaders, village elders and other knowledge holders, this is also the case with the Batlokwa and Bakwena in the Madikwe area who form study communities for this research. These communities have used their traditional healing systems, from a very long time ago until today, as ways of providing for their health care needs. Most members from the study communities testified that traditional healing systems and ritual practices are very effective and reliable in curing various illnesses and solving problems of life that people experience from time to time.

Agawu (1995:48) argues that African traditional peoples in particular can never do without their traditional healing systems and ritual practices, because without these their lives would be rendered futile and senseless. This is due to the accessibility, affordability and cultural appropriateness to the local communities of traditional healing systems and ritual practices. According to Obiangu (1983:60) African traditional communities could gain access to the spiritual world of the ancestors through these traditional healing systems and ritual practices for help and guidance pertaining to matters of health.

This study argues that previous studies related to African ritual healings in South Africa have tended to neglect certain aspects which are crucial in this African indigenous practice. These gaps are discussed in detail below:

According to Silverstein (2003:42) most research studies already done with regard to traditional healing systems and ritual practices in South Africa and, Southern Africa in general were often carried out by foreign researchers using Eurocentric approaches and perspectives. They knew very little about issues pertaining to African traditional healing practices as these exist in local communities. They tended to neglect the views of local communities, especially community knowledge holders in executing their investigations and analysing their findings from the communities studied. This led to cultural distortions and misrepresentation of facts about African traditional healing systems and ritual practices.

Wessels (2007) expresses the view that past studies have failed to interpret correctly the spiritual role ancestors play in the healing systems of the African local communities. It is further argued that the role and contribution of the ancestors with regard to their intervention in the healing systems and rituals cannot be correctly interpreted and understood by people from outside a specific cultural community. They are unknown to the ancestors of local communities and therefore can never relate meaningfully and sensibly to them and cannot be recognised by them.

Yankah (1995:77) and Nyasani, (1997:44) add that the fact that most studies on African traditional healing systems have been conducted by outsiders and from an imposed perspective, do not give a true reflection about traditional healing systems and ritual practices of the local communities. This is compounded by the fact that in most instances, such studies tend to marginalize the contribution of local knowledge holders, including traditional healers, elders and traditional leaders in the interpretation of their findings.

There is a lack of proper explanation with regard to reasons why most traditional healers are not prepared to disclose facts about their activities, and why traditional people tend to deny that they consult traditional healers on regular basis (Okere, 1996:77). For instance, according to Thankappan-Nair (1965) matters of healing in

African traditional communities have always been treated secretly and confidentially because healers and patients have the opinion that if enemies could learn about you, for instance, who your traditional healer is, things may change to be worse, i.e. as a healer you may be followed and persecuted.

Another gap identified with regard to studies already done on African traditional healing systems and ritual practices in South Africa is that most researchers have merely examined general issues regarding traditional healing and rituals from their own perspectives. They have failed to go into the cultural and spiritual details of the same by providing the necessary platform for community members to present their side of the story in respect of their own healing systems and ritual practices. For instance, most of them have not examined how traditional healers acquire knowledge and skills of healing, how the practices relate to the ancestral world, the socio-cultural and spiritual protocols behind the diagnosis of diseases through methods such as bone-throwing, the identification of appropriate remedies for diseases diagnosed, the gathering of traditional medicines, their preparation and use to effect healing, mixing of medicines and prescribed dosages.

Furthermore, the study argued that past studies in respect of African traditional healing neglected to investigate the relationship between the healer, the patient, family members, and friends in the healing process of a patient. They failed to understand the socio-cultural context, especially the holistic nature of diseases and the healing process in African traditional systems (Schirch, 2004:25).

Dennis, (2007) & Bright (1993:207) observed that, in many regions of Southern Africa and South Africa in particular, African indigenous healing systems and ritual practices are still highly regarded and adhered to, particularly by those communities living in the rural areas. However, Mashike (2000) and Maimela (1991) indicate that despite of this observation, not much has been done to study these African traditional healing and ritual practices, particularly from indigenous community perspectives.

The few studies that have been conducted thus far often tend to be directed toward traditional healing and rituals amongst the Nguni communities, *vi.*, Zulu, Xhosa, Shangaan, Ndebele, etc., as reflected by Ngubane (2001, 2003, 2005) Mphahlele

(2002) and Maimela (1991) . In respect of the Batswana communities in the North-West Province, very little has thus far been done to investigate their ways of healing and ritual practices from the community perspective. It is on the basis of this consideration and the gaps identified in the past studies that this study attempted to investigate the traditional healing systems and ritual practices amongst the Batswana people with special reference to the Batlokwa and Bakwena in the Madikwe area.

Kgosi Mokalake II of Kolontwane village in Madikwe explained that the nation of Batswana people originated as one big Setswana-speaking nation which came from central and Southern Africa. The group finally settled in Botswana where they stayed for a long time before spreading to other regions such as South Africa and Lesotho where the Batlokwa and Bakwena tribal or ethnic groups eventually settled. Mokalake II further explained that each tribal group amongst the different Batswana communities has a totem animal which was chosen by original members of the tribe to be respected and honoured for exceptional qualities that it displayed to the people of the tribe to attract and own their hearts. A totem animal for the Batlokwa tribal/ethnic group is an Ant-eater also known as “Thakadu” in the local language and that of the Bakwena tribal/ethnic group is a Crocodile, also known as “Kwena” in the local Setswana language.

Rre Mmaiya Konopi, a community knowledge holder of Matau village in Madikwe explained to the researcher that the current Bakwena community in the area initially started as one big Bakwena tribe in a place called Rathateng at the estuaries of the Odi, Ngotwane and Madikwe rivers on the border of Botswana and South Africa. At that time, the tribe was under the leadership of their founder and an ancestor chief Modimosana who was blessed with four sons, Manamela, Maaka, Matau/Tau and Morare. The current Bakwena tribes in Madikwe today came into existence as a result of these four chiefs, later each with his own tribe and village. Konopi further indicated that it was around the the end of then seneenth century, according to the archival records of the tribe.

Following tribal attacks that occurred from time to time in those years, the Bakwena people moved further southwards and later arrived at a place called Renosterfontein or Mafatlhe near Boshhoek where they also stayed for some time.

According to Konopi, the tribe then moved to Molokwane or Selonskraal along the current N4 road between Rustenburg and Swartruggens. In later years, the Bakwena community moved further south and arrived at the place called Lepalong located between Carltonville and Potchefstroom. They then continued their movement into the Free State where they stayed for some time at the place called Kopie-alleen. Konopi explained that when their next chief Maselwane Maselwane died in the Free State, the tribe took his body through the Vaal river back into the then Transvaal and buried him Marehu-a-thate near Ptchefstroom. In subsequent years, the Bakwena community went back to Selonskraal, i.e. Molokwane, west of Rustenburg, the place they had inhabited before. They were lead by chief Lekgatle I. They then moved to Grootwagendrift (Matau-Pilwe) southeast of Rustenburg where they were eventually forcefully removed by the apartheid laws in South Africa. The Bakwena Ba Modimosana Ba Matau are staying in Koedoesrand north of Swartruggens.

The Bakwena communities depended primarily on agricultural activities, specializing in livestock rearing and crop cultivation. The tribes are still largely involved in farming activities today. Besides, they have also been involved in small scale mining activities in which the melting of iron was the main activity. Rre Konopi explained that the iron melted was collected from Musina and a number of domestic instruments such as axes, knives, spades and rakes were made from this mineral. Konopi further explained that the Bakwena community used the material called "mouba" (it is not clearly known what this material was made of) in melting the iron mined or collected.

In respect of the Batlokwa community currently found in Madikwe, Rre Bogatswi Setshedi, a headman in the village of Montsana explained that they initially stayed in the place called Tshwene-Tshwene in Botswana and were still together with the other Batswana ethnic groups such as Bakgatla, Bangwato Balete and Barokologadi.

As time went on Kgosi Gaborone of the Batlokwa tribe who was also the elder brother to the later chiefs Matlapeneg and Sedumedi led his people into South Africa and finally arrived at Molatedi/Naauwpoort, a place where a village was later formed next to Madikwe River on the border of Botswana. Kgosi Matlapeng later took part of the tribe to the cattle posts where a small village Montsana/Cronjensbomen was later formed. This group never went back to Molatedi and stayed for good in the new village, hence the naming of the village in the dumitive form Montsana, sarcastically

meaning “a small village” because people in the great Molatedi village did not want to recognise them as an independent Batlokwa tribe and village. The village is still known as Montsana with their paramount chief in the Molatedi village.

Kgosi Sedumedi later took his people to Letlhakeng, a village where his tribe is still staying today. A section of the Batlokwa community under Kgosi Bogatsu moved away and stayed on the banks of Kolontwane River where a village later emerged.

The Batlokwa and Bakwena communities in Madikwe are closely related and stay in close proximity to each other in the area. These communities share common traditional religions, cultures, customs and values. The majority of community members amongst the Batlokwa and Bakwena people are Christians today, but have not abandoned their traditional practices, particularly traditional healing systems and ritual practices with which they fulfil their health care needs.

The socio-economic activities for the tribes centre around small-scale to medium-scale farming, predominantly the rearing of domestic animals such as cattle, sheep, goats, and poultry - mainly chicken -, hunting, woodwork general art and the melting of iron. According to Setshedi the Batlokwa and Bakwena believe that successful practice of traditional healing will ensure progress and development in respect of all activities of life that they are engaged in because the ancestors will always be on their side. This is so because traditional medicines and rituals are often used to protect and strengthen the livestock as well as to increase or ensure the productivity of their ploughing lands. In all these communities, traditional healing lies at the centre of activities across the spectrum of daily life.

1. 2 Statement of the Problem

The study is based on the following arguments: Firstly, most of the research activities already done with regard to African traditional ritual healing systems and practices in South Africa were often carried out by foreign researchers using Eurocentric approaches and perspectives. They knew very little about issues pertaining to African traditional healing practices as they exist in local communities. They tended to neglect the views of local communities, especially community

knowledge holders, in executing their investigations and analysing their findings. This led to cultural distortions and misrepresentation of facts about African traditional healing systems and ritual practices in the country.

Secondly, past studies on the research problem have failed to interpret correctly the spiritual role that ancestors play in the healing systems of the African local communities. This study holds the opinion that the role of the ancestors with regard to their intervention in the healing systems and interpretation of the associated rituals cannot be correctly done and understood by people from outside a specific cultural community. These outsiders are unknown to the ancestors of local communities and they therefore can never relate meaningfully and sensibly to them and cannot be recognised by them. Furthermore, the fact that most studies on African traditional healing systems and rituals have been conducted by outsiders and from an imposed perspective means that they do not give a true reflection about traditional healing systems and ritual practices of the local communities. This is compounded by the fact that in most instances, such studies tend to marginalize the contribution of local knowledge holders including traditional healers, elders and leaders in the interpretation of their findings.

Thirdly, lack of proper explanation with regard to the reasons why most traditional healers are not prepared to disclose information pertaining to their activities, and why most African traditional people tend to deny the fact that they consult traditional healers on regular basis. Foreigners do not understand that within traditional communities matters of healing have always been treated confidentially because healers and patients hold the opinion that these healing activities involve family ancestors and therefore need to be respected at all times.

Fourthly, most researchers on African traditional healing systems have failed to go into the cultural and spiritual details of the same so that areas of controversy could be clarified. For instance, most of them have not examined how traditional healers acquire their knowledge and skills of healing, how the practices relate to the ancestral world, the socio-cultural and spiritual protocols behind disease diagnosis through methods such as bone-throwing and spiritual healing; also how appropriate remedies are identified for curing diseases diagnosed, how traditional medicines are gathered for use, how they are mixed before they could be used to cure certain

diseases and finally how traditional medicines are administered to the patients in respect of matters such as dosages and storage. Moreover, they have tended to neglect the relationship between the healer, the patient, family members, and relatives in the healing process of the patient. They failed to understand the socio-cultural context of African healing systems, especially the holistic nature of diseases and how the healing process should proceed in order to ensure that all aspects are properly attended to before the actual healing could occur.

Fifthly, in most regions of Southern Africa and South Africa in particular, African indigenous healing systems and ritual practices are still highly regarded and adhered to, particularly by those communities living in the rural areas. However, besides the few studies conducted in some parts of the country, not much has been researched about traditional healing systems of the Batswana people in South Africa particularly in respect of communities in the North-West Province. It is on the basis of this consideration and the gaps identified in the past studies that this study wanted to investigate the traditional healing systems and ritual practices amongst the Batswana with special reference to the Batlokwa and Bakwena in the Madikwe area, North West Province in South Africa.

The following research questions guided this research study on traditional healing systems and ritual activities amongst the Batlokwa and Bakwena tribes in the Madikwe area, North West Province of South Africa:

1. What is the importance of examining the socio-economic and demographic characteristics of the respondent Batlokwa and Bakwena community members, including traditional healers and leaders, from the perspective of the study communities in terms of age, gender, marital status, social status, etc.?
2. What is the role of traditional healing practices in sustainable community livelihood amongst the Batlokwa and Bakwena in the Madikwe area?
3. What are the challenges and prospects of traditional healing and ritual practices amongst the Batlokwa and Bakwena in the Madikwe area within the modern healing practices and health care systems?

1.3 Aim and Objectives of the Study

1.3.1 Aim of the Study

This study aims to investigate the traditional healing systems and ritual practices of the Batlokwa and Bakwena in the Madikwe area, North- West Province, South Africa.

1.3.2 Specific Objectives of the study

The study examined the following specific aspects:

1. The importance of the socio-economic and demographic characteristics of the respondent Batlokwa and Bakwena community members, including traditional healers and leaders, from the perspective of the study communities in terms of age, gender, marital status, social status, etc;
2. The role of traditional healing systems and ritual practices in sustainable community livelihood of the Batlokwa and Bakwena in the Madikwe area;
3. The challenges and prospects of traditional healing systems and ritual practices amongst the Batlokwa and Bakwena in the Madikwe area in modern healing practices and health care systems.

1.4 Motivation and Rationale of the Study

The researcher is a member of the Batlokwa Boo-Bogatsu community in Kolontwane/Silverkrans in the Madikwe area. During the period of childhood in the area, the researcher observed that most community members, especially knowledge holders such as traditional healers, traditional leaders, village elders, etc., had great passion for the use of traditional healing practices. As a result of the examples set by elderly community members, the youth in the community, including the researcher, developed interest in traditional healing and ritual practices. Most people in the community used traditional healing practices for their health care needs. However,

traditional communities such as the Batlokwa and Bakwena were often discouraged by colonial and apartheid laws from using these traditional healing systems and rituals indicating that the practices were not safe for people`s health. They were labelled as evil and dangerous to human life. Most adult persons in these communities never willingly supported Western health care systems which were often imposed on them by the colonial and apartheid regimes. They continued to practise their own traditional healing systems and ritual practices. As a result of the tension that existed between the imposed Western health care systems and African traditional healing practices young people did not know which way to follow. Moreover, due to the prohibition and marginalization of African traditional healing practices by the colonial and apartheid systems, very limited research has been conducted on their efficacy in the tribal communities such as amongst the Batlokwa and Bakwena.

1.5 Organisation of the Study

On the basis of the research questions and specific objectives of the study, the final research report is organized as follows: Chapter One is the introduction. It provides the background, statement of the problem, motivation/rationale, and aim/objectives of the study. Chapter Two presents the literature review ; Chapter Three looks at the methodology of the study; Chapter Four discusses the socio-economic and demographic characteristics of the respondent Batlokwa and Bakwena community members from community perspectives; Chapter Five examines the role of traditional healing practices in the sustainable community livelihood of the Batlokwa and Bakwena; Chapter Six discusses the current challenges and prospects of traditional healing practices of the Batlokwa and Bakwena, and Chapter Seven provides the conclusion and recommendations of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 The Importance of Literature Review

This chapter provides the literature review related to African indigenous healing systems including associated ritual practices. The purpose of the literature review for the current study is to determine the extent to which the topic under investigation has already been researched, what has not yet been researched and identify gaps that were left by other studies done on the subject.

For instance, Maimela (2005: 22) indicates that traditional healing systems and ritual practices in South Africa have not yet been extensively researched. The few studies carried out on African traditional communities, did not give community members the platform to be actively involved as important partners in the research process. They were merely treated as objects of the research process, only for providing information to the researchers. The research practice never afforded them proper opportunities to give their perspectives on matters researched in local communities. This study identified this approach as a limitation of the past studies conducted by outsiders among African communities. This research addressed this gap by involving the study communities in the research process and making their views as knowledge holders central to the research process including the interpretation of the research findings. This was also meant to remove distortions of facts in the final report. The interpretation of the findings was done in conjunction with the knowledge holders themselves.

The above position is supported by Stark (2006:210), who states that traditional African communities have adequate knowledge and information about their own affairs regarding Indigenous Knowledge Systems (IKS) in various aspects of their community lives including traditional healing systems and ritual practices. The study acknowledges that these local knowledge systems were not recorded and

documented, especially from the perspectives of the communities themselves. Gaynor (2006:71) elaborates that this local knowledge is usually conserved in the people's local languages which most foreign researchers are not conversant with, and is mostly transmitted by word of mouth from one generation to the next. In most African traditional communities, as will be seen in the presentation and discussion of findings, the disclosure of information was also guided by strict socio-cultural protocols. This was meant to protect and conserve community knowledge from abuse and exploitation. This limitation is also observed in studies done by Shorter (2005:66) and Mashike (2000:40) on the healing systems of the Nguni, Venda and Sotho communities. This study is based on this consideration by investigating the healing and ritual systems of two tribal communities among the Batswana, i.e., the Batlokwa and Bakwena in the Madikwe area of the North-West Province, from the perspectives of the people themselves. The researcher himself originates from these tribal communities.

Lamb (2001:92) states that another concern with regard to studies carried out on traditional healing systems and ritual practices in South Africa are that they were mostly conducted by outsiders who do not understand and share values and traditions of the communities under investigation. Anyidoho (2002:66) adds that such studies tended to approach and interpret the local traditions from their own cultural perspectives. This in turn led to misinterpretation of the issues observed.

The above view is supported by Flemming & Sorensen (2001:45), who state that literature review remains the backbone of every research work because it provides the necessary insights to the researcher about the body of knowledge that already exists on a research topic. This is true, because if enough research has been done properly on a particular topic there will be adequate information available on that topic, from which the researcher can benefit in terms of seeing how far his research topic has been investigated by others and what their findings were. Knowledge and information available to the researcher in terms of what has already been researched will put him in a better position to identify the gaps left by existing studies on this topic, and whether or not it will be fruitful to start with new investigation on a similar or related topic in his field of study. On the basis of this, the researcher will be well informed on what needs to be included in the new study without necessarily repeating what has already been researched. The path for the new investigation will

therefore be clearly defined. Thus the existing information on the topic and field of study will help the researcher to investigate only what has not yet been researched. This will help to add value to the existing knowledge on the topic under investigation.

Boyanov & Bazerman (2003:3299) discuss the issue of participatory research by stating that in a participatory research approach, as is the case with the current study, it is important for the researcher to quote the empirical source(s) on which the arguments are based. This provides authenticity to the information provided in the findings, especially when it involves community knowledge and their knowledge holders. They also advise on the significance of putting the information in the original language of the knowledge holder in order to avoid the distortion of facts.

It is on the basis of the above considerations that Goeser (2003:26) argues that the ultimate aim of literature review in a research work is to attempt to give answers to questions such as the following:

- What is already known about the subject under investigation in the current study?
- Are there any gaps in the established knowledge about the subject?
- Have areas of further study been identified?
- Who are the significant research personalities in this area?
- Is there consensus about the topic?
- Which aspects have generated significant debate on the topic?
- What methods or problems were identified by others studying in the same field and how might they impact upon research particularly in the current study?
- What is the most productive methodology for your research based on the literature you have reviewed?
- What is the current status of research in this area?
- What sources of information or data were identified that might be useful to the researcher?

Doumbia & Doumbia (2004:17) interrogate the relationship between theory and practice. They use Indigenous Knowledge Systems (IKS), especially the field of traditional healing systems and ritual practices as an example of an area in which a

theory could arise from community-based practices and vice versa. Emphasis should be laid on what happens within the community practices in order to explain people's behaviour including traditions compared to the literature existing within the derived information from outside experiences and cultural values. Elliot (2001:73) further explains the role of theory in research and social practice as follows:

It is important for the reader to notice the links between the practice, theory and research. Each is intricately connected to the other to create the knowledge base for the discipline. Theory guides practice and research; practice enables the testing of theory and generates questions for research; while research contributes to theory building and the selection of practice guidelines.

Baldwin & Clark (2000:40) elaborate on the above by stating that research theory forms an important link between three critical aspects of an investigation, i.e. theory, practice and research. Theory relates to the facts as they exist before being tested and put into practice. In other words, theory forms the basis for what has to be tested for practice. The researcher sites an example of a theory in this regard as that of vegetation existing on the environment in which we live. The vegetation can be investigated for the provision of remedies for diseases from which people suffer. On the basis of this, the research can be carried out on the importance of the vegetation in the environment for medicinal purposes. An investigation can then be undertaken for testing the existing theory and the result can either be positive or negative. As such the work of research reveals the knowledge that was unknown before, which can now be used to obtain new results.

The researcher further points out that gaps left out by previous studies could then be identified and filled up appropriately to pave the way for new studies within the discipline in the future. Finally, the theory studied can be tested in a reliable manner. On the basis of the results or findings from the existing literature, future researchers can be informed about what has already been done on the topics they intend to investigate.

According to Choy, McNicle & Clayton (2002:187) theory represents a set of interrelated concepts, providing a systematic view on a particular phenomenon. In

other words, these are existing facts that can be tested for use. It can be decided how the new knowledge can be implemented for sustainable human life. In a properly conducted research new revelations should be brought to the fore and ways must be discovered for how they must be applied in order to enhance human life.

On the basis of the above, Yankah (1995:54) stipulates that the study of Indigenous Knowledge Systems theory (IKS theory) should guide practice and research and practice must enable the testing of the theory. Research questions will then be generated for new research to make a contribution to theory-building and the selection of practice guidelines. What is learned through practice in the community through interaction with knowledge holders, theory and research shall be interwoven to create new knowledge fabric in the discipline investigated.

Higgins & Moore (2000:180) further state that a theoretical framework should help the reader to make logical sense of the relationships between variables and factors deemed relevant to the research problem. It gives definitions of relationships among all variables for the reader to understand better the theorized relations amongst the variables. This means that theory should always form the basis for investigation, i.e. the researchers investigate facts that exist to obtain information about their realities and how these can be tested for use to improve human life. Jacelon (2007:48) describes theoretical framework as guiding the research by determining which aspects will be measured and what statistical relationships will be looked at in the process.

In his discussion of indigenous healing practices, Cousto (2000:25) explains that although there are different approaches to indigenous healing practices arising from different cultural and religious traditions and practices, they all share a strong sense of interconnectedness of body, mind and spirit or soul. This means that though different ways of healing are used, they are all geared toward restoring health or harmony in human body. Traditional healing systems are applied in such a way that for a disease to be cured properly it must not be approached in isolation from other factors such as the patient in relation to the other people with whom he lives, i.e. family members and relatives may have a role to play in influencing his healing. This creates an understanding that the well-being of an individual is closely linked to the relationship with his wider family, community, the general environment in which he

finds himself. The spiritual world of his ancestors must also be seen to have a role to play in terms of making some revelations to the healers in order for him to be able to influence healing.

Landau (1993:66) describes indigenous healing as the oldest form of structured medicine, the type of medicine that has an underlying philosophy and a set of principles according to which it is practised. These health care systems, their associated philosophies and theoretical perspectives, are understood to be the type of medicine from which all later forms of medicine traditions developed, including the Chinese, Graeco-Arabic, and modern Western medicine. Mereni (1997:54) explains that indigenous healing practices were originally an integral part of semi-nomadic and agricultural tribal societies who used the same for the provision of their health care needs. Although archaeological evidence for their existence dates back to only around 6000 B.C., its origins date further back to the last Ice-age.

The researcher notes that this revelation makes a lot of sense when one looks at the fact that African traditional healing practices are mostly based on what is obtained from the environment in which African local communities live. Through their interaction with their environment, many discoveries have been made for the enhancement of the people`s health care. Traditionally, cures for various diseases were obtainable from plant and animal residues, i.e., plants and animal parts obtained from the local environment and used for curing a vast variety of illnesses. Before the advent of scientific discoveries and more technological advancement on human life, healing diseases only depended on what was obtainable from the environment. African communities have taken care of their health systems using local knowledge and resources for centuries before the coming of western health and medical care systems. This contention is supported by Selin (2003:110) who states that African traditional healing systems can therefore be seen as among the oldest forms of health care for mankind.

Millogo & Nubukpo (2004:89) elaborate further that African traditional healers operate in a different manner from that of practitioners of other medical traditions such as western medicine. They are therefore unique in the following ways:

- They are truly holistic and understand the mind-body relationship. Just like a human being is an integrated entity and cannot survive in pieces, health is also an integrated state of well-being of the entire body. Ill-health cannot be treated efficiently by experts who treat specific organs or areas of the body in isolation from others. The natural harmony of the body can only be restored by an integrated and holistic approach to healing.
- Traditional healers use natural methods of treatment, because they understand that healing treatments are always integrated and involve a combination of different approaches such as psychotherapeutics, herbal medicine, nutritional therapy and the physical therapeutics.
- Traditional healers used to be taught by other traditional healers with many years of experience, by means of an “apprenticeship” that would take a minimum of seven years, and usually much more. Today however, most traditional healers have a combination of formal higher education and have served an extended period of training with an older and, more experienced traditional healer.
- Traditional healers have strong ethical principles that they extend to all life. They believe it is their duty to foster life in all its forms, and to alleviate suffering.

In his discussion of the role of religions in indigenous medicinal practices, Honwana (2005:61) states that it is often difficult to separate African indigenous medical practices from traditional African religions because the African theory of illness is broad and includes African theology. This theory not only attempts to explain illness and disease, but also the relationship between God and the universe. Many traditional healers are also religious leaders in their various communities and vice versa.

This statement is supported by Clegg (2003:110) when stating the following:

Traditional healers use both scientific and non-scientific or subjective knowledge. Scientific medicines are obtained mainly from the plants and animal materials. Many medicines recommended and used by traditional healers are correct even when judged by modern scientific methods. This empirical knowledge had been developed through trial and error,

experimentation and systematic observation over a long period of time. The major sources of non-scientific or subjective knowledge are the various spirits believed to play part in health. The social and psychological methods of treatment developed from this unscientific base often bring good results for healing purposes.

The holistic approach of traditional healing holds amongst others that God is the sole provider of all solutions to the problems that humans encounter. Traditional practitioners and other community knowledge holders are aware that their talents have been determined and provided to them by God. As a result healers usually pray that God will help them to be successful with their major task to cure diseases. From a traditional point of view, it is believed that remedies for all known diseases can be obtainable from the environment where people live. They only need to be searched for and discovered. The belief is based on the idea that God cannot subject his people to eternal suffering without providing the necessary help for recovery. Most traditional communities, particularly in the African continent, therefore believe that there is a cure for all known diseases. However, this does not mean that diseases, for which no cure has yet been discovered, such as HIV/AIDS and cancer, can be readily cured before relevant remedies are found. The following section discusses the literature on traditional healing and ritual practices in Africa. This provided the theoretical basis for the research study.

2.2 Traditional Healing and Ritual Practices in Africa

Leonard (2001:45) looks at the holistic nature of the African healing systems by indicating that due to their holistic nature, they examine the physical, spiritual, emotional and psychological aspects of the patient. It is also because of this approach that they are trusted among local communities. According to Green (2008:88) most African indigenous communities have trust in the effectiveness and the healing powers of traditional medicines. This is based on observations made from patients treated and fully cured through the use of these medicines. The major reason behind this is that traditional healing systems and ritual practices are capable of curing the physical, spiritual and psychological or mental ailments affecting the body, mind and soul of the patient.

Wilce (2006:893) adds that the holistic nature of traditional healing remains one of the most important aspects making traditional healing and ritual practices unique as compared to western healing traditions. The researcher states that a number of ritual practices are used in the African traditional healing processes, which could be difficult to be understood by people from other cultural backgrounds. For instance, Chidahakwa (2001:25) elaborates that most traditional communities in South Africa make use of rituals of singing and dancing as traditional ways of healing. Kim (2008:77) indicates that Khoi-San communities of South Africa and Botswana, for instance, use rock art, music and dance as healing symbolism and practice. Singing and drumming as forms of healing are used by other communities in South Africa such as Zulus, Tsongas and Ndebeles. However, amongst the Batswana healers such as those amongst the Batlokwa and Bakwena communities in the Madikwe area, singing, dancing and drumming do not feature as ways of influencing healing. Maimela (1991:14) shows that these communities mainly use bone-throwing, spirituality psychological ritualism in diagnosing and curing diseases.

In his discussion of the types of diseases healed by traditional African healers, Mereni, (1997:56) states that traditional health practitioners are consulted for ailments ranging from malaria, psychological problems and stomach aches to bad luck and love potions in support of positive marriage relationships within families. In executing the act of healing, traditional healers often combine knowledge of local plants and traditional community beliefs with the experience in medicine making and administration to provide remedies to their clients.

McClenon (2002a: 43) argues that one of the common ways of health care provision amongst traditional communities in South Africa is through the use of traditional healing systems and rituals practices. Somé (2000:40) explains that traditional healing refers to different ways which traditional communities have developed over the years to control, prevent or cure diseases from which humans suffer from time to time. Bashir & Bennet (2000:101) state that people with special talents who learned the art of healing in a traditional way are called traditional healers. Traditional health care practitioners are real and genuine indigenous doctors who acquired proper skills and accumulated specialized knowledge in diagnosing and combating illnesses of different types. They have also successfully learned to identify appropriate and effective cures often administered according to correct dosages for patients of

different ages. Healing rituals used for preventing or curing illnesses of different kinds are also often used as ways of influencing healing.

According to Black (2005:98) ritual performance usually takes the form of counselling through which common diseases are healed. Such practices are often carried out by traditional healers and other knowledge holders by interacting with the ancestors to intervene and provide the necessary conditions for assistance to carry out their tasks with utmost excellence. Durkheim (2001:56) argues that for traditional African communities ritual performance has always played an important role in respect of individual and family health matters. Rituals are also commonly used for purposes of harnessing cooperation within the community as a whole. They also serve to establish peace amongst different members of the family as well as within the community.

In discussing the importance of ritual in the life of humans, Affonso (2000:677) states the following:

Ritual activity has diverse functions and purposes which include enriching life by giving a sense of belonging to one's family and community as well as the spiritual world of the ancestors. It is also essential in transforming the meaningless into the meaningful that heal the souls of people.

The above implies that there are many reasons for performing rituals; however, rituals are mainly carried out to influence health and establish positive relationships amongst people. They serve to create peace to ensure that goodwill prevails in families and communities. One of the characteristics of traditional communities in South Africa is the willingness to influence peace, to enhance and sustain a sense of belonging amongst people in the community. The spirit of togetherness and cooperation in traditional communities is often fostered and harnessed through the use of healing rituals. Such rituals are meant to facilitate health in communities. The building blocks of traditional healing systems and ritual practices are harmony and coherence among different members of the family and community so as to ensure that health is restored at all times. This is an integral part of the holistic healing which also indicates that individual well-being has a social and cultural context that has to be given the necessary attention.

Most informants from the study communities noted that the majority of the people amongst the Batlokwa and Bakwena believe that all matters pertaining to health must be approached holistically and from a traditional point of view at all times. In other words, these people believe that for illness to be properly and fully cured, it should not be treated in isolation from other factors relevant to it. All relevant aspects of life such as other people closely related to the patient and the place where they live must always be given the necessary attention when healing is facilitated. Healing of diseases is therefore understood to be a shared venture amongst people in the community and all other aspects relevant to the disease and the patient. This means amongst others that when an individual person is ill, other members of his family and relatives are equally not well. They are often affected to such an extent that the entire community is often equally not at ease. It is therefore important that for healing to be effective and successful, all these aspects must be taken into consideration and be afforded a chance to contribute to the entire process of healing. A traditional community is like a family whose parents are the ancestors who oversee its affairs. Within traditional healing systems and ritual practices, the ancestors have a responsibility to give direction, guidance, maintain peace and harmony on their descendants. In turn, the living have to fulfil certain duties to their ancestors in order to ensure that they will be taken care of by them as much as possible. Like in all families, lack of stability and cooperation amongst the children in the family amounts to disorder in that family and parents will always be concerned and unhappy about the state of affairs in the family.

In most traditional African communities lack of togetherness and common goal amongst the people in the community is viewed as seriously as an offence that must be punished accordingly. This is often tantamount to ill-health, instability and lack of peace amongst members of the community. It disturbs and weakens progress and the well-being of the people. If not attended to urgently and appropriately, it can cause great harm to the community as a whole by way of endless misfortunes and sufferings such as continuing illnesses, droughts and mass deaths.

Chidahakwa (2001:16) explains that ritual performance concerns a way of life of the people. The understanding is that ritual act is a common feature of all communities of the world. Through the performance of rituals, individuals, families and

communities are able to identify themselves as unique and as having special needs for the enhancement of normality in the progression of their lives.

Friedman & Friedman (2000:88) state that African religious beliefs and cultural health do not only refer to lack of illness amongst people, but also that there is peace and harmony amongst them. This kind of peace is often achieved through ritual performance as a way of strengthening goodwill and harmony within people in various communities. Good relationship between an individual and other members of the family and relatives is often obtained through ritual performance. Healing rituals are usually facilitated and led by experienced traditional healers in the communities. This idea is supported by Grace & Gilbert (2001:33) when stating the following:

The indigenous African village is surrounded by rituals in order to ensure that there is health, peace and harmony in the community. The holistic nature of traditional African healing ritual is also supported by the idea that ritual can address problems of life and does not only serve to combat illnesses.

According to Schirch (2004:58) most traditional communities in South Africa believe that performing good and proper rituals fosters common understanding and peace amongst people in the village, therefore health and goodwill shall also prevail. Amongst the Batlokwa and Bakwena communities in Madikwe, for instance, rituals are often performed on daily basis as a ways of communicating with the ancestors so as to get connected to the world of their spirituality and health. During such occasions, community members request for help and guidance to the tribe in order to attain a complete state of well-being. These rituals are often meant to strengthen members of the tribe to have the same understanding about issues concerning their lives and strive for common goals on matters pertaining to their lives. Community healers are always leading such activities in which people are encouraged to take part for prosperity in their lives. These activities are known as healing rituals within traditional communities such as the Batlokwa and Bakwena in the Madikwe area.

Hammond-Tooke (1898:32) explains that traditional healing practices are part of a wider system of concepts that constitute a culture`s world view, for instance, the relationship between healing and traditional religions in most cultures are based on these types of healing and ritual practices. In South Africa, for instance, what

constitutes religion and health or ill-health are closely related and interwoven. This is the reason why ancestors are called upon and requested to intervene and help with the affairs of healing when family and community rituals are performed. The task of healing/curing diseases is carried out by traditional healers under the guidance and care of their ancestors who give revelations to them about how particular diseases should be cured. Finke & Himberg (2001:430) state that traditional healing systems and ritual practices that provide for health care amongst communities. This is so because they are utilised to remove all evil from peoples` lives. This idea is supported by Darrow & Molloy (1998:79) when stating that:

Traditional healing is based on community tradition and has probably existed for many years in the past. A traditional healer is a person who has contact with ancestors for guidance and help to heal illnesses. Through this contact the healer gets access to all knowledge that ancestors impart because they are part of another world and have contact with other beings to which they can introduce the healer for guidance assistance. A traditional healer also communicates with plants in the environment which can divulge their healing secrets to him. Just like any western student needs to learn how to access knowledge of his civilization through libraries, the student of traditional healing also has to learn how to access information through interaction with the spirits and gods. The spirits only speak to the healer when all other avenues have been explored.

Somé (2000:101) argues that skills of diagnosing and curing diseases are developed by making intensive and careful study of all the things found in the environment where traditional communities live. A traditional healer does not take chances about his healing capabilities because these resulted from many years learning experiences and contact with the ancestors. Remedies used for curing have also been tested for their safety and effectiveness.

2.3 The Importance of Ritual Performances in African Indigenous Healing Systems

Durkheim (2001:77) states that over many years of existence, traditional healing systems proved to be very successful because people survived dangerous diseases and epidemics through using them to provide for their health care needs. Wessels

(2007:89) states that indigenous healing practices are still passionately supported and adhered to by the majority of members in traditional communities today. Boothy & Veatch (2007:70) elaborate this contention when stating the following:

Traditional healing systems and ritual activities are still highly regarded as important ways of healing amongst many African traditional communities. There are indications amongst these communities that performing ritual is not merely a matter of procedure, but representative of new issues pertinent to the performers in such a way that ancestors could really be invoked to co-participate in the activities to facilitate complete healing.

Balee (1996:99) adds that from the point of view of traditional communities in South Africa, ritual performance is a joint venture in which a group of people come together for a common goal and vision. Representativeness is not a feature of ritual performance in the sense that participants in a ritual activity are necessarily represented by an individual often an elderly mature male person in the family or community who is mandated to lead the proceedings of the ritual. Participants are at one within this individual as if they are physically present and in action within an individual in charge.

This idea of a ritual is often something difficult to understand, particularly for foreigners. In other words, every single person who participates as a member within a group is not acted for and therefore represented by another person. Group participation in ritual act is not separable into single individuals and activities, but the group is one and speaks with one voice. They participate as an entity embedded in the person who leads the proceedings. This is one feature of ritual which makes it different in meaning and dimension from a Christian prayer because a prayer can be performed by an individual person who may represent others in the kinds of requests that he makes to the Creator.

Bright (1993:40) explains that ritual practices are not always carried out as routine actions by people. They are not merely matters of procedure to the performers thereof, but do also represent important ways according to which people interact with one another and the spiritual world of the ancestors. Ritual performers thereby acquire healing and prosperity in their lives. By way of performing rituals, people

come closer to a better understanding of who they are. At the same time, participants often ask the ancestors to help them to deal with their problems in a more effective and sensible ways in order for such problems to be addressed and resolved amicably. In a ritual process the living are able to acquire healing either from physical, spiritual and mental illnesses or in the form of enablement to deal with their problems of life effectively.

According to Somé (2000:120), in a traditional healing sense, a ritual activity connects one to one's fellow humans as well as the ancestors. In this way, relationships amongst individuals, families and communities are enhanced so that health can prevail. Bright (1993:112) explains further that the act of ancestral intervention in all African traditional rituals makes them quite unique and effective in facilitating health. The researcher notes that from African traditional point of view, ancestors are understood to be senior members of the community who once lived and died having done justice to all the needs of their lives. Their duty is to help the living to comply accordingly with instructions from God.

This view is elaborated by Kumar & Pekala (2001:47), who explain that a traditional African ritual activity cannot be understood by and have meaning to someone who was not born and did not grow up in a particular community for the mere reason that he does not possess the roots of this community. This is so because the purpose and function of ritual is connected to the origin and roots of the community in question. The culture and traditions of the community are understood by members as ways of life for their people. It can therefore not be thought of as reasonable and logical that a traditional African ritual can be successfully performed by an outsider to influence healing to a member of a specific local African community.

In discussing the actual ritual performance in indigenous communities, Moreno (1985:50) states that most African communities attribute the legend of creation to musical powers. They therefore approach healing through music and dance because for them this is an integral part of African tradition and culture. This idea is elaborated on by Bull (2000:66) when stating that music is capable of transforming the mental state and infusing a supernatural healing in a patient within a cultural context. For many traditional people in Africa, for instance, an illness is understood to be the result of spirit entities that present themselves in a particular individual, and

the cure thereof lies in the drumming, song, and dance of the ngoma ritual. Those who wish to benefit from the supernatural powers of song and dance in the ngoma ritual must also participate in the healing ceremonies for other individual patients.

The practice is similar in most of the sub-Saharan African tribes because this cooperation creates strength within the community and provides the musical and spiritual energy for the patients to enter the trance state that is necessary to calm the illness. This is also known as the social reproduction of health. The researcher's own experience shows that most African tribal communities in South Africa often use music and dance to communicate messages of healing to their ancestors and God. Music is often coupled with poetic utterances used by traditional healers when praising different ways according to which bones fall. This connects healers with their ancestors to be informed about what they need to do to combat certain illnesses.

In their discussion of the people who perform healing rituals Kumar & Pekala (2001:101) state that healing rituals are mainly performed for people who are seriously affected by certain life problems making it difficult for them to survive and prosper in life. These may include illnesses which are sent by the ancestors to punish some individual persons for the transgressions against them. People traumatised by such occurrences as deaths of close family members, effects of wars, and those who may have committed serious atrocities like murders, etc., always need cleansing rituals in order to be transformed into the normal community life. As rituals are mainly founded on societal beliefs and cultures, they are often very successful ways of healing people who experience serious life problems which could otherwise have aggravated their deviant behaviours within their communities or ultimately lead to their destruction.

Hamric, Spross & Hanson (2000:117) look at the role of rituals in healing diseases by stating that the main concern of every society is the health and survival of its people. Spiritual ritual healing is one of the common ways that traditional communities use to cure diseases. Moreno (1988:40) elaborates on this when stating that spiritual healing is based on the belief that life problems are caused by the erroneous, limiting, crippling ways in which people believe that things should be done. It is concerned with the vision of the universe and the place that people

occupy in it - a field that is called “metaphysical” healing. It is the healing of the worldview.

The researcher argues that the question of healing from traditional point of view does not only refer to curing the physical diseases as already stated, but also to a way of ensuring that people accept one another as they are and develop respect for one another in the same way. In other words, the positive outlook of people to the world and things that happen on it can be seen to influence peace and stability amongst members of the community. This means that health and healthy lifestyles are striven for and enhanced.

This view is elaborated further by Van Wyk (2000:45) who states that spiritual healers help people to identify large-scale limiting beliefs that they hold about themselves and life and replace them with a more generous vision. Oltmans & Emery (2001:41) add that in the classical approach to spiritual healing the client’s worldview is transformed by the infusion of an extra-ordinary alternative - an ecstatic mystical vision of oneself with the infinite. In this worldview nothing exists but God, and God is health, happiness, fulfilment, and perfection. Any appearance to the contrary is an error that must be faced and re-perceived as an illusion and be replaced with the direct perception that there is no reality but indefinite love and perfection. This holistic approach is further discussed by Holt (2003:43) who states that the holistic approach to healing which is characteristic of African traditional healing and ritual practices does not interpret and understand health as absence of disease only, but also that there is fulfilment and happiness amongst the people in their lives. When all these are experienced traditional communities have the understanding that God is with them and will always protect them against all tragedies of life.

The researcher propagates the view that looking back into the history of traditional healing throughout the world, healing ritual is known to be the feature to all human cultures. In indigenous traditional cultures, human life has been depicted by a ritual or a set of sacred actions by means of which human beings attempted to overcome diseases. Pre-occupation with ritual activities cuts across all races, religions and cultures. However, ritual as a way of facilitating wellness has been rejected by the modern mind as irrational, superstitious or primitive. Palmer (1989:12) elaborates

further when stating that the church has already stifled and sterilized ritual within African traditional communities and that Western enlightenments – a materialistic, not spiritual enlightenment – has largely stripped African lives of ritual. However, Friedman & Friedman (2000:92) explain that there seems to be a revival in ritual performance activity today that is part of the African culture of re-examining of mythology. In the academic world ritual is now viewed as an art form or a means of social bonding, and not merely as a curious superstition. However, such an intellectual view does not consider the ritual spiritual meaning which is the essence of the matter in respect of ritual for traditional communities. This notion is supported by Pring (2000:63), when stating that the schools of academy, of intellectuals, only find ritual interesting in so far as it is an antique or relic, but does not see a need to incorporate ritual in the daily lives of the people; nor does this viewpoint regard ritual as necessary for either personal or collective well-being of the people in the community.

The researcher raises the concern that there has not been any concrete support in the form of research works conducted along the lines of ritual activities amongst African traditional communities in South Africa because of the fact that ritual has increasingly become underrated in both academic and political spheres in the country for quite a long time. Even though there have been some efforts from the government's side to encourage research on ritual activities of African traditional communities of late, such efforts often failed before reaching their final stages mainly because of lack of planning and financial support. The biggest question confronting many people today is whether ritual is just some exotic or superstitious action or is it an action performed with conscious purpose, intention, and power?

Csordas (1994:26) states in this regard that any action that is repeatedly energized with thought and intention gains power, and thereby becomes a ritual of some sort. All human actions have ritualistic orientation because an action tends toward linking people with certain forces in the world in which they live. This view is interrogated further by Prochaska (1992:1102) when stating that once we recognize the fact that an action represents a ritual, we will approach all our actions with an awareness that makes them sacred. We will then give even a simple and every day action the necessary attention so that we do not let ourselves drift in the stream of unconscious action into greater darkness and sorrow. The researcher has the view that it is

important to understand what ritual is for in people`s lives because this will help researchers to interpret African ritual actions correctly. When a ritual act is correctly understood, its purpose and goal will be achieved accordingly because there is no ritual without purpose and goal.

In his discussion of African healing performance through music and dance, Chidahakwa (2001:16) explains that by observing the social context in which music healing takes place, the intention is to find cultural relativity in: (1) the cause and condition of the sickness, (2) the clinical setting in which the sickness is addressed, (3) the methods used to cure the sickness, and (4) training and experience of the healers.

The researcher elaborates that within many traditional communities in South Africa, including the Batswana, music is one of the tools used in facilitating healing. Through the singing and dancing healers are enabled to establish a relationship with their ancestors and when they fall into the trance state, diagnosis of diseases occur and they are also advised about relevant remedies to cure such illnesses successfully. One of the important aspects of African traditional healing is the manner in which traditional healers are trained. This starts at the time when the prospective healer is identified by the ancestors in order to be groomed and prepared for the profession. The person is first identified on the basis of certain qualities with which the ancestors are satisfied. The prospective healer may not be aware of his/her identification him/herself. In order to come to terms with this, it is believed that many bad things may happen to him/her until such time that he/she is properly advised to start with his/her training as a healer.

In some isolated instances, ancestors may identify a person who is to become a healer through another healer who is already in practice. In this way the prospective healer may survive the sufferings because his advisor healer will act accordingly and provide him with the necessary information concerning what is expected of him in the process. In some rare cases, the prospective healer may consciously and willingly opt to become a healer. However, his/her ultimate success in doing this must be accepted and sanctioned by the ancestral powers over him/her. If the ancestors are satisfied with all the qualities they are looking forward to in his/her person, he/she

may then undergo training under the supervision of an experienced healer who has long served in the profession.

Buss (2000:12) defines a healing ritual as a type of expressive, symbolical activity constructed of multiple behaviours that occur in a fixed, episodic sequence, and tends to be repeated over time. He explains further that ritual behaviour is dramatically scripted and acted out and is performed with formality, seriousness and inner intensity. Another distinguishing feature of rituals is the linkage of the episodic event strings in an exact, fixed sequence. One action element is almost always followed or preceded by a series of events that do not vary. A ritual action that is designed in conformity with a prescribed script is considered to be intrinsically rewarding though some rituals are more casual than others in this respect.

Dwyer (1995:31) notes that traditionally, a ritual process is carried out in the same way often at the same time of the day throughout in history. A ritual act therefore has a fixed and rigid procedure. The proceedings must also be strictly observed at all times as failure to do so may have unpleasant consequences. The reason for this is that there are certain ways and times of the day when ancestors can be communicated with and requested to do certain things to the living. One of the features of ritual performance is consistency, the purpose of which is to show respect and pay tribute to the ancestors. Besides, the proceedings of a ritual are often led by certain individuals in the family or community who qualify and have been properly mandated to do so by virtue of their gender, age, and position or role played in the family or community. Failure to adhere to these requirements strictly can lead to possible disqualification of a ritual that was meant to achieve a certain goal.

According to Gavua and Graffin (2000:55), the person leading the ritual proceedings must have a potential to talk to the ancestors in a manner that is respectable and befitted in a form of communication that the ancestors will understand and approve of. An individual who often leads the proceedings in a ritual performance is usually a mature male adult in the family who fully understands how the ancestors work, what they expect and what they do not expect from the living. All the necessary requests from the ancestors have to be communicated to them in a responsible and respectable manner. Such an individual must understand that during the proceedings, he is an embodiment of all other participants in the ritual process.

The researcher interprets the above as meaning that the person performing the ritual has to look at himself not as representing the group, but that the group is actually part of what he is. His actions and words are not executed on behalf of the group in their individual capacities. This is due to the fact that according to most African traditions, including those in South Africa, a ritual act is an extremely sensitive matter that often does not allow the slightest chance for irregularities or lack of respect on the part of those who participate, as failure to stick to strict procedural rules is often heavily punishable. This also explains why a ritual performance has strong counselling effects on those for whom it is performed and those who have participated in its proceedings.

McClenon (2002a:295) takes the argument on healing rituals further by bringing in the element of healing ritual artefact. He indicates that ritual artefacts may often take the shape of consumer products that accompany or are consumed in a ritual setting – food and drink, jewellery, or ceremonial garments. When used in a ritual context, such artefacts often communicate specific symbolical messages that are integral to the meaning of the total healing experience. For the purpose of this kind of a ritual, there are often two reasons why material goods and or food are used. In the first instance, a ritual is performed to create a link between the ancestors and the living. The performers of a ritual may offer food to the ancestors as a token of respect for them, to eat because they are understood to have human characteristics. Artefacts or goods presented as offerings often serve as presents to the ancestors to thank them for their continued support and assistance to the living.

Tang (2000:55) shows that the ritual materials are often presented to the ancestors in a particular way that needs to be mastered by the individual leading the proceedings so that the ancestors can understand correctly what all these goods are meant for when they are given to them by the living. The leader of the proceedings must request the ancestors to accept the offers in a manner that is appropriate because it is important for those who give offerings to understand whether their offers have been accepted or not so that they can know what to do henceforth. If the ancestors accept or do not accept the offerings, the performers of a ritual know that these have some consequences for them to which end they have to respond appropriately and urgently.

Mereri (1997:71) adds that the offerings to the ancestors can also serve as an indication that the living indeed do not think of them (ancestors) in terms of the equals of God or even in the understanding that they can replace Him, but they are always thought of as those who once were living people and are now transformed into a different state as they have been removed from the world of the living into the one of the dead. Traditional African people therefore do not worship their ancestors because they know and understand that they were once people or humans like themselves, and God is clearly understood to be the Supreme Being outside and above the state of humanity who has been responsible for the creation of heaven and earth as well as everything found on it.

Mattingly (2000:22) argues that ritual performance can also contribute greatly to social cohesion in which case social conflicts or misunderstandings can be regulated or avoided. Drewal (1988:25) explains that ritual is also interpreted as an effective means of regulating social misunderstandings and conflicts. Ritual is a social language that defines the right way of doing things and provides a social coding of experiences. It makes symbolical statements about the social order by dramatizing cultural myths and links the present with the past. Civic rituals invoke themes of community and social inclusion and rely on symbolical vehicles such as national songs, pledges of allegiance, parades, and commemoration ceremonies. Within family units, ritual practices cement relationships and foster joint participation in household activities. Family rituals also serve to instruct younger family members in appropriate behaviour and may do so almost invisibly. Finally, kinship rituals serve to validate the authority roles of senior members.

The researcher notes that one of the reasons why ritual performance is important in most African traditional communities is that it often defines the code of conduct for members of the community. This is also the reason why ritual performance is understood to be a way of life of or for the people. Somé (2000:144) maintains that a cultural community which does not perform rituals is lost because ritual performance helps people to retain their identity as humans and as members of a particular society and culture. Every human society has to have ethical guidelines according to which people of the community behave and lead their lives. However, this does not happen automatically, but has to be fuelled and revived all the time in order to remind people of their responsibilities. For instance, amongst most African traditional

communities in South Africa, there are rituals that are performed by families and communities for the purpose of establishing social cohesion amongst them. Communalism or working toward common goal is an important feature of traditional communities. They do things together, share what they have, participate in the affairs of others in order for them to understand one another better and to share the sufferings or joys of life together. This is a typical African way of life.

The idea of extended families amongst traditional communities in South Africa emanates from this kind of communalism and social cohesion. In this way, it is not easy for people to think of others as enemies, but as our people, our friends. This is also the foundation of their intelligence, because ritual performance always helps traditional communities to think of progress instead of destruction, of love for your neighbour instead of hating him, and of respect for and fear of God and the ancestors. Through ritual performance traditional communities are enabled to retain their history which helps them to know where they come from. This idea is elaborated by Erdtsieck (2001:40) when stating that civic rituals invoke themes of community and social inclusion. This means that the idea of inclusivity is not a need for modern communities only, but ancient communities of the world have kept it as a priority amongst the needs of their lives as well.

Frawley (2006:45) explains that ritual performance is a true representation of the will power of traditional communities as a way of fighting illnesses and maintaining social stability and peace within themselves. This idea is supported by Himberg (2004:90) when stating that a ritual is an essential part of a balanced and meaningful life of a person. It is one of the keys which can open a door into the realm of imagination, the realm that is the world of the collective unconsciousness. A properly constructed ritual is a way of converting thoughts and intentions into symbolical actions which are powerful enough to get through the subconscious mind and effect a change. The ritual marks a change from one mode of being to another, working a transformation within the individual or community, at a deep psychological, physical and spiritual level, resulting in an altered state of consciousness. A specific and personal ritual integrates one with one's immediate environment as well as connecting the event with the cycles of time and the specific energies of the earth where the ritual takes place.

The researcher is of the opinion that a ritual has power to assist an individual person to lead a meaningful life because it forms a strong link between an individual and other people with whom he/she regularly comes into contact or lives with. In this way an individual realises that he/she cannot live alone, but always needs to share his/her ideas and every other thing that he/she has with others. It is through this, that his/her life can be truly meaningful for him/herself, his/her family and community. When a ritual is properly performed, it helps the person for whom it is performed to think positively in favour of advancing himself and helping others with whom he/she comes into contact.

There are those rituals which are performed on a daily basis in order to ensure that people lead a healthy and balanced type of life in which they are enabled to execute their responsibilities with respect and utmost excellence. In this way an individual always sees himself as a member of a bigger group for which he is also responsible. When people perform rituals according to the correct procedures and methods of communication it helps them to lead a healthy and meaningful life, there is always a sense of understanding and positive feeling for oneself and to others. A sense of belonging to others and a general attachment to all aspects of life is always enhanced and properly achieved by means of performing appropriate healing rituals. In this way, one becomes a complete all-rounded person who responds to the calls of nature in a sensible and responsible manner. Religiously such a person is a well-to-do person who always sees himself as part of wholeness in his entire life.

According to Somé (2000:98) a major psychological function performed by healers in tribal communities is that they follow an oral tradition in the maintenance and restoration of personal and communal balance through the magical manipulation of spirits and the containment of group anxiety: This idea is elaborated by Carlile (2003:96) who states that within traditional African communities, illnesses are generally viewed in terms of the loss of one's soul which must be retrieved as an intrusion by an object or spirit which must be exorcised.

The researcher argues that most African traditional communities particularly in South Africa believe that illness is an outside factor that comes into human body through bad and evil influences. In similar understanding, when one is ill the bad influence from outside the body must be quickly removed by seeking appropriate remedies

from the environment. The affected person will first consult a traditional healer in connection with the problem that he experiences and the healer will in turn identify the nature of the problem and prescribe medication for it to be solved accordingly. This means that an illness is often thought of as coming from the environment and the cure must also be sought from the same environment. This is elaborated by Akombo (2002:77) in his discussion of rituals in Southern Africa by stating that a ritual is often thought of to be a performance that is prescribed by a religion or by the traditions of a community by religious or political laws because of the perceived efficacy of those actions.

Mashike (2000:14) indicates that most ritual healing practices amongst African traditional communities in South Africa are based on religions, cultures, traditions, and or political laws of these indigenous communities. In accordance with these, rituals are used to counsel, transform and ultimately heal those people for whom they are performed. Rituals which are based on traditions, beliefs and religions of the people are often successfully used for healing purposes. Along the lines of traditional beliefs and religions, rituals are capable of bringing those intended to be healed closer to their origins and cultural roots that make important part of their lives as people in the community. In these ways those people for whom such rituals are carried out are successfully counselled and transformed into the perfect state of well-being.

In his discussion of the use of rituals, Akilah (2005:45) states that African traditional communities in South Africa use rituals for healing and resolving problems of life. The idea is explained by Cassaniti & Sozomenou, (2000:73), who state that the purposes of rituals are many and varied; they include compliance with religious obligations or ideals, satisfaction of spiritual or emotional needs of the practitioners, strengthening of social bonds, demonstration of respect or submission, stating one`s affiliation, obtaining social acceptance or approval of some event - or at times, just for the pleasure of the ritual itself.

In his discussion on the importance of ritual performance, Gilbert (2001:89); explains that amongst peoples of the world there are many reasons for performing rituals. Some people even think that they never perform rituals when in actual fact they do the same on daily basis. However, all rituals are performed with an intention to

influence health normality amongst people as explained by Chinn (1995:61), who states that when rituals and ceremonies are performed, people actually enter into a state of mind that is different from mundane consciousness. Rituals therefore have an effect of drawing humans into the moment in which they become connected to God and their spiritual world of the ancestors in order for their bodies and souls to be fully healed, i.e. become normal again, and have better working relationships with others, experience peace and harmony within themselves and the environment in which they live.

The researcher is of the opinion that for traditional communities, a ritual is a representation of true healing through counselling and transformation for the person or group of persons for whom it is performed. In other words, healing in the traditional sense does not only refer to curing the illness by using traditional medicines, but also normalising the existing interactions between an individual (a patient) and his world of existence. The traditional way of looking at illness and health is therefore by its nature very inclusive. When talking about healing, traditional communities are actually talking about harmony and normality between the patient and others with whom he is closely related or connected.

Daneels (2005:35) states that one of the most common ritual activities amongst traditional communities in South Africa are family rituals. The researcher elaborates that in the understanding of traditional communities it is important that family bonds always be strengthened and revived because when this happens, the relationships amongst the family members become cordial, healthy and peaceful. This is indeed one of the ways according to which wellness can be enhanced amongst the family members. This is also the reason why cases of divorce were minimal in the past within members of traditional communities because their lives were characterized by peace and harmony.

The above view is supported by Utts (2001:40) when explaining that family rituals are a fantastic way of bringing closeness to a family, no matter how busy the respective members may be. These rituals do not need to be extravagantly planned; in fact, sometimes the simplest act - just coming together at the table - can have great meaning and impact on the well-being of family members. In this simple way of coming together, members of the family, particularly children happen to learn more

about their family life and origin, e.g. parents, grandparents, great-grandparents and great-great-grandparents. Access to this kind of information to the members of the family is indeed a remedy to the occurrences in the lives to members of the family. In this way they learn to come to terms with what happens to them in their later lives, and will also know what they are expected to do when such things happen to them.

When an atmosphere of trust and cooperation prevails within a family, wellness automatically becomes evident and harmony continues to reign because without these, darkness will cover the hearts of the people and sorrow be experienced. The ritual of coming together as members of the family is an indication of communality and togetherness which also signifies that things go well in the family. Family rituals have always ensured that deviant behaviours of particularly children in the family are dealt with and corrected in a manner that often lasts forever. In many different ways, such rituals have also ensured stability and progress within households and communities.

Putman (1991:28) adds that when people grieve in the face of profound loss, they often search for meaning and healing because they find themselves in the state of complete lack of harmony, peace and health. Ritual is a powerful component in our relationship to healing through connection with the spiritual world of the ancestors. Traditional healers often work in close relationship with their ancestors through inviting them to intervene when diagnosing diseases from which their patients suffer or when people are experiencing some problems in their lives. In this way, it becomes easier for the healers to do their work with success and utmost excellence.

According to Maunch & Birch (2003:57) there is a close relationship between ritual healing and the normal healing through the use of different traditional healing systems and medicines. Rituals are predominantly used for purposes of counselling in addressing the problems that people often experience, such as abnormal tendencies displayed and disrespectful behaviours and stressful tendencies within a community, whereas the healing systems are mostly used for healing physical illnesses. Winkelman (2000:66) supports the view by indicating that to begin to understand traditional healing, one needs to understand the world view of traditional people as well as their cultures and traditions. This is so because cultures vary in

their explanatory models, i.e. how one culture makes sense of an illness and how the people within such culture treat themselves.

On the basis of the above, the researcher is of the opinion that one of the reasons why westerners do not understand the rationale behind African traditional healing systems and ritual practices is that they do not share the world view of traditional African cultures. This issue becomes more complicated when the role of ancestors in the African traditional healing practices is considered.

The researcher also observed that in most traditional African communities in South Africa, some rituals are not strictly formal and traditional medicines are not even used. However, one of the most important functions of rituals (formal or non-formal) amongst African traditional communities is the reinforcement and strengthening of shared values and beliefs of a community. Rituals often serve as reminders to people of what belongs to them and what they need in order to safeguard and sustain the same. When one feels that he/she belongs to others, one also indicates that he/she loves and cares for them and identifies with what the group strives and lives for. Ritual therefore enables people to establish a strong sense of group identity.

2.4 African Healing Rituals and Spirituality: The Role of Ancestors

According to Van Binsbergen (1997:12) African spirituality is a very complex concept that includes such aspects as time honoured expressions of historical African religions, viz, prayers at village shrines, and conceptualization of such expressions including views of causality, medicine, as well as the order of the visible and the invisible world. Concepts such as the person, ancestors, gods, spirits, nature, agency, guilt, responsibility, taboo, evil, ordering of time and space in terms of religious meaning, expressions of world religions such as Christianity and Islam form part of the argumentation around healing ritual and spirituality. The view is elaborated by Dwyer (1995:28) who states that in respect of African spirituality the phenomenal growth of African indigenous churches (AICs) can be greatly ascribed to reasons such as the relationship between African spirituality on the one hand and the dynamism of modernity on the other hand. This has resulted in the compromise

stance by African Christians (AICs) and Mainline Churches. The idea is known as syncretism within indigenous African churches.

Hipple (2008:55) reiterates that the imposition of Christian doctrines on African traditional people by the western missionaries from the West has left a legacy that is quite difficult to be corrected or done away with easily in South Africa. This is evident from the alarming growth of African indigenous churches in which traces of traditional healing systems and ritual practices and Christian ways of doing things are combined under the guise of the use of the Bible for purposes of healing. This reveals the way in which traditional African communities have been recruited to become Christians but failed to abandon their traditional healing systems and ritual practices completely, and as a result end up trying to satisfy both practices at the same time. Muzorewa (1985:28) explains that African traditional healing cultures are full of value which enhances good behaviour and wellness within individual persons, families, communities as well as the environment in which they live. These values are clearly reflected in traditional healing systems and ritual practices of such communities.

The contention is supported by Daneels (2005:113), who states that there are values in traditional healing systems; values which are similar to the Ten Commandments in the Christian Bible: (1) Respect for God and ancestors emphasised in all traditional festivities, celebrations, prayers, songs, dance, drumming, even in silent prayers and meditations. (2) Respect for authority in the society (tribes) and in the families. (3) Respect for life (murders and abortions were severely punished). (4) Respect for people's property and goods (stealing was severely condemned and punished in all its forms). (5) Respect for guests, visitors, strangers and virtually all the people for they are humans. (6) Respect for sex and self-control (sexual abstinence was truly practised and adhered to). (7) Cooperation for common goals of the community. (8) Fasting from certain food and in certain circumstances. These are what may be termed traditional values which have survived in traditional villages and families of the Batswana people in many rural areas of Southern Africa.

On the issue of God in African traditional healing practices, Gregory & Varney (1996:51) propagate the view that traditional African societies have always embraced God, the Creator of heaven and earth in all their traditional healing

systems and ritual practices. This is supported by Haruna (1993:227) who shows that traditional African religious practices and medicine have for too long been vilified in the Christian church and should be embraced instead of being said to be satanic and evil.

It is regrettable that Christian churches have done very little to study and better understand the traditional religious values embedded in traditional healing systems. Amongst South African indigenous populations, for instance, the colonialist mentality and the superiority complex of most missionaries equated and interpreted the local populations' belief systems as immoral paganism, and religious practices as evil, without any concrete reason. Only relatively recently have moves been made to engage in talks of enculturation, but sadly very few people actually try to really know and understand the values which are the soul of traditional African people. In many indigenous African churches today, there are observations of African belief systems used simultaneously with Christian ways of doing things.

Traditional healing systems and ritual practices have been in use for many years in the past and through them many traditional communities in South Africa, including the study communities, survived dangerous illnesses and other tragedies in their lives. However, with the advent of colonialism and apartheid in the country indigenous healing systems and ritual practices were shifted to the periphery of all life activities and declared senseless and of no significance to the health care provision of the people in the country. As a result of all these, very little has been done to promote and or encourage research along these lines.

In his discussion of the role of ancestors in African healing and religious practices, Cousto (2000:16) states that there are traditional ritual practices, such as making animal sacrifices and pouring libation, which are directed to God through the ancestors. These ritual activities can be seen as somehow different, but to a very great extent they serve similar functions of connecting people to their spiritual world of the ancestors so that they can achieve perfect healing in their lives. The researcher argues that from the African traditional belief systems death means a transfer of life from a physical to a spiritual condition. So the dead are not dead in the true sense of the word, they are within and around the homestead as parents who are still maintaining their parental role with their descendants. Hence, they are

believed to be involved in family affairs of the living. The communion between the living and their ancestors never ends. It goes on forever. The ancestors always appear to the living in dreams and visions to put across certain messages and instructions that need to be understood and carried out.

Mereni (1997:65) elaborates the above view by indicating that most traditional African people believe that because God's love is so great for them He has also made it possible for them not to die for ever. These beliefs hold that in death God also provides healing by making provision for life after death. Traditional communities also understand that when a person dies and becomes an ancestor through proper qualification for that such "a person will always appear to the living of his family relations in order to provide the necessary advice, guidance, help and protection to them. In this way the living are always advised on what they need to do in order to be enabled to cure the diseases from which they suffer. The living are also often advised about the things that the ancestors wish them to do in order to improve their relationships with them.

Ringel (2001:283) and Gyekye (1996:55) state that in traditional African understanding, ancestors are seen as clothed with supernatural powers from the Creator in order to be able to help the living as according to the instructions of God. Millogo & Nubukpo (2004:250) explain this by stating that the ancestors are capable of protecting members of their family, clan and community wherever these members are. However, ancestors have needs just like their surviving descendants. It is the responsibility of the living to meet the ancestors' needs as failure to do so can result in retribution, which could be in a form of sickness or a misfortune of some sort.

Turner (1997:22) and Van Binsbergen (1997:47) indicate that within traditional healing systems and ritual practices, ancestors play a crucial role of protecting their descendants against dangers that they may encounter during the course of their lives. It is therefore important for the living to play their part in support of the ancestors for what they mean and do to them. On the one hand, the living must always see to it that they carry out the instructions of their ancestors without fail because failure to live up to this expectation can have serious consequences for them. On the other hand, it is also the duty of the living to show a token of appreciation to their ancestors by way of making some offerings to them. When this

is done in good faith to appreciate what ancestors mean to them, the ancestors will in turn bestow blessings upon them. However, when the livings do not live up to the expectations of their ancestors, they can be severely punished in many different ways.

According to Ringel (2001:283) the roles that ancestors play include the following:

- Unifying families and people, caring for each other, empowering, blessing, rewarding and inspiring the living.
- Protecting families and clans from diseases, evil, enemies, even in war situations.
- Mediating between people and the Divinity.
- Enforcing, discipline in case of breaking social values and laws.
- Facilitating holistic healing amongst the living.

Akilah (2005:78) states that ancestors continue to interact with the living through dreams, appearances, visions, sounds, incarnations and animals in different forms, At times messages are received from them through diviners, mediums, medicine persons or priests and other knowledge holders in the communities.

In his discussion of the relationship between ritual and spirituality Agawu (2007:67) states that the spiritual realm of people has also been devalued. It is usually indicated that no action can lead persons to enlightenment, but only knowledge can dispel darkness. Wilson (1999:54) explains this by indicating that direct awareness paths ultimately regard ritual as a lower level of spiritual practice, appropriate to outer or lesser goals of life like health or mental harmony, but not sufficient for self-realization. This is so because ritual is bound by time and relies on material substances, which keep us in the relative realm.

These spiritual systems regard ritual as maintaining harmony in the relative realm, and so reject ritual along with the realm of relativity. Those of us who are trained in logical materialism may be inclined to adopt the logic of mind-orientated spirituality, rejecting ritual without having ever practised any, and not grant ritual even the efficacy which mind-orientated teaching recognizes. Mind-orientated-teachings may not regard ritual as useless or that the followers of this path never perform rituals.

According to the above citation, it becomes clear that ritual performance is not limited to matters of tradition or traditional healing only, but can also be approached from a scientific point of view. In this regard it is argued that those scientists who are trained in logical materialism are inclined to adopt the logic of mind-orientated spirituality at the expense of ritual as a daily activity amongst people in a given environment. This also suggests that followers of these paths never perform rituals in their lives, which is something close to impossible, given the fact that a ritual is a way of life for all humans throughout the world.

It is on the basis of this contention that Tang (2001:220) examines the issue of the psychic environment by stating that ritual provides a meaningful way to deal with our subtle or psychic environment, which consists of various mental and emotional forces that energize human life. Though such forces are invisible, they do have specific effects in our lives. This is elaborated by Zhu & Cote (2000:1025), when stating that, like the physical environment in which we live, so too our psychic or subtle environment needs our attention. Most of what has been regarded as demons or ghosts in traditional cultures are simply negative energy patterns within our subtle environment or astral field. They act like moulds, bacteria, and viruses that attack us on physical level. Just as cleaning our physical environment helps eliminate such toxins, so cleaning our psychic environment does the same thing on its particular level. This is the work of various yogis, shamans, and psychic healers, and was also the original role of the priests and magicians (when....?).

This viewpoint implies that those elements in human life referred to as demons are, in the understanding of traditional communities, the negative energy patterns within the subtle environment or astral field. When these elements can be removed or be done away with, real healing will have occurred. Gyekye (1992:55) states that the yogis and sages have always been aware of the subtle environment in human psychic mind. This is supported by Zschocke (2000:282), who indicates that to be unaware of the forces of the subtle environment can be as dangerous as to be blind to those in the physical world. Yet if we recognize these subtle forces and adjust to them, we will find out that most of our difficulties in life are avoidable and that a new dimension of spiritual growth will open up to us.

The researcher interprets the above view as meaning that people on earth, particularly traditional communities understand that ill-health is a result of certain things that people do not perform properly. This because of lack of understanding of how these must be done. In other words, traditional communities believe that illnesses are caused by what we do wrongly without being aware of the same. To fix such a problem therefore requires of us to look for the wrongs that we might have done so that they can be corrected accordingly and proper healing can then occur.

Winkelman (1992:76) indicates that there are several ways according to which the inner environment can be read, and intuition is the best way of achieving this. Buss (1998:43) adds that true intuition is a form of perception, not merely imagination or emotion, nor is it a product of wishful thinking. To develop intuition requires training in concentration, visualization, mantra and mediation. This idea is supported by Wode (2002:112) who states that psychic perception must be integrated into a full spiritual vision, openness to enlightenment or self-realization as the goal of life. There are various subtle or occult sciences which help to develop and structure our intuition.

Natural healing systems aligned with various yogic and spiritual practices contain an entire science of diagnosing and treating the subtle body in order for it to be completely healed. Subtle body disorders are mirrored in mental and emotional conditions, in dreams, and in nervous systems and sensory derangements. Treatment of subtle body disorders include: subtle sensory modalities like aromas, colours, and gems, mantra and meditation. Certain food and herbs also have their benefits. Such treatments usually occur as part of various rituals.

It is argued that within the human body and the environment in which people live, what is often called psychic perception must be integrated into full spiritual vision of openness, enlightenment and self-realization in order to provide for a goal of life for an individual and groups. De Smet (2000:143) indicates that meditation helps us to observe and understand the workings of the mind, and is central to any psychic insight. It removes limitations of the ego which tends to distort our perception on how mediation should occur.

On the issue of format of rituals Anyidoho (1983:44) explains that the best way of changing our subtle environment is through the use of various rituals, which produce a subtle energy that can clear or alter the psychic realm. It is possible to learn to harness the latent subtle forces that exist within the physical world. The view is supported by Hartman (2001:16) who argues that ritual generally requires an altar or sacred room in which it has to be performed. Like any action, it also requires the appropriate field for it to be performed properly. A ritual is a way of maintaining a garden of helpful astral forces, and like any garden it must be tended on a regular basis. By creating a sacred space, a ritual cleanses and spiritualizes the subtle environment.

The above implies that rituals are usually not performed just anywhere, and at the discretion of individuals and groups. With the understanding that rituals are always performed in the same way, it is also important that they are performed in certain prescribed areas. These are often called places where ancestors are met and communicated with. These are areas where rituals should be performed. Different places for performing rituals may be determined by the kind and nature of a ritual that has to be carried out as well as the purpose for which it is performed.

Leonard (2001:30) emphasizes that the main way of empowering ritual healing is through the use of mantra or repetition of sacred sounds. It is stated that mantra helps people to participate mentally in a ritual as it is necessary to do so in order to give ritual a real power and in so doing strengthening its healing potentials. This idea is elaborated by Irwin (2000:456) when stating that ritual is a way of inner action or knowledge, and not merely a mechanical procedure. There are various mantras that relate to different ritual actions. They may be single seed syllables, words of praise to the deity of offering, or other measures. Through mantra alone, which is the internal ritual or ritual of the mind, we can turn all of our actions into a perfect healing ritual.

It is on the basis of the above view that the researcher argues that when a ritual is performed, it is meant to touch the inner parts of the person or persons for whom it is performed. In this way, the persons concerned are enabled to talk to their inner selves so that they can be transformed into new beings with positive attitudes to life.

2.5 Rituals and Society

Agawu (2007:60) discusses the significance of rituals in society. He indicates that a ritual is important for the collective life, for the benefit of a society as a whole. Collective rituals help to clear the collective mental field of its action, and help to create peace and harmony in the society, preventing war and other social disorders and misunderstandings amongst people. One of the known examples of a way to perform ritual is the collective prayer for peace or plea for rain during times of drought. Such prayers should always be directed toward peace for all beings, for all creation, and should not be prayers on behalf of particular countries, religions, or groups. Rappaport (1999:97) explains further that rituals are particularly of special importance to young people, who need not only social bonding, but bonding with the world of nature and spiritual reality in order to discover who they are, i.e. their identity as persons or humans. Otherwise young people feel alienated and out of harmony with life. Lack of meaningful ritual is really a contributing factor to the high rate of crime, depression, and suicide amongst the youth.

In our daily lives this could be explained by looking at the counselling and transformative elements embedded in rituals; they are particularly important for young people because they still have a long path of life to walk in which they have to learn about what is good for a person in order to lead a normal prosperous life. Before understanding this, young people need to know who they are and where they come from. In other words, they must be able to trace their history back to their roots so as to understand themselves better as people. Shorter (1978:73) looks at the relationship between ritual and meditation in society by stating that ritual binds people to the realm of action only if it is done out of personal desire. If it is done with the same intention that we keep the rest of our lives in order, then it has its importance for all the people, even for those who may be enlightened in different ways or may have different worldviews, cultural beliefs and religions. In the true sense, ritual means right action, and any action done rightly with wisdom and compassion, is a ritual.

Ringel (2000:281) states that meditation itself is the highest form of ritual. People can carry out rituals that help to prepare the mental field or sacred space in which meditation can occur. From outer rituals, like fire offering, we move to inner rituals, like mantra, to finally arrive at the innermost ritual, which is meditation. This is the true way of action for human beings. Ultimately all of our action is ritual, and each action sets in motion certain forces which further either gives enlightenment or causes ignorance. To become conscious of our actions and to connect them with the beneficial forces of the universe is the essence of all rituals. Ritual creates the structure that sustains our personal and collective lives.

The above means that pausing for a while in one's life and thinking about what one has done right and what one has done wrong can help to bring about a positive change in one's life. This also means that one may be healed in this way. One's outlook to life may be transformed to be positive and sensible. This is a ritual of orientating oneself and choosing a path of life that is suitable for your success in future. The following section examines the role of traditional medicine in the healing process.

2.6 Traditional Medicine

Drewal (1988:67) indicates that traditional medicine (also known as indigenous folk medicine) comprises medical knowledge systems that have developed over generations within various societies before the era of modern medicine. Practices known as traditional medicines include herbal medicine, traditional Chinese medicine, Acupuncture, Muti, Traditional African medicine and other medical knowledge and practices used elsewhere. The World Health Organisation (WHO) defines traditional medicine as follows:

The health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral-based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being.

Zschocke (2000:60) shows that traditional healing is a multifaceted approach to the treatment of diseases. This type of healing comprises many elements obtained from

the environment after having been thoroughly studied and tested for the results that they can offer for healing. Traditional healing is a very all-inclusive and holistic process. In this realization healing is a process that is not only confined to curing of illnesses, but also an endeavour to influence peace and stability amongst the people in their various communities. These two aspects are extremely important in the history of traditional healing because they consider that illness may not only be caused by physical ailments, but also some irregularities and instabilities that may occur within communities. It becomes important therefore to consider all these aspects when healing has to be performed. Nyasani (1997:66) states that knowledge about indigenous medicine is generally transmitted orally through a community, family and individuals until the ingredients are collected for use to cure illnesses. Within a given culture, elements of indigenous medicine knowledge may be diffusely known by many, or may be gathered and applied in specific roles of healer such as shamans or midwives. Okere (1996:101) stipulates three factors that legitimize the role of the healers: their own beliefs, the success of their actions and the beliefs of the community that they serve.

This is further explained by Rosen & Beherens (2000:77) who state that when claims of indigenous medicine are rejected by a culture, generally three types of adherents still use it: those born and socialized in it who then becomes permanent believers, temporary believers who turn to it in crisis times and those who only believe in specific aspects of it. Elements of traditional medicines in a specific culture are not necessarily integrated into a coherent system and may therefore be contradictory. For instance, Caribbean indigenous remedies fall into several classes: certain European medicinal herbs introduced by the early Spaniard colonists that are still commonly cultivated, indigenous wild and cultivated plants, and ornamental or other plants of relatively recent introduction for which curative uses have been invented without any historical basis.

The researcher concludes that being born into a culture is a very strong characteristic of human nature and life. One of the reasons why it is difficult to influence traditional communities to abandon their traditional religions and cultural beliefs is that these systems and practices are an integral part of their lives. They will only accept new practices and values as long as they do not alter significantly these cultural values which keep them together as an entity.

CHAPTER THREE

METHODOLOGY

This study followed a participatory and case study approach to investigate the traditional healing practices of the Batlokwa and Bakwena tribes in the Madikwe area. Park (2006:60) defines participatory research as a research activity in which ordinary people address common needs arising in their daily lives and, in the process generate knowledge. Participatory research differs from basic and applied social science research in terms of people's involvement in the research process, integration of action with research and the practice-based nature of the knowledge that is entailed. It sets itself apart even from other forms of action-oriented research because of the central role that the community practitioners play. Participatory action-minded researchers with technical background often get involved in this process, but mainly as facilitators.

According to Babbie (2004:296) participatory research is important in an indigenous knowledge investigation because the knowledge is community and cultural-based. Therefore, the knowledge holders should be central to the whole research process to achieve the objectives of the study. This is based on the argument that in a participatory research paradigm, conventional research is perceived to be an "elitist model" that reduces the "subjects" of research to "objects" of research. In this research study, most of the aspects studied including the socio-economic and demographic characteristics of the key informants were investigated from the perspective of the community rather than the perspective of the researcher. The key informants were provided with the opportunity to express their views on the issues under investigation and their opinions were taken into account during the interpretation of the findings.

Yin (2003:77) and Stake (1995:35) explain that a case study research excels at bringing us to an understanding of a complex issue or object and can extend experience or add strength to what is already known through previous research. Case studies emphasize detailed contextual analysis of a limited number of events or conditions and their relationships. Researchers have used the case study

research method for many years across a variety of disciplines. Social scientists, in particular, have made wide use of this qualitative research method to examine contemporary real-life situations and provide the basis for the application of ideas and extension of methods.

In this study of the Batlokwa and Bakwena tribes in the Madikwe area, community knowledge holders such as traditional healers and other key informants including tribal chiefs, headmen, and community elders, amongst others, were actively involved in the research process, i.e. from the planning, selection of study cases (key informants and study sites), data collection and data analysis and validation of the research findings. Qualitative research methods such as in-depth interviews, focus group discussions, direct observation of healing practices and process, etc, formed the core of data collection methods and techniques. Cooke and Kothari (2001:17) explain that qualitative research seeks out the 'why', not the 'how' of its topic through the analysis of unstructured information – things like interview transcripts, open ended survey responses, emails, notes, feedback forms, photos and videos. It doesn't just rely on statistics or numbers, which are the domain of quantitative researchers. Qualitative research is used to gain insight into people's attitudes, behaviours, value systems, concerns, motivations, aspirations, culture and/or lifestyles.

3.1 Study Sites and Units of Analysis

The Batlokwa and Bakwena in the Madikwe area (North West Province, South Africa) formed the units of study. They are two Batswana ethnic groups located in the Madikwe area in the Bojanala West Municipality District (the present Moses Kotane Municipality) of North West Province (South Africa). The two tribes are located in seven villages, viz. Kolontwane, Matlhako, Matau, Manamela, Montsana, Molatedi and Letlhakeng. These tribal groups were chosen for the research study because they are known in the province for practising traditional healing ritual practices as part of their health and medical care systems. They were also selected due to their proximity to one another in the Madikwe district. Moreover, the researcher originates from the area. The researcher also knows much about the local culture and language of the people (Setswana). This made it easy to have access to the sources of information.

3.2 Study Sample and Selection Procedures

In consultation with community leaders and community knowledge holders in the two tribal communities, a purposive sample of 40 key-informants (22 men and 18 women) participated in the study. These included the elderly, traditional healers and leaders, the youth and other knowledge holders who were using traditional healing practices as part of their health care and medical care systems. Both gender sections of the study communities (male and female) were involved in order to have a comprehensive understanding of the research problem. Jackson (2002:27) defines a purposive sample as a sample selected in a deliberative and non-random fashion to achieve a certain goal.

3.3 Methods of Data Collection

Qualitative research methods such as key-informant interviews, focus group discussions, and participant observations formed the core of data collection methods; while a questionnaire was administered to the research sample in an effort to collect supportive quantitative data. Yin (2003:116) defines a questionnaire as a research instrument consisting of a series of questions and other prompts for the purpose of gathering information from respondents. He elaborates that although they are often designed for statistical analysis of the responses, this is not always the case. Questionnaires have advantages over some other types of surveys in that they are cheap, do not require as much effort from the questioner as verbal or telephone surveys, and often have standardized answers that make it simple to compile data.

Key-informants were interviewed at all levels of the research project as a means to gain in-depth qualitative information on the research problem. This approach is a traditional method of social scientists, including anthropologists, for extracting cultural knowledge through well-placed individuals in the society. It is part of the ethnographic approach, often used in situations where access to official records of data is weak or non-existent. Where official records do exist, it is used as a means to get further insight by questioning key people about their modes of life or specific social problems. The study collected narratives in the local language (Setswana) from key-informants in order to present their views in the original form. The English

translation was later done to explain the original context to readers who are not familiar with the Setswana language of the study communities.

Focus group discussions were conducted with randomly selected groups of 6-10 community members. Park (2006:42) explains that in a focus group discussion, people from similar backgrounds or experiences are brought together to discuss a specific topic of interest to the investigator(s). The purpose is to explore the range of opinions/views on a topic of interest; to collect a wide variety of local terms and expressions used to describe a specific social and cultural phenomenon; and to explore meanings of study findings that cannot be explained statistically.

Focus group discussions are different from other types of group interviews in that they focus on a particular topic and they rely on group dynamics in order to generate data. The interaction is mainly between group members themselves and not between the members of the group and the interviewer. Group interaction is used in this type of research to generate data, and as a source of data analysis. The assumption is that there is an interaction that is productive in widening the range of responses, in activating forgotten details of cultural experience/knowledge and in releasing inhibitions that are part and parcel of interviews with individuals.

3.4 Data Analysis

Qualitative data in the form of audio taped interviews were transcribed and translated from Setswana into English. Interview and participant observation notes were typed and a content analysis was conducted. Berelson (2002:35) explains that in content analysis researchers classify key ideas in a written communication, such as a report or an article. Evaluators can do content analysis of video, film, and other forms of recorded information, but in this paper, we focus on analyzing words. It is a systematic, research method for analyzing textual information in a standardized way that allows evaluators to make inferences about that information.

The central idea in content analysis is that the many words of the text are classified into much fewer content categories. The classification process, called "coding," consists of marking text passages with short alphanumeric codes. This creates "categorical variables" that represent the original, verbal information and then can be analyzed by standard statistical methods. The text passages can come from

structured interviews, focus group discussions, case studies, open-ended questions on survey instruments, work papers, agency documents, and previous evaluations of the large quantity of written material that researchers typically collect during a project, especially when it comes from diverse and unstructured sources.

Whenever possible the site research assistant was also the person who transcribed and translated audio tapes for the site to ensure data accuracy. Quantitative data from the questionnaires were checked and coded. Vestra (2003:62) defines quantitative data as information based on numbers or statistics that describes programs, activities and populations. The data come from closed-ended questions, random samples, counting, etc. In this research study quantitative data from the questionnaires were checked, coded and were analyzed using SPSS/PC+.

Validation checks were conducted through all phases of the research to ensure the highest level of data accuracy. Information which was unclear or missing was clarified or collected by returning to informants and reviewing issues and concepts.

3.5 Ethical Considerations

The researcher assured the respondents that their information would be kept confidential. The integrity and anonymity of the informants was respected. The researcher also avoided plagiarism by acknowledging all primary and secondary sources used in this study. Participation in the study was strictly voluntary.

3.6 Limitations of the Study

The methodology used in this study might have left out some informants with rich knowledge on the research problem. For instance, the purposive sampling model concentrated on community members from the age of twenty-five to eighty. It might therefore have also left out some younger members, informants with valuable information on the research problem. The data collection process was compounded with some challenges. Difficulties were also experienced in meeting the respondents. Some of them were only available during weekends. There was also the problem of interpreting the questionnaire to those respondents who were illiterate. Others were sceptical about the motive behind the research, hence were not receptive in giving

out information, while others asked for material or financial rewards before providing any information, especially on the healing ritual practices.

CHAPTER FOUR

THE SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

During the research planning process with community members in the study area, a concern was raised that past studies in these traditional communities tended to look at the socio-economic and demographic characteristics of the local people such as age, gender, marital status, social status, etc., from a western perspective. They neglected the fact that these variables have cultural significance in the lives of the people, especially in issues related to people's health, such as the traditional healing systems and ritual practices.

It is on the basis of this consideration that the study sought to investigate these characteristics from the community members' perspective. The study used narratives obtained from in-depth interviews and focus group discussions with the respondent community knowledge holders to show the importance of these demographic variables to the traditional healing practices of the study communities. The research provided the respondents with a platform to express their own views on the various issues related to the research problem. It is also on the basis of this consideration that the narratives below give priority to the Setswana language in order to maintain the originality of the data collected.

4.1 The Importance of Age in Batlokwa and Bakwena Healing Practices

The study discovered that the issue of age is important in the traditional healing practices of the Batlokwa and Bakwena: This was illustrated by Mothane wa Gala (A community knowledge holder):

Letsholo ngwanaka, fa nka go bolelela nna ke kile ka kopana le mathaa a mantsi. Ga ke dumele gore ke ne ke tshwanetse go nna ngaka. Fa mosadimogolo a ne a le mo mmeleng, batho ba ne ba nteka thata ka go dirisa ditlhare. Fa go tla tsholwa basimane ba bame ba babedi eleng Semanto le Semantobela, batho ba ne ba batla go ba tsenya mototwane. Ka ntlha ya seo ke ne ka simolola

go ithuta kalafi ya ona. Mototwane o alafiwa ka motang wa setlhatshana se se makgakga, ngwanaka. Fa o ya go se epa o tshwanetse wa bo o le tlhololo. O tshwanetse wa bo o se kile wa amana le motho wa mosadi ka gope. Go sa nneng jalo moriana ono o tla go timelela. Ga ke dirise ditaola ke motshojwa. Ka ntlha ya mathata ke ithutile go alafa mototwane. Ga ke a o rutiwa ke ope badimo ba mphatlholotse ona.

Letsholo my son, I once experienced serious problems. I do not believe that I was meant to become a traditional healer. When my wife was pregnant, people tried me from all angles using traditional medicines. When my two sons were to be born, i.e., Semanto and Semantobela, people wanted to put epilepsy into them so that they would suffer throughout their lives. As a result of this, I started to learn about the cure for this disease. Epilepsy is cured by the root of a very funny herb. When you go to dig for this root, you must not have met a woman because the herb will then disappear. I am not using bones or throwing bones to diagnose illnesses. As a result of the problems that I encountered in my life, I learned about a remedy for epilepsy. No one taught me, but the ancestors opened my eyes for the remedy.

Mothane wa Gala further explains:

Botlhokwa jwa gore motho a bo a setse a gamogile mo tlhologanyong ebile a na le maitemogelo a botshelo ka bophara pele a ka dira jaaka ngaka, ke gore motho wa go nna jaana o tsewa a setse a na le kitso e e tlletseng ya gore badimo mmogo le Ramasedi a Poloko ba batla eng mme ga ba batle eng se ka ruangwa le bongaka jono jwa setso sa Batswana mo go rotloetseng kalafi e e atlegileng.

The importance of the fact that a person must be mature and an experienced adult when starting to become a healer is that such a person is thought to be in a position to understand what the ancestors and God expect and do not expect from a traditional healer. What is that that they want to be associated with traditional healing of the Batswana people in influencing healing?

As is the case with most individual members of the community age is an important element in community life. A person must demonstrate the maturity recognized

by his/her respective community and ancestors to be socially accepted as a traditional healer. Moreover, since marriage is an important rite of passage in the cultural and social life of the Batlokwa and Bakwena such a person should also be married. This was a form of accreditation of the traditional healer before he/she can embark on his/her practice in the community. This implies that among the Batlokwa and Bakwena age was more than a numerical number. It has socio-cultural significance with demonstration of social responsibility to the society and one's ancestors.

Ngaka Morokolo Tshipe (Ntombizana) of Kolontwane village provided his own experience on the issue of age in respect to traditional healing:

Fa ke ne ke santse ke le matlhogole (mošwa) mo dingwageng tsa bo-masomeamararo fa ke ne ke simolola bongaka, ke ne ke tlhola ke faraferwe ke mathata a mantsintsi a a ne a tlholwa ke dingaka tse dingwe tse di ne di nteka ka ditlhare le dipheko tse di thata gore a totatota ke monna yo o ka ikemelelang kgatlhanong le marumo a dira a meleko le dintelo. Ka lesego ba fitlhetse ke lemalala-a-laotswe mme ka ba ruta magokonyana ka ba ka ba latlhisa mokgwa o maswe.

When I was young and still in the thirties, when I started to practice as a healer I experienced many problems caused by other traditional healers who tried me by using their traditional medicines. They wanted to test if I was a real tough traditional healer who could stand on my own and defend myself. They also wanted to check if I could use my own traditional medicines to protect myself effectively. Luckily they found me ready and I taught them a good lesson.

The researcher is of the opinion that, although a person's chronological age may play an important part in determining one's maturity, in most African traditional communities including in the study communities, becoming a traditional healer is not just a matter of being mature in terms of a chronological age, the person must be identified and chosen by his/her ancestors for this profession. In the African traditional sense, being a traditional healer is a matter that is determined by one's ancestors. It is not a profession as understood in the western sense that any person can decide to join whenever he wishes. The involvement of the ancestors in the

healing processes makes it more than a mere trade one can learn from another person or ordinary school.

This view was supported by some of the knowledge holders in the study communities. They indicated that one did not just decide to become a traditional healer. This was a matter decided upon by one`s ancestors. They are the ones who will guide him/her in conducting his/her duties in the community. They usually choose a person of high standing in the family and community, i.e. a person with outstanding and exemplary behaviour; one with excellent qualities to respect and link well with the wishes of the ancestors; a person who could sacrifice his/her life to protect the interest of the ancestors, the family and the community at large; a devoted person who could execute different ways of traditional healing and perform the right rituals as directed by the ancestors.

Interviews with the community knowledge holders in the study communities showed that, once the ancestors have chosen an individual to become a traditional healer, it is often not possible for such a person to refuse. The nature of the ancestors is such that they cannot tolerate their instructions not to be obeyed by the living without a convincing reason known to them. Failure to do so is often punishable by death or an incurable disease. Sometimes the chosen person may not even be aware of this. Depending on the culture, including the traditions of a specific community, the calling could reveal itself in various ways such as ability to perform certain miracles or suffer from an illness which could not be cured by western medical systems, etc., until the ancestors have been consulted through a specialized traditional healer for clarifications. Such illnesses are often intended to serve as an indication to the family or community that his/her ancestors have earmarked the person to be a traditional healer.

The study was however, interested in establishing the percentage chronological age distribution of the respondent traditional healers (both male and female). The results are reflected in Table 4.1

Table 4.1. Percentage Age Distribution of the Respondent Traditional Healers in the Study Communities.

Total number of respondents (Male = 30, Female = 15)

Age group	Male	Female
25-49	20	16
50-70	65	67
70 and above	15	17
TOTAL	100	100

Table 4.1 indicates that the majority of respondent male (80%) and respondent female (84%) traditional healers were in the age group of 50 years and above. They were mature people in terms of age, and through interviews they revealed that they had a lot of experience in matters of African traditional healing. On the importance of chronological age, they stated that a traditional healer was a person who deals with people of different age, gender and social status groups, therefore, he/she must be a person who could command the respect and trust of different sections of society in terms of age and maturity.

Focus group discussions with community members also revealed that the respondent traditional healers were highly respected in their respective communities. Community members consulted them on various aspects of illnesses affecting their family members, especially when they could not afford western medical charges, or with certain illnesses which they believed that western medical practical practices could not handle, such as mental illnesses, failure to have children or impotence.

4.2 The Importance of Gender in the Batlokwa and Bakwena Healing Practices

Bu:ler (2001:28) defines gender as the socio-cultural relations and differences between men and women in the society. For the Batlokwa and Bakwena communities in the Madikwe area, gender in terms of roles of men and women in the

traditional healing practices was explained by Ngaka Mmampolokeng Pooe of Matau village in Madikwe:

Go tswa kwa Ga-Lowe, basadi ga ba ise ba ke ba tsamaye ba amege mo mererong ya bongaka jwa setso ka ntlha ya fa banna mmogo le badimo ka namana, ba ne ba ba tsaya jaaka ba ba botlana mo morafeng mme ka jalo ba sa letlelelwe go ka kgatha tema mo morerong ono o o masisi thata.

From a long time ago, women were never involved in the affairs of traditional healing because men as well as the ancestors regarded them as the minors in the tribe and they were therefore not allowed to take part in this serious matter of healing

This was elaborated further by Ngaka Matheadira Modutwane (Mokgankgara) of the Matlhako village who was also a community knowledge holder:

Go tloga bogologolo tala, dingaka tsa setso di ne di tshwanetse ke gore e nne batho ba banna fela mme e seng basadi kana bona bo-mmê ka ntlha ya fa basadi mo botshelong jwa bona go na le dinako tse ba sa itshekang mo go tsona fa ya bo e le nako ya go tlhatswa mme e sa ba letle go kgoma kana gona go dirisa ditlhare tsa setso tsa kalafi. Go ne go kaega gore ba ka tloga ba di fifatsa ka ntlha ya fa ba tla di kgotlhela fa ba ne ba ka di kgoma kana gona go di ama fela ka mokgwa mongwe fa ba santse ba le mo maamong a a ntseng jalo.

From a long time ago, traditional healers were supposed to be male and not women because there are times in women's lives when they are not pure during their menstruations. These times do not allow them to touch or use traditional medicines for healing. It was alleged that they would make the traditional medicines to be ineffective and also make them impure when touching them when they are still in these conditions.

The researcher is of the opinion that the above views on the position of women in traditional African societies constitute one of the limitations levelled against most African traditions. Patriarchy or male dominance did not recognise women as equal members of society. This was in spite of the fact that in most African societies, women were and are still the backbone of families or households in terms of food

security, care during childhood, illnesses and disasters including wars. For instance, in-depth interviews with the individual traditional healers in the study communities, revealed that some of the women traditional healers were more experienced, had a wider knowledge on certain illnesses affecting women and children including associated remedies and were consulted more when compared to their male counterparts.

The researcher's view was supported by Ngaka Sebuti Ntlhobogeng wa Tlhobogang in Kolontwane village who elaborated:

Basadi ka gale ba ne ba alafa malwetse a masea le bana ba ba iseng ba fatlhoge go le jalo ka ntlha ya fa e le bona ka gale ba ba tlhokomelang moratshwana o. Ba ne ba alafa malwetse a bana eseng ka ntlha ya fa ba ne ba ithutetse bongaka kana gona go bo abelwa. Ka gale ba ne ba dira jaana ka ntlha ya fa ba ithutile ditantanyane eleng tsona kalafi ya malwetse a bana ka kakaretso.

Women usually cured diseases of babies and very young children. It was the case because women were the ones who cared for the babies. They cured children diseases not because they were trained as healers, but because they learned about remedies for children's diseases in general.

4.3 The Importance of Marital Status in Batlokwa and Bakwena Healing Practices

During the in-depth interviews and discussions with respondent knowledge holders on the role of marital status in the Batlokwa healing practices, Ngaka Tanko Mogapi (Mapadimola), who was an elderly traditional healer from the Batlokwa Boo-Bogatsu tribe in the village of Kolontwane, had the following to say:

Go bothokwa thata gore fa monna a simolola go nna ngaka a bo a setse a nyetse ka gore balwetse ba gagwe ba tla akaretsa batho ba banyalani. Tota ngaka ya setso fa e re ke ngaka mme e sa nyala ga e tsewe jaaka ngaka mme e a bo e le moaketsabatho yo abile a se nang maikarabelo a botshelo ka ntlha ya fa a sa dire se badimo ba ratang gore a se ba direle gore a tle a nne ngaka ya motia e e nang le seriti fa pele ga batho ba e ba thusang ka kalafi. Fa ngaka e

sa nyala, ga e tsewe jaaka fa e le monna mme maemo le selekano sa gagwe ke sa mosimane yo a senang maikarabelo ape mo botshelong.

It is important when a man starts to practise as a healer he must be already married because his patients will include married couples. A traditional healer is not regarded as a true healer when he is not married. He is only thought of as cheating the people who are irresponsible in his life because of not doing what the ancestors expect him to do in order to become a powerful traditional healer with dignity in front of the people that he is serving in his healing profession. When a traditional healer is not married, he is not regarded as a man, but only a boy who does not have any responsibilities in his life.

The study was interested in establishing the marital status of the respondent traditional healers. It is on the basis of this consideration that the results are reflected in Table 4.2.

Table 4.2. Percentage Distribution of Marital Status of Respondent Traditional Healers

Total number of respondents (Male = 30, Female = 15)

Marital Status	Male	Female
Married	82	61
Single	18	33
Divorced	00	06
Separated	00	00
Other	00	00
Total	100	100

Table 4.2 shows that the majority of the respondent male (82%) and respondent female (61%) traditional healers were married. Interviews and focus group discussions with the respondents and other community members indicated that like in other African traditional communities within and outside South Africa, marriage among the Batlokwa and Bakwena bestowed upon an individual, both male and

female, an important status in society. It is an important rite of passage in one's life. It opens doors to hold important positions in society including commanding respect as a traditional healer. As already indicated, the traditional healer was explained to deal with people of different marital status including married people. This was further explained by Ngaka Radikgadika Tlhantshele Motalane of Montsana village in Madikwe:

Fa motho a nyala go ya ka meetlo le setso sa ya Setswana sa Batlokwa le Bakwena mo tikologong ya Madikwe, o a laiwa ke bagolwane ba ba nang le kitso le maitemogelo a tsa lenyalo ka ntlha ya fa bona ba setse ba na le sebaka se seleele ba ntse ba le mo nyalong e e boitshepo e e bonang ditshegofatso go tswa mo badimong mmogo le Ramasedi. Go laiwa go, go kobiseditswe go mo naya kitso le maitemogelo mo mererong ya tsa lenyalo mabapi le se dingaka tsa setso di tlhokang go se itse gore di tle di kgone go dira tiro ya tsona ka tshwanelo kwa ntle ga go tsamaya di kgopakgopetsana le badimo ba tsona mmogo le ena Ramasedi ka namana. Ka nako ya fa motho a laiwa fa a nyala, o newa tshedimosetso e a e tlhokang mabapi le diphiri tsa botshelo tse di amang maranyane mmogo le dikelekele tse dingwe tsa botshelo segolo mabapi le gore motho fa e le ngaka o tshwanetse go tlhaloganya gore ke ngaka ya batho mme go bothokwa mo go ena go dirisana le bona ka mokgwa o o tletseng setho le tlotlo e e elesegangmo go bona. Seno ka gale se mo thusa gore fa a alafa banyalani, a dirisane le bona ka mokgwa o o ntseng jang.

When a person marries according to the customs and cultures of Batlokwa and Bakwena in Madikwe, such a person is counselled by elders who have knowledge and experience about marriage because they have been in the marriage lives themselves for quite a long time. This is supported by God and the ancestors. When a person is counselled during his marriage, he is taught about the secrets of life that concern marriage and other things which are important in marriage life. The counselling is directed toward giving such a person knowledge and experience about issues concerning marriage. He will be able to deal with married people in a considerate way.

The researcher's opinion is that, in order to gain an understanding of the role of marital status in African traditional practices including healing rituals, one should look

at it within the context of African cultural background. This includes the relationship between the individual and his/her community, especially the role of different rites of passage through which the person goes within societal life. Therefore, the socio-cultural context of marriage with regard to practising traditional healing needs to be understood in this context. There are certain social practices including traditional healing which an individual has to go through as integral part of a community practice, including marriage. Even if one is chosen by the ancestors to be a traditional healer, the ancestors would prefer someone who has gone through the stages of life they had undergone themselves when they were alive. This is different from a western perspective where an individual is viewed as independent of the community or his/ her ancestors.

CHAPTER FIVE

THE ROLE OF TRADITIONAL HEALING PRACTICES IN SUSTAINABLE COMMUNITY LIVELIHOOD AMONG THE BATLOKWA AND BAKWENA

One of the objectives of this research was to investigate the role of traditional healing ritual practices in the sustainable livelihoods of the Batlokwa and Bakwena in the Madikwe area. The investigation was carried out from the perspective of the community members themselves as they are the custodians of their traditions and cultures. These perspectives are expressed below in the form of narratives. This is intended to indicate how members of the study communities carried out their own traditional healing practices. For instance, Ngaka Lebogo Mogapi of Kolontwane village looked at the role of traditional healing amongst the Batlokwa and Bakwena in the following way:

Mo tikologong eno ya Madikwe, ngaka ya setso e tsewa e le moitseanape ebile e le ena komang-ka-nna yo o ka sekeng a retelwa ke sepe ebile go se bonolo gore motho ope a ka mo fenya segolo ka tiriso ya bongaka, ditlhare le dipheko tsa gagwe tsa setso. Fa go na le sengwe se se gakang motho ka esi, lelapa kana sona setšhaba ka namana, ka gale go bidiwa ena nka-dilatlha gore a tle go naya tshedimosetso le thuso e e tlhokegang. Ngaka e tlhobogiwa fela fa e ka supywa maaka ke e nngwe e e ka tlang ka tshedimosetso e e bothajana ebile e le maleba, e dumelesega ebile e totobetse go gaisa se se ne se tlhagisitswe ke ya ntlha fa pele ga batho kana ona morafe le setšhaba ka bophara.

In the Madikwe area, a traditional healer is regarded as an expert in his area of operation. He possesses skills that enable him to deal with all matters of life effectively and successfully. It is also not easy for him to be overpowered by anyone especially in respect of his knowledge of healing and traditional medicines. If an individual, family or community does not know what to do in order to solve certain problems, a traditional healer is called in to help. A traditional healer can only be doubted by people if he can be proved wrong by another healer who is more experienced than

himself by presenting convincing evidence over an issue of controversy amongst the people.

This matter is further elaborated by Radithola Setlajwe Dibatana, a community knowledge holder in the Matlhako village in Madikwe:

Kitso le bokgoni jo ngaka ya setso e nang najo, ga se tse a ka di bewang mo maruding a gagwe ka esi a re ke ena ka namana a nang le bokgoni jwa kalafi ya setso kwa ntle ga go bona kitso le tshedimose tso e e kgethegileng gope gape go gongwe, mme ka gale o newa tshedimose tso e a e tlhokang ke badimo mmogo le Ramasedi e leng bona ba ba mo rebotseng go tsenela tiro e e masisi eno ya bongaka jwa setso jo go tweng ke maaka-marutwaka-kgomo se se rayang gore ka gale ga go bonolo go tlhaloganya ka moo bo dirang ka gona le mororo bo le tlhotlwa-godimo go ithutelwa. Go le gantsi tlhotlwa e e tsewang e le kgolo thata e motho a ka e duelang fa a bo ithutela ke go bo duelela ka kgomo. Kgomo ke yona fela e tsewang e lekane ka gonne e tseelwa kwa godimo thata mo setsong sa Batswana ka bophara.

Knowledge and skills that the healers possess cannot be squarely put on his abilities as a person without getting assistance anywhere else. He often receives help and clarifications about matters of healing from the ancestors and God. They are the ones who allowed him to enter this difficult profession. This is so because it is often not easy to understand how these healing systems operate though it is so expensive to acquire. A trainee healer often pays for his training by offering a beast to his trainer. Amongst the Batswana people, the beast is thought to be the highest price that one can ever be requested to pay.

In their own language as healers when throwing bones to make disease diagnosis, they often make a confession by saying the following:

Badimo ba rona re thuseng! Rona ga re na matlho ke lona lo bonang go re feta. Ngwana wa lona ke yo fa pele ga lona. Ke lona lo itseng mathata a gagwe. Re boleleleng!

Ancestors, please help us! We do not have the eyes to see, but you are the ones who can see things that we cannot see. Here is

an ill child in front of you and you are the ones who know what his problems are.

The researcher argues that the above exposition emphasizes the important role that the spiritual ancestral world plays in African indigenous healing practices. It reveals the way the two are rooted in African cultural practices. Modern medical science is based on the dualistic Cartesian axiom of the separation of mind and body, and its principal objective is to eliminate physical suffering. The Batlokwa and Bakwena knowledge holders tell us that African societies understand sickness primarily as a combination of the physical and mental manifestation of the breaking down of the personal equilibrium and the social relationships. This is based on the belief that a person's ailment could be caused by the action of evil spirits, due to his/her failure to abide by the social rules, to his/her lack of respect for the ancestors, or to contamination by objects and practices considered taboo. In general, it can be said that African traditional perspectives consider sickness a kind of punishment by the spirits of the ancestors on those who did not observe the rules of good behaviour of the society to which they belong. The ancestors withdraw their protection from the transgressors of the social norms and leave them exposed to the whims of the evil spirits who cause physical or mental dysfunctions. It is on the basis of this observation that many African patients feel frustrated with the merely rational approach of western medicine which, according to their perception, does not attack the root of the disease. For this reason, when they are sick, they turn to those they knew will treat both the hidden causes and the physical effects of the affections.

The traditional healer as an expert on the feelings, beliefs and the dominant norms of conduct of the community to which the patient belongs - tries first to establish the "spiritual" causes of the ailment. Listening to the sick person or to his/her relatives, using divinatory techniques and putting himself in contact with the spirits of the ancestors, he/she decides on what has broken the equilibrium of the person or the group and which evil forces are causing the sickness.

Once the deep cause has been established, the traditional doctor would prescribe the actions to follow – reparation of an injustice, reconciliation between antagonized persons, performance of the rites due to the ancestors, etc. – to restore the equilibrium within the individual or the social group. He also resorts to the prayers

and invocations destined to recover the favour of the ancestors and to send away the evil spirits.

It was this somehow “mysterious” aspect of the activities of the traditional healers what made westerners, missionaries, including Christians, dismiss them as ‘witchcraft’ and superstition. However, Hippocrates himself had already warned that one could not be a good doctor without being a good priest at the same time. African traditional medicine always maintained a strong connection between healing and spirituality because the population of the continent respected the psycho-religious values of a human person. It is on the basis of this that the study attempted to establish the different types of healing practices practised by the traditional healers in the study communities. The results are discussed in the following section.

5.1 Types of Traditional Healing Practices

In the discussion the researcher had with one of the community knowledge holders on the different types of traditional practices among the Batlokwa and Bakwena. Lekgala Mampeenyana wa Boikanyo had the following to say:

Bongaka jwa setso sa rona bo tota bo humile e le ruri ebile bo bogolo, bo a boitshega ka gore re na le mefuta e e farologaneng ya dingaka e e ikgethileng go ya ka bokgoni le maitemogelo a di nang le ona mo go alafeng malwetse mmogo le go rarabolola mathata a botshelo a batho ba ba tlang go kopa thuso mo go tsona ba nang nao. Go na le bo-Ramarapo (ba ba dirisang ditaola) ba semowa le ba malwetse a a amanang le tlhologanyo . Mo gare ga mefuta e megolo e eleng teng, go na gape le makalakala a a farologaneng a a supang bokgoni le boithutedi jo bo kgethegileng jwa dingaka tsa setso tse di farologaneng.

Our African indigenous healing systems are really enormous and fearful because we have different types of traditional healers who specialise in certain fields according to their capabilities, skills and experiences in curing diseases and solving other problems of life in which people need to be helped with. There are physical healers who often throw bones, spiritual and mental healers. There are also different sub-sections where healers possess certain specialised skills.

Ngaka Diratsagae of Siga/Taaiboskuil village explains the following about traditional healers amongst the Batlokwa and Bakwena in the Madikwe area:

Dingaka tse di ne di tumile thata mo Madikwe mo maloba di ne di akaretsa baroka ba pula, didupe tse di ne di alafa malwetse a a farologaneng mmogo le dingaka tsa bogwera le bojale. Go ne gape go na le dingaka tse di ne di tumile thata ka go thusa batho, malapa le merafe mo mathateng a go lekiwa ke batho ba bangwe ba ba lefufa ka go dirisa ditlhare tse di kotsi thata gore ba tshelele mo malwetseng le mathata a a farologaneng. Fa go ne go se na ngaka e e tiileng go ka fetola maemo a, batho ba ba lekilweng ka ditlhare ba ne ba tla tshelela mo mahutsaneng go ya go ile mo matshelelong a bona go fitlha ka nako ya fa ba tla bo ba ikela moribe.

The most famous traditional healers of the Madikwe area in the past included rainmakers, those who did not undergo any training as healers but have knowledge of traditional medicines to cure diseases with and healers for the initiation schools. There were also healers who were well known for assisting individual persons, households and communities in respect of problems of witchcraft. If there were no healers who could help people who are bewitched, such people would suffer from illnesses for the rest of their lives.

The researcher interpreted this as showing that traditional healers in the study communities were not only known for curing of diseases, but also responsible for other community concerns including problems caused by weather conditions, etc.

The following section looks at the role of ritual in traditional healing practices and the spiritual knowledge and skills that healers received from the ancestors.

5.2 The Role of Rituals in Traditional Healing Practices

As in other African traditional healing practices, the healing practices of the Batlokwa and Bakwena communities, involved the performance of rituals. This was illustrated by Rre Motsiki (a community knowledge holder) of Matlhako village who stated the following:

Re na le dingaka mo kgaolong eno ya Madikwe tse di kgonang go alafa malwetse ka mekgwa e le metsi e e farologaneng. Dingwe tsa tsona di arametsa balwetse ka ditlhare tse di omisitsweng mme di fisiwe gore ba heme sesi sa tsona. Dingaka dingwe di arametsa balwetse ka ditlhare di pekantswe le metsi a a fisang fao molwetse a khurumediwang ka kobo mme a nne sebakanyana se se rileng a ntse a khurumeditse jalo gore a tle a tsenwe ke sesi sa ditlhare mmogo le metsi a di pekantsweng le ona.

We have traditional healers in this area who are able to cure diseases in many different ways. Some of them steam their patients using boiled water mixed with traditional medicines. Some use a mixture of dried medicines burned for patients to inhale the smoke thereof.

Bokgoni bongwe jo bo tseneletseng jwa dingaka tsa rona tsa setso ke jwa gore ba kgona go buisa dipheko tsa bona, ka jalo ba kgona go ka di roma go ya go dira ditiro tse di rileng kwa ntle ga gore bona jaaka dingaka ba bo ba le teng ka namana. Go feta fao, dingaka tsa setso gape di kgona go ka tlhatlhoba balwetse gongwe le go fithelela tshedimisetso ka ga bolwetse jo molwetse a nang nabo kwa ntle ga gore molwetse a bo a le teng fa ngakeng ka namana. Selo seno, ke sona se dirang gore batho ba rona ba nne le tumelo le tshepo e kgolo mo dingakeng tsa setso go gaisa dingaka tsa ditso tse dingwe tsa tsa seeng.

Another highly specialized skill that our traditional healers have is their ability to talk to their traditional medicines and instruct them to perform certain functions without physically being present as healers to oversee the processes. Besides, traditional healers in this area are often able to check, make a diagnosis and prescribe relevant medications for patients in absentia provided that their relatives or family members are present to be interviewed by the healers. This is what makes African traditional communities have strong belief, hope and trust in the abilities that their traditional healers have, compared to other foreign medical practitioners.

The researcher generally observed that the traditional ritual practices in the study communities like in other African communities in South Africa, tended to be more spiritual in nature and emphasized the role of ancestors in curing diseases. The ancestors were often communicated to through various types of rituals, which

included sacrificial offerings, libation, magic, dancing, drumming, chanting and other forms of ritual activities.

It was also observed that rituals performed amongst the study communities were often varied for different purposes. Certain ancestral spirits had specific ritual guidelines to be observed, such as the object of sacrifice, time of the day, week, month, or year to make a certain sacrifice, the use of specific costumes and ritual regalia, etc. According to the community knowledge holders in the study communities, the healing rituals were extremely specific, and required each aspect of the ritual to be followed in a strict procedural manner in order for it to achieve its intended purpose. For instance, there were certain rituals which were performed to cure deviant behaviour, especially among individual members of the community such as suicidal tendencies that a person displayed. Some people left their homes and never wanted to come back, some displayed violent behaviours and cases of murder for which healing rituals had to be performed. It was strongly believed that unusual tendencies and behaviours in the community would ultimately disturb peace and harmony among members if they were not properly handled and effectively dealt with through the use of healing rituals.

For example, the problem of a person leaving home for good who does not want to come back, could anger the ancestors. This behaviour was often referred to as “go ja khularelabeno”, i.e. a person behaves like he/she has been given a medicine to eat that made him/her to forget about his home. When the healing ritual was performed to deal with this problem, the first thing that the healer did was to prepare a mixture of traditional medicines called “kwetoga” meaning “come back” to give to the person for drinking and washing.

The healer then called for ancestral intervention to request them to assist. The name of a person to be healed would be communicated to the ancestors and the healer made his/her intentions clear to them, that he/she wanted to instruct the medicines to go and call this person from wherever he/she may be to come back home. In his/her language of praise, the healer then starts talking and instructing the medicines to go and look for the person. The medicines would be clearly instructed to bring him/her home because ancestors are looking for him/her and they could not find him/her

because when he/she left home, he/she did not make them aware of his/her departure from home.

If this communication was successful, the person looked for would arrive home in a short space of time. He/she would usually meet one of the senior members in the family and explain the purpose of his/her coming back. He/she would, for instance, say to the family member addressing him as, "Rangwane or Malome" because he is always a male. "I just felt that I must come and see you." (Rangwane indicating a brother to his/her father and Malome a brother to his/her mother.) In traditional family relations, these are important personalities in the family who are generally recognised by the ancestors. Rangwane or Malome will then contact the traditional healer in question to inform him/her about the arrival of the person. The healer often advised that a family ritual be performed first to reintroduce the one who was almost lost to the family ancestors. At a later stage, the healer would then come to perform a healing ritual for the person so that the same behaviour cannot surface again at a later stage in his/her life.

In the event of a person suffering from an unknown illness which healers could not identify and cure, the family often reported the matter to the chief through the headman. The chief would then request community healers for assistance. If the healers were unable to help, they would communicate with the ancestors for their intervention. They will then be advised to perform healing rituals following certain procedures that they are advised about by the ancestors. In this process, a revelation would be made to the healers on the cause of the illness, the rituals to be carried out and medicines to be prescribed to the patient. The following section discusses the different types of healing rituals amongst the Batlokwa and Bakwena.

5.3. Types of Traditional Healing Rituals

The study wanted to establish the different types of healing rituals performed amongst the study communities. Ngaka Kgwanape Sekgorojane Mmamotlhoiwa (a community knowledge holder in Kolontwane village) explained that amongst the Batlokwa and Bakwena tribes in the Madikwe area, there were three common healing rituals which traditional healers performed to cleanse the affected individuals and the community:

- A cleansing ritual for a person who has committed murder.
- A cleansing ritual for a widow or a widower.
- A general healing ritual.

These rituals could only be performed by experienced traditional healers who knew the procedures for each, the types of traditional medicines to be used, how they must be mixed, and how to invoke ancestral intervention in the process.

5.3.1 A Cleansing Ritual for a Person who has Committed Murder

Ngaka Moerane Dikgarekgare Moerane explains:

Mo gare ga Batlokwa le Bakwena mo Madikwe, go bolaya motho ke sengwe se se sa letlelesegeng gotlhelele ebile go a ilediwa ke melelawana ya setso kana morafe. Fa motho a bolaile, o ne a ntshiwa mo setšhabeng ka bonako jo bo kgonagalang mme a isiwwe kwa lefelong le le mo setaataeng go nna a disitswe ke barongwa ba kgosi gona go fitlhelela ka nako ya fa a tla bo a setse a tlahapisitswe ka ditlhare ebile a diretswe moletlo wa go boela mo setšhabeng go ya ka setso le meetlo ya Batswana.

Among the Batlokwa and Bakwena people in Madikwe murder is something that is not allowed and is totally condemned. It is strictly forbidden and regarded as a taboo in the culture of the tribe. When a person committed murder he was quickly removed from the community and taken to a remote place. He would be guarded by the messengers of the chief until such time that he has been cleansed and cured through the use of traditional medicines. A feast would be organised for him to be taken back to his community according to the customs of the Batswana people.

On a given day on which the healing ritual had to be performed, the traditional healer responsible would ask for the company of four men to help him take the culprit to a remote place in the wilderness where this healing ritual would be performed. The men accompanying the traditional healer were first treated with some medicines so that the misfortunes of the killer might not befall them. The healer then prepared a bath full of water mixed with traditional medicines for the killer to wash his whole body. A mixture of traditional medicines was often prepared and amongst known medicines were: “mogaga,” an itching medicine, “tlosaloso”, medicine meant to

remove the death, “koba baloi”, the medicine intended to drive away the witches and “mphemele”, the medicine intended to protect the murderer. The medicines were then mixed to prepare a bath for the murderer. The healer would then explain to the murderer to spend about two minutes washing his/her whole body with these medicines mixed with water. The murderer is left to wash alone whilst watched by the healer and security personnel from a distance. The healer explained to him/her what to say to the ancestors whilst washing, for instance, tell them who he/she is, what he did, why he/she did that, how he/she wanted the ancestors to help him, the type of a person he/she promises to be after being helped, what he/she hoped for in the future. The murderer must also talk to the deceased (the person he has killed), his family, relatives and the community at large to confess his/her sins and also ask them for forgiveness and promise them to be a well-behaved person henceforth.

Thereafter he was allowed some time to dry up and then the healer will smear fat mixed with traditional medicines all over his body. This was aimed at changing him from being a bad person to a completely changed one who is good and well behaved. He would then be given some medicines to drink after which he would be taken to another remote area to spend some days before he is taken back into the community. The medicines taken for internal use also consisted of different types, amongst them, “lhatswabofifi”, the cleansing of misfortune, “maatla a lesedi”, the power of light, “pudulola matlho”, eye-opener and “ikitse”, know yourself.

On the day on which he was allowed to go back to his/her fellow tribesmen, a feast was organised by his/her family for which a beast was slaughtered and people of the tribe were invited to join the festival and welcome him/her back home, with the message spread around that the incident shall never be repeated in the village again either by the culprit himself or any other person because it is believed that the ancestors can then punish the entire community severely.

5.3.2 A Cleansing Ritual for Widows and Widowers

Like in other tribes in Africa, mourning for a dead partner as a widow or widower was something that was always taken very seriously by community members among the Batlokwa and Bakwena. This kind of a community problem could not be left with the affected families alone without involving the whole community. The chief was

supposed to lead the occasion. The affected families arranged for healers who would cleanse the bereaved person in collaboration with other family members. A few days after the funeral, a traditional healer would arrange that the bereaved partner should go for a walk around the village throwing traditional medicines all over where he/she passes.

Rre Malekana Molokwane (Sephonthana sa ga Mmasephonthana wa Bo-Sephonki) a community knowledge holder of Matlhako village elaborated on this ritual:

Fela jaaka merafe e mengwe ya Aforika, go lelela molekane fa a tlhokafetse jaaka motlholagadi kana moswagadi go tsewa e le sengwe se se masisi e le ruri mo gare ga setšhaba sa Batlokwa le Bakwena mo tikologong ya Madikwe. Ka ntsha ya seno mathata a tshwana le ona a a ne a ka se ka a tlogelelwa bamalapa ba le nosi ba sa tshwaragana le ona morafe kana setšhaba sotlhe go tlamega le go nna le seabe se se bonalang mo go thuseng go alafa ba ba fifaletswe bano.

Just like other communities of Africa mourning for a deceased partner is taken as a very serious event or series of events amongst the Batlokwa and Bakwena communities in Madikwe. These kind of problems were often not left to family members alone to deal with. The community would often be highly involved and have a role to play in curing the affected persons.

Kgosi ya morafe ka jalo e ne e tshwanelwa ke go etelela mokgaphe wa go nna jaana pele. Malapa a a amegang a ne a rulaganya dingaka tsa setso tse di tla alafang baswelwa ka tisanommogo le kgosi ya morafe. Moragonyana ga malatsi a le mokawananyana fela moswi a ntse a bolokilwe, ngaka ya setso e ne e rulaganya gore moswelwa a ile go ralala motse mme a tsamaya a gasa ditlhare gongwe le gongwe fa a ne a feta gona.

The chief of the tribe would be bound to lead such processes at all times. The affected families would look for traditional healers who would organise and perform healing rituals for them. The community would always be on their side. Few days after the funeral a healer would come to the the surviving partner around the village throwing traditional medicines around as he/she walks through the village.

Seno e ne e le mokgwa wa go mo golola mo bofifing, go mmofolola dinao gore e tle e re fa a na le mabaka mangwe a a mo tlamang go tsamaela gongwe a bo a setse a tlhapisitswe mme a gololege go tsamaya a sa gadima kwa morago gore go tloga go nna le dipuopuo ka ga gagwe gore o fifatsa motse kana o tlhola dintsho tse dingwe tse dintshintsi mo motseng.

This was a way of taking the bereaved person out of the bondage of misfortune so that when he/she has some commitments to attend to he/she could do so freely knowing that he/she has been helped. Community members would then not complain about this.

In the opinion of the researcher this explains the social and cultural context of being a widow or widower amongst the Batlokwa and Bakwena people in the Madikwe area. The matter cannot be left to family members alone, but the community and the chief as the custodian of the whole community were also involved. This was to ensure that the affected people as members of his community felt cared for and healed. This also had a social implication based on the understanding that death could cause misfortune to the community as a whole.

5.4 Who Performs Healing Rituals?

On the question of who performs the healing rituals, Rre Masebetlhe Seekane (Sephonko sa Mmasephonko) a community knowledge holder in the village of Kolontwane explained:

Mo gare ga merafe ya Batlokwa le Bakwena mo Madikwe, ditiragatso tse ka gale di etelelwa pele ke batho ba banna eseng basadi ka ntlha ya fa go kaega gore setso ga se letle jalo mme banna le basadi botlhe ba kgotsofalela seno kwa ntle ga go patelediwa go dira jalo. Molao o ka gale ga o ke o fetolwa mme fa go se monna ope mo lelapeng le le rileng, go a tle go kopiwe mongwe wa losika o o gaufi thata go tla go thusa mo go eteleleng mokgaphe ono pele. Fa go sa nne jaana, ngwana wa mosimane mo lapeng o thusiwa ke mmaagwe kana nkokoagwe go etelela mokgaphe ono pele jaana jaaka fa badimo, setso mmogo le Ramasedi ba eletsa gore go dirwe.

Amongst the Batlokwa and Bakwena people in Madikwe, these rituals were often led by men and not women because the tradition did not allow that to happen. Men and women in the community accepted this in good faith. No one ever complained about it. This law is usually never changed and when there is no male adult in the family a close male relative would be requested to lead the proceedings. If that is not the case, the male child in the family would be assisted by his mother to do the work for the family because the ancestors and God accept that it be done in that way.

For purposes of rainmaking, for instance, Ngaka Kgobati Monesapula wa Batlokwa explained:

Tiragatso ya go nesa pula e tlhoka maitemogelo le bokgoni jo bo tseeneletseng go tswa mo go yo o e diragatsang. Tiro e e masisi e le ruri ka e tshwana fela le gore go a bo go tshwarwa thapelo go kopa badimo thuso mabapi le bothata jwa leuba le le aparetseng tikologo eo bana ba bona ba nnang mo go yona. Leuba le le tseeneletseng le le itemogelwang e ka nna ya nna mokgwa mongwe o badimo ba kgalemang ka ona ditlolomolao tse di rileng tse di ka bo di diragetse mo gare ga morafe kana ka ntlha ya sengwe fela se se sa ba itumedisang. Ka ntlha ya seno, go ya go bua le bona go tshwanetse ga dirwa ke ngaka e e nang le kitso e e tletseng, maitemogelo a magolo mmogo le maitseo a a amogelesegang gore e tle e se ka ya tloga ya etegetsa mathata e ne e ithaya e re e direla go a rarabolola.

The ritual of rain-making requires thorough knowledge and experience of a healer who performs the ritual. This is a very serious event because it is much the same as a process of praying for the rain. Severe drought experienced may be caused by the ancestors for some wrongs that the community has done against their ancestors. As a result of this, communicating with the ancestors about this matter must be done by a healer with good knowledge and experience to that effect. Such a healer must also be in a position to communicate with the ancestors with respect in order to ensure that they are not angered even more so that things can go well in the community.

The researcher interpreted the above as indicating that the rainmaking ritual was classified under healing rituals because drought is one of the most serious

community calamities that can be experienced. If drought persists in a certain area, it is definitely an abnormal situation which from a traditional point of view is perceived as an illness that needs to be attended to and cured as a matter of urgency. According to traditional healers in the Madikwe area, performing a rainmaking ritual must be characterised by cleanliness and purity in whatever needs to be done.

The rainmaking ritual requires great experience and skills from the rainmaker. This is also a serious community matter because it involves a prayer directed to God and the ancestors to ask for help regarding the problem of drought that has befallen the community or tribe. Severe drought can be a way through which ancestors warn people about their offences that occurred within the community or tribe or just as a result of something that they are not happy about. As a result of this, talking to them must be done by a very experienced rainmaker or healer. Such a person must also have acceptable behaviour to the ancestors so that he cannot aggravate the situation by offending them even more whilst thinking that he is solving the problem.

For instance, a rainmaker must not be a person who indulges much in sexual activities. If the healer is married, the person must abstain from sexual activities during the period of time from when the ritual would be performed until the rain comes. It does not matter how long it may take. Besides the ritual process, the rainmaker must be accompanied by young boys and girls who have not yet indulged sexual activities, i.e. virgin boys and girls.

The rainmaker together with the group of young virgin boys and girls would then walk to a remote place in the wilderness which often known as the place of the ancestors where they would perform rainmaking songs, e.g. the song called “Leru ”, meaning “the cloud”, for instance:

Leru le le le le kwa lele; x2

le ka nna la tshela;

la tshela ka nkgwana ya

Bokone; x2

le ka nna la tshela.

The rainmaker would then mix his traditional medicines and request every member of the group to wash the head, hands and feet with water mixed with medicines whilst the rainmaker is busy speaking in tongues to the ancestors of his clan and community. Amongst others, he would chant and scream, pronouncing words such as “morwalela ga re o batle”, i.e. “*we don’t want floods*,” “magadima ga re a battle”, i.e. “*we don’t want lightnings*”, “matlakadibe ga re a batle”, i.e. “*we don’t want thunderstorms*”. If the ancestors are happy for the request, clouds would form whilst they are still there and rain would start falling immediately. Moruti. Ntakana Penyenye of Matau village in Madikwe explains the following:

Moroka wa pula o tshwanetse go patwa ke basimanyana le basetsanyana ba ba iseng ba kgotlhelege ka thobalano ba ba tla mo patang go ya go kopa badimo go rebolela morafe pula ka mokgwa o o kgethegileng wa go dira jalo gore dipoelo tse di itumedisang di tle di nne gona.

The rainmaker must be accompanied by young virgin boys and girls when performing rainmaking ritual. They would then get positive results as soon as possible.

The researcher is of the opinion that a rainmaking ritual requires belief and patience on the part of the healer and the rest of the affected community and tribe in order to make sure that it becomes successful. The ancestors have to be approached with respect during the whole process so that there can be positive response from them that would benefit the entire community.

In as far as healing rituals for mental illnesses are concerned, interesting observations have been made amongst the Batlokwa and Bakwena communities in the Madikwe area during the course of this investigation. Bothoboile Bothata Matalanyane wa Sešibitswe (a community knowledge holder) in the Kolontwane village explained the following:

Bontsi ba dingaka tsa setso mo gare ga merafe ya Batlokwa le Bakwena mono Madikwe bo na le bokgoni jo bo tseeneletseng mo

go alafeng malwetse a tlhaloganyo le mororo a itsege a le thata go alafega mo kalafing ya ditso tse dingwe lefatshe ka bophara. Dingaka tsa rona tsa setso di kgona go dira ditiragatso tsa kalafi tse di nang le bokgoni jo bogolo go ba thusa go dira tiro ya bona ya go alafa malwetse a tlhaloganya ka matshetshe a magolo le bokgabale jo ebile bo ka jesang motho kgakge.

Many traditional healers amongst the Batlokwa and Bakwena in Madsikwe have the abilities to cure mental illnesses though they are often known to be difficult to cure in other healing traditions in the world at large. Our healers are able to perform healing rituals that help them to cure such illnesses without any problems.

One of the well known rituals is the one that makes mental patients behave as if they are normal people. If the patient is uncontrollable and have got fighting tendencies, the healer would put some powder into the flame of fire for the patient to inhale the smoke thereof. After some seconds, he/she would start to become calm and start responding positively to what other people communicate to him/her. The traditional healer or person performing the ritual will then start speaking in tongues in order to invoke the ancestral intervention. When the healer falls into the trance state, the ancestors would join and explain about the disease afflicting the patient and specific rituals to be conducted as well as the medicines to be prescribed for the patient to be cured.

5.5 The Role of Ancestors in Traditional Healing Practices

Like in most African indigenous cultures within and outside South Africa, ancestors played a crucial role in the lives of the people, and so do the healing practices of the Batlokwa and Bakwena. It is on the basis of this revelation that the study investigated the role of ancestors in the in traditional healing practices of the study communities. For instance, Moruti. Ntakana Penyenye states the following:!

Bongaka jwa setso tota ke boswa jwa rona Batlokwa le Bakwena mo tikologong eno ya Madikwe eleng neo e kgologadi e re kileng ra e bona go tswa go badimo ba rona mmogo le ena Ramased ka sebele. Bongaka jono ke jona jo bo re tshedisitseng dinoka le dinokana go tloga bogologolo tala go fitlha gompiano jaana re falotse maroborobo a a bolayang mme jaaka merafe re santse re

gatela pele re bo tshegeditse ka tlotlo le botshepegi ka ntlha ya fa re itse ebile re santse re gopola kwa re tswang gona ka ntlha ya jona. Ke sona se ka Setswana go tweng 'Modimo 'o gaisa baloi.'

Traditional healing is our heritage amongst the Batlokwa and Bakwena here in Madikwe. It is the greatest gift that we have ever received from our ancestors and God. These healing systems helped us to survive tragedies of life for many years in the past. Until today we have been able to survive epidemics and as a nation we still continue to use the same healing systems that have made us to succeed in life. There is a saying in Setswana that goes: "God outclasses the witches."

The researcher's view in this regard is that traditional healing is indeed a heritage of the Batlokwa and Bakwena communities in the Madikwe area. The communities have received the gift from their ancestors ever since the beginning of time until today. They have never been swerved away by anyone from the practices that have brought them to where they are today even during the difficult times of colonialism and apartheid in South Africa. As communities they stood by the side of traditional healers and supported traditional healing systems in the area because they knew that through the use thereof they would be able to survive tragedies and epidemics that have attacked and destroyed nations of the world for many years.

Ntakana further elaborates:

Ga se motho mongwe le mongwe yo o ka nngang ngaka ya setso ka ntlha ya fa bongaka jo tota bo rebolwa ke badimo gore ruriruri bo lebiswe go mang eseng go mang mo gare ga batho ba malapa le merafe e e farologaneng gona mo tikologong eno ya rona ya Madikwe. Bongaka jwa setso ga bo a tshwanelwa go itshasiwa ke mongwe le mongwe fela le fa tota bo sa mo le bana ka ntlha ya fa go dira jaana go ka bakela yo o dirang jalo mathata a a seng kana ka sepe mo tsamaong ya nako ya botshelo jwa gagwe. Ke sona se go tweng bongaka jwa setso fela jaaka bogosi ga se letsoku ga bo a tshwanelwa gore bo tlolewe/itshasiwe ke mongwe le mongwe.

It is not every person who can become a traditional healer as this is determined by the ancestors here in the Madikwe area. Traditional healing does not have to be entered into by any person who has not been identified by the ancestors. Doing this can cause a lot of problems in the course of time to the one who acts without the permission granted to him by the ancestors. This is the reason why traditional healing is seen as a noble but sacred profession because it is not anyone who can be called upon to train as a healer.

If one claims traditional healing without it being given to him by his ancestors, he/she can be haunted by misfortunes throughout his/her life. When the ancestors are not served properly, the community as whole could at times be held accountable for that. The individual perpetrator can at times be punished by death.

The view of the researcher in this regard is that if someone does not want to take the advice of the elders, such a person is not supposed to become a healer because ancestors cannot tolerate the deviant behaviours of their descendants. The kind of punishment that the ancestors may inflict on such an individual, may be of such a nature that it may even affect generations to come along the lines of his/her family. When this happens, the innocent ones may also be affected for the sins of their forefathers.

Monnamogolo Ramophulane, one of the community knowledge holders in the village of Kolontwane village stated the following in this regard:

Dingaka tsa nnete ke banna ba ba tshegofetseng ebile ba neilwe dithata tse di tseneletseng go mekamekana le mathata a a farafeneng a botshelo jwa motho, gore ba itse go mo naya pholo le gona go ka rarabolola mathata a a farafereng a botshelo jotlhe jwa gagwe.

True traditional healers are men who are blessed and have the powers to solve problems of life so that harmony could reign in the lives of the people.

The researcher's view in this regard is that among the Batlokwa and Bakwena traditional healers are regarded as the chosen few individuals with specialised

knowledge and skills to help cure diseases that trouble people. They are fully equipped with knowledge and skills to solve problems that surround the lives of people in their communities. Such healers are therefore highly trusted by the majority of members in their communities

Rasekano Sekano of Matau village in Madikwe explained the following:

Fa go na le mpho kana kabelo e kgolo e motho o ka e bonang go tswa mo badimong, ke go rebolelwa go nna ngaka le fa gona go le boima ebile go ka nna kotsi e le ruri. Ka re bongaka jwa setso ke mpho e kgolo ka ntlha ya melemo e mentsintsi e e tsamaelelanang le jona segolo ka gore bo tliša pholo ebile bo thusa go fedisa matshwenyego a botshelo a batho ka kakaretso. Seno ke sona se se dirang gore ngaka ya setso e nne le maina a mantsintsi a e bidiwang le go tuma ka ona, gareng ga a mangwe a mantsi: Nka-di-latlha, Nka-di-ngala, Maitsegotlhe, Mongake, Ramarapo le a mangwe. Ngaka ya setso ka jalo ke motho wa batho ka ntlha ya fa batho ba solofela go tswa mo go yona sengwe le sengwe se se ka thusang go tokafatsa matshelo a batho go simolola ka yona pholo ya mmele go feleletsa ka go kgona tsotlhe.

The greatest gift that a person can ever be afforded is the permission received from his ancestors to become a traditional healer, though this is difficult and can be dangerous. Traditional healing is a gift as there are many good things that go along with it such as bringing about health to the people. This is what causes a healer to be called by many different names as a result of the profession that he practises. A traditional healer therefore is a person who belongs to the people whom he serves, i.e. his community, because people expect him to help ease their sufferings from the diseases so as to make their lives better as a community.

The researcher's view in this regard is that the greatest talent that one can ever get from the ancestors is the blessing to become a healer because such a person is often thought to be the redeemer of the people of his community.

Ngaka Nkabanyane Kalati Ramokala reiterated the following:

Go laola malwetse ka ditaola ke selo se se laolwang segolo ke maatla a badimo mmogo le Ramasedi bao ba nayang dingaka tshedimosetso le thuso ya bona katlego mo tirong ya bona e e masisi ya go tlisa pholo mo matshelelong a batho. Fa ngaka ya setso e latlha bola jwa yona, lantlheng e laletsa badimo go tsena le yona mo boleng go e thusa go kgona go ranola mawa a a farologaneng a bola bo wang ka ona mmogo le maranyane otlhe a a tsamaelelanang le ona fa molwetse a na a tlhatlhojwa le go e naya maatla a go bona kalafi e e maleba maloka le masaitseweng a bolwetse jo bo tshwereng molwetse o a tlhatlhojwang le gona go alafwa. Fa ngaka e kopa molwetse go khuela mowa mokgetseng ya ditaola ya bo e le fa e letla ditaola go amana le mowa wa gagwe gore di tle di kgone go senola mathata a gagwe a bolwetse mmogo le a botshelo jwa gagwe ka bophara.

Diagnosing diseases from which patients suffer is something that is largely controlled by ancestors and God because they make some revelations to the healer in order to be able to do his work successfully. When the healer starts throwing his bones he first asks for the intervention of the ancestors in order to assist with the different falls of the bones. The healer requests the patient to blow into the pocket of his bones so that they can capture his soul in order for them to make the correct revelations about the disease of the patient.

The researcher's view in this regard is that the most important thing in respect of diagnosing diseases through the method of bone-throwing is first of all to invite the ancestors to become part and parcel of the whole process. When the healer requests the patient to exhale air from his/her mouth into the pocket of diagnosing bones, the intention is to capture his/her soul so that the bones could be able to reveal problems that he/she is experiencing. The bones have the power to reveal the disease(s) from which the patient suffers as well as other problems of life that he/she might be experiencing. These may include such problems as bad luck or impotency. The power that the bones have in making a diagnosis is often so great that some revelations may even be made about the illnesses as well as problems of lives of his/her immediate present and past relatives. This also shows the power that the ancestors have been bestowed with from God in the heavens.

Dikhetshe Lekulanyana wa Bo-Lekubileng (a headman in the village of Letlhakeng in Madikwe elaborates as follows:

Bongaka fa bo le teng mo losikeng ga bo ke bo fela kwa ntle ga gore losika loo lo bo lo setse lo fedile mme bo tshwanelwa ke go fetisiwa ke bona badimo go tswa go motho go ya go yo mongwe go ya fela le gore ke mang yoo bo mo lebaneng. Bongaka jwa setso bo fiwa motho ke badimo ba gagwe ka ntlha ya ditemogolo le ditiro tse di rileng tse a di dirileng mme bo fetisediwe go dikokomana go ya ka moo badimo ba ka laolang le go laela ka gona gore go dirwe. Ka dinako dingwe, temoso eno ga e tle e tlhamaletse le go totobala mme go ka diragala gore yo bo mo lebesitsweng a itemogele mathata a a rileng pele go ka lemogiwa gore tota mathata a go nna jalo a tlholwa ke eng mmogo le gore go tlhokega gore go dirwe eng gore mokgaphe ono o tle o tswelediwe pele ka tshwanelo gore badimo ba se ka ba tloga ba sitelwa ka mokgwa mongwe. Seno se diragala go fitlha motho yo a lemoga a bo a ya go ikatisa.

When traditional healing exists in the family, it never ends but becomes transferred from one generation to the next in order to be kept alive and be sustained. The only way it can come to an end is when all members of such a family do not exist anymore. Traditional healing is bestowed upon a person by his ancestors because of certain outstanding qualities that they have identified in him. At times it happens that a person identified is not directly notified and made aware of his identification and in this way he/she may experience some problems in his/her life such as illness, etc. This can continue until such time that the person becomes aware of his calling and goes for training as the ancestors will not listen to him and also agree with him after he has disregarded their request to become a healer..

The researcher's view in this regard is that if there has once been a traditional healer in a particular family, the profession will be taken forward and be sustained by being transferred from one person to the next until such time that all members of a family in question do not exist anymore. An individual is picked up and becomes earmarked for the profession. Such an individual must have integrity and the will to carry out the instructions of the ancestors at all times or else problems of all sorts will befall him/her.

Rre Lephunyake Mamphunya wa Mogokgo, a headman in village of Kolontwane explains the following:

Ke moila o mogolo gore motho e re a tlhophilwe ke badimo go nna ngaka a bo a leka go gana go dira jalo ka go leka go tlhagisa diipatopato tsa methalethale ka ntlha ya gore badimo ga ba ne ba utlwelela le gona go dumelela dilo tse di ntseng jaana go diragala kana gona go diragadiwa. Fa e le sengwe, motho wa go nna jalo a ka feleletsa a ile moribe ka ntata ya fa badimo ba ka se ka ba nna boutlwebotlhoko mo mothong wa seganana o o tlhogo e thata ebile a na le lenyatso mo go bona. Ga ba ke ba fetola mogopolo ka gore ba itshwarela motho wa go nna jalo mme yo o amegang ena o tshwanetse go tsaya tshwetso gore a ke o nna le tsebe kana o a e tlhoka.

It is strictly forbidden that when an individual is identified and earmarked for training in traditional healing, and he/she refuses to do so he/she can find himself/herself in a serious problem as the ancestors will not listen and agree with him because failure to respond to the call of the ancestors is viewed in a serious light and can be seriously punished. If anything the person the an end up dead because the ancestors will not have mercy for him. Ancestors never change their mind over the decision that they have made.

The researcher argues that if a particular individual in the family has been identified by the ancestors to become a traditional healer, such a person can never refuse to do so because the ancestors are acting on the instructions from God. Trying to pass his/her responsibility to the next individual in the family is something that cannot be allowed. It is believed that this could cause a lot of anger to the entire ancestral world presiding over the family in question. The identified individual would need to change his/her mind and carry out the instructions of the ancestors or else misfortunes of different kinds can befall him/her or his/her family, something which can even result in his/her death. The ancestors will never forgive a person who refuses to carry out their instructions.

5.6 The Role of the Chief in the Batlokwa and Bakwena Traditional Healing Ritual Practices

The importance of social status, especially the role of the chief in traditional healing is clearly defined within the Batswana cultures and traditions such as that of the Batlokwa and Bakwena in Madikwe area. Rre Karanka wa Kgasoane (Mokerenko) is one of the headmen in the Batlokwa Boo-Bogatsu village of the Monneng section in the Madikwe area. Karanka elaborated as follows:

Mo mererong ya bongaka jwa setso mo gare ga merafe ya Batlokwa le Bakwena ba Madikwe, magosi a tsewa e le batshodi ba kitso, maatla le bogolo mo merafeng ya ona eleng tseo go tsewang ba di abetswe ke bagolo le badimo ba bona ba ba setseng ba hulere gore seno se ba thuse gore ba kgone go etelela merafe pele ka katlego go ya ka mo badimo ba morafe ba eletsang ka gona.

In matters pertaining to traditional healing amongst Batlokwa and Bakwena in Madikwe, traditional leaders are regarded as the custodians of power and greatness within their tribes. They are born with all these things from their ancestors in order for the leaders to be able to govern properly according to the ancestors's wishes. Amongst the Batlokwa and Bakwena communities in the Madikwe area, traditional leaders or chiefs are given high status in all matters pertaining to traditional healing in the areas of their jurisdiction. Traditional leaders are regarded as the custodians of community cultures and customs and work in close collaboration with traditional healers in matters pertaining to healing in their areas. This helps the chiefs to lead their tribes in accordance with what the ancestors would like them to do.

The researcher's view in this regard is that for the purpose of traditional healing among the Batlokwa and Bakwena, chiefs are often seen as custodians of traditional healing knowledge and ritual practices. This has happened from a very long time ago and it is still maintained amongst these communities. As such, the power and greatness is conferred upon them by their forefathers in order for them to be able to

lead their people successfully in line with what is acceptable to the ancestors of the tribe.

Karanka further explained:

Dingaka tseo di dirang mo gare ga merafe di itse sentle ka ga maemo a a kwa godimo a magosi a bona mmogo le taolo e e feletseng e ba nang nayo mo dingakeng tsa merafe mo tikilogong ba busang mo go yona. Setswana sa re 'lefoko la kgosi le agelwa mosako,' se se rayang gore se kgosi e se buang se tshwanetse go diragadiwa kwa ntle ga go okaoka kana gona go botsa dipotso.

Traditional healers who work within communities know very well about the high status accorded to the chiefs in their villages in matters pertaining to traditional healing and ritual practices. On the basis of their powers and status as leaders in the communities, they also preside over the activities of healers in their territories. There is a saying in Setswana that goes as follows: "The chief's word is always respected and carried out without questions".

The researcher is of the opinion that all traditional healers practising within a tribe are aware of the high status of the chiefs as well as of the absolute control and power that they could exercise over traditional healers in the tribes. In this way, the chief should give instructions to the healers in their villages in respect of matters of healing which have to be attended to and carried out within the communities.

Karanka added:

Dingaka tsa rona di itse sentle gore mo Setswaneng kgosi ga e fetolwe ebile ke yona thothobolo e olela matlakala. Seno se raya gore kgosi ya morafe ke motlhanka wa batho ba morafe wa yona ebile gape ke ena tshimega ya ona.

Our traditional healers know very well that according to the Setswana traditions, the instructions of the chief are never questioned. He is an overseer on all healing activities of his tribe.

Our traditional healers know very well that in the Setswana culture, the chief is never questioned and he is responsible for all the problems of his community. This means

that the chief of the tribe is the servant of the people and at the same time their senior.

The researcher's view in this regard is that traditional healers among the Batlokwa and Bakwena knew very well that what the chiefs said had to be obeyed, respected and carried out without fail, i.e. the word of the chief had to be accepted by all, including the healers in the community, without any question. According to Mokerenko, this enforced the spirit of cooperation and unity amongst the chiefs, healers as well as the entire tribal community.

Rre Mampeenyane Lekgala la ga Lepee-Boikanyo added the following words on the role of the chief in the traditional healing within his territory of governance:

Le fa tota kgosi ya morafe e se ngaka ka boena, maemo le serodumo sa gagwe jaaka moeteledipele wa morafe a mo naya seriti sa go tlotliwa ke botlhe ka fa tlase ga puso ya gagwe. Kgosi ya morafe e na le seabe se segolo thata mo go laoleng le go dira le dingaka tsa setso tse di diragatsang kalafi mo bathong mo morafeng yona.

Even if the chief is not a traditional healer himself, his position and respect as a leader of the tribe gives him the dignity and authority to be respected by all under his leadership. The chief has a very big role to play in controlling and working with traditional healers in his village.

The researcher further argues that the issue of unity in the tribe in as far as traditional healing is concerned, is a very important matter. This is the reason why the chief of the tribe is given the authority to oversee all healing activities that have to be carried out by traditional healers in his area of jurisdiction.

Kgosietsile Lekoloane Lekaunyana Lekoloane from the Batlokwa tribe explains the following:

Bongaka jwa setso ke motheo wa morafe ka ntlha ya gore fa bo sa diragadiwe morafe o tla bo o sa tlhomiwa mo go sepe. Motheo o, o thaya morafe gore o kitlane o nne mowa mongwe le seoposengwe ka dinako tsotlhe. Fa morafe o sa kitlana gona o tla tsenwa ke phefo mme o tshabelelwe ke dilabe le tota di ne di ka bo di le kgakala. Ke sona se Setswana se reng: "Ditau di senang

seboka di siiwa ke none e tlhotsa eleng gore fa go sena tirisanommo go katlego ga e ka ke y a nna gona.”

Traditional healing is the foundation of the Batswana tribe or community. This is so because if it is not used and sustained the tribe shall have no foundation. The group identity of the tribe therefore will be lost for good. This foundation strengthens the community to strive toward common goals at all times. If there is coherence in the tribe, it will not be easily infiltrated by outside influences. This is the reason why there is a saying that goes: “Unity is strength.

The researcher states that traditional healing is founded on the principles of togetherness and communality which is the bottomline of the customs and traditions of the African people, including the study communities. The ability to keep the people of the tribe or community together for the enhancement of peace and harmony in the tribe is a priority in all African traditional communities including the Batlokwa and Bakwena in the Madikwe area.

Besides, a traditional leader, by virtue of his position as a leader of the tribe is accorded the highest esteem and powers in organising and instructing traditional healers in his locality on important matters pertaining to issues of healing.

Kgosietsile Lekoloane further explained:

Kgosi ya morafe e tsewa jaaka komang-ka-nna mo gare ga dingaka tsa morafe wa yona ka ntlha ya fa e le yona e tshwanelwang ke go kaela dingaka gore go tlhokega gore go dirwe eng gore morafe o tle o robalelwe ke ditlhokwa mme o bone kgatelopele mo e e tlhokegang mo pholong.

The chief of the tribe is highly esteemed as a leader of the people amongst the traditional healers of his tribe. The chief is the one who gives direction to the healers as to what needs to be done with regard to healing in the tribe so that things can go well for them.

According to the researcher, within the Batlokwa and Bakwena traditions and customs, a traditional leader is a senior member amongst all traditional healers, even

though he himself is not a traditional healer because he has the duty to direct the important healing matters and events pertaining to his tribe.

Kgosi Matswedikane Maselwane emphasised the following:

Ga go na mofuta o mongwe wa bongaka o merafe ya rona mo Madikwe e kileng ya o itse kwa ntle ga jona bongaka jono jwa borraaronamogologolwana jo bo fodisang ebile bo kgona mathata otlhe a botshelo jwa batho. Seno ke sona se se dirang gore merafe ya rona ya Batlokwa le Bakwena mo Madikwe e nne le tshupo e e kanakana mo bongakeng jono.

There are no other types of healing that our communities in the Madikwe area ever knew of except African traditional healing which is regarded as the healing of the people. Through the use of these healing systems, diseases are cured and problems of life solved.

The researcher concludes that traditionally amongst the Batlokwa and Bakwena in Madikwe, there was no other type(s) of healing that the people in the area ever knew of before, except African indigenous healing which is often referred to as the healing of the people. For the community as a whole, African indigenous healing practices possessed the power to solve all problems that the people face, ranging from diseases of different types to a variety of other life problems, including the possibility of making people richer by making their agricultural fields more fertile and the livestock more productive in order to increase their numbers rapidly.

CHAPTER SIX

CHALLENGES AND PROSPECTS OF TRADITIONAL HEALING RITUAL PRACTICES OF THE BATLOKWA AND BAKWENA

Most of the studies done on the challenges facing African indigenous healing practices in the Madikwe area and the rest of South Africa thus far have been viewed from western cultural perspectives. According to the respondent community members in the study communities, white researchers conducted research studies on them without making them aware of the purpose thereof, including investigating the perspectives of the local communities themselves on the challenges and prospects of using indigenous healing systems. It is on the basis of this consideration that this chapter discusses the challenges and prospects of traditional healing rituals of the Batlokwa and Bakwena from their own perspectives. These are discussed in the following sections.

6.1 Challenges facing Traditional Healing Practices of the Batlokwa and Bakwena in Madikwe

In-depth interviews with community knowledge holders, traditional leaders and healers, and village elders revealed the following on the challenges facing traditional healing in the area: Mmakhuduga wa Nkadu Khuduga-Molete (a community knowledge holder) in the Kolontwane village explained the following:

Mathata mangwe a a lebaganeng le bongaka jwa setso gompieno ke go leka go tswa mo mekgweng ya bogologolo e e mengwe ya yona e ne e se na mesola epe mo kalafing ka kakaretso. Fa go nna jaana, batho ba rona mmogo le dingaka tsa bona ba rakana le tse ba neng ba sa di solofela ka ntlha ya fa ba tshwanelwa ke go leka go itepatepanya le diphetogo tsa segompieno mo mererong ya kalafi gore ba se ka ba tloga ba iphitlhela ba saletse kwa morago mme seno sa tloga sa ba okeletse mathata a ba neng ba sa a solofela.

Some of the challenges facing African indigenous healing today concern the attempts to move away from ancient ways of doing things. Some of them did not have any importance in respect of healing in general. As a result of this, our people encounter new challenges that they did not foresee because they now have to keep pace with the new healing developments and technologies of today. This will help to ensure that they do not lag behind and thus finding themselves encountering more problems that they did not expect.

Mmakhuduga further elaborated as follows:

Mo gare ga mathata a a itemogelwang ke dingaka tsa setso gompieno go na le a a akaretsang a a latelang: go ikwadisa semmuso gore go tle go itsege gore ke bomang mme ba dira tiro ya mofuta mang ebile maikarabelo a bona mo tirong e ba e dirang ke afe, mo mabakeng mangwe dingaka tsa setso di itemogela mathata a balwetse bangwe ba ba sa tloholong ba dirisana nabo mme ba ya kwa dingakeng tsa sekgowa ka fa go twe di botoka mo go ka somareleng matshelo a batho le ka ntlha ya fa go twe dingaka tsa sekgowa di phepa ebile di kgona go thatlhobela balwetse mo sephiring le go tshola diphiri tsa malwetse a balwetse ba tsona di bolokesebile.

Amongst the challenges encountered by traditional healers today include the following: (1 To register officially as medical practitioners so that they could be easily identified and recognised. (2 They also need to register with an authorised accrediting body under which they will serve as professionals. (3 Healers also encounter some problems in respect of some clients who no longer consult with them, but decide to consult the western practitioners because they are said to be better than traditional healers in saving the lives of their patients because they have more advanced machines that they can use. They are also said to be clean and have proper surgeries where the patients are secure and treated in privacy. (4) Western healers are also said to be reliable in ensuring the confidentiality of information pertaining to their patients.

Ngaka Mmamohibidu Seepamere further explained the following:

Go na gape le bothata jwa gore batho bangwe ba ba sa katisiwang jaaka dingaka ba ka tsietsa balwetse ka go ba tshasa bobi mo matlhong gore bona ke dingaka tsa setso tse di katisitsweng ebile ba nonofile go mekamekana le malwetse a mefuta e e farologaneng le go kgona go a alafa ka katlego. Batho ba go nna jaana ba ka nna kotsi thata ka ntlha ya fa ba ka baya matshelo a balwetse mo `nakeng tsa kukama gongwe le gona go baka dintsho tse di ne di sa tlhokege ka gope ka ntlha ya go tlhoka kitso e e maleba ya ditlhare tse di alafang malwetse ka tshwanelo.

There is also a problem of people who are not trained as traditional healers who cheat the clients by claiming that they are well-trained traditional healers. Such people can be very dangerous because they can put the patients in danger of losing their lives.

The researcher's view in this regard is that traditional healers now have to find ways of meeting the demands of modern medicine, especially in the era of globalization and the challenges posed to local cultures and practices. As indicated by the respondent knowledge holders, traditional healing practices including the traditional healers themselves are faced by challenges of the registering of all professional practitioners, and patients stopping to consult traditional healers. One of the respondents, Morubisi Thoane, explained some of the challenges facing traditional healing today:

Bothata bongwe jo ka gale bo amanngwang le dikotsi tse dingwe tsa dingaka tsa setso di ka di bakelang balwetse ke jwa gore ka gale ga di beye ditlhare tsa tsona tse di alafang mo go bolokesezileng, di kwadilwe gore go itsege gore ke dife ebile mo mabakeng mangwe ditlhare tse di jewang di kopanngwa le tse di sa jeweng tse dingwe tsa tsona di na le bothole jo bo ka bakang dintsho tsa balwetse go ne go sa tlhokege.

Another problem associated with some dangers that traditional healers pose to the patients concerns the safe and proper storage of traditional medicines. Medicines for both internal and external use are often stored together in the same place which is not very safe for the patients.

The researcher's observation was that most traditional healers amongst the Batlokwa and Bakwena in the Madikwe area did not store their medicines in safe and reliable places or containers. This does not bother the healers themselves, but the patients can be negatively affected by medicines which are not safely or properly stored and taken care of. At times one discovers that pieces of plant materials (healing herbs) are scattered around in the workplace of the healer and all over the yard as if they would not be used as medicines for the purpose of curing people's diseases anymore. As soon as the healer needs them, they are just collected from where they are lying to be prepared and administered to the patients. This poses a great danger to patients in the sense that some foreign elements from the soil may be picked up and be wrongly used for the consumption of the patients. Some newly prepared traditional medicines from traditional healers' working places were often not hygienically stored, kept in suitable containers and properly labelled for easy identification and use by the patients. Traditional healers often explain that they do this out of fear that their confidential medicines and other secrets might be leaked to outsiders and enemies, who may in turn use these against the healers for their own purposes and benefits.

During the focus group discussions the majority of the respondents raised some concerns and indicated on the challenges that African indigenous healing systems and ritual practices face today. Rre Molemo wa Ramadie, a teacher at one of the local high schools in the Matlhako village, explained the following in respect of challenges facing traditional healing systems and ritual practices in the area:

Fa ngaka ya setso e laola motho, ga o ke o itse gore a e go dira tlhogo-mo-imele kana nnyaa ka ntlha ya fa go le gantsi go se na sesupo se se totobetseng gore a se ngaka e se tlhalosang ke boammaaruri kana nnyaa. Seno se bakiwa segolo ke gore ngaka ya setso ya ne e kopa molwetse gore a e tseye kgopu ka go tlhalosa gore mathata a gagwe ke afe.

When a traditional healer examines the patient, it is often not clear whether the diagnosis is valid and legitimate because there is no definite proof to that effect. This is mostly based on what the healer and his ancestors have access to alone and no other person can see any traces of evidence to that effect. One is therefore often not in a position to know whether the healer

genuinely sees what he diagnoses for the patient or not. Besides, the healer often asks some clarifications from the patient about the disease that he is suffering from.

The researcher's view in this regard is that when the healer examines the patient it is often not explicitly clear to the patient whether the correct diagnosis is made or not. This is due to the fact that the manner in which the diagnosis is done cannot be proven because the healer claims that he gets the information from the different falls of the bones as they are thrown on the floor. There is no evidence that can be tested for verification of the diagnosis made. However, members of the Batlokwa and Bakwena communities expressed satisfaction that the healers often make correct diagnosis of diseases by way of bone-throwing. Like in western medical practices there are instances where the modern doctor would ask his/her patient to explain the background of her/his illness.

Another concern expressed was that of secrecy in traditional healing practices. Mmadikgothi Makuenyane of Letlhakeng village in the Madikwe area explained the following in this regard:

Bothata jo bogolo jo bo amanngwang le bongaka jwa setso ke gore dingaka ka gale di rata go loba dilo. Gantsi ba loba gore kitso le bokgoni tse ba nang natso ba di fitheletse jang ka ntlha ya fa ba tshoga gore diphiri tsa bona ka namana di ka tloga tsa dutla mme baba ba bona ba tloga ba ba bakela mathata a a seng kana ka sepe.

The greatest challenge often associated with traditional healing is that traditional healers often keep information concerning their practices a secret. They often do not disclose how they have acquired their knowledge and skills due to fear that the information may end in the wrong hands and be used against them.

The researcher's view in this regard is that traditional healers like other knowledge holders in both western and traditional practices need to protect their knowledge from exploitation and abuse by other people. They only reveal their specialized knowledge to people that they trust who can also protect them against abuse exploitation. This knowledge has been passed down by word of mouth from generation to generation in order for it to be sustained for future use.

Ngaka Thompu Dikokomuru Mampirose expressed the following in this regard:

Bothata bongwe jo badirisi ba dithare tsa setso ba bo itemogelang ke gore mo mabakeng mangwe dithare tsa setso fa di setse di siamiseditswe go dirisiwa, ga di kgone gore di ka somarelwa sebaka se seleejana di sa senyega. Bontsi jwa dithare tsa setso bo senyega ka pele fa e le tse di apeilweng mme di tshwanelwa ke gore di nowe di le mo maamong a seedi.

Another challenge that consumers of traditional medicines have is that when medicines are prepared and mixed with water they often expire or get rotten quickly. This is not cost-effective for the users because they will need to go and buy medicines again after their expiry. Mostly traditional medicines that are cooked also get rotten quickly and the patients cannot use them for a longer time.

6.2 Prospects of Traditional Healing Practices of the Batlokwa and Bakwena

During focus group discussions, in-depth interviews were conducted with a number of community knowledge holders. A number of important issues were raised about the prospects of traditional healing systems and ritual practices for sustainable community livelihood. This took into account the role that traditional healing practices played in the health care provision to the people over the years amidst limited health and medical facilities and other resources in the area.

Mmêmogolo Bonny Gasebone wa Bakwena ba ga Morare (a community knowledge holder) in the Matlhako village explained elaborated on the following:

(a) Selo sengwe se se siameng thata ebile se na le mosola o mogolo ka ga bongaka jwa setso mo Madikwe mo, ke gore bo ka fitlhelelwa fela fa bonnyelapotsane. Motho ga o tlhoke go tsamaya sekgala se seleele go ya go batla ngaka ya setso ka ntlha ya fa go tshelwa le tsona gona mo gae mo.

One of the good things about traditional healing and ritual practices in our area is that it is within reach of the the people and all patients can have easy access to it. One does not have to travel long distances to look for a traditional healer because they

are with us at all times. They are the people that we know who also speak our language, i.e. Setswana. They share our culture and traditions and therefore often have a better understanding of our problems.

(b) Dingaka tsa rona tsa setso di dintsi ebile di fitlhelesega bonolo go na le tsa sekgowa kana tsa ditso tse dingwe tse di farologaneng. Dingaka tseno tsa setso di phela le batho (balwetse ba tsona) mo tikologong e ba nnang mo go yona. Seno se dira gore kalafi e nne bonolo ka ntlha ya fa dingaka di sa tlhologanye fela ka ga malwetse a balwetse mme di na gape le kitso e e tletseng ka ga lemorago la bona, setso, puo ya bona mmogo le dikaditumelo tse dingwe tse ba ka tshokane ka ba na le tsona.

Besides, traditional healers are many and can be easily accessed whenever they are needed unlike western doctors who are often found in the big towns far from the villages.

(c) Go feta fao, ngaka ya setso e thusa molwetse wa yona mmogo le ba a amanang nabo ka mathata otlhe a botshelo fa e bapisiwa le ngaka ya sekgowa. Mo setsong sa Batlokwa le Bakwena ba Madikwe, fa ngaka e tlhatlhoba gore molwetse o jewa ke eng, e tlhatlhoba gape le gore ke eng se se ka bo se tlhodile bolwetse jwa gagwe. Mo gare ga Batlokwa le Bakwena, go tlhologanngwa gore bolwetse e ka nna jwa tlholego, bo ka tswa bo tlhodilwe ke boloi kana molwetse a lwala ka ntlha ya go tshwarwa dikgaba.

Furthermore, a traditional healer is capable of helping the patient together with other people with whom he lives in respect of all problems of life that they may have, unlike western doctors who often only try to cure the disease at hand. Amongst the Batlokwa and Bakwena in Madikwe, when the healer diagnoses a disease, he also establishes the root of the problem, i.e, who or what has caused the illness. It is often important to know if an illness is natural or is caused by witchcraft or infliction by other evil spirits..

(d) Bolwetse jwa tlholego ke jo motho a bo lwalang ka ntlha ya fa e le tlholego gore go a diragala gore motho a lwale ka dinako dingwe bolwetse jo bo feleetse bo mo tsere. Bolwetse jwa boloi bona bo tshwara motho ka ntlha ya fa ba ba lefufa mo go ena ba

dirisitse dithhare tsa setso ka mo ba itseng ka gona go dira gore motho wa go nna jaana a tsenwe ke bolwetse jo bo rileng.

Natural illness is an illness that is caused by nature and not witchcraft, for instance, perpetuated by the enemies of the patient.

The researcher's view in this regard is that the community perspectives on the traditional healing systems and ritual practices of the Batlokwa and Bakwena in respect to the sustainable livelihood of the people emphasize the holistic approach to healing. Traditional healing practices, unlike western or modern medical healing practices, took all the aspects of life into consideration when looking at an illness. The traditional healer is not only capable of curing diseases, but also capable of revealing other unknown problems that the sick person was experiencing in his/her life. Such problems might at times not only be confined to the sick person alone, but may affect his/her family members, relatives as well as other persons who are very close to him/her in his/her life.

The healer is often capable of addressing such problems through the use of relevant traditional medicines and rituals, or by subjecting the affected person to counselling, or even suggesting how the other persons related to the sick person might be helped with the problems or illnesses affecting them. Ritual performance played a crucial role in this regard. It was on the basis of these considerations that they were culturally acceptable and popular to the people.

Ngaka Makgaola explained further in the following words:

Selo sengwe gape se se botlhokwa thata ka go dirisa dingaka tsa setso ke gore re kgona go bua natso ka go dirisa Setswana eleng puo ya rona ya mo gae mo. Molwetse ka jalo o kgona go itlhalosa le go itekodisa ngaka ya gagwe go se na letsapa lepe le le mo fisang pelo. Tiriso ya puo e molwetse a e tlhologanyang bonolo, ke gore segaabo, go botlhokwa thata ka ntlha ya fa e rotloetsa molwetse go itshepa le go tshepa ngaka ya gagwe. Ka ntlha ya seno, kalafi e nna bonolo thata ebile e diragalela ka pele.

Another important aspect about using traditional healers is that they are using the local language and therefore have a better understanding of the problems of the people. The patient is able

therefore to express himself freely and can therefore relate better to the healer who assists him/her.

Traditional medicines in the form of a variety of plants and animal residues are easily obtainable from the immediate environment in which traditional communities live. Besides, traditional healers themselves also live in the neighbourhood of the community and cooperation between the two (the healer and the community) occurs without hassles. In this way, healers and patients have a better understanding of each other, and thus the understanding of the diseases that have afflicted the patients makes it possible for cures to be successful.

The focus group discussions and interviews with traditional healers in the study communities also revealed that they are willing to work with modern medical practitioners in the interests of their patients and the development of their healing systems.

Setswamotlhokong Tontonyane (a community knowledge holder) from Letlhakeng village in Madikwe elaborated as follows:

Dingaka tsa setso gompiano di setse di inyalantse thata le tsa seeng segolo tsa sekgowa gore tirisano mmogo mo gare ga tsona e se ka ya nna mokgoleo. Ka ntlha ya seno dingaka tseno di kgona go tlabana malotsana go ya ka moo ditso tsa tsona tse di farologaneng di dirang ka gona jaaka fa sa Se-Aforika setso se dira ka badimo mme sa sekgowa sona se sa inyalanye le seo. Go sa felelane pelo mo ntlheng eno go bothokwa thata mme tirisano mmogo e tla dira gore tse di ne di ka nna thata go fitlhelelwa e nne kgetse e potlana.

Traditional healers today have already started to work in close collaboration with western medical practitioners so that they can improve cooperation between themselves for the further development of their healing systems. As a result of this practitioners are able to learn from one another, taking into consideration the differences between their cultures and traditions. Being patient with each other in this regard is extremely important for the practitioners to improve on their cooperation and relationships.

The researcher argues that the fact that healers see a need to work together with western medical practitioners is an indication that there is a serious commitment to bring about a difference in the health care provision to the communities in South Africa, including the Madikwe area. Traditional healing systems can use the advanced technologies of modern systems to improve their limitations, and the latter can learn from traditional healing practices about the importance of incorporating cultural values, including the holistic approach to health care provision to the people.

CHAPTER SEVEN

CONCLUSION AND RECOMMENDATIONS

7.1 Conclusion

The study investigated the traditional healing ritual practices of the Batlokwa and Bakwena communities in the Madikwe area from the perspectives of the local communities themselves. These practices contributed greatly to the sustainable welfare of the local communities in terms of providing a health care system which was community-based. Colonialism and the apartheid regimes portrayed these practices as primitive and satanic because they were not based on western christian values. However, in spite of these challenges which faced the traditional health practices the local communities in the study area supported and used them, especially in situations where modern medical and health services were limited and unaffordable.

The significance and challenges which faced these practices were narrated and discussed with the community knowledge holders and practitioners themselves based on their own experiences.

Another strength of the study was the way the socio-economic and demographic characteristics of the respondent knowledge holders and community members in general were investigated from the perspective of the people themselves.

This was contrary to the conventional way of describing and analysing these aspects from the researcher's perspectives. This was meant to address the concern by raised by community members that past tended to look at the socio-economic and demographic characteristics of the local people such as age, gender, marital status, social status, etc., from a western perspective. They neglected the fact that these variables have cultural significance in the lives of the people, especially in issues related to people's health, such as the traditional healing systems and ritual practices.

Moreover, the respondent community members and knowledge holders revealed in their own words the way these practices helped traditional communities against various types of illnesses which afflicted them from time to time over many years, and they were still used and relevant to date. The practices were favourable to the community members because they were affordable and accessible in terms of costs. They were holistic and culturally acceptable as they venerated the role of ancestors and looked the health problems of the community members in totality. The people believed that there were many illnesses in the community that were culturally-based and only traditional healing practices could handle. The western medical practices which were based on foreign cultures and did not know the role of the ancestors in the African ways of life could not diagnose and cure them.

The holistic approach to health and healing was demonstrated by the three main categories of healing followed by the Batlokwa and Bakwena in the study area, i.e. the physical, spiritual and mental healing. In physical healing, healers attend to physical illnesses that patients often suffered from. In this regard, a bone-throwing method of disease diagnosis was primarily used to determine the illnesses and the causes thereof. In turn traditional medicines were also identified for curing the illnesses diagnosed. During the process of bone-throwing, healers often connects to their ancestors in order to help reveal disease and other problems of the patient.

In the event of spiritual healing, the healer called for ancestral intervention and went into the state of trance wherein the revelation of a disease, the cause thereof, the relevant remedies and how they were to be used were made known to the healer in order for him to be able to cure the patient. In this regard the healer revealed the illness and other problems of life to his/her patient in the form of prophecies, i.e., by way of making predictions. For mental illnesses, the healer attended to the mental illnesses and other related problems in the patient's life in which case aspects of physical healing were often integrated with the spiritual ones in order to influence healing, for instance, bone-throwing may be used together with a ritual for counselling the patient..

The study looked at the importance of rituals in the healing practices of the study communities. Healing rituals were performed daily at different times of the day to

keep contact with family and ancestors in terms of certain important matters in the lives of the people. The ancestors were often communicated to through various types of rituals, which included sacrificial offerings, libation, magic, dancing, drumming, chanting and other forms of ritual activities. Ritual performances amongst the Batlokwa and Bakwena communities helped them to be stable, peaceful and harmonious at all times. Ritual performances reflected the community-based nature of life among the people. Communal life and sharing was an integral part of the life of the people even in terms of healing practices. For each abnormal occurrence or deviant behaviour of a person amongst the people, a healing ritual was performed in order to normalise the situation before it go out of hand.

The role of the chief in traditional healing practices of the study communities was also emphasized in the study. Traditionally, traditional leaders were regarded as the custodians of the healing rituals amongst Batlokwa and Bakwena. They were endowed with these responsibilities by the ancestors. The study revealed that even if the chief was not a traditional healer himself, his position and respect as a leader of the tribe gave him the dignity and authority to be respected by all under his leadership. The chief had a very big role to play in controlling and working with traditional healers in his village. No healer could by pass him because the healer had to work with the ancestors for his success. This emphasizes the holistic nature of the traditional healing systems among the African communities. Illnesses had a social, cultural and spiritual context. Therefore its causes and healing process have to take these aspects into consideration. The chief was the custodian of these values and customs in the community.

On the issue of challenges and prospects facing traditional healing practices in general and in the study area in particular, the study indicated a number of issues with regard to challenges as the practices try to incorporate modern healing and health care systems. Amongst the challenges included the following: registration so that they could be known, what kind of work they do, and what their responsibilities are in respect of the type of work that they do. In some cases traditional healers experienced problems of patients who were no longer cooperating with them as they had started to consult western doctors. They consider the latter to be more professional in saving people's lives, were more hygienic and able to examine their patients in privacy and kept the confidentiality of the patients.

There was also the problem that some people who were not trained as traditional healers might cheat the patients by telling them that they were genuine healers and they were capable of dealing with various kinds of illnesses. These people could be very dangerous because they could put the lives of their patients in danger or even cause death. It is on the basis of above considerations that there is a great need for cooperation between modern and traditional ways of healing to regulate and standardize traditional healing practices. Both systems can also learn from each other in the interests of the patients.

7.2 Recommendations

This study makes the following recommendations:

- There is need for more research work to be conducted in African tribal communities in South Africa and Africa at large to investigate the efficacy of traditional healing systems, especially their contribution to primary health care in the respective local communities. These studies should be done in a participatory approach from the perspectives of the communities themselves, especially their knowledge holders and practitioners. This will help to remove the concern with past studies which tended to neglect or marginalize the views of the communities.
- In order to avoid the distortion of the views of the community members and their knowledge holders, research work in these tribal communities should be conducted in the local languages and the views must be presented in their original form in the form of narratives. Past studies done by foreigner tended to interpret the views of the communities from their own cultural perspectives using foreign languages and concepts.
- Taking into consideration the role traditional medicine and healing practices play in the welfare of the people, especially their holistic nature and approach to health, they should not be treated as alternative medicine. They are a central health care system to the majority of the people in poor communities who cannot afford modern health care systems. Government and other stakeholders in cooperation with the local communities should find ways of incorporating modern medicine into these traditional practices in the interests of the

patients. The current approach puts emphasis on finding ways of incorporating traditional medicine and healing practices into modern medicine and not the vice versa. Majority of Africans do not depend on modern medicine for survival.

- Government in collaboration with traditional leaders in the local communities should work together to ensure that all traditional healers are registered for the purpose of identification and safety of the patients. As was indicated in the findings that there are a number of people in the country who claim to be traditional healers and hence create a danger to the health of the people.
- Standard generating bodies need to be created composed of traditional practitioners themselves for the accreditation of healers and other aspects pertaining to their practices.
- Various platforms need to be created where traditional healers and modern medical practitioners could meet to exchange ideas and experiences in the interest of improving the health care system of the communities and country at large. More research work could be done in collaboration of the two health care system.
- There are a number of issues which the two systems could learn and benefit from each in the interest of improving the health care system of the communities. The modern medical practitioners could learn from the holistic approach of traditional medicine and the traditional medicine could take advantage of the technological advancement of modern medicine to affirm, validate and improve their work.

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QUESTIONNAIRE

ON

INDIGENOUS HEALING AND RITUAL PRACTICES

SECTION A

HEALING SYSTEMS AND RITUAL PRACTICES IN MADIKWE AREA

Which percentage best represents the most appropriate answer to each of the following questions? Choose the answer which in your view gives the most relevant option from the list given by putting a cross (X) on the corresponding letter of the alphabet:

1. Which percentage shows that most traditional community members in the Madikwe area are still fully supportive of traditional healing systems and ritual practices?
 - A Less than 10%
 - B 20-30%
 - C 40-50%
 - D 60-70%
 - E. 80% and above
2. Which percentage best represents male community members in Madikwe who are traditional healers by profession?
 - A Less than 10%
 - B 20-30%
 - C 40-50%
 - D 60-70%
 - E 80% and above
3. What is the percentage of female community members currently practising as traditional healers in Madikwe?
 - A Less than 10%
 - B 20-30%
 - C 40-50%
 - D 60-70%
 - E 80% and above

4. Which percentage best explains the efficiency and healing success of traditional healing and ritual practices in the area?

- A Less than 10%
- B 20-30%
- C 40-50%
- D 60-70%
- E 80% and above

5. What is the percentage of adult persons (males and females) still in favour of traditional healing than western medical practices in the area?

- A Less than 10%
- B 20-30%
- C 40-50%
- D 60-70%
- E 80% and above

6. What is the percentage of young persons in Madikwe (males and female) currently preferring the use of traditional medicines than western remedies?

- A Less than 10%
- B 20-30%
- C 40-50%
- D 60-70%
- E 80% and above

7. What is the percentage of community members in Madikwe that still regards traditional healers as qualified and accredited service providers to local communities?

- A Less than 10%
- B 20-30%
- C 40-50%
- D 60-70%
- E 80% and above

8. Which percentage indicates that traditional medicines in Madikwe are regarded as effective remedies for illnesses from which most community members suffer?

- A Less than 10%
- B 20-30%
- C 40-50%
- D 60-70%
- E 80% and above

9. Which percentage shows that approaches followed in traditional healing and ritual practices in the area are extremely holistic?

- A Less than 10%
- B 20-30%
- C 40-50%
- D 50-70%
- E 80% and above

10. Which percentage indicates that diagnosis of diseases through bone throwing is not a common aspect of traditional healing in the area?

- A Less than 10%
- B 20-30%
- C 40-50%
- D 60-70%
- E 80% and above

11. Which percentage shows that there are more male than female healers in traditional communities of Madikwe?

- A Less than 10%
- B 20-30%
- C 40-50%
- D 60-70%

E 80% and above

12. Which percentage indicates that witchcraft, sorcery and magic are strongly condemned by traditional leaders and healers in Madikwe?

A Less than 10%

B 20-30%

C 40-50%

D 60-70%

E 80% and above

13. What is the percentage showing that healing and counselling ritual acts are performed on daily basis in the area?

A Less than 10%

B 20-30%

C 40-50%

D 60-70%

E 80% and above

14. What is the percentage of persons within the Madikwe communities that often perform rituals for healing purposes?

A Less than 10%

B 20-30%

C 40-50%

D 60-70%

E 80% and above

15. Which percentage indicates the support that traditional leaders enjoy from traditional healers and community members in all matters pertaining to traditional life of their tribes?

A Less than 10%

B 20-30%

C 40-50%

D 60-70%

E 80% and above

SECTION B

AFRICAN BELIEFS AND RELIGIONS IN MADIKWE

Say whether the following statements are True or False with regard to African beliefs and religions in Madikwe. Only write True or False next to the number of the statement or question asked.

16. African religions are many and diverse, i.e., there is no one single religion like Christianity or Hinduism in the Madikwe area.
17. Traditional African people believe that ALL diseases that are known can be successfully cured by using traditional medicines.
18. There are traditional medicines which can be talked to by healers and instructed to perform certain duties.
19. Every traditional religion has its founder, for instance, the founder of Christianity is Jesus Christ.
20. Original African religions were only orally communicated and never existed in a written form.
21. For traditional African communities an ancestor is afforded the same status as God, the creator of heaven and earth.
22. Most members of traditional African communities believe that there are diseases which cannot be cured by western medical practitioners.
23. It is not every person who has died who qualifies to be an ancestor, i.e., there are certain criteria which have to be met for a dead person to qualify to become an ancestor.
24. Ritual activities can influence peace, harmony and cooperation in the communities.
25. A ritual like pouring libation is not similar to a Christian prayer.
26. Traditional religions are only found in Africa.
27. In African religions, beliefs show the way people think about the universe as well as their attitudes toward life itself.
28. Values and morals are part of African religion dealing with the ideas that safeguard or uphold the life of the people in their relationship with one another and the world around them.

29. Religious objects and places are those things that communities have set apart as being holy and sacred.
30. Traditional African communities believe that traditional healers can solve all problems of life without any help from God.
31. In the hierarchy of creation, it is believed that ancestors come first and then followed by God.
32. There is nothing like ancestor worship in African religions and beliefs.
33. When praying, traditional African people communicate with God, ask for His mercy and protection and also ask from God good things for their lives on earth.
34. According to Christian doctrines, it is sinful and unholy to use traditional medicines to cure illnesses.
35. From the point of view of the African people, God can never be equated to ancestors or gods because He is The Almighty who has created the universe and everything on it.

SECTION C

GENERAL HEALING SYSTEMS AND RITUALS IN MADIKWE

Choose the answer which in your view represents the most acceptable from the options given. Encircle the letter of alphabet which represents the answer you have chosen.

36. Traditional healing can never be equated to witchcraft because:
 - A it is intended to destroy the lives of people
 - B it is based on hatred and driven by evil powers
 - C it is a genuine gift from God intended to cure diseases from which patients suffer.
 - D It encourages people to obey idols instead of obeying God.

- 37 Which one of the following statements best describes an ancestor:
 - A An ancestor is the same as God.
 - B An ancestor is an angel.

- C An ancestor is someone who has died and led an exemplary life and has carried out all his/her responsibilities during the life time.
- D Any person young or old who once lived and has died.

38. Which one of the following characteristics of indigenous healing can also be associated with western medicine practice?

- A Diagnosing diseases by throwing bones.
- B curing diseases by using materials obtained from the environment refined or unrefined.
- C Medicine dosages are sometimes a problem.
- D patients are often fully cured and do not need to consult the healer regularly about the same problem.

39. Which one of the following is not part of African religion?

- A Beliefs
- B Religious objects and places
- C Altar
- D Practices, ceremonies and festivals
- E Values and morals

40. One of the following things is not used by traditional healers:

- A Bones
- B Parts of animal bodies
- C Invoking ancestral spirits
- D Rituals acts
- E Tablets

SECTION D

EDUCATIONAL AND OCCUPATIONAL STATUS OF COMMUNITY MEMBERS IN MADIKWE

Choose the percentage that best suits the statement given

41. Community members who do not have any formal education of some sort in the Madikwe area.

- A 0-10%
- B 20-30%
- C 40-50%
- D 60-70%
- E 80% and above

42. Number of people in the communities who can just read and write:

- A 0-10%
- B 20-30%
- C 40-50%
- D 60-70%
- E 80% and above

43. People who possess standard six certificate:

- A 0-10
- B 20-30%
- C 40-50%
- D 60-70%
- E 80% and above

44 Number of people who possess standard eight certificate:

- A 0-10%
- B 20-30%
- C 40-50%
- D 60-70%
- E 80% and above

45 Number of people in possession of matriculation certificate:

- A 0-10%
- B 20-30%
- C 40-50%

D 50-60%

E 80% and above

SECTION E

UNDERSTANDING WELLNESS AND SUFFERING IN MADIKWE

Answer the following questions by writing **YES** or **NO** next to the number of the question you answer:

46. African religion marks through ritual and ceremony many of the key moments in the life of an individual such as birth, initiation, and puberty, marriage and death.
47. In African tradition, God is thought to be the ultimate guardian of human morality.
48. Animism is not a belief system and practice based on the idea that objects and natural phenomena are inhabited by spirits and souls.
49. African religions have like Christianity founders who have started them.
50. During the state of trance or possession, mediums can speak in different voices or in other languages that they do not otherwise know or understand.
51. Some medicines in African traditional healing are so strong that they can be talked to and instructed to perform certain functions.
52. In traditional healing, there are no fields of specialization.
53. Only male persons can train and qualify to be traditional healers.
54. There are three main sections of traditional healing, i.e., physical, spiritual and mental healing.
55. There are traditional healers who do not throw bones, but they are still capable of curing diseases.
