

**A PHENOMENOLOGICAL STUDY ON THE EXPERIENCES OF  
BLACK PEOPLE CONSULTING AFRICAN TRADITIONAL  
HEALERS IN TSHWANE**

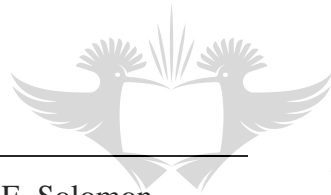
A dissertation submitted to the Faculty of Health Sciences at the University of  
Johannesburg, in partial fulfilment of the requirements for the Master's Degree in  
Technology: in the programme Homoeopathy by

Tebogo Victoria Kgope  
(802050913)

Supervisor: \_\_\_\_\_

Dr E. Solomon

HD.ND Do (Lind), BA (Unisa)



UNIVERSITY  
OF  
JOHANNESBURG

\_\_\_\_\_ Date

Co-Supervisor: \_\_\_\_\_

Prof M. Chabeli

D.Cur Nursing Education (UJ)

\_\_\_\_\_ Date

Specialist Supervisor: \_\_\_\_\_

Prof M. Motshekga

LLD (Unisa), LLM (Harvard)

\_\_\_\_\_ Date

Johannesburg, 2012

## DECLARATION

I, Tebogo Victoria Kgope declare that this dissertation is my own, unaided work. It is submitted for the Degree of Masters Technology: Homoeopathy at the University of Johannesburg. It has not been submitted before for any degree or examination in this or any other University.

Ethics Clearance No.: AEC67/09

---

\_\_\_\_\_ Day of \_\_\_\_\_ 2012



## ACKNOWLEDGEMENTS

I would like to extend my gratitude and thanks to the Creator of all things, my God almighty for everything He has done for me and to thank the Universe for the lessons I have learned and continue to learn throughout my journey in life.

Great honour and respect:

- To all the participants who took their time to ensure this study is made possible by allowing me to journey into their lives and share their experiences with me.
- To all African Traditional Healers who made this study possible, by allowing my interaction with your patients possible, may your deities transcend you to greater wisdom.
- To my highly esteemed Supervisors, Dr Solomon, Prof. Chabeli and Prof. Motshekga all your advices and patience towards my side in the study have been of tremendous value to me.
- My lecturers at the University of Johannesburg, thank you for all the valuable lectures throughout the years.
- To my beloved parents, Simon and Salome Rose Kgope, for your unwavering support and prayers in all these years. *“Ke fano ka matla a lona.”*
- To my nephews, Thapelo, Kagiso, Lebo, Lesego and my dearest brother Mpho for always being there to assist with household chores when I studied and needed to focus.

## ABSTRACT

The World Health Organization (WHO) defines African Traditional Medicine (ATM) as comprising of indigenous experiences of different cultures, approaches, knowledge and beliefs, which incorporates plant, animal and mineral-based medicines together with spiritual therapies in the treatment, diagnostic and the prevention of disease (WHO, 2008). It is estimated that up to 70-80% of the black population in South Africa consult African Traditional Healers (ATH) for their health care needs before or together with the use of other health care providers (Truter, 2007). According to Truter (2007) this is because many in the black population find ATH to be more accessible, familiar and more knowledgeable concerning culture-bound syndromes and traditions.

Homoeopathy is a form of natural medicine that takes a holistic approach to the treatment of patients. As part of a holistic approach, Homoeopaths are required to understand their patient's frame of reference and their life world. As many of the black patients who consult Homoeopaths also consult ATH, it is important for the Homoeopathic practitioner to understand these patients in order to ensure positive doctor-patient relationships.

The aim of this qualitative phenomenological study was to explore and describe the experiences of black people consulting ATH in Tshwane and from this information, make guidelines for improved meaningful interactions between Homoeopathic practitioners and their patients who consult ATH.

This was a contextual, qualitative and phenomenological research design. Ten black participants who consulted with ATH were interviewed. The participants were recruited by means of purposive sampling.

African Traditional Healers were identified through the Kara Heritage Institute in Tshwane, an institution dealing with indigenous knowledge systems. Volunteers were recruited through advertisements (Appendix A) which were placed at the designated working areas of ATH with their permission. Participants completed the information and consent form (Appendix C).

Data was collected through in-depth face-to-face semi-structured interviews. Each interview was recorded with the use of a digital voice recorder and transcribed verbatim to a comprehensible text. This was analysed using an open-coding qualitative data analysis method as described by Creswell, (1998). The research questions emanating from the study revolved around asking participants about their experiences with ATH. Measures to ensure trustworthiness were in accordance with Flick (2002), using four models of credibility, transferability, dependability and confirmability.

The findings of the study revealed four main categories namely: African traditional healing is deeply rooted in Black people's culture; techniques used by African Traditional Healers are viewed as an integral aspect in African traditional healing; different experiences on African traditional healing and Western medicine's (WM) ability to treat illnesses and a desire for co-operation between ATH and WM. The fourth category was also considered a recommendation described by participants when they were asked what should be done to improve the healthcare services when they responded that African traditional healing and WM should be integrated. It became clear that the experiences of black people consulting ATH are influenced by their indigenous beliefs and having a high regard for African traditional healing and its practices as part of their culture. It was advised that there needs to be an acknowledgement and awareness of diverse cultures in order to develop methods that would promote a multidisciplinary approach to treating patients in a holistic manner in the curricula of homoeopathy and other health disciplines.

The study reveals that differences between ATH and WM will always exist but guidelines should be followed to put interest in improving the needs and health of patients as both Homoeopathy and ATH share a common goal of treating patients holistically. Recommendations for better interaction between Homoeopaths and patients who consult ATH were made.

## DEDICATION

I dedicate this dissertation to all committed Health Care Professionals who are interested in influences of culture in our health care system.

My beloved parents, everything that you have done for me will never go unnoticed.

*A Special Dedication to my Fiancée, my Soul Mate, Palli Tlholoe who tragically passed away on 19<sup>th</sup> May 2011, I Will Always Love You.*

&

*To My Sister Patricia Thandi Kgope whom I lost to Chronic Renal Failure on 25<sup>th</sup> September 2011, I know you truly believed in me.*

*May their Souls Rest in Peace!*



# TABLE OF CONTENTS

DECLARATION	ii
ACKNOWLEDGEMENTS	iii
ABSTRACT	iv
DEDICATION	vi
ABBREVIATIONS	xi

## CHAPTER 1: OVERVIEW OF THE STUDY

### BACKGROUND

1.1 African Traditional Medicine	1
1.2 African Traditional Healers	2
1.3 Complementary and Alternative Medicine in South Africa	3
1.4 Homoeopathy	4
1.4.1 The Philosophy of Homoeopathy	4
1.4.2 The Homoeopathic Approach in Practice	5
1.5 Problem Statement	6
1.6 Research Questions	6
1.7 Aim and Objectives of the Study	6
1.8 Significance of the Study	7
1.9 Definitions of Key Concepts	7
1.10 Research design	8
1.11 Trustworthiness	8
1.12 Ethical considerations	9
1.13 Conceptualization of findings	10
1.14 Guidelines, Limitations, Recommendations and Conclusions	11
1.15 Study Outline	11

## CHAPTER 2: RESEARCH METHODOLOGY

2.1 Introduction	12
2.2 Research Design	12
2.2.1 Qualitative Research Method	12
2.2.2 Contextual Research Design	13

2.2.3 Phenomenological Research Design	13
2.3 Research Method	13
2.3.1 Population Target	13
2.3.2 Research Sample, Sampling Method	14
2.3.3 Role of the researcher	14
2.3.4 Research Procedure	15
2.3.5 Data collection	15
2.3.6 Data analysis	16
2.4 Conceptualization	17
2.5 Trustworthiness	18
2.5.1 Credibility	18
2.5.2 Transferability	18
2.5.3 Dependability	19
2.5.4 Confirmability	19
2.6 Summary	19

### **CHAPTER 3: DESCRIPTION OF RESEARCH FINDINGS**

3.1 Introduction	20
3.2 Description of findings	21
3.2.1 African traditional healing is deeply rooted in black people's culture	21
3.2.1.1 African traditional healing is part of upbringing from home	23
3.2.1.2 Strong sense of belief in African traditional healing	25
3.2.1.3 Ancestral visits or intervention when seeking assistance in African traditional healing	26
3.2.1.4 The significance of consulting ATH when experiencing challenges in life	29
3.2.1.5 Spirituality viewed as an important part of African traditional healing	30
3.2.2 Techniques used by ATH viewed as an integral aspect in traditional healing	31
3.2.2.1 Healing through prayer, holy water and water	32
3.2.2.2 Healing using enema (holy water, vinegar and salt)	33
3.2.2.3 Throwing of bones by ATH	33
3.2.2.4 Connecting with ancestors by using snuff, slaughtering of chicken, soghurm beer or traditional beer	35



3.2.3 Different experiences on African traditional healing and WM	36
3.2.3.1 WM is unable to diagnose or treat certain illnesses	38
3.2.3.2 A view of African traditional healing being better than WM	39
3.2.4 A desire for co-operation between ATH and WM	40
3.2.4.1 Issuing of sick notes between ATH and WM should flow easily	43
3.2.4.2 The Government to allow African traditional healing to regulate itself	44
3.3 Summary	44

## **CHAPTER 4: CONCEPTUALIZATION AND INTERPRETATION**

4.1 Introduction	45
4.2 Conceptualization	45
4.2.1 African traditional healing is deeply rooted in black people's culture	46
4.2.1.1 African traditional healing is part of upbringing from home	47
4.2.1.2 Strong sense of belief in African traditional healing	48
4.2.1.3 Ancestral visits or intervention to seek assistance in African traditional healing	50
4.2.1.4 The significance of consulting African Traditional Healers (ATH) when experiencing challenges in life	52
4.2.1.5 Spirituality viewed as an important part of African traditional healing	54
4.2.2 Techniques used by ATH viewed as an integral aspect in traditional healing	57
4.2.2.1 Healing through prayer, holy water and water	57
4.2.2.2 Healing using enema (holy water, vinegar and salt)	59
4.2.2.3 Throwing of bones by ATH	59
4.2.2.4 Connecting with ancestors by using snuff, slaughtering of chicken, soghurm beer or traditional beer	60
4.2.3 Different experiences about African traditional healing and Western Medicine's ability to treat illnesses	61
4.2.3.1 WM is unable to diagnose or treat certain illnesses	62
4.2.3.2 A view of African traditional healing being better than WM	65
4.2.4 A desire for co-operation between ATH and WM	66
4.2.4.1 The issuing of Sick Notes and Referrals between ATH and WM should flow easily	69

4.2.4.2 The Government to allow African traditional healing to regulate itself	70
4.3 Summary	71

**CHAPTER 5: GUIDELINES, LIMITATIONS, RECOMMENDATIONS AND CONCLUSIONS**

5.1 Introduction	72
5.2 Guidelines	73
5.3 Conclusions	79
5.4 Limitations of the study	80
5.5 Researcher’s Personal Experience	80
5.6 Recommendations	81

<b>REFERENCES</b>	82
-------------------	----

<b>APPENDIX A</b>	89
-------------------	----

<b>APPENDIX B</b>	90
-------------------	----

<b>APPENDIX C</b>	92
-------------------	----

<b>APPENDIX D</b>	94
-------------------	----



## **ABBREVIATIONS/ ACRONYMS**

- **AHPCSA** Allied Health Professions Council of South Africa
- **ATM** African Traditional Medicine
- **ATH** African Traditional Healers
- **CAM** Complementary and Alternative Medicine
- **HSA** Homoeopathic Association of South Africa
- **WM** Western Medicine



# CHAPTER 1

## OVERVIEW OF THE STUDY

### 1. Background

#### 1.1 African Traditional Medicine

The World Health Organization (WHO) defines African Traditional Medicine (ATM) as comprising indigenous experiences of different cultures, approaches, knowledge and beliefs, which incorporate plant, animal and mineral based medicines together with spiritual therapies in the treatment, diagnostic and prevention of disease (WHO, 2008).

It is estimated that up to 70 – 80% of the black population in South Africa consult African Traditional Healers (ATH) for their health care needs before consulting a Western Medicine (WM) health care practitioner (Truter, 2007). ATH fall under the practice of alternative medicine and it is the type of healing therapy and healing approach that is not imparted through formal education (Beers, Porter, Jones, Kaplan & Berkwits, 2006). In South Africa, the Government, through the National Department of Health, has made interventions towards the official recognition, institutionalization and empowerment of ATM (Department of Health Draft Policy on African Traditional Medicine, 2008), but there is poor understanding between the different health disciplines. Recently, interest has been expressed in integrating ATM within the country's national health care systems.

According to the South African Traditional Health Practitioners Act (Act 35 of 2004) the practice of African traditional healing is deeply rooted in the African philosophy, which utilises the indigenous African principles and techniques including traditional medicine.

ATM and African traditional healing incorporates divinity, midwifery and herbalism (Medical Research Council, 1997); it involves cultural and religious beliefs all used in a holistic approach, where the patient is treated as a complete person and treatment is provided for physical, spiritual, mental and social signs and symptoms (Truter, 2007).

Additionally, an attitude of acceptance towards ATM and African traditional healing is emerging and gaining momentum, hence the motivation to consider ATM as a health model in its own right, encompassing its own principles and methodologies (Department of Health Draft Policy on African Traditional Medicine, 2008).

## 1.2 African Traditional Healers

Studies indicate that to become an ATH, the chosen person usually receives a calling from their respective ancestors. According to Motale (2010), it is understood that the calling from the ancestral spirits may manifest itself in one falling ill, where the individual presents with body pains, stupor, twitching and may also experience peculiar dreams. As soon as the person accepts their calling, they are assigned to an experienced ATH who will give them instructions and supervise them through the entire initiation process. The ATH should be able to emulate what he or she is advocating to the initiates. Usually the initiation period takes between three to seven years depending on the dictates of the ancestors; until the initiate becomes a qualified ATH, who will enjoy a good reputation within the community and with other ATH (Motale, 2010). On qualifying as an ATH, the healer is offered a book to certify their qualification after registering with the Traditional Healers' Organization (WHO, 2008).

In 2008 statistics showed that nearly 200,000 ATH practice in South Africa (Gqaleni, Moodley, Kruger, Ntuli & Mcleod, 2007). According to Ross (2010), ATH can be classified according to five different groups. The first group is that of Sangomas also known as diviners, they usually use the technique or medium of bone throwing during their consultations in order to diagnose ailments or their patients' problems and use a variety of herbs to treat their patients. The sangomas also possess the power to connect and communicate with the ancestors as they are able to enter into an altered state of consciousness. The second group is that of prophets or spiritual healers or faith healers also known as seers, they use the power of or the spirit of God to intercede the healing process, and use techniques such as prayer, holy water, enemas and candlelight in the diagnoses and treatment of their patients. The prophets can also mediate and pose as channels of expression where mysterious things take place. These prophets are often found in many African traditional religions or African indigenous churches (Lubbe, 2009). The third group of ATH is that of herbalists or *inyangas in Zulu*, they often have the knowledge and experience of herbal medicine. Although they do not possess the powers to connect with the ancestors or to enter the spiritual realm, they can prescribe herbs and enemas for a wide range of ailments or illnesses. The fourth group is that of traditional birth attendants or traditional midwives, who aid during pregnancy and the delivery of the newborn baby. The

fifth group is traditional surgeons, usually elderly men, who aid in the circumcision of young men.

### **1.3 Complementary and Alternative Medicine in South Africa**

Complementary and Alternative Medicine (CAM) practitioners were officially accepted and acknowledged in 1985. CAM can be defined as comprising a complete spectrum or a variety of therapeutic health care system practices with medicinal substances that are not commonly regarded as a branch of Western Medicine (WM) (Gqaleni *et al*, 2007). In the past chiropractors, herbalists, homoeopaths, naturopaths and osteopaths could only register to study on a six-month period in 1974. It was the Allied Health Service Professions Board Act (Act 63 of 1982) which instituted the South African Associated Health Service Professions Board currently known as the Allied Health Professions Council of South Africa (AHPCSA), which registers homoeopaths and chiropractors and other healing modalities (Gqaleni *et al*, 2007). Within the African continent, the professions of Homoeopathy and Chiropractics are studied exclusively at two tertiary institutions in South Africa, at the University of Johannesburg and the Durban Institute of Technology. In 2011, the Allied Health Professions Council of South Africa confirmed that the number of registered Homoeopathic practitioners is 565 (Maple, 2011).

While it is also becoming evident that many South Africans recognize and acknowledge the use of integrative medicine, scientific studies have established that using this approach in dealing with different health care problems is proving to be more safe and effective than focusing exclusively on a single medical modality (Levin, 2010). The fundamental aspects of CAM function harmoniously to enhance different aspects of health, complementing the body by working in conjunction with it to enhance one's health in dealing with the underlying cause of the disease. CAM is considered to be preventative medicine.

In 2001, the South African Society of Integrative Medicine (SASIM) was established; it was made of registered WM doctors who had expressed interest in integrative medicine. The philosophy behind integrative medicine is to bring both aspects of western and traditional or complementary medicine to the fore when dealing with patients. SASIM was born out of a conscience that each person needs to be treated in a holistic manner, a similar

way in which both Homoeopathic practitioners and ATH approach their patients' cases. The association was realising the surfacing and fundamental value of energy medicine in respect of body, mind and spirit (Gqaleni *et al*, 2007).

According to Johannes and Van der Zee (2010), Homoeopathy and WM have been in existence for almost two centuries. It is only emerging currently that WM is acknowledging its limitations. Many patients still prefer Homoeopathy as a form of CAM, despite the fact that the profession has been subjected to many trials (De Schepper, 2006). Worldwide there is a powerful revolutionary force that upholds and encourages the importance to offer integrative medical services between WM and CAM a fact for which African traditional healing forms a part (Wolf, 2000).

## **1.4 Homoeopathy**

### **1.4.1 The Philosophy of Homoeopathy**

Homoeopathy is a holistic therapeutic medical system, founded by a German doctor, Samuel Hahnemann in 1791 (De Schepper, 2006). It is based on the principle of “*like cures like*”. In practice, it means that a medicine capable of producing certain symptoms in a healthy person is capable of curing an illness that displays those similar symptoms (De Schepper, 2006).

The practice of Homoeopathy is also based on certain fundamental principles. Firstly, the remedies that are used are tested on human volunteers (provers) to elicit the symptoms they can produce. The symptoms of each remedy experienced by the provers are recorded in exact detail and form part of the Homoeopathic Materia Medica, a manual of clinical and pathogenetic characteristics and guiding symptoms of all homoeopathic remedies (Boericke, 2005). The symptoms of the patient are matched with those of the various remedies in the Materia Medica to find the single remedy whose symptoms are most similar to those of the patient (*like cures like*) (Sankaran, 1997).

According to Owen (2007), during the Homoeopath's medical training, differences to conventional medicine are observed in the approach to case taking, case management and medication. In a consultation, the Homoeopathic practitioner does not only take cognizance

of the diagnosis, disease and treatment, but delves deeper into exploring the subjective world of the patient. The totality of the patients' symptoms is used in order to match the symptoms to a specific homoeopathic remedy known as the simillimum. In addition to the remedy chosen, diet, lifestyle and relevant health advice is given. Therefore, a Homoeopathic practitioner requires an understanding of the patient in his or her totality and needs to understand the core of the person and their life-world.

#### **1.4.2 The Homoeopathic Approach in Practice**

In South Africa, Homoeopathy is offered as a five year full-time Masters Degree (M tech: Hom), at two tertiary institutions that were also mentioned above, namely, the Durban Institute of Technology and the University of Johannesburg. Homoeopathic practitioners are clinically trained and registered as primary health care practitioners to diagnose and treat any disease; and they are registered with the Allied Health Professions Council of South Africa (HSA, 2008).

As a healing modality, homoeopaths seek to look at the patients in their totality (Johannes & Van der Zee, 2010). The practice of Homoeopathy is both a science and an art and it compares with WM in conducting physical examination and special laboratory investigations. However, during a consultation which can last for an hour or longer the case-taking method entails the following: diagnosis of the ailment which requires knowledge of the disease signs and symptoms and laboratory investigations; individual diagnosis of the patient which require knowledge about the past, family and personal histories; physical generals which focuses *inter alia* on the appetite, thirst levels, bowel movements, desires and aversions, sleep and dreams patterns from normal to abnormal when the patient is ill and mental generals which focus on the individual's characteristics (Kansal & Kaushal, 2004). The information gathered from the patient is interpreted differently from WM in that the way in which the patient experiences the spiritual, mental, emotional and physical symptoms is carefully recorded; whereby a remedy matching the totality of all the symptoms is administered with advice on diet and lifestyle (Kansal & Kaushal, 2004).



In 2011, there were 565 Homoeopathic practitioners registered with the AHPCSA, however there remains to be a shortage of black graduating homoeopaths (Maple, 2011).

### **1.5 Problem Statement**

There are currently between 250 000 and 400 000 ATH in South Africa and 28 000 western medical doctors. It is estimated that out of ten black South Africans, eight of them consult with ATH or maintain a dual consultation with both an ATH and a WM doctor. This simultaneous use of ATH and WM is known as medical pluralism or medical syncretism (Ross, 2010).

Homoeopathy takes a holistic approach in the treatment of its patients, which requires an understanding of the patient's culture, needs and levels of expectation in order to ensure meaningful doctor-patient relationships. As 70-80% of the black population consults ATH, there is a high probability that black patients consulting Homoeopathic practitioners also consult ATH or have done so in the past. Therefore, for optimal communication between Homoeopaths and patients, the Homoeopath should have the thorough understanding of what it means for many black people to consult an ATH.

This study is conducted at the time when the South African government is also advocating for a comprehensive approach in healthcare including recognition of ATH.

### **1.6 Research questions**

As a result of the problem statement the researcher asked the following questions and used probing questions to obtain more information.

1.6.1 What are the lived experiences regarding Black people consulting an African Traditional Healer?

1.6.2 What must be done to improve the comprehensive nature of the healthcare approach and consultation?

### 1.7 Aim and Objectives of the Study

The aim of the study was to explore and describe the experiences of Black people who consult with African Traditional Healers. The objective of the study was to formulate guidelines for improved interaction and meaningful relationships between Homoeopathic practitioners and their patients who consult ATH.

### 1.8 Significance of the Study

It is anticipated that the information emanating from the study by exploring how patients experience African traditional health care may serve to assist mutual understanding between Homoeopathic practitioners and their patients with regard to cross-cultural issues. Cultural issues may include culture-bound syndromes, a term defined by linking ill health with one's culture (Tjale & De Villiers, 2004). This may ultimately result in meaningful doctor-patient relationships and in understanding case management cross-culturally.

### 1.9 DEFINITIONS OF KEY CONCEPTS

- **African Traditional Healers (ATH):** African Traditional Healers with individual fields' of expertise using different methods of diagnosis and treatment. They all take the holistic approach to treating their patients' spiritual and physical well-being together; in this study they include Sangomas, prophets or spiritual healers and inyangas or herbalists (Truter, 2007).
- **African Traditional Medicine (ATM):** comprises an indigenous experiences of different cultures, approaches, knowledge and beliefs, which incorporates plant, animal and mineral based medicines together with spiritual therapies in the treatment, diagnoses and prevention of disease (WHO, 2008).
- **Black People:** In this study, black people refer to indigenous African people consulting with ATH irrespective of their culture and creed.
- **Consulting:** In this study consulting refers to seeking the advice of African Traditional Healers with regard to health care matters or general well-being.
- **Experiences:** In this study the word "experiences" refers to the lived experiences of black people who consult African Traditional Healers.

- **Homoeopathic Practitioners:** Homoeopathic practitioners are registered with the Allied Health Professions Council of South Africa and are clinically trained to diagnose and treat any disease (HSA, 2008).
- **Phenomenological study:** This is a study in which the researcher strategically inquires and identifies the lived experiences of the participants being studied and sets aside his or her own experiences (Creswell, 2009). It also aims to engage in the real subjective meanings of each individual's everyday operation and thinking, that is their life-world (Flick, Von Kardoff & Steinke, 2004).

### 1.10 Research design

A contextual, qualitative, phenomenological research design and method was employed. Sampling population consisted of black people who consult ATH. A purposive method of sampling was employed. The ATH were approached and requests were made to set up the advertisements (Appendix A) at the ATH area of work to recruit participants. Those who volunteered read the information and completed the consent form (Appendix C). Data collection was done through in-depth semi-structured face to face interviews and an open coding qualitative data analysis was used according to (Creswell, 1998).

### 1.11 Trustworthiness

To ensure trustworthiness of the research findings the researcher followed the relevant model as highlighted by Flick (2002). The model uses four strategies to ensure trustworthiness, namely credibility, transferability, dependability and confirmability.

- **Credibility-** information was recorded on a digital voice recorder to ensure nothing was missed and field notes were taken by the researcher to express the communication dynamics of the interview. To verify the findings from the interview, the researcher verbally paraphrased the participants' information back to them in order to confirm that she had reliably understood their intentions. As previously mentioned, analysis of the data was conducted with the assistance of a co-coder with qualitative inquiry experience and an expert in indigenous knowledge and spiritual world view also acted as a co-coder to ensure credibility of the study. Triangulation was conducted as validation of strategy by conceptualizing

data with relevant literature sources; member checking with participants and engagement with the data were conducted.

- Transferability- to ensure transferability in the study, a purposive sampling was used to ensure that the participants with rich information about the phenomena took part in the research. In-depth description of the methodology increased the transferability of the findings.
- Dependability- to ensure that the findings were consistent the researcher provided a dependability audit showing the derived collection and recording of raw data with further reconstruction of data, categories from the central theme were yielded.
- Confirmability- the researcher used in-depth analysis of the personal experiences of the participants.

### **1.12 Ethical considerations**

To ensure and exercise extreme care of participants in the study, the following steps were taken:

- Informed consent: The researcher identified herself according to Appendix B and C. Permission was requested from the ATH to issue the advertisements at their designated places. The researcher explained the purpose and aim of the study according to (Appendix B and Appendix C) to the ATH and volunteers. The researcher requested participants for permission to voice record the interview for safe keeping of data and informed them that the data will be kept under lock and key for two years for confidentiality purposes of the study, and destroyed by the researcher (Creswell, 2009).
- Right to privacy: All information gathered before and during the research was kept confidential by not including any identifiable information to the findings. Different codes were used on recorded cases to protect the identity of the participants. The researcher explained to participants that they had the right to have all questions pertaining to the study answered and the right to withdraw from the interview or study at anytime.
- Protection from harm: There were no anticipated risks to the study as it is, very important to attain permissions and to correspond with the purpose of the study before the collection of data. Participants were reassured that the voice recorded

interviews will be kept under lock and key for a period of two years, and only the researcher, supervisors and co-supervisors will be exposed to the raw data of the study.

- **Benefits:** The potential benefit of the study will lead to exchanging information and building trust between the two disciplines regarding cross-cultural issues.
- **Respect and integrity:** The researcher showed respect to participants throughout the study by dressing in casual manner so as not to try to assume a superior attitude and by showing understanding and sensitivity to participants' rights, language and culture.
- **Quality of research:** For accuracy of interpretation of analysed data, the researcher went back to participants to determine if they feel the same about how data has been analysed and interpreted.

### **1.13 Conceptualization of findings**

Conceptualization involves making sense of the whole data by linking the categories emanating from the data together in an extensive way. This entails shifting data to a theoretical level that can be understood. It also aims to develop and expand the emerging theory that facilitates an understanding and helps explain the phenomenon under study. When developing a conceptual framework it is very important for the researcher to remain focused to the data. Additionally, the conceptualization of data involved constructing a complete understanding of what the described and explored data analysis produced. This entailed exploring the links that were in the data and developing theory emanating from the analyzed data in a manner that would best describe and explain the complete phenomenon under study. The researcher used supporting literature to describe, support or refute the findings (Hennik, Hutter & Bailey, 2011).

### **1.14 Guidelines, Limitations, Recommendations and Conclusions**

The conclusions and recommendations of the research study are presented in Chapter 5.

### **1.15 Study Outline**

The current chapter outlined the overview of the research study in terms of the background information, the problem statement, aim and research objectives, and the significance of the

study, definitions of key concepts in the study, ethical consideration and the model of trustworthiness followed in the study. Chapter 2 provides a detailed discussion of the research methodology employed in order to achieve the aim and objectives of the study. Chapter 3 details the description of the research findings. The conceptualization of the results is discussed in Chapter 4 where relevant literature that supports the research findings was used as literature control and to confirm the need for extending current research. Chapter 4 also sequentially details the discussion, interpretation, guidelines and the concluding statements of the research findings. In Chapter 5 the researcher describes the guidelines, limitations, recommendations of the study and draws conclusions emanating from the study.



## **CHAPTER 2**

### **RESEARCH METHODOLOGY**

#### **2.1 Introduction**

This chapter will address and explain the procedures that have been followed to complete the study. This was a contextual, qualitative, phenomenological study that utilized one-on-one interviews with Black people who consult African Traditional Healers (ATH) for their health care matters. The chapter begins by describing the research design and the aims of a phenomenological study with the objectives to explore and describe the lived experiences or life world of Black people in the study.

Furthermore, procedures employed to achieve the objectives of the study are made with reference to the sample description, participants' interviews and the data analysis method. In the end, the chapter discusses the trustworthiness of the methods used in this qualitative phenomenological study.

#### **2.2 Research Design**

This was a contextual, qualitative, phenomenological research design. A phenomenological study aims to capture the lived experiences, beliefs or feelings as intensely expressed in the language of the participant (Creswell, 2002).

According to Henning, Van Rensburg and Smit (2004) as part of establishing the research phenomenon, the researcher has confidence that the participants will share their best lived experiences. This is especially true when participants are interviewed in their own language using extensive thoughtful interviews, while simultaneously looking at the context or background in which these experiences have been expressed. The researcher conducted in-depth interviews directed by the research question without imposing any structure allowing the participant to reflect their lived experiences.

##### **2.2.1 Qualitative research method**

In a qualitative research design the subject of inquiry is used to explore and to understand the central phenomenon. The researcher asks two research questions, which are broad general questions and collects the information in terms of interviews or words or images

and analyses the data for what it means in terms of description and themes (Creswell, 2002). A qualitative study design ensures that the researcher understands and describes the subject in question by using the facts obtained from the data to better understand what the phenomena under study is all about.

### **2.2.2 Contextual research design**

A contextual research design seeks to understand the subject matter under enquiry by focusing on how the central phenomenon of enquiry is context shaped and context renewing (Flick, 2002). The study is conducted within the black community where participants were asked questions and probed for more information to explore and describe their lived experiences with ATH for their health care related matters. Therefore, the central phenomenon is the experiences of Black people who consult ATH. The context of the phenomenon is put together from the subjective meanings of the participants (Flick, 2002).

### **2.2.3 Phenomenological research design**

This study sets aside or brackets the researcher's own experiences to best understand the experiences of the participants (Creswell, 2009). A phenomenological study also aims to capture the life-world, beliefs or feelings that are intensely supported as expressed in the language of the participant (Creswell, 2002). It is this method of approach that gives an understanding to the lived experiences by basically asking the participants what they experienced and the circumstances under which they had the experiences. Due to the depth of the information and differences in the experiences, it is significant to have a small sample size, usually of about ten participants (Hennik, *et al*, 2011). The research is designed in a way that explores the real meaning and honest description of the phenomenon the people experienced.

## **2.3 Research Method**

The research methodology consisted of population target, sample and sampling method, data collection, data analysis and trustworthiness.



### **2.3.1 Population target**

In this study the population target were black males and females aged between twenty-five and seventy years who were consulting with ATH, residing in Tshwane (also known as Pretoria). The participants were from Atteridgeville, Ga-rankuwa, Hebron, Mabopane, Mamelodi and Soshanguve (Statistics S.A, 2007). The researcher targeted participants who had consulted with an ATH on at least two occasions; some participants have been in consultation for more than a year. The researcher conducted the interviews at the participants' homes which were arranged by appointment. Participants were informed of the study and were found to be comfortable during the interview as they expressed themselves during the interviews.

### **2.3.2 Research sample and sampling method**

The sampling method was purposive and convenient. Purposeful sampling is a term used for the qualitative sampling approach, meaning the researcher chooses individuals and sites that are rich with information about the central phenomena (Creswell, 2002). In this research, the researcher approached the Kara Heritage Institute, which is an institution that deals with African spiritual world-views, cultural heritage and indigenous knowledge systems to identify reputable ATH. The researcher approached different ATH at their working places and received permission to approach their patients about participation in the study. The sample size comprised of ten black participants, seven females and three males. Their age group ranged between 25 and 52. When using in-depth interviews, ten participants signify a balanced size especially when data saturation is achieved (Creswell, 1998). After each interview, the key issues of the study were identified and the researcher delved deeper into them in the following interviews, until the point when no new concepts were emerging. Nine participants chose to communicate in Setswana and only one participant opted to be interviewed partly in English and Setswana.

### **2.3.3 Role of the researcher**

Within a qualitative research study, the researcher's role is significant because the researcher acts as the main vehicle in collecting credible data of the phenomenon. The researcher acquainted herself with the field of study or of inquiry; even though certain instances of the phenomenon of inquiry could be concealed from the researcher due to

being considered as an outsider, especially in issues that were sensitive to participants. The researcher established rapport and empathy with the participants and used probing methods to gather information. According to Flick (2002), it is also important that the researcher demonstrates good listening and communication skills, empathy and honesty. The researcher attempted to prepare for any emotional reactions on experiences, which might bring participants to tears. In those instances the researcher stopped the interview and after a few minutes asked the participant if they wished to continue, and the interview would continue with gentle probing of the experiences.

#### **2.3.4 Research procedure**

The Kara Heritage Institute, an institution led by Professor Mathole Motshekga, assisted the researcher in identifying reputable ATH in Tshwane. Upon receiving a list of reputable ATH, the researcher telephonically contacted the respective ATH for appointment, the ATH were approached by the researcher at different occasions at their designated working areas, where the researcher informed them about the study she was involved in. Upon clarification and agreement of what the study entailed, the respective ATH were requested to complete the consent form of agreement on the research setting (see Appendix B), and permission was also granted to place the posters on the wall (Appendix A) for full view of the individuals who consult with the ATH.

#### **2.3.5 Data collection**

Data was collected through in-depth face-to-face semi-structured interviews with the participants. Ten participants were interviewed. The ten participants were informed of the nature of the study and upon clarification and assurance of anonymity and confidentiality participants consented to participate and were requested to sign a consent form (see Appendix C) which also requested the participants' permission to use a digital voice recorder to record the interview. The participants were asked the following research question: What are your experiences on consulting African Traditional Healers? The researcher probed to get an in-depth understanding of the lived experiences of participants. In this study, two kinds of probing were used namely, probing to clarify information and probing to explore the meaning of the experience. For example, phrases such as, "and what else?", "tell me more", "oh! I see" were used to conduct the flow of the interview. Probing

was used in order to gather more information. It involves asking subquestions under some of the questions to assist in extracting more information (Creswell, 2002). The second question was on what should be done to improve the comprehensive nature of the health care approach and consultation?

Furthermore, to ensure understanding, the researcher paraphrased and summarised the information. The interview sessions lasted between 30 minutes to an hour, also depending on the time available and the need to explore the participants' experience in more detail until data was saturated. The interviews took a period of three months and were prolonged due to some of the cancellations and rescheduling of interviews.

### **2.3.6 Data analysis**

As soon as the interviews were completed the digital voice recordings were transcribed verbatim and produced into a comprehensible text. The transcripts released 95 pages of interview data. These transcripts provided the foundation for this next step in the research study, which is data analysis. Creswell (2002) affirms that a qualitative study as an inquiry approach is helpful in exploring, describing and understanding the central phenomena. This is achieved when the researcher asks research questions followed by probing to collect participants' experiences, whereas this information is analyzed for themes and categories (Creswell, 1998). Therefore, data analysis allowed the researcher to obtain a description of the important aspects of the experiences of consulting with ATH. An independent co-coder with qualitative inquiry experience was used in order to assist with the analysis and interpretation of data.

To achieve this goal Creswell's open coding qualitative data analysis method was used. Creswell (2002) affirms, "Open coding is the process used to form initial categories of information about the phenomenon being studied". This method of analysis was chosen because it presented a means of drawing conclusions by rationally identifying exact characteristics contained in the transcribed data and was considered to be suitable because it assisted the researcher in identifying the theme and categories which led to a fuller understanding of the experiences as lived by participants.

To realise this, the researcher read all ten verbatim transcriptions carefully while simultaneously re-listening to the recorded interviews repetitively to gain a sense of the overall quality of the whole data collected. The researcher asked herself what the information was all about and strove to understand the meanings and themes. Thoughts were written in the margin of the transcript. When analysis of transcripts was done several times, a list of all the topics was made and similar topics clustered together. With the assistance of an independent co-coder, themes were identified into columns that were arranged as major unique themes. Themes were abbreviated as codes and designated to the correct segment of text. This organizing scheme was done to see whether new themes could emerge. The researcher and the co-coder searched for more descriptive wording for the themes and turned them into categories, which were reduced by grouping themes as they related to each other in order to show interrelationships. The researcher made final decisions on the abbreviations for each category and wrote the codes in alphabetical order. This analysis entails describing and developing themes from the raw data, accurately done by answering and giving meaning to the research question and structuring out thorough understanding of the central phenomenon. The themes in this particular study were obtained to give meaning to the patterns and trends derived from the conversation topics and emotional experiences of the participants and all these were labeled through a system of coding (Creswell, 2002).

Consequently, a consensus discussion between the researcher and the independent co-coder was reached in the purpose of clarifying the categories. The researcher conducted follow-up interviews with two of the participants to verify credibility of the categories.

## **2.4 Conceptualization**

The results of the research study were conceptualized through the use of relevant literature to give meaning and clarity to the phenomenon of interest. This was based on the findings of the phenomenological study as supported by the existing literature to reveal the current knowledge about the experiences of black people who consult ATH. The concluding statements emanating from the re-contextualization of the findings with the use of relevant literature and the researcher's interpretation formed the basis for the description of guidelines to improve meaningful interactions between homoeopathic practitioners and

their patients who also consult ATH. Within a phenomenological study it is usual that literature should be reviewed after the collection and analyses of data (Creswell, 2002).

## **2.5 Trustworthiness**

A preliminary analysis was done on each category by the researcher and the independent co-coder with qualitative inquiry experience using the aforementioned protocol to examine the trustworthiness of the study. This was further confirmed by follow up interviews with participants who confirmed the credibility of the data. The same procedure was also followed by an external auditor with qualitative inquiry experience and indigenous knowledge to review the entire study. A consensus discussion meeting with the researcher and co-coder to agree and verify the themes and categories was also reached.

To ensure the trustworthiness of the study the researcher followed and complied with the four strategies of trustworthiness namely, credibility, dependability, confirmability and credibility.

### **2.5.1 Credibility**

Purposive and convenient sampling was used to interview Black people who were coming to the ATH designated areas of work for consultation, because it was highly probable that their information would be more factual with regard to the experiences they encountered in life for them to consult ATH. Therefore, credibility was realized by ensuring that the recruited participants were conversant and knowledgeable about the phenomenon under inquiry. Using a digital voice recorder allowed the participants to freely express their experiences in their own words and ensuring that data was recorded correctly. The researcher also took field notes during interviews. The quality of the study or data triangulation was adhered to by using literature sources. Member checking was done by clarifying and confirming the data with the participants' personal lived experiences.

### **2.5.2 Transferability**

Information regarding the in-depth description of the settings including the population target or inclusion criteria were supplied (Appendix A& D) to allow the reader to understand the context and type of settings that were involved in the study and if the findings of the study could be replicated in anyway.

### **2.5.3 Dependability**

To ensure the findings of the study were consistent and reliable the researcher provided an audit which showed that different geographical areas and the same ethnic group was used to participate in the study. The assistance of the independent co-coder also ensured the findings were consistent.

### **2.5.4 Confirmability**

The independent co-coder was involved in ensuring and strengthening the conformability of the data. This entailed certifying that the obtained data truly reflected the information that the participants shared with the researcher (Flick, 2002). The researcher was asked follow-up questions to check if she truly understood what the actual meaning of the data was and by carefully analyzing the participants' statements. Field notes were also taken to record the atmosphere of the setting of interviews, including dates, times, venues and the moods of the participants.

## **2.6 Summary**

In this chapter the researcher undertook steps to describe the research design and method of the study. The chapter gave detailed description of the criteria and procedures taken in doing the study. The study made use of one-on-one semi-structured interviews as the primary method to collect data whereby clarity was obtained into the subjective life-world of black people who consulted with ATH.

A procedure of how data was conceptualized using relevant literature was also described. The chapter concludes with a brief discussion of how trustworthiness in this qualitative research was ensured.

In Chapter 3 a description of research findings is made, where categories and subcategories were derived from the central theme of this study.

## CHAPTER 3

### DESCRIPTION OF RESEARCH FINDINGS

#### 3.1 Introduction

The purpose of this chapter is to focus on the research findings emanating from the one-on-one semi-structured qualitative interviews. The chapter begins with the description of the sample data, the participants. The interview raw data emphasizing the rich experiences of the ten participants is presented at the end of this thesis (see Appendix D) for the reader to explore. The research findings revealed four main categories as indicated on Table 3.1.

The study population consisted of both black males and females who consulted with African Traditional Healers (ATH). The study sample consisted of ten black participants who were requested to participate in the study after seeing the advertisements. The majority of the participants answered the research question by describing their experiences when consulting with ATH through thorough probing from the researcher.

Data analysis gave way to four categories with subcategories. From the emergence of this information the theme is described, followed by the explanation of the subcategories with the descriptions written in italics.

#### 3.2 Description of Findings

The table below (Table 3.1) illustrates the categories and the subcategories that emerged from:

**Table 3.1: The Experiences of Black People Consulting African Traditional Healers in Tshwane.**

Category	Subcategory
African traditional healing is deeply rooted in Black people's culture.	a. African traditional healing is part of the upbringing from home. b. Strong sense of belief in African traditional healing. c. Ancestral visits or intervention when

	<p>seeking assistance in African traditional healing.</p> <p>d. The significance of consulting ATH when experiencing challenges in life.</p> <p>e. Spirituality viewed as an important part of African traditional healing.</p>
<p>Techniques used by African Traditional Healers are viewed as an integral aspect in African traditional healing.</p>	<p>a. Healing through Prayer, Holy water and water.</p> <p>b. Healing using Enema (using holy water, vinegar, salt).</p> <p>c. Throwing of bones by African traditional healers.</p> <p>d. Connecting with ancestors by using snuff, slaughtering of chicken, sorghum or traditional beer.</p>
<p>Different experiences on ATH and WM ability to treat illnesses.</p>	<p>a. WM is unable to understand, diagnose or treat certain illnesses.</p> <p>b. A view of African traditional healing being better than WM.</p>

**When asked what should be done to improve healthcare services**

<p>A desire for co-operation between ATH and WM.</p>	<p>a. The issuing of Sick Notes and Referrals between ATH and WM should flow easily.</p> <p>b. The Government to allow African traditional healing to regulate itself.</p>
------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

The descriptions of the findings are quoted in italics; this is done with the intention to ensure the study remains true to the lived experiences expressed by the participants.

**3.2.1 African traditional healing is deeply rooted in Black people’s culture.**

The concept of African traditional healing is very ancient and participants resonated with the values and beliefs that are found within the African traditional healing context. Participants viewed the route of African traditional healing as being able to bring clarity to



many experiences that they come across in their lives. They described the different experiences they lived through and continue to encounter on a daily basis. They described these experiences along with reasons that compelled and reminded them of their distinct culture, the black culture, as emanating from the data. In other instances participants had been advised by their colleagues or people they knew to consider the African traditional healing route and to follow their culture, emphasizing that African traditional healing is indeed embedded in their culture. They seek the advice of the ATH when they feel that things are not going well with them. This is evident from statements such as:

*“The fact that growing up as a black person in South Africa consulting with African Traditional Healers is part of our culture that traditional healing is there and it has been practiced before and my own father was an African Traditional Healer, so I grew up in an environment where traditional healing was part of my daily life and orientation in life.”*

The following statement was expressed by a participant who was constantly ill and often took sick leave from work; his colleague advised and reminded him to seek help in African traditional healing.

*“Ga ngata ke kopana le mathata mo bophelong and go yako dingakeng or African Traditional healers ke kgale entse ele ntho eo ke gotseng tlase go yona. Ko gae malome wa ka ene e le motho o dumelang gagolo and ebile o sala dilotse morago. Gore ke fitlthe mo ngakeng e ya setso ke eleditse ke motho o mongwe o ke sebetsang le ena gore ke tle fa.”*

**Translated below as follows:**

*I often come across problems in life and following traditional healing or African Traditional Healers has always been part of my upbringing. At home my uncle was a strong believer and follower. I came to this particular African Traditional Healer because of my colleague, who informed me about the African Traditional Healer.”*

*“Ke setso sa rona batho ba batsho, ke gore ge re tsalwa re fitlhetse family ya rona e tsamaya mo ngakeng ya setso, so wa kereya gore le rona mo e kgolo e gatileng teng le ya morago e tla gata mo teng.”* **Translated below as follows:**

*“It is part of our culture as black people, the thing is when we were born we found our family consulting with an African Traditional Healer, therefore we realized that where an elderly person has paved a way, the younger ones will also walk on that path.”*

### **3.2.1.1 African traditional healing is part of the upbringing from home.**

Participants indicated that it is common that each person receives a different upbringing from their respective family units. Participants shared similar views that, as people we are all brought up in a particular culture with certain values and beliefs from our parents, and it is common to observe individuals who commonly continue to be affected by their cultural heritage. Therefore, in this concept the participants felt that practicing and following African traditional healing is normal and the community is very receptive this.

The following statements show how African traditional healing is part of black people's culture and upbringing. They follow this route of healing to satisfy many wishes and life's difficulties. As it is explained below by one participant who has been consulting with an ATH for a long period of time and whose uncle used to be an ATH. The participant was experiencing challenges at work and had also suffered from abdominal problems, which would later be diagnosed as appendicitis. He states that from his upbringing at home during the time when his uncle was still alive, they would consult ATH to have an understanding of what caused their problems and how to solve them. He expresses his knowledge on being initiated to become an ATH, a gift perhaps from his uncle implying that it is not always that one will become an ATH after the initiation school, but that the ancestors may have wanted the chosen individual to appease them by either singing or dancing for them at the initiation school. This supports the concept that African traditional healing is becoming the accepted cultural and spiritual way of doing things and may respond to anything that could be manifesting in a person's life.

*“Re phela re kopana le mathata mo bophelong and go sala dingaka tsa setso morago ke ntho ya kgale e etswang kgolong ya ka from ko gae. Ko gae malome e ne e le motho yo o dumelang thata ebile a sala dilo tse morago.”* **Translated below as follows:**

*“We often come across problems in life and following traditional healing or African Traditional Healers has always been part of my upbringing. At home my uncle was a strong believer and follower.”*

*“Ya! Nna ne ke dumele ka nmore Mme wa ka ene ele moporofeta and ke bona ko gae go tlala, ke gore ka dingaka tsa setso ne ka sa itse ka tsona, mara ka seporofeta gone ne ke dumela, akere ne ke bona batho ba tletse mara ke sa di tseele tlhogong. The day ke boneng motlholo ke bona gore yake nnete dilo tse tsa setso di a bereka, kege ke bone abuti o mongwe a tlhatsa mmamanthane. Ka re yoo! Dilo tse mos dia bereka, then ka simolla go dumela mo dilong tsa setso ka gonne le nna ke tswa mo lapeng leo.”*

**Translated below as follows:**

*“Yes! I had a belief because my mother was a prophet and I could also see it at home, there were always many people. But with African Traditional Healers I did not know much, I only knew about prophesy because I could see people coming. I also noticed many people coming to our house. The day I saw the first miracle was when I saw one guy who vomited (Mamanthane) I realized these traditional things do work. Now I believe in African Traditional Medicine because I come from that kind of family.”*

*“The fact that growing up as a black person in South Africa consulting with African Traditional Healers is part of our culture that traditional healing is there and it has been practiced before and my own father was an African Traditional Healer, so I grew up in an environment where traditional healing was part of my daily life and orientation in life.”*

*“Nka go bolella gape gore ko mosebetsing waka kena le go tlhalosetsa babereki ka nna gore batho ba bayang sekolong sa go thwasa gaba iketse, bangwe baya ba saitse gore ba ka senne ngaka ya setso but e le gore badimo babona ba batla fela gore ba babinele, morago ga mogo ba itemogela bophelo bo boseng matsapa le malwetse.”*

**Translated below as follows:**

*“I can also say at my workplace I do explain to people that people who went through initiation schools that they are not doing that out of their own good, but that some go through initiation without knowing they are not going to become African Traditional*

*Healers but as a result of their ancestors wanting them to dance for them, afterwards they experience a life free of destructions, obstacles and ill health.”*

### **3.2.1.2 Strong sense of belief in African traditional healing**

In this subcategory the findings indicated that there is a strong sense of trust and belief in consulting with ATH. Participants felt that it is of primary importance because it is part of their culture and also due to the fact that the ancient history of African traditional healing can be trusted. They felt that it is also important to have a dual consultation by getting an opinion from both an ATH and a Western medical doctor. The following statements are evidence of this as described by the participants:

*“Ga ngata geke lwala ke rata gore ke be le balance or ge go na le motho o ileng sepetlele or fela ka nako enngwe fela, ke tlaya fela ke consulte le ngaka ya setso le geke bona ke sa lwale, ke go fe example; maabane ke ile fela ko teng ka gonne ne ke batla go utlwa gore go etsagalang ka bophelo baka.”* **Translated below as follows:**

*“..... if someone has been hospitalized or at other times I will just consult even though I’m not ill. For example, yesterday I only went there (to the ATH) because I just wanted to know the forecast of what is really going on in my life.”*

The statement below also reverberate the concept of having a strong trust and belief in African traditional healing, it is in the context of consulting and seeking healing and satisfaction from spiritual healers in a church. Spiritual healers are also classified as ATH as defined in chapter 1. The participant is a member of the Zion Christian Church (ZCC), one of the largest African indigenous churches in South Africa. These churches are believed to be a symbol of hope for many Black people who consult ATH (Tjale & de Villiers, 2004). The participant’s statements are not in contrast with the above subcategory because these African indigenous churches do not solely follow a single set of principles or some religious tradition but attempt to unify different schools of thoughts and concepts from several traditions, for example; African indigenous churches conform to issues of African traditional healing (Stout, 2006).

*“Ke gore ko kerekeng at least geke nwele nyana tsona dilo tseo, ke utlwa ke ba alright le ge kentse ke nwa treatment. Goba kaone than geke ile, ke gore di witchdoctor ga ke di rate pila, geke bona, mmele waka ga o batlane le dilo tsa Sesotho wa bona. Ka gore o kare ke motho o destroyilweng thata ka dilo tsa Sesotho. Ge di tsena monna di mpakela bothata. Geke berekisa tsa kereke go ba kaone.”* **Translated below as follows:**

*“The thing is at least when I drank something from church, I feel much better. My ailments become well than when I went to a witchdoctor, the thing is I really don’t admire them, because I have realized that my body does not go well with traditional things, you see. It is as if I have been destroyed a lot by African traditional things. Once they get to me they lead to a lot of problems as I become worse, but when I use treatment from the church it becomes better”*

*“Ke ne ke le ko ngakeng ya sekgoa ge motho o mongwe a mpoella gore ke nako e telele ke ntse ke tsamaya mo docteng e go, a mputsisa gore ke eng ke sa consulte le ngaka ya setso o tsholang ditaola” se sengwe ke gore ke ne ke sa mo itse motho o. ke ne ka ya ko ngakeng ya setso, ke fano, ebile ke fodile. O ne a ntlhaphisa dibati le meya e mebe go tshwana le tokoloshe.”* **Translated below as follows:**

*“I was in a Western doctor’s room, when somebody came and told me I have been consulting the doctor for a long time, why don’t I go and consult with an African Traditional Healer who diagnoses with bones”*

*“And I did not know this particular person. I just went to the African Traditional Healer, here I am, and I’m healed.”He washed me from all the bad luck, dark forces I had including the tokoloshes (ghost). Once I was delivered from all that I got a job. That is why I have full faith that an African Traditional Healers truly work as they use (di tswa mmung) medicines from the earth soil.”*

### **3.2.1.3 Ancestral visits or intervention when seeking assistance in African Traditional Healing**

In this subcategory, findings indicated that it was the ancestral visits and problems related to ancestors that compelled participants to seek consultation through African traditional healing. Participants emphasized their trust in African traditional healing especially honouring the ancestors. They expressed the need to satisfy and appease their ancestors.

They have trust in African spirituality because within the African spirituality, ancestors deeply influence every aspect of their life. The findings also describe different experiences from the challenges they were faced with in their lives, all leading them to seek healing, balance and answers through understanding what their ancestors impart to them. Ancestral visits were in the form of participants having dreams or visions and if these dreams are not understood, the only option for them to comprehend their messages was to seek the intervention and assistance of an ATH. This is corroborated by the following statements:

The participant a 42 year old female was visiting different African indigenous churches for spiritual growth.

*“Ke ne ke tshwenya ke ditoro tse eleng gore ne di mpontsha gore ke etse ditaelo for badimo ba ka and ke santse ke utlwile le dingaka tse mmalwa tsa setso mo ke tsamaileng ba mpotsa gore bolwetse ba ka le mathata a ka mo bophelong di etsiwa ke gore badimo ba ka ba phela ba mpontsha gore ke tshwanetse ka tlhokomela batho ba family le gore nna ga ke ba leboge. Mo ditorong tse dingwe ke tla ipona ke apare masela a setso a badimo.”***Translated below as follows:**

*“I was troubled by dreams that ordered me to make and offer certain rituals for my ancestors and have also heard from different African Traditional Healers that my illness and sufferings and or challenges in life were due to the fact that my ancestors are constantly ordering me to look after my beloved ones and the fact that I am not thankful to them. In some of the dreams I would see myself wearing traditional clothes or regalia.”*

The following statement is of a 26 year old female participant, at the time of writing this thesis the participant had already taken the route of being initiated as an ATH in Bushbuckridge, she is from a family of ATHs.

*“Bothata ba ka e ne ele lenyatso la go yako dingakeng, that’s why ne ka sa di ise tlhogong because bile ka lemoga gore gen ka believe mo torong le mo ngakeng ke fetsa ke believe. Because ditoro tsa ka e ne ele dilo dilwana tsa bona dingaka le dilo tsa di thwaso tse tsothle, because ntho e, enthomile ko sekolong. So, ge kentse ke le mo Standard 9 ge ke tshwanetse ke ngwale ka March mo di question paper tsa ka ne ke sa bone o ntho e ba e kwetseng. Ne ke bona masela a bona. So, ko chalk board ga tryya go nngwalela ka gore ga*

*ke kgone go bona. Gaba ngwetse still ke tla bona masela a le a bona dipudi, dipheta!*

**”Translated below as follows:**

*“My problem was not having faith in African Traditional Healers hence I did not want to consult them, that’s why I was not taking my visions and dreams seriously, because I realized that once I start taking these dreams seriously I will end up consulting with them (ATH). Most of my dreams were about miscellaneous stuff pertaining to the ancestors and initiation for African traditional healing, the whole thing started when I was at school. Therefore, whilst doing Standard 9 I encountered problems when I was supposed to write my March exams. I could not see what was written on my question paper. All I could see was their (ATH) traditional clothes and when they used the chalkboard to help me read, I could still see these traditional clothes including goats and ancestral pearls.”*

*“Ga ngata nna ke rata gore ke ye ko ngakeng ya sekgoa after ke santse ke bonane le ngaka ya setso, ba kgona go tlhaloganya malwetse a mangata, ka gonne mudi wa malwetse a mangwe a tla e le gore a causitse ke mathata ko badimong.”*

**Translated below as follows:**

*“Most of the time in my cases I usually go to Western Doctors after I have consulted with African Traditional Healers, they (ATH) are able to understand many conditions because some of the root causes of ill health stem from ancestral problems.”*

*“There are certain things that personally happened to me and it came to my reality that there are people like ancestors in our lives, I was not aware of that while I was still growing up, only up until certain things happened to me in my life and being given orders or commanded to do certain rituals where I would honour and do those rituals and see results from having done the rituals.”*

*“We call them angels whereas in tradition they are called ancestors. They will call all these ancestors to help out because these sources do exist no matter what, and they do work and become angry and can bring you troubles as much as they can bring you blessings. It’s just another world out there that we can keep on exploring.”*

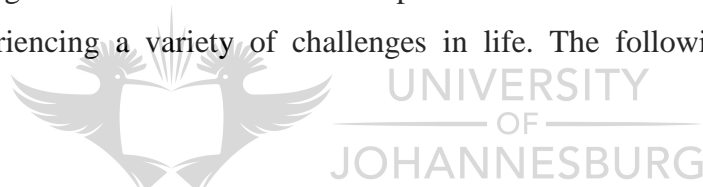
The following statement is of a participant who was experiencing prophetic dreams; the ancestors would come to him in the form of a dream or spiritually sensing other people's spiritual needs, this was also another reason that made the participant choose to get clarity through African traditional healing.

*"If badimo ba kgonne go mpontsha gore ke thuse motho jang ke a mo tlhalosetsa. If e le metsi ke tla wa beya matsogo or ke ba bolelle gore ba thole dikerese tseo ke tla di tlhogonolofatsang."* **Translated below as follows:**

*"If the ancestors have shown me how to assist someone I do explain to the patient. If its water I will lay hands over it or even tell them to get candles which I will bless."*

#### **3.2.1.4 The significance of consulting ATH when experiencing challenges in life.**

Participants described their experiences and the importance of consulting an ATH when they experience challenges in their marriages, relationships, work, infertility, family, love and quality of life and oftentimes when they experience nightmares, accidents, visions or problems regarding beliefs in witchcraft. Participants stated that it is important to consult ATH when experiencing a variety of challenges in life. The following statements are evidence of this:



*"My main reason for consulting Faith healers was having observed my sister who was married for 8 years struggling to conceive. She and her husband have been through every doctor and specialists for help, I was drawn to that world as she was not able to drive, I always had to drive her to these healers and I could see the pain even if she would skip her menses by a day she would get so excited."* The participants' sister eventually gave birth after consulting a spiritual healer and prophet from an African indigenous church, who treated her using colon cleansing methods.

*"Bothata ba me e ne ele maoto and ke sa bereke ke le mmeke, ke ne ke bonana le ngaka ya sekgoa, fela gosena diphetogo. Ka tshwanela ke gore ke bone ngaka ya setso, o berekisang ditaola."* **Translated below as follows:**

*"I had a problem with my feet and I was unemployed suffering a lot. I was consulting a Western medical doctor, but there was no progress at all. I had to go and see an African Traditional Healer, one who throws bones."*



The following participant's symptoms were very interesting to the researcher from the Homoeopathic perspective; the researcher conceptualized this case in Chapter 4, under the same heading. The participant a 46 year old woman had strong feelings that she was bewitched by her in-laws, she realised that this always took place when they had to get intimate, afterwards she would feel paralyzed. The statements below are evidence of this:

*“Bothata ba ka ke ile ka ba le problem ka relationship, so ke kereile ntate wa bana. So, ntate o, kgante bagabo ke batho ba witchcraft. So mare ba fetsa ka nna. Ge kentse ke tsamaya kamo le kamo batswa. Ke phatloga spine, molala wa shifita, le tlhakore le la left le tshwara ke stroke. Translated below as follows:*

*“My problem is that I had a relationship problem, I found a man who could help in raising my kids, but I realised that this man is from a family of witchcraft. They bewitched me, when I'm consulting in and out with different healers, the healers also tell me about them. My spine cracks, the neck shifts, this left hand side gets a stroke.”*

In the following statement a 49 year old female was consulting an elderly ATH, because she thinks her husband's sudden illness is caused by his family in the form witchcraft. This is attributed to the belief that witchcraft exists and it is significant to consult ATH to confirm the speculations.

*“The way I see the whole thing it's as if my in – laws are involved in the whole thing but I don't have any proof to prove this. The African Traditional Healer did mention to me that I would see some of the signs or root cause of my husband's ill health. He did not want to make any revenge because he mentioned it's me again who is going to be racing to find help again.”*

### **3.2.1.5 Spirituality viewed as an important part of African Traditional Healing**

Participants described similar but different experiences when it comes to their spiritual growth. Similar in terms of yearning to find solutions and different in patterns of how their experiences occurred to them. Participants felt that they were not fulfilled mentally and spiritually, no matter how many times they had consulted with the WM doctor. Whereas other participants expressed that they entered the spiritual realm after experiencing spiritual

episodes that have also played a significant role in their families and relatives. The participants described this in the following statements:

*“For me personally consulting with Western medical doctors I have realized that there was something missing, there was a spiritual side of things that felt empty and needed some satisfaction or a spiritual home.”*

The following statement from a 27 year old male participant described how his uncle used to be spiritual and clairvoyant, an element that he has noticed, to be present in him too. This is corroborated by the following statement:

*“Malome wa ka ene e le ngaka ya setso, o ne a kgona go dupella motho o lwalang a santse a tlela ko kgole go tshwana le ko Pietersburg and o ne a tla rebolella gore go na le motho o le mo tseleng o tla a tshwerwe ke bothata bo bofeng. O ne a ka tsoga vroeg thata ka bo 4 or 5 vroeg a ile go labella kgotsa go epa ditlhare ko sekgweng. O ne a kgona go bontshisiwa ka dipono before motho o go a filha and gape o ne a kgona go bona ka moya gore motho o go o tla a apere jang. E ne le motho wa semoya thata. Gona jaanong kenna ke etsagallang ke dilo tseo din eng di mo etsagalla, ka gonne le nna ke kgona go bontshisiwa if gona le ntho e tlang kgotsa ge go na le motho o tlang or o lwalang.”*

**Translated below as follows:**

*“My uncle was an African Traditional Healer he could sense a sickly person from as far as Pietersburg and he would tell us when there was someone coming with a particular condition. He would get up very early in the morning around 4 or 5 am to go and look or dig for medicines in the jungle. He was able to see the person in his visions or dreams before the actual person arrives and he would spiritually see how the person would be dressed too. He was a very spiritual person. Currently I’m the one who is experiencing all that he went through, because I’m also able to see in my visions when there is something upcoming or if someone is coming and when they are ill.”*

### **3.2.2 Techniques used by African Traditional Healers are viewed as an integral aspect in Traditional Healing**

The second category that emerged is that, the techniques and methods used by ATH are regarded as highly important with a need to preserve them. Participants stated that they

relied on ATH and the techniques they use in helping them with issues they face in life. Participants consulted ATH with their problems and the ATH would prescribe rituals that needed to be done. The following techniques were prescribed:

### **3.2.2.1 Healing through Prayer, Holy water and water**

Remarkably almost most of the participants cited this technique. Healing by prayer or holy water is highly regarded as this is believed to protect one from evil spirits; this is often practiced by prophets or faith healers from African indigenous churches. Participants believe that prophets draw their healing powers from God and their ancestors as they prescribe these techniques of healing. The following statements confirm this:

The participant was experiencing marital problems and she was prescribed the following from her African indigenous church, the Zion Christian church (ZCC).

*“Ba berekisa metsi le ditee tse, Joko le Coffee, cocoa, le gore ba re rapelle.”***Translated below as:**

*“They use water and different teas like, Joko and Coffee, cocoa and praying for us.”*

*“If e le metsi ba wa beya matsogo ba mpoella gore ke thole dikerese tseo ba tla di tlhgonolofatsang.”***Translated below as:**

*“If its water they will lay hands over it or even instructs me to get candles which the healer will bless.”*

*“They can give you treatment/ herbs according to your needs for example, they can see you have a lot of bad luck and you’d be asked to go through hydrotherapy or steam baths. In addition, herbs to cleanse or purify, to improve circulation. The African Traditional Healer is able to see if the person has no spiritual problems, but usually such things are helped by prayer.”*

The following participant had never previously believed in ATH. She stated that her diagnosis of having renal failure disappeared completely after she performed rituals she was requested to do. This is corroborated by the following statement:

*“I am not sure if kidney failure can be hereditary or not I had a dull constant pain along the kidney area, it just felt like a needle is stuck in the kidney area. The pain would be*

worse whenever they prayed for me until now it is completely gone. It's completely gone, since 2005 I have not had the pain.”

### **3.2.2.2 Healing using Enema (using holy water, vinegar and salt)**

Three participants were offered treatment of an enema to detoxify or purify the body and to rid them of bad luck as they reported in the statements below.

*“One thing that I have noticed from Apostolic church people, is the cleansing of the colon, and have also read about colon cleansing in a Sunday Times article done exactly the same way as in Apostolic form. This is done by doing enemas, it was something I was really against but could feel the difference immediately.”*

*“In Apostolic church we use vinegar, a lot of salt and holy water that has been prayed for. At times this is mixed with garlic to make an enema. The only difference is that on the newspaper article they were adding bicarbonate of soda whereas we don't add bicarbonate.”* The participant had read about a similar formula in a newspaper article.

*“O ne a nketsetsa metsi a taste e utlwalang mixture wa letswai le vinegar gore ke phalatse ka ona, e le gore ke ntshe maswe a otlhe mo teng ya ka.”*

#### **Translated below as follows:**

*“He prepared water which had a taste of salt and vinegar to use as enema. Reason being to rid the system of unwanted stuff.”*

### **3.2.2.3 Throwing of bones by African Traditional Healers**

Most of the participants expressed their experiences after they had consulted with an ATH. Amid other techniques used by ATH, the throwing of bones is highly considered to offer insight on the problems the participant is experiencing. According to ATH the position of thrown bones also allows ATH to interpret and explain to the patient the diagnosis and treatment needed. This is another way in which the ATH diagnoses an illness or observes what could be ailing their patients. The participants related that one is requested to blow air onto the bones and the direction and position of the bones will direct the ATH to reach a

diagnosis during the consultation and give a forecast for their lives. This is attributed by the following statements:

Participant was prompted by her instincts to consult the ATH with her husband and the bones revealed that her husband would fall seriously ill and the symptoms would start in the form of a headache, the husband took ill with a stroke three days after they had consulted with the ATH. This is corroborated in the following statements:

*“Ge gona le something se etsang o file o kare go tlo ba le bothata ke a consulta. For example, ka taba ya monna wa ka re ne reile kerekeng mo Terminus. Mo tseleng ge re boya kerekeng, something sa mpotsa gore ke fete ko ntagemologo (ngaka ya setso) and bile ka bolella monna wa ka. Ge re fitlha, ngaka ya setso a tsholla ditaola a bolella monna wa ka gore o bona a tlo lwala and bolwetse bo bo tlo simolla o kare o tshwere ke tlhogo, kefa a re a itlhokomele thata. Ke fa ke ipolella gore moya o direleng gore ke ye ko bona ngaka ya setso, e ne e sa battle gore ke tshoge kgotsa ke be surprised ge monna wa ka a thoma go loma, gore ke kgone go gopola gore ngaka ya setso e mpoelletse gore ke etse se le sela. Motlhomong o ne a ntukisetsa gore ke bereke.”* **Translated below as follows:**

*“When there is a sensation as if there will be a problem I consult! For example, with my husband’s case we went to our church at Terminus. On my way out from church something told me I must pass by the old man (the African Traditional Healer) and I asked him (the husband. On our arrival, the African Traditional Healer threw the bones and told my husband that he sees that he might fall ill and the illness will present itself in the form of a headache, he warned him to be careful. Therefore, I told myself that whatever force that told me to go to the African Traditional Healer, it did not wish upon me to be surprised whenever my husband becomes ill, so that I may know he told me I must do this and that. Maybe he was preparing me, but nobody knows.”*

The following participant had undergone an Appendicectomy. The following statements are evidence of his experiences:

*“O tsholla marapo a ditaola and o bereka gape ka semoya go fodisa, ke ne kena le Mme wa ka. Ngaka ya setso o ne a labella mathata a ka a mpoellela gore ne ke sa tshwanela go ya operationeng.”* **Translated below as follows:**

*“She throws bones and uses spirituality to heal. I was with my mother. The African Traditional Healer looked at my issues and told me I was not supposed to go to the operation.” “Ngaka ya setso o ne a mpoella gore ke ne ke sa tshwanela gore ke ye ko ngakeng ya sekgoa pele ke iseke itse gore go etsagalang mo dilong tsa setso. O ne a re ditaola di bontsha gore se seneng se tliša botlhoko ase Appendix but ke neo ya semoya. O ile a bua gape gore ke moya wa go porofeta or neo ya boporofiti and o ne o tlhakane le meya ya badimo. A bua gape a re dilo tsa se moya ga di battle motho o jang bosgo thata ka gone ge o jele thata, motho ga a kgone gore a ka berekisa semoya sa gage fo fetisa. O boletse gore go botlhokwa gore motho a je between 4 and 5 motshegare, before letsatsi le wela eseng bosigo. Ka gone ge go atumela 11o’ clock mo bosigong moya wa badimo le wa boporofeta ga o kgone gore o ka bereka pila ge o kgotse thata.”* **Translated below as follows:**

*“The African Traditional Healer said I was not supposed to have gone to the Western healing doctor before I could find out what was going on with me in the African traditional healing area. She said the bones showed that what was sitting and inflicting pain is not Appendix but a spiritual gift. “She further said it’s the spirit to prophesy or gift of prophesy and they were intertwined with ancestral spirits. She further said spiritual matters demand that one must not eat late at night because when one has full satiety, one cannot use his or her spirituality to the fullest. She mentioned its very important one eats from 4 to 5pm before sunset and not in the evening because when it approaches 11pm at midnight the ancestral spirit or gift to prophesy cannot function optimally.”*

#### **3.2.2.4 Connecting with ancestors by using snuff, slaughtering of chicken, sorghum beer or traditional beer**

These were highly attributed by most of the participants. Participants described this as a way of honoring their ancestors. They expressed the manner in which they honour and respect their ancestors, by means of using snuff and traditional beer. It is the types of rituals often advocated by ATH. This is evidenced in the following statements:

*“Ka nako tse dingwe ne ke boma Mme wa ka a tlhaba kgogo ebile a tshela motsoko mo fatshe gore a bue le badimo. Ne ke sa tlhaloganyane but ne ke tlhele ke mmoma nako tse dintsi a etsa setso seo.”* **Translated below as follows:**

*“Sometimes I would see my mother slaughtering a chicken while simultaneously using snuff on the ground to talk to the ancestors. I did not understand but often saw her performing this ritual and I understand this may differ with other families.”*

The participant was advised by the ATH in following statement to prepare traditional beer and slaughter a chicken, in order for her to be able to address and communicate with her ancestors: *“Se le a re ke tshwanetse go etsa bojalwa ba setso and ke tlhabe le kgogo. Le ge e le gore le nna ne ke ntse ke duma go etsa ntho e tshwanang le ego e go.”*

**Translated below as follows:**

*“He told me I must just do some rituals by brewing sorghum beer or traditional beer and slaughter a chicken. Although that was also my intent and wish to do something similar to what he said.”*

### **3.2.3 Different experiences on African Traditional Healing and Western Medicine’s ability to treat illnesses.**

The third category that emerged was the acknowledgement of the different experiences with regard to the ability to treat illnesses between African Traditional healing and WM. All ten participants expressed different feelings regarding consulting both ATH and Western medical doctors. Even though there were different perspectives, most of them felt they received holistic treatment when consulting with an ATH compared to consulting a western medical doctor or consulting at a hospital facility. The following statements are evidence of this:

*“The Western doctors must also learn about our cultural needs, for me, personally consulting with Western medical doctors I have realized that there was something missing, there was a spiritual side of things that felt empty and needed some satisfaction or a spiritual home. Western medical doctors do give medication for symptoms but those symptoms subside only for a while and the illness returns. I’m not fulfilled by Western medicine.”*

The following participant, a 52 year old female, related her experience of preferring to consult with a WM doctor before consulting an ATH because she feels that sometimes the

ATH might not be able to cure certain illnesses. She stated how she respects the integrity of her ATH, as he is able to refer her to a WM doctor when he realizes that there is no progress in his treatment. This is corroborated by the following statement:

*“Ke gore nna always ke prefera gore motho o ka simolla ko ngakeng ya sekgoa ka gonne ka nako tse dingwe o fitlthele e le gore o itsheenyetsa nako fela ka malwetse a mang, maybe ngaka ya setso e ka se bo kgone. Ke fela ntatemogolo (ngaka ya setso) ona le nnete, if a bona gore ga a kgone go go fodisa o go romela ko saeteng ya sekgoa. Mara ke prefera gore motho o simolle ko sekgoweng ka gonne o tla senya nako go fitlhella o lemoga gore bolwetse ba gago bo batla gore o etse operation. O lemoge gore o itshenyeditse nako.”*

**Translated below as follows:**

*“I prefer a person to start consulting with a Western medical doctor because you may find that you are just wasting your time with certain illnesses that perhaps the African Traditional Healer cannot heal. ....Is just that this old man (the African Traditional Healer) is a truthful man, if he realizes that he is unable to heal you he will refer you to the Western medical side. But I always prefer for someone to go to the Western medical doctor because you will waste your time until realizing that your illness may require a medical operation.”*

There is an acknowledgement that there are some conditions that are best suited to be treated by WM and others by ATH. The following statement is evident of this:

*“And ga oya sepetlela bare Athritis ga e fole, but ko ngakeng ya setso ya fola. Ebile ge o ka gopola bo Koko ba rona ba ne bas a tshwarwe ke athritis ba ne ba tsamaya ka maoto selemo mariga ba se na athritis. E putsise fela gore why?”*

**Translated below as follows:**

*“And if you go to the hospital they tell you there is no cure for Arthritis, but at the African Traditional Healer it gets healed. In addition to that, if you can remember, our grandmothers never suffered from arthritis, they used to walk barefoot in winter without even getting arthritis. Just ask yourself why?”*



### 3.2.3.1 WM is unable to understand, diagnose or treat certain illnesses

The subcategory emerged very strongly as participants' described their experiences on different ailments which they feel were wrongly diagnosed by WM. Participants felt that Western medical doctors often overlook some illnesses especially when they are not certain what they are dealing with after numerous treatment regimes have been introduced. The following participant's nephew was admitted in a hospital for an undisclosed illness. According to the participant, her nephew was suffering from Sesepedi as it is commonly known in the Black culture. In WM this may be understood to be epidermal cysts. The participant shared how at the hospital WM doctors made countless incisions into the cysts even though the cysts kept on returning; it was only after a long period of time that the hospital decided that perhaps the family should consider taking the child to the ATH. Sadly her nephew passed away after a month at their home. The following statement is evidence of this: "*Morago ga nako e telele, ba lemoga gore ngwana wa abuti wa ka o fedile and a sa tlhele a bontsha bophelo, kege bare ko nna ke mo tseye ke moise ko ngakeng tsa baloi.*" **Translated below as follows:**

*"After a long time, they realized that my brother's child was frail and had no chance to live, they said to me, take him to the toordokters (i.e. witchdoctors)." This particular participant expressed great enthusiasm when she saw the advertisement of this study; she felt that it will bring insight and meaningful co-operation to both practices.*

The following statement is from a participant who experienced progress and understanding of his illness after consulting an ATH: "*Seo se dirang gore re dumele thata ka ntlhela ke gore at the most mo nakong tse dintsi, for example if motho a tshwere ke sefola ngaka ya sekgoa a ka se be le lesedi la gore bothata ba ka ke sefola. Nka ba le bothata ba maoto ngaka ya sekgoa e ile go mpha dipilisi fela di okobatsa fela mara ge keya ko ngakeng ya setso o ile go mpha setlhare se se tsamaisanang le bolwetse baka or le maoto a ka. Maoto a ka abile a fola.*" **Translated below as follows:**

*"What makes us have thorough faith in African Traditional Healers is that in most cases for example if one is suffering from Sefola (illness affecting the feet) the Western doctor will not have a clue what the diagnosis of the condition is, they do not know Sefola. For example I may suffer an illness affecting my feet and go to a Western doctor, where I will only be given pills, the illness is suppressed, but when I go to an African Traditional Healer*

*he will give me a medication that is related to the illness or suffering of my feet. My feet were healed!”*

### **3.2.3.2 A View of African Traditional Healing being better than Western Medicine**

Most of the participants expressed the same feelings with regard to receiving a consultation and treatment based on African traditional healing compared to WM, despite the fact that consulting ATH is still handled with some secrecy by some people. All participants felt that even if they consult both healing modalities (WM and ATH); it is always a taboo to discuss or mention any involvement with regard to consulting ATH. Participants expressed that they turn to ATH for healing and to find answers which WM could not supply and expressed the view that African traditional healing was better than WM. Participants also shared same views that the WM doctors spend less time with them during consultation. Citing that WM doctors do not ask their patients how they feel or how the condition developed. According to participants, it is this lack of connection that derails healing and good doctor-patient relationships. The following statements are evidence of this as shared by different participants:

*“O simolla pele go consulta ko ngakeng ya sekgoa, geke yako sepetlele, ga banke ba kgona gore ba bone gore ke tsherwe ke eng, gaba kgona go nthusa. Ba mphile dipilisi le di vitamin ka di tsaya, ge difela ke lwala gape. **Translated below as follows:***

*“You often start your initial consultation with the Western doctor, when I went to the hospital, they could not diagnose my illness they could not help me. They prescribed pills including vitamins and I took them, when they get finished I fall sick again.”*

*“Ke ne ke sa be betere bolwetse bo okobala fela ka nakonyana. Ko sepetlele ba tla etsa ditoko tse different and everytime di test tsa me di boa di le negative, seo se reya gore ne basa bone gore bothata bo tswa kae and ba satle ka di ideas tsa gore ba ka nthusa jang gape. Mara e itse geke tlo yako nstatemogolo a ntshimolla ko lotong go yako tlhogong ga a tlhalosa bolwetse ba ka, o utlwa ditaba tse different. So kege a mpotsa a re wena go bile jana, ba go gatisitse madi mo gating ya jarata ya ntlo ya gao o gatile dilo tse ba di tshetseng mo gating, ke tsona di etsang gore madi a gago a tlhakathakane le ko sekgoweng ba seka ba kgona go bona gore bothata ke eng. Ngaka ya setso o kgonne gore ga sena go*

*mpha ditlhare tsela le gore ke aramele, boima bole ne ke bo rwele ba tsamaya. Ka na ke ne ke rwele boima bo bomakatsang ke ipotsa gore a mme mmele wa ka o ka nkima jaanong pele o ne o sa nkimele, dilo tsoatlhe di a tsamaya e be le nna ka mmolella gore o kare dilo tse dine diloketse ke ena.”* **Translated below as follows:**

*I was not getting any better just temporary relief or suppression of my symptoms. At the Hospital they will run different tests and everytime my test would return as normal or negative, that means they could not detect anything wrong, but they won't come with other solutions. However, when I went to the old man (African Traditional Healer), he explained all my symptoms from head to toe, it was a completely different story compared to what I was told at the hospital. The African Traditional Healer told me that the gate at my yard at home where I live, I had stepped on blood that have been smeared on the ground to cause a curse in my life. The African Traditional Healer explained that this blood has affected my circulation and Western doctors would see nothing when they do tests. The African Traditional Healer gave some herbs and a steam with herbs. The heaviness that I felt in my body was all gone, I even asked myself if my weight was contributing to all this, as before I had never felt my body being heavy for me. Everything just went away and I even told him (African Traditional Healer) it was as if he was the one who caused the illness.”* Participant was referring to how she felt better after receiving treatment from the ATH; therefore she later told the ATH jokingly that it was as if he was the one who caused her illness because (ATH) he cured her in a short period of time.

A 46 year old woman believed her life changed to the worst when she entered matrimony and strongly believed her mother in-law was bewitching her through her husband. Her symptoms were paralysis with a feeling as if her spine or back was broken. This woman expressed greater trust in ATH, the following statement express her interpretation of why she experienced the symptoms she had: *“Kante niks, a ka ba dira selo ba bone gore ke bone gore Mme wa gage o berekisa ngwana wa gage mo gonna, ke gore ke motho o mmerekileng gore geke tlhakana le ena ke ame ntho e a mmerekileng ka yona. A! a mparalysa ka phatlhoga mokokotlo... So, ko sepetlela ba itse ke tshwere ke marapo obviously ya boloi ba ka se e bone akere.”* **Translated below as follows:**

*“Only to find that I have not done anything wrong to offend them except that they realized my mother in-law has witchcraft powers over her son, this is what she has done, when I*

*become sexually intimate with my husband...hey! they paralyzed me, my back fractured...at the hospital they said I have a problem with some bone disease and obviously they won't see a case of witchcraft."*

### **3.2.4 A desire for co-operation between ATH and WM.**

Participants expressed the view that there should be co-operation between the two systems of healing. Participants felt that WM should improve its method of consulting or case-taking with its patients, in terms of being able to display sensitivity and empathy towards their patient and not to treat them as statistics by spending five minutes consultation with them. Participants stated that consulting with ATH may last from 30 minutes to an hour. One respondent mentioned that some WM doctors are able to tell their patients' if they do not need conventional treatment in what is ailing them. The desire for co-operation is from realizing that there are certain conditions that need a multidisciplinary intervention of ATH and WM. Participants also expressed similar views with respect to ATH being the driving force in distributing culturally appropriate health care to many black communities, as a result they think this force can be enhanced when they work in co-operation and partnership with WM programs. The following statements are evidence of this:

*"My problem is I think it takes a spiritual healer to see a spiritual problem and if a Western or medical doctor is not gifted in that area it's going to be a problem. What can happen is if there can be a one stop area to have a resident African Traditional Healer like having a sangoma, faith healer at hospital consulting rooms to intervene in this regard."*

*"Go ya le gore ke bolwetse bo bofeng, ka nnoe gona le malwetse a eleng gore a batla gore ngaka ya sekgoa a bone and malwetse a eleng gore a ka kgona ke ngaka ya setso. If kena le bo bonyakang ngaka ya sekgoa key a ko teng and le geke makatsega ke bolwetse bo bong ke bona ngaka ya setso."* **Translated below as follows:**

*"It depends what kind of a sickness it is, because there are illnesses that need the intervention of a Western doctor and other illnesses that need the intervention of an African Traditional Healer. If I have one that needs a doctor I will go there the same applies to when I get an illness that needs an African Traditional Healer."*

*“Go na le di doctor tse dingwe tsa sekgoa tse di kgonang go bona ge molwetse a sa tlhoke treatment ya sekgoa le ge go sa tlhokege gore molowetse o go a ka admitiwa ko sepetlele. For example, mo casing ya ka ko Kalafong hospital doctor ya bofelo e ke bonaneng le ene wa mo India o ne a ntlhalosetsa gore ke ne ke sa tshwanela gotla mo sepetlele. O boletse gore nkebe ke ile ko ngakeng ya setso pele ke tla ko bona. Eya! O ne a itse dilotse, le nna ne ke maketse gore ngaka ya sekgoa a ka bolela le nna ka tsela ego. No! a ka mmutsisa dipotso because tsatsi le le latelang oile a tla gape a gatella taba ya gore malwetse a maso ga a battle gore re sianele ko sekgoweng only mo mathateng a go tshwana le diemergency or accidents le go ba le flu motho a ka nna a tla ko sepetlele. Ka nnore mo baneng go na le bolwetse ba go tshwara ke tlhogwana e tsamaisana le phuana ya ngwana ga ngata ga e batle sekgoa.”* **Translated below as follows:**

*“There are certain Western doctors who are able to identify when a patient does not require conventional treatment... or when there is no need for such a patient to be admitted at the hospital. For example in my case at the Kalafong Hospital the last Doctor of Indian descent paid me a visit and explained to me that I was not supposed to come to the hospital. He told me I should have gone to an African Traditional Healer before I came to them. Yes, he knew this stuff; I was also surprised that a Western Doctor could tell me that.”*

The following statement was expressed by a participant who felt that WM doctors should admit that ATH exist and, they should know when it is suitable to send their patients to ATH, especially in ailments that could be bound by culture and could need the intervention of noth healing modalities. This is corroborated by the following statement: *“Go ka ba botoka ge ngaka tse tsa sekgoa di ka tlogela maemo a bona and ba amogela gore gona le malwetse a ba ka sekgoneng go a treata, jaanong ba tshwanetse go bona tsela ya gore ba bolella balwetse ba bona gore ba ka ya kae after ba lemogile gore ke kgale ba fa treatment tse different gontse go sena phetogo.”* **Translated below as follows:**

*“It would be best if Western medical doctors can leave out their pride and also admit that there are certain ailments which they cannot treat successfully therefore there must be a way in which they are able to tell their patients to look for other options if they have realised they have been offering different treatments to the same individual with no improvement whatsoever.”*

### 3.2.4.1 The issuing of Sick Notes and Referrals between ATH and WM should flow easily.

This was a critical question as most participants felt it is a crucial thing but acknowledged that there is a long way to go to reach that paradigm. Participants felt that it is still taboo to make their employer or others aware that they consult ATH. One participant highlighted that her challenges occurred during a hectic month at her workplace, during the period of launching transport, where it was crucial that she should be available, but as she describes; *“I felt an energy that I could not explain when I was sent to Mabaleng to go through some of the rituals that I was supposed to do there, involving using enemas, holy water and lots of prayers”*. She continues to say she had to ask a WM doctor to extend her sick leave, which was for her renal problems. The following statement is evidence of this:

Although the aspect of considering consulting with ATH as a taboo was not thoroughly explored, the following participant expresses her experiences on this and on receiving a sick note from a WM doctor. The following statement is evidence of her reasons why she is not able to communicate that they consult ATH, because *“It’s more like when you go there everything is associated with witchcraft. I can tell you my story when I had to go to Mabaleng, I had to take vacation leave and it was October, Transport month which is very busy and this was a key thing. On the other hand this thing had to happen in this very same week. I went to a medical doctor and faked illness so that I would be able to go and finish what I was asked to do. I could not take vacation leave because of the demands at work, as it was the launch and campaigning month. But I had to go and I just took sick leave. You can’t even tell people that you’ve gone there.”*

All participants agreed that they experienced that ATH were more willing to have them attend both Western Medical treatment and to take their medicinal herbs. Furthermore, if an ATH could see that there was something that warranted examination through WM, an ATH would do so more readily as compared to in WM. This is corroborated in the following statement:

*“I never asked him questions because the next day he (the Western Medical doctor) came to me also emphasizing that for conditions similar to what I was experiencing we should not rush to the hospital, only in cases like emergencies or accidents or having flu one can*

*decide to come to a hospital. For example, in toddlers who often fall ill not requiring medical treatment but needing African Traditional Medicine because they have itlhogwana, a condition which affects the fontanelle.”*

#### **3.2.4.2 The Government to allow African Traditional Healing to regulate itself**

Participants expressed the point that the government should allow both WM doctors and ATH to work together. However, there were views that even though this is what they feel should happen, the Western medical fraternity has always been skeptical; the division between the two practices has existed for a long time. Only one participant was aware of the government’s drafted policy to have ATM being implemented into South Africa’s Health Care System. Another participant urged that the government should assist in allowing ATH to be well regulated. The following statements are evidence of this:

*“But the government should let the African Traditional Healing environment self regulate itself because they are the ones who know what this is. I know there are various groups out there e.g. Faith healers association etc, can’t they build something that will help the industry to regulate itself? Why do our laws prohibit us from having a letter from these facilities because we do it anyway.”*

### **3.3 Summary**

This chapter described the findings of the lived experiences of the participants obtained from the ten in-depth semi-structured interviews. The categories and related subcategories as strengthened by direct quotations which were written in italics were thoroughly described. These categories and subcategories are tabulated in Table 3.1. With the first category highlighting different viewpoints of how African traditional healing is embedded within Black people’s culture and all ten participants aspired to see a co-operation between African traditional healing and Western Medicine and for both practices to work together.

## CHAPTER 4

### CONCEPTUALIZATION AND INTERPRETATION

#### 4.1 Introduction

The purpose of this chapter is to conceptualize the findings of the study as shown in Table 3.1 (Chapter 3) with existing relevant literature and interpretation with the ultimate aim of drawing conclusions on which guidelines will be described from the main issues emanating from the experiences that have been described.

#### 4.2 Conceptualization

Conceptualization will entail shifting data analysis into a theoretical concept that best give meaning and general idea of understanding the phenomenon under study. Furthermore, in order to define a constructive meaning of the research findings the researcher carefully analyzed the ways in which participants have used words and concepts (Hennik *et al*, 2011).

The interpretation of the findings entails making sense of the entire data. This interpretation and discussion of the research findings contain references of relevant literature used; this is done with the intention to ensure the study remains true to the lived experiences and aspects expressed by the participants. This interpretive approach will assist the reader to understand the participants' lived experiences from their perceptions and will further explore the personal connotations that participants used as a link to their experiences. The aim is to show how previous studies may both support or disagree with the research findings in this study. Furthermore, the researcher makes a clear distinction of what is said or described by the participants and discusses how the same problem would be dealt with in Homoeopathy or by a Homoeopathic practitioner.

Links are made on commonalities between Homoeopathy and African Traditional Healing. In some instances the researcher explores how the participant' lived experiences could be interpreted from a Homoeopathic case taking and case management perspective.



#### **4.2.1 African traditional healing is deeply rooted in Black people's culture.**

The above concept is also supported by Krige (2005), who stated that it is essential to understand the culture and indigenous belief systems of black people, especially with regards to how they perceive and relate to the causation of their problems in life and illnesses along with reasons that compel them to consult healers. The concept of African traditional healing intertwined with a spiritual foundation has been found to be embedded in black people's culture. African traditional healing is in principle a matter of spiritual healing, which involves the interaction between the ATH and the use of medicinal herbs with other methods that are also used to play a significant role in the well-being of the individual seeking aid (Tjale & de Villiers, 2004).

As much as it is difficult to define the word "culture", many people are influenced by it, because no specific explanation of culture can be adequate to each person. In the context of this study, culture is attributed to the different cultures of black people. According to Tjale and de Villiers (2004), culture is a human experience, which allows one to adhere to certain standards and behavior.

A study conducted to view the use of African traditional healing in Xhosa people who were schizophrenic (Koen, Niehaus & Muller, 2003) concurs that in order to comprehend African traditional healing beliefs, it should be acknowledged that illness is associated with social, magical and spiritual matters. ATH's acknowledge illnesses that are caused by nature (e.g. accidents) from those linked to cultural beliefs (e.g. misfortune and witchcraft).

Tjale and De Villiers (2004), make an analogy with pain and how it relates to cultural issues in the black communities because pain affects black people in different ways and is also understood and interpreted in different ways. This is the holistic position that is recognised when seeking healing in the black communities and the authors recommend that this is a fact that should not be taken lightly or undervalued. Therefore, it can be said that within the context of black people, pain is not only about physical discomfort, but is associated with spiritual or mystical causes and strong social aspects that encourage the trust and belief in African traditional healing. Pain is felt when things are not at equilibrium or when people experience problems in their socioeconomic arena. This is confirmed by a

large number of black people who seek the services of ATH and those who become members of African indigenous churches especially when they experience socioeconomic problems and other challenges in life (Tjale & De Villiers, 2004). It is perceived they have the indigenous knowledge that their ancestors taught them and this is passed from generation to generation. Hence, African traditional healing is so entrenched in the black culture and therefore it will not perish (Lubbe, 2009).

The interpretation and meaning of this concept recognizes how black people's culture, history and social context may influence their life-world or lives and more significantly their perceptions and experiences of reality. To the homoeopathic practitioner it would be essential to know what aspects of upholding one's culture, would impact negatively on the case-management of the patient, especially if those aspects affect their health-seeking behavior. In the discipline of homoeopathy, these aspects may be interpreted or regarded as obstacles to cure (De Schepper, 2006).

In conclusion, data shows that it is certain that black people in this study are seeking for answers and meaningful interaction on their health matters from ATH. The homoeopathic practitioners may encourage their patients to express their views on their culture when it is meaningful and relevant to do so, especially if this affects the choice of seeking health care. It is essential to be sensitive and knowledgeable about the existing diverse cultures in the black communities and how this information is essential to be understood to serve as a guideline in a homoeopathic consultation, especially when dealing with patients who are familiar with the ATH approach of health and healing. It would also serve to have good sound knowledge as homoeopathic practitioners to know how aspects of culture may influence the progress of case-management in those patients who consult both an ATH and a homoeopath.

#### **4.2.1.1 African traditional healing is part of the upbringing from home.**

The statement on supporting the fact that African traditional healing is adhered to because it is part of the upbringing and culture of black people was supported by Muller (2010), who states that for a black person to be devoid of a life of tradition, culture, spirituality and

strong family connections, is inconceivable, especially those who are from rural and impoverished backgrounds.

Most of the participants favour the African traditional way of healing because they feel it is part of their culture and how they have been brought up. The participants felt the importance of having an understanding of what is happening within their space of life, to have the freedom of seeing an ATH. In addition, if someone was raised in an environment where someone in the family had been an ATH, this becomes a trend to be followed (Motale, 2010).

To serve as a guideline to improved interactions with patients, it is important for Homoeopathic practitioners to show sensitivity and understanding on cultural issues that affect their patients' health and well-being. It is important to not be judgemental or intolerant about cultural issues which are not always understood by the Western mind but may nevertheless have important meaning to the patient, for example, witchcraft.

#### **4.2.1.2 Strong sense of belief in African Traditional Healing**

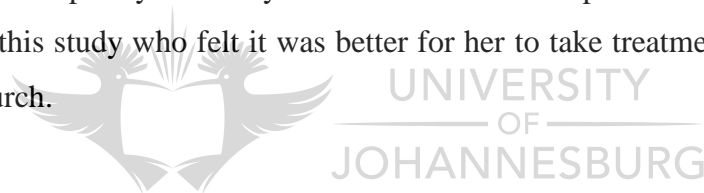
African Traditional healers often hold positions of respect within their communities, and are looked to for guidance on health care matters. They play a variety of roles to their patients, serving the role of a counselor, psychiatrist, priest and a physician (Truter, 2007). They treat all age groups and claim to treat all problems, using medicines that are readily available and affordable. They are responsible for determining the root cause of an illness (Medical Research Council, 1997).

Participants expressed how they prefer to consult African traditional healers in order to get a forecast on their lives and (some) resort to African traditional healing after they have consulted WM doctors without improvement. This is substantiated by Fenn (1998), who stated that a large percentage of the black population have faith in the efficacy of the approach offered by ATH. This is consistent with the findings of a study conducted by Koen *et al* (2003), on using African traditional healing methods in Xhosa schizophrenic people, where it was indicated that out of 236 participants' in the study 84% (198) of them confirmed that they had consulted with an ATH during the period of being ill. In this

manner, the study showed the strong sense of trust and belief Black people convey in African traditional healing because the participants claimed that they only complied with the treatment prescribed by the ATH.

The statement of having a strong belief in traditional healing was also confirmed in a study that showed that ATH are the first people who are consulted and the same study also showed that HIV positive participants were using Antiretroviral Therapy (ART) simultaneously with African traditional healing. After they experienced the side-effects from the ART, however these participants reported that they resorted to using African traditional healing for their HIV status (Peltzer & Mngqundaniso, 2008). The study also found that participants consult ATH for different supernatural and psychosocial matters.

Another statement by Tjale and De Villiers (2004), depicts the amount of faith and trust people place in African traditional healing in the context of African Indigenous churches, particularly the Zion Christian Church (ZCC); members of the church continue to have faith in the healing system of the church and their prophets and the majority of them felt they cannot get the help they need anywhere else. This corresponds with the statement of the participant in this study who felt it was better for her to take treatments and prophecies from her ZCC church.



The interpretation and meaning of this concept describe how black people continue to have a strong belief system in African traditional healing. In the homoeopathic discipline of practice, case interpretation is a valuable guideline leading to the simillimum, defined as a remedy that will match all of the patient's symptoms in their totality. The interpretation of the participant's statements on consulting with the ATH to inquire about predictions in her life could be interpreted by looking at the participants' inherent constitution. In homoeopathy, the term constitution refers to the inherent nature of the individual, on the physical, mental and emotional planes, while highlighting their personality or characteristics. However, the participants may require several constitutional remedies at certain periods in their lives especially about their situation or what they are experiencing at that time (De Schepper, 2006). The author also affirms that it is life experiences that inflict different layers of behavior, which may be brought on by suffering or life's hardships.

In the concluding statement, data shows that despite knowing about other healing modalities and treatments, it emerges that there is a strong sense of belief and trust among

black people in pursuing the African traditional route of healing. Therefore, it is important that all the issues that compel and support the existing belief systems in African traditional healing be acknowledged during a homoeopathic consultation. This could be incorporated into plans to improve the homoeopathic consultation where needed.

To serve as a guideline in a homoeopathic consultation, it may be concluded that there must be awareness and acknowledgement of the significance and foundation of strong belief systems that black people uphold in relation to African traditional healing, because of the holistic nature of homoeopathy. Therefore, through thorough case-taking these beliefs systems could be attributed to, for example; integrating components of homoeopathy and psychotherapy, as this will help the homoeopath understand the context and treatment method that should be followed in the patient's case, because both homoeopathy and ATH look for the cause of the illness and acknowledge the mental, emotional and spiritual aspects of the patient. Furthermore, homoeopathy remains to be the only practice of medicine that collectively acknowledges the mental and emotional characteristics of its remedies (Johannes & Van der Zee, 2010).

#### **4.2.1.3 Ancestral visits or intervention when seeking assistance in African Traditional Healing**

African Traditional Medicine is closely allied to traditional religion and to the idea that a continuous communication exists between the living and the spirits of the departed. These ancestors are also able to directly cause illness in order to make the victim aware and conscious of that which he must be attentive to (Medical Research Council, 1997).

Divine powers are believed to be invoked through African traditional healing and it is crucial to take into account how black people experience death and illness in order to comprehend traditional healing in South Africa. The patient's view on health, life, illness and death should be acknowledged. Pera and Van Tonder (2005), affirm that according to African traditional beliefs the burial ground in which ancestors lie is considered a holy place and it is at this burial ground that sacrifices are performed and ancestors are visited. Those who are living continue to communicate with the ancestors or the dead by performing sacrificial rituals and invoking the spirit of the ancestors (Coetzee & Roux,

2002). This supports the statement of the participants who used to experience ancestral dreams or visions: “I was troubled by dreams that ordered me to make certain rituals for my ancestors.” In case-taking the homoeopath explores the nature of the dreams and their recurrence, since they symbolize and express what is happening subconsciously (Johannes & Van der Zee, 2010). As ancestral communication frequently occurs through dreams (Medical Research Council, 1997), the homoeopath can take the opportunity during case-taking to assure the black patient that their dreams are important towards understanding their case.

Often patients seek the aid of traditional healing with regard to their frame of reference. Some black people believe that illness and hardships or bad luck are due to witchcraft or the wrath of the ancestors (Tjale & de Villiers, 2004).

To the Homoeopathic practitioner the participants’ statements regarding consulting an ATH after being troubled by dreams that ordered them to perform rituals for their ancestors, would be interpreted by exploring the areas of psychotherapy in dreams through thorough case-taking. Johannes and Van der Zee (2010) also relate that issues such as the recurrence of dreams add to many psychological problems. A study conducted by Van Hootegem (2006), found that there are certain shocking and hidden experiences of the lives of the ancestors that can have an impact on their family and he also states that in the dream-function concept, psychosomatic disorders may result subsequent to blocked dreams. However, on reinstating the ability to dream with the correct homoeopathic remedy that complements the patients’ symptoms; there would be a recession of these symptoms. This supports the statements of the participants on dreams, ancestors and rituals that are expected to be performed to appease the ancestors, because Van Hootegem (2006) also indicated that if transgenerational influences are not disclosed they are often hidden and all these may be passed on to other descendants, in order for such matters to find some expression.

According to De Scheeper (2006), homoeopathic practitioners should admit the existence of certain aspects in the unconscious psyche for which they know very little or nothing at all. Whereas conversely they have a great impact on them, as they affect all planes of the patient’s being, touching the physical world as well as the conscious mental or emotional

make-up. He adds that even if a homoeopath does not understand a dream, it can still be effective as a form of compensation for the patient.

In conclusion, data indicates that black people in this study seek the assistance of ATH when they experience an intervention from their ancestors in their life-world; either through symbolic dreams or through suffering culture bound illnesses often thought to be due to ancestral problems. Therefore, it should be acknowledged that homoeopathy is useful and can offer treatment in such situations and conditions (Van Hoote gem, 2006).

To serve as a guideline to homoeopathic practitioners providing a holistic therapeutic medical care, it is essential that we comprehend a patients' culture with their religious beliefs, disposition to illness (understanding the patient as a whole) during a homoeopathic consultation (Nigam, 2008). Dreams are also of great importance during a homoeopathic consultation especially if they are recurring or are of significant value to the patient (De Schepper, 2006). This is another reason that shows how homoeopathy can be of great use in the rural and many black communities who are familiar with the holistic approach used by ATH due to its versatile applicability (Wolf, 2000). The significance of considering the past history, present history and family history are valuable in choosing an appropriate remedy and meaningful treatment plan (Foubister, 2002).

#### **4.2.1.4 The significance of Consulting ATH when Experiencing Challenges in Life**

Consulting with ATH is persistent within black people's culture, because they perceive ATH as being more like counsellors with knowledge on a variety of issues. Literature shows that ATH are consulted in order to understand and explore the causes of their problems (Medical Research Council, 1997). In the rural and poverty-stricken population areas, the number of ATH often surpasses that of Western-trained doctors (Tjale & De Villiers, 2004). These healers are consulted for a variety of problems ranging from social problems, for example, witchcraft and other medical ailments including infertility. Furthermore, in some instances ATH have been attended to as the last and only hope in circumstances when WM has been unsuccessful, this has been shown by anecdotal evidence (Commey, 2004). In fact, many Acquired Immuno-Deficiency Syndrome (AIDS) patients have testified to an improvement in general health after visiting traditional healers

(Commeey, 2004). The majority of these ATH claim to be able to treat and cure a broad range of ailments including; cancers, psychiatric disorders, high blood pressure, infertility, cholera and most venereal diseases (Helwig, 2002).

The statements of the participant in the research study who suspected witchcraft from in-laws is supported by Mbiti (1989), who states that in many communities there exist people who are believed to be wicked and cause mayhem to their next of kin by using witchcraft. In addition to this, it appears as if every form of evil whether natural or unnatural, is often presumed to be caused by either a member of the family or by their neighbours. The participants' statements from the previous chapter under this subcategory describe how significant it is for many black people to consult an ATH for any of life's challenges as they believe and trust they (ATH) can minister to all aspects of their life.

The researcher found the symptoms expressed by the participant who believed that her in-laws were practicing witchcraft, to be interesting and chose this category to explain how a homoeopath would typically approach this problem. The interpretation and meaning of this concept was done according to the homoeopathic point of view in the following way: for example; in homoeopathy when looking at the rubrics or symptoms of the participant who stated that after being intimate with her husband she would feel as if her spine has cracked, her neck shifting, all as result of thinking that her in-laws are bewitching her. In the Homoeopathic medical repertory, a book which is a compilation or a collection of recorded signs and symptoms used as a clinical guide by homoeopaths (Murphy, 1996); this would direct the Homoeopathic practitioner to a section on the BACK: indicating cracking of spine on moving; the highlighted remedy being *Agaricus muscarius* which is a Toad stool. It presents with symptoms of poisoning which do not develop immediately. The pains are accompanied by numbness with sensitiveness of the spine to touch and twitching of the cervical muscles (Murphy, 1996) and (Vermeulen *et al*, 2001). However, this analysis would be more valid when the Homoeopathic practitioner took a thorough case analysis of the participant, including performing a physical examination. With regards to the statements of the participant experiencing the perception that her in-laws are bewitching her, the homoeopath would need to consider whether this was based on cultural response,



delusional aspects or whether it constituted an important symptom to be taken as part of the totality, to arrive at the appropriate remedy.

In conclusion, data shows that ATH are trusted to be able to deal with all the things that may affect a person's life, from witchcraft, infertility and other health related problems.

To serve as a guideline in a homoeopathic setting, there needs to be an acceptance, awareness and acknowledgement that witchcraft, misfortune and evil forces are a reality to many black people. Witchcraft is associated with amongst other things, sexual problems and many black people believe that these issues can only be addressed by ATH (Tjale & De Villiers, 2004). It will be important to learn and understand the knowledge behind black people's beliefs, while exercising empathy, good communication and listening skills.

Therefore, to help gain a patient's trust, the homoeopath must explain to their patients that they are concerned with all aspects of their patients' lives and encourage the patient to speak freely on the challenges that affect them.

#### **4.2.1.5 Spirituality viewed as an important part of African Traditional Healing**

In a study conducted on patients who consulted ATH within the context of HIV/AIDS, Peltzer & Mngqundaniso (2008) concur that 80% of black women who participated in their study consulted ATH for spiritual experiences and spiritual influences that they encountered on a daily basis. While it was difficult to define the word culture previously, it is also difficult to define spirituality, because it can be defined in many ways. However, in support of the statements of this study spirituality will be defined as being "the quest for an authentic life with a connection to ones roots, which offers a leverage and power to move on in life with some reassurance". Stout (2006) states that many people who support spirituality have a strong belief that there are other people who have the power to connect and communicate with spiritual beings. Lubbe (2009) also concurs that African spirituality seeks to attend to the frequent realities of black people's lives and satisfying basic needs.

An underlying belief in spirituality is that after death, the spirit of the dead person persists and crosses over into the spiritual realm that extends beyond the material world (Stout, 2006). This concept also complies with the spiritual world view of black people that

spirituality is linked with ancestral spirits, ordinary spirits and a Supreme-Being, God (Mbiti, 1989). However, Mbiti (1989) argues that information with regard to the origin of spirituality and what black people think about the concept remains unclear. He states that certain spirits are believed to have been formed by a group of a certain race and that these races continually generate themselves, though many people believe that when we die we transform into some spiritual dimension. On the contrary, Stout (2006) states that the concept of spirituality began in the nineteenth century from the writings of a Swedish scientist Emmanuel Swedenborg, when a modern family moved into a house that was believed to have been haunted by spirits. The family would hear tapping sounds in the house and ultimately decided to develop a technique that would later enable them to connect and communicate with the spirit of a male figure who was killed in the same house by the former owner. Furthermore, Stout (2006) adds that news of the clairvoyant communication became public, other spirits continued to communicate with the family, and they spread the news around and encouraged spiritualism, a concept that led to some people becoming mediums. These statements may be attributed to the statements of the participant who was becoming clairaudient and clairvoyant.

The interpretation and meaning of this concept in the homoeopathic discipline would look at its holistic approach, since homoeopathy addresses the physical, emotional and mental relationships with the spirit of an individual. Therefore, mental-spiritual health becomes an incorporated aspect of holistic health. In interpreting the statements of the participants with how their experiences would have been dealt with in homoeopathy Johannes and Van der Zee (2010), describe research and clinical observations which were explored suggesting that homoeopathy can be used as a gateway into spiritual consciousness thus becoming a great resource for deeper healings by enhancing all of a person's health including mental health. Johannes and Van der Zee (2010) further affirm that personal spiritual consciousness may be stimulated and intensified through religious, ritual, meditative or other practices and recommend that homoeopathy can be used as a means to help patient connect with their spiritual awareness.

According to Butehorn (2007), to date modern indigenous people associate themselves with nature, have communication channels with nature and expect information from such

sources. Shamans or spiritual healers see day-to-day worldview as both material and spiritual; where all things carry multiple layers of information. The importance of spirituality can be related to a homoeopathic consultation, which is more than just a collection of information from a patient. This can be observed when applying Sankaran's (a world-renowned homoeopathic practitioner) inherent shamanic paradigm (Butehorn, 2007), when he uses a model of watching for movements, seeking basic sensations and gestures considering and believing that at that level the person talks a language which is both mental, spiritual and physical, a tool that can be used to attract and capture the direction that can lead to a cure in the homoeopathic scope of practice.

These aforementioned attributes are evident and similar to the practices of ATH; therefore, the two systems seem to share some commonalities.

In conclusion, data shows that it is true that black people in this study do not only feel unfulfilled by WM but that they expect a holistic approach of consultation that can yield optimal healing if the art of healing is interlinked with spirituality, which can be attained by focusing on the mental, emotional and spiritual aspects and not solely on the physical health (Tjale & De Villiers (2004). Homoeopathic remedies are capable of addressing complex issues thereby restoring the person to optimal health (Johannes & Van der Zee, 2010). The experiences of black people described in the study encourage the need to promote a multidisciplinary approach of consulting and healing our patients which homoeopaths are able to supply.

To serve as a guideline in a homoeopathic consultation, it may be appropriate for the homoeopath to explain to their patient that the practice of Homoeopathy has aspects in common with WM and ATM. Homoeopathy shares same commonalities with WM in terms of diagnosing physical diseases and both Homoeopathy and ATM understand the importance of the spiritual dimensions. Hence, it would be relevant to determine and examine the different approaches of contemporary homoeopathy and to be aware as homoeopaths of the paradigms that one consciously and unconsciously embraces, and to know of those paradigms that are screened out. At other times due to being narrow-minded, sometimes due to failure to notice or simply because of being accustomed in the favoured model that, Dr. Hahnemann was an explorer who challenged the dominant paradigm

(conventional medicine) and religiously defended the alternative model (Homoeopathy) which he established (Butehorn, 2007). It is important that as primary contact health care practitioners and homoeopaths acknowledge the possibility of using any method either medical or surgical or psychological to restore patient's health. There should also be an awareness and understanding that black people may use different tools from their own culture to help regain their health (Pera & Van Tonder, 2005).

#### **4.2.2 Techniques used by African Traditional Healers form an integral aspect in Traditional Healing**

In support of the findings, Mbiti (1989) also mentions that praying is the most trusted way of worship amongst black people and it is often performed by addressing the Supreme-Being and praying to one's ancestors.

##### **4.2.2.1 Healing through Prayer, Holy water and water**

Many black people are believed to find comfort and spiritual healing through African indigenous churches such as the ZCC, because these churches take the African traditional aspects and culture into consideration (Tjale & De Villiers, 2004). Also supporting the use of tea as a healing agent was indicated by Anderson (1992) in the same church ZCC, where the laying on of hands is also used to serve as protection from harm. Latif (2010) also stated that many black people who use the services of ATH also rely more on the Apostolic churches for spiritual healing. To confirm the statements of the participants Pera & Van Tonder (2005) stated that the treatment frequently advocated includes the laying on of hands through prayers, steam and immersion in water or holy water consisting of salt water, castor oil and ash. For example, other ATH are assisted by their connection with the spirit of the ancestors, the Holy Spirit as to which medicine to prescribe. Sometimes the patient is offered water and seawater that has been prayed over. This will be used by the patient to drink, wash or steam. The 'spirit' is consulted on what the temperature of the water in the bath should be (Pera & Van Tonder, 2005). A study conducted by Ross (2010) confirms that the techniques and rituals prescribed by ATH are deemed essential to their patients, in order to protect them and alleviate negative feelings from supernatural causes. The study confirms that it is ATH in the form of prophets or faith healers who usually administer the use of prayer, candles and holy water.

For healing to take place the ATH as a prophet or faith healer uses the holy water, candles and the Bible to aid him or her to the right direction to effect healing to the person. If the cause of the illness is found to be caused by evil spirits or the devil, the illness is treated by prayer and if the root cause of the illness is due to anger from the ancestors the individual is advised to modify their lifestyle. Many studies have implicated that at times the illness is treated with sea water and water which has been prayed for (Pera & Van Tonder, 2005).

In an article written by Landman (2007), on the history of the founder of the St John's Apostolic church, Christinah Nku, it is indicated that people were also being healed through prayer and holy water since these were the founder's best prescribed technique of healing for everybody.

The interpretation and meaning of this concept in a homoeopathic perspective is correlated to Aphorism 291 of the homoeopathic practitioner's Organon of Medicine (Hahnemann, 2003), when Dr Samuel Hahnemann the founder of Homoeopathy, emphasises that pure water baths may be used as remedial agents in acute and chronic diseases to restore health, for example, these water baths may be set to a certain temperature for convalescent patients. He also adds that lukewarm baths may deactivate lethargy and weariness in the physical body, using cold baths for those who lacked vital heat. Hahnemann believed that water baths gave homoeopathic assistance but were palliative in nature (Hahnemann, 2003).

In conclusion, data shows that ATH are often closely associated with African indigenous churches, which seem to effect spiritual fulfillment and aid in the problems and illnesses that black people experience.

To serve as a guideline to a homoeopathic consultation, sensitivity to the spiritual needs and aspirations of patients is recommended for homoeopaths in practice. The use of hydrotherapy is a common practice in Naturopathy. By implementing hydrotherapy where applicable, homoeopaths could establish greater trust with their patients. This might be achieved by introducing a modality that the patient is already familiar with.

#### **4.2.2.2 Healing using Enema (using holy water, vinegar and salt)**

African Traditional Healers are assisted by the ancestral spirit as to which medicine to prescribe, at times the patient is offered water and seawater which has been prayed over to use as an enema. Ross (2010) also adds that it is ATH in the form of herbalists or *inyangas* who prescribe herbs and enemas; these are believed to guard against witchcraft or evil spirits.

#### **4.2.2.3 Throwing of bones by African Traditional Healers**

There is a widespread belief among ATH that psycho-spiritual aspects must be addressed before medical aspects (Helwig, 2002). Among ATH, the ability to diagnose illness is considered a gift from both God and the healer's ancestors (Helwig, 2002). Diagnosis is done through observation (noting physical symptoms) and divination. Divination involves three methods, the throwing of bones, psychic healing (clairvoyance or telepathy), spiritual healing and visions or dreams. The psychic ability involves ancestral spirits connecting with the spirit of the sick individual and through dreams and visions the ATH experiences visions of the causes of the disease and how it is to be treated. As a result bone throwing involves ancestral spirits and allows the ATH to go deeper into the root or causes of diseases and the method needed to attain a cure (Medical Research Council, 1997).

The position of thrown bones allows the ATH to interpret and explain to the patient the diagnosis and treatment needed (Medical Research Council, 1997). A study by Ross (2010) confirms that ATH usually Sangomas or diviners use this method in order to connect with their patient's ancestors. The bone throwing technique is sometimes called the "floor X-ray" which allows ATH to observe and identify the perceived problems of their patients. This is done by observing the position of the bones on the floor.

One of the participants in the study who consulted an ATH was told that he was not supposed to have undergone an appendectomy. In his "floor X-ray" (bone throwing), the ATH interpreted his illness in terms of African spirituality. The advice given by the ATH was to avoid eating food that has been prepared by other people to avoid eating anything containing pork or pork products, as these are considered impure and could inhibit dreams and visions. The importance of dreams and visions was confirmed by (Motale, 2010), as this is how ancestors communicate with the individual. The meaning of these messages

needs therefore to be understood. Interpreting these dreams and restoring broken contact with one's ancestors are special skills that are carried by the ATH (Medical Research Council, 1997).

In conclusion, data shows that bone throwing is a means of delving deeper into the aetiology of the disease with guidance from the spiritual world. This technique falls within the exclusive scope of practice of ATH. Much of this may be incomprehensible to the western-trained mind. For example, informing a patient that they should not have had an appendectomy when a ruptured appendix could result in fatality, challenges most people trained diagnostically in WM.

To serve as a guideline to homoeopaths, bone throwing and communicating with the ancestors has been practiced from ancient times by ATH and therefore this must be acknowledged and respected if the homoeopath wishes to win the trust of their patients.

#### **4.2.2.4 Connecting with ancestors by using snuff, slaughtering of chicken, sorghum beer or traditional beer.**

The manner of honouring one's ancestors differs according to one's ethnic background (Tjale & de Villiers, 2004), this supports statements of some of the participants who paid tribute to their ancestors by means of slaughtering a chicken or offering traditional beer.

Motale (2010) supports these findings and states that within the African traditional healing context, slaughtering of cows, chicken or goat are all done as a sacrifice and reparation to the ancestors and the blood is considered to cleanse and offer gratitude to the ancestors. Some ATH use different animals for slaughtering in order to connect to the ancestors and to request abundance for the life of their patients.

From the African traditional healing perspective, snuff may also be used in conjunction with slaughtering and this is used to strengthen the treatment and the ancestors' relationship with the patient. Snuff is a traditional herb in powder form, which may contain a variety of herbs. It is used to effect cure in illnesses believed to be caused by angry ancestors or to

improve one's fortune for protection or to merely express gratitude (Medical Research Council, 1997).

To interpret the findings in a homoeopathic perspective it is imperative to take into account that in case-taking the patients in their totality, including their perceptions, sensations and dreams are important to finding their correct remedy (De Schepper, 2006). Patients are encouraged to express themselves freely on these matters.

In the field of homoeopathy, spiritual experiences such as communicating with nature, feeling empathy for others, being motivated by people's words, experiencing out of body experiences, near death experiences, ghosts, past life memories, intuition and psychic awareness are seen as being normal and part of spiritual awareness of the patient (Johannes & Van der Zee, 2010). The two authors argue that skeptics question the credibility of spiritual experiences judging them as wishful thinking, delusional or hallucinations, many of those who have spiritual experiences value them and believe in their validity, truth and authenticity.

To serve as a guideline in a homoeopathic setting, it must be acknowledged that all patients have a cultural as well as an individual expression of their traditional practices and how they wish to manifest these ethically. Therefore, homoeopaths should not be judgemental towards any patients' belief systems and traditional practices that are assumed to embrace their well-being. There is also a need to learn about the cultural and belief systems of black people as different experiences towards the treatment of their illnesses arise from having supernatural perceptions of what is believed to be causing the ill health.

#### **4.2.3 Different experiences on African Traditional Healing and Western Medicine's ability to treat illnesses.**

According to Ross (2010), many black people support African traditional healing because the philosophy behind it is based on enhancing the spiritual, social and psychological aspects of the patients, unlike WM, which puts emphasis on the physical symptoms.

Robins (2009) concurs that African traditional healing is always an alternative especially when WM has been unsuccessful.



Literature reveals that since the emergence of African traditional healing, it has always been subjected to different rejections by the field of WM. It is often attributed to false notions or superstitions. For this reason, many WM practitioners find it very difficult to fathom the idea of ATH as part of the health care system, whose foundation is based on scientific facts and not assumptions (Tjale & de Villiers, 2004). The two authors also argue that it is true that many black people are of the opinion that WM is able to treat the physical symptoms of a disease but not deep seated illnesses that is related to cultural belief systems. Ross (2010) states that despite the differences between ATH and WM doctors it should be acknowledged that both practices share the same goals of wanting to restore their patients' health.

In conclusion, data shows that African traditional healing has been practiced for many decades and those who conform to its practices have learnt from it to distinguish between illnesses that can be treated by WM and those that require the attention of ATH. Therefore, it should be acknowledged that African traditional healing is considered to be better in terms of being more holistic than WM. This corresponds with African indigenous belief systems (Tjale & De Villiers, 2004).



To serve as a guideline in a homoeopathic consultation, it will be important to identify the cultural characteristics of black people, as these are what shape and influence their health seeking choices and make the patient aware of the commonalities homoeopaths share with WM and ATH. This is discussed in Chapter 5.

#### **4.2.3.1 WM is unable to understand, diagnose or treat certain illnesses.**

According to Robins (2009) many black people consult ATH more often than they consult WM doctors. He explains that South African black people are bound to embrace ATH because of the attitude of WM doctors who often disregard black people's indigenous beliefs and because of a failure to treat holistically. Ross (2010) also asserts that often black people have their own way of dealing with their problems and may feel that WM is unable to diagnose or treat certain illnesses. For example, when facing an illness or challenges in life, they may simultaneously consult a WM doctor, ATH, religious groups or the ancestors in order to better understand what is ailing them. This is also expressed by De Villiers and

Ledwaba (2003) who states that some parents have strong beliefs that witchcraft causes illness and concurs that WM doctors find it difficult to diagnose or respond appropriately to this type of situation.

When focusing on the perceptions of transcultural issues within the health care system, literature reveals that health care practitioners in general encounter traditional beliefs and cultures on a daily basis with their patients. Oftentimes aspects such as culture, socio-economic factors and the patient's philosophy of life influence their view about health and the prevention of ill health. Therefore, according to Pera and Van Tonder (2005) it is crucial to remember that health care practitioners should make use of any method, whether its medical, surgical or psychological, in caring for and exercising empathy with patients.

In her study Wolf (2000) mentions that black people share the same comprehension and meaning of a disease or illness in the same way as homoeopathic views on disease, which is looking at the patient's characteristics or personality, physical constitution, traumatic events in the patients' life, with major focus being how the patient feels and why they feel in that way (De Schepper, 2006). Wolf (2000) points out that the majority of black people already use Complementary and Alternative (CAM) by means of consulting with ATH. From this study, it is evident that the participants value a holistic approach of healing that takes cognisance of all aspects of the person's life.

The interpretation and meaning of this concept in homeopathy was correlated to an example of where homoeopathy was practiced in a multiethnic community comprising of black patients who spoke Xitsonga, Sesotho but were not articulate in English (Kayne, 2008). The following two cases are examples showing how homoeopathy responds to all aspects of a person's life but more significantly, can be used as a therapeutic interaction in a cultural context.

Dr Cleve McIntosh, a homoeopath, had a practice in Acornhoek, in the Mpumalanga province (Kayne, 2008), where he encountered perceptions of witchcraft in some of his patients. For example, in one case he successfully treated a 32 year old security guard with chronic headaches and prescribed *Arsenicum album*. Over a period of a year the same patient experienced a variety of psychosomatic symptoms (distressing symptoms often

characterized by physical signs and symptoms or by perceived defects of the mental sphere interfering with the social, occupation or other functioning of the person involved, (Beers *et al*, 2006) as a result of being expelled from work, a situation which resulted in him having no income to support his family. While experiencing a variety of symptoms because of his circumstances the patient consulted an ATH and concurrently visited the local hospital. He confirmed not feeling better after the treatment offered at the hospital but he embraced the ATH diagnosis. The patient was convinced that there was a snake with two heads at each end which lived in his abdomen. Occasionally, this snake would move and inflict pain in some parts of his body and he believed that it was a curse from his aunt. *Arsenicum album* removed most of his symptoms but unique perceptions remained and he continued consulting the ATH.

In another case of believed bewitchment, the homoeopathic doctor treated a 56 year old woman with hypertension. During the homoeopathic case-taking, when eliciting the aetiology of the hypertension, the woman burst into tears and explained that she had lost her son tragically in a car accident. After a few weeks of burying the son her husband was diagnosed with cardiac failure and the patient had to leave her work in order to take care of the husband, who died shortly thereafter. While the patient was still grieving for her husband and her son, her in-laws accused her of having bewitched their son and grandson. As a result of this she was despised by the rest of the family and received death threats and this led to her being chased away from her home. The homoeopath treated her with *Ignatia amara*, although she still had emotional remnants caused by the dehumanizing treatment she suffered from her in-laws (Kayne, 2008).

These examples demonstrate how a homoeopathic approach can be successfully integrated into the cultural reality of patients.

To serve as a guideline in a homoeopathic consultation it would be important to be aware and recognize illnesses that are often understood in African traditional healing but perceived to be misunderstood by WM. As Zeiler (2004) also confirmed that oftentimes the state of ill health in the black cultures is interpreted as being due to some kind of misfortune caused by unappeased ancestors or as a result of witchcraft. Therefore, when relevant these aspects should not be undervalued in the treatment of patients.

#### 4.2.3.2 A View of African Traditional Healing being better than Western Medicine

Literature supports that a large percentage of the black population have faith in the efficacy of the approach offered by ATH (Fenn, 1998). According to the participants in this study, the ATH approach is more like that of a counselor or psychologist as ATH always take time to listen to what their patient's are saying. ATH tell their patients what they believe to be the cause of their illness or bad luck, which is in harmony with the patients' cultural beliefs. Participants expect a health care practitioner to be able to be accepting and knowledgeable of their culture and those illnesses that are culture bound.

Although this study shows that some of the participants felt that there were some conditions which WM was better at treating and many participants like to consult both ATH and WM. A study by Latif (2010) refutes the findings of the study that African traditional healing is viewed as being better than WM. He states that one of the participants in his study received treatment from an ATH, which aggravated her HIV positive symptoms. The patient decided to seek for WM intervention and antiretroviral treatment. In addition, the study reveals that WM doctors often deal with patients who had been falsely treated by ATH where they present with advanced stages of their medical conditions, at times with complications.

The interpretation and meaning of this concept in the homoeopathic scope of practice would focus on the significant signs and symptoms that the participants expressed and would indicate what the patient needed for treatment and healing. For example, looking at the Homoeopathic Repertory of symptoms, the patient's signs and symptoms would direct the homoeopathic practitioner to a chapter under: Delusions, she is being bewitched indicating the remedy, *Cannabis indica* (Hashish) (Murphy, 1996), for the remedy to be prescribed the homoeopath would further confirm other symptoms presented by the patient that are found in the remedy. In the male symptoms of *Cannabis indica*, there is backache after coition; the back indicates symptoms of pain across the shoulders and spine (Vermeulen *et al*, 2001). This could be the indicative remedy for this patient.

In conclusion, data shows that there is evidence that many within the black population are choosing to expand their use of alternative healing because they find ATH to be more

accessible and more familiar and knowledgeable with ailments bound by culture and traditions (Truter, 2007). Tjale and De Villiers (2004) state that black people have a view that WM is lacking because it is not compatible and familiar with the traditional understanding of illnesses, but resort to focusing on treating the patients symptoms while neglecting to look at the patient holistically in their totality. This creates an opportunity for the homoeopath treating black patients to emphasise and demonstrate the holistic approach used by homoeopaths in the diagnoses and treatment of a disease.

To serve as a guideline in a homoeopathic consultation, there is a need to promote the field of homoeopathy among black patients. During case-taking, homoeopaths ask many questions pertaining to the patients' main complaint as well as the patient in their totality as an individual (Ullman, 1991). Therefore, there needs to be an awareness and acknowledgement that patients aspire to consult with a health care practitioner who is congruent with their traditional understanding of a disease.

#### **4.2.4 A desire for co-operation between ATH and WM**

Participants suggested the desire for co-operation between ATH and WM. Literature was found to support the above concept, confirming that it is common within the black culture to consult an ATH and a WM doctor for the same illness (De Villiers & Ledwaba, 2003). This concept concurs with the same perspective shared by Tjale & De Villiers (2004) when they state that in South Africa, the distribution of health care services show that WM exists alongside African traditional healing.

A study by Latif (2010) found that most WM doctors felt that ATH should only work as spiritual healers. These same WM doctors felt they could not work in conjunction with ATH, as they did not have the same levels of education. However, when South Africa embarked on a new dispensation during the country's first democratic elections in 1994, the African National Congress (ANC) rolled out plans that would unite and integrate all health care systems (Tjale & De Villiers, 2004).

The approach of ATH is not only based on the physiological changes of the body but concentrates more on the sum total of the patient's way of life including their spiritual,

cultural and social characteristics. This is in contrast to WM, which has always concentrated on the physiological aberration of the body while there is little attention on personal details about the patient. In WM, a variety of tests may be carried out to deal with the patient's symptoms and to find the aetiology of the illness, but if tests fail to determine the cause of the illness, the illness is said to be psychosomatic. Therefore, it is evident that for a long period WM has focused its attention on the symptoms of a diseased body and not on the total well-being of the patient as an individual (Ross, 2010).

WM is guided by the principle that there needs to be a scientific foundation for disease, the diagnosis and treatment. According to Tjale and de Villiers (2004) ATH are better able to understand and recognise the cultural aspects of their individual patients and are oftentimes able to engage with these patients in their own languages. Patients are normally at ease in the presence of an ATH in comparison to a perceived cold, clinical or hospital environment.

It is possible that the general black population would appreciate and benefit from the holistic homoeopathic approach, which acknowledges that many physical and psychological symptoms are as a result of disharmony and imbalance in the body. In the course of a homoeopathic consultation distortions at all levels are examined and include, physical symptoms, emotional states, mental problems and spiritual issues (Johannes & Van der Zee, 2010).

In complementing, the findings of the study, Browne (2009), indicated methods that can also be used as an alternative to achieve self-healing particularly for those individuals who constantly suffer from chronic physical problems and never seem to find cure from WM. She adds that the methods are not meant to replace any medical treatments but to expand it. This is how CAM practices such as ATH and homoeopathy could expand the already available medical treatments brought by WM. Furthermore, in the International People's Charter for health (Tjale & de Villiers, 2004) a message of hope and humanity is spread across all people especially those who are disadvantaged, because the charter acknowledges the principle that primary health care should be provided in an all-inclusive manner, regardless of the patients' ability to pay for the services. This justifies the need and importance for governments and all parties involved to support and uphold traditional and

holistic healing systems practitioners, thereby integrating them into the national health care system (Gqaleni *et al*, 2007).

In conclusion, data shows that having a balance between the two systems of healing may assist in the treatment of a variety of patients. Literature confirms that by understanding the aetiology of the disease; whether emanating from perceived natural or unnatural cause, assists patients to make sense of their suffering (Medical Research Council, 1997). According to Tjale and de Villiers (2004) with the incompatibility of the two systems (ATH and WM), the aim should be for both systems to cultivate the most advantageous way to best suit the general health care system. Having a multidisciplinary approach to the treatment of patients would be ideal according to participants in this study.

In South Africa, homoeopathy bridges the divide between ATH and WM by listening to patients, taking cognisance of the emotional and spiritual issues they present with, because of its holistic approach. The homoeopathic training in diagnostics is the same as in WM and also places emphasis on accurate diagnosing. Johannes and Van der Zee (2010), argue that healing modalities should not compete but rather complement each other. In order to have true co-operation between ATH and WM, it is important to understand the philosophies behind the two systems as this will meet the needs and expectations of patients.

It is therefore, important for health care practitioners to be aware of the treatments that ATH prescribe and apply, based on the observation of possible side effects and other treatment plans offered at health clinics (Pera & Van Tonder, 2005).

An example of this similar thought or intervention to have African traditional healing methods working together with WM is borne out of literature review (Department of Health Draft Policy on ATM, 2008). For example, a similar pattern and goal is observed in Traditional Chinese Medicine (TCM); the Chinese experience is that the communal and the regional offices of public health created TCM modules within the institutions that are dealing with WM systems. Therefore, homoeopaths must also be prepared to work respectfully with ATH where necessary.

#### **4.2.4.1 The issuing of Sick Notes and Referrals between ATH and WM should flow easily.**

There are some departmental offices that accept and recognise referral letters from ATH. In a national newspaper article (Zincume, 2011) reported how nurses at the department of health in Kwa-Zulu Natal complained to the newspaper that their department was not recognising the referral letters and sick notes issued by ATH. It was only after the chairperson of the Traditional Healers' association of South Africa; Sazi Mhlongo confirmed with the department that it was true that many of their patients who work for government departments experienced problems with their sick notes being accepted and that sick notes were sometimes more acceptable in private companies. However, the health spokesperson from the department of health in Kwa-Zulu Natal, Chris Maxon ultimately confirmed that they do actually recognise ATH and that they accept ATHs' sick notes and referrals (Zincume, 2011). A study by Latif (2010) refutes these findings. This study on the integration of ATH into the health care management system, found that the interviewed WM doctors were of the general agreement that it must be the ATH who should refer patients to WM doctors, hospitals or clinics to prevent the spread and progression of many diseases and not the other way round.

It seems apparent that WM has a negative stance towards ATH and their modus operandi (Jordan, 2010). The WM field base their ideas and notions on a small sample of highly selected patients that ATH have failed to cure. For example, an article in the Sunday Times newspaper highlighting a "Study on Toxic Traditional Medicines" conducted by a Professor of the University of Limpopo's school of medicine carried findings that have raised concerns about the unregulated use of traditional medicines (Jordan, 2010). While there are many incidences where ATH successfully treat their patients, the study gave statistics of death caused by ATM registered at various hospitals nationwide these included; sixty-eight babies from 1998 to 2001 at Umtata General Hospital, the deaths of one hundred and forty-one adults and infants from 1981 to 2000 at Ga-rankuwa Hospital currently known as Dr. George Mukhari Hospital outside Pretoria and the deaths of thirty-five people out of one hundred and three poisoning cases at the Chris Hani Baragwanath Hospital in Soweto.



It may be concluded that both ATH and WM doctors and homoeopaths all have the same goal of caring and healing their patients. Therefore, there should never be any clashes between the two.

#### **4.2.4.2 The Government to allow African Traditional Healing to regulate itself**

As previously stated, interest on the implementation of African traditional healing was first highlighted by the African National Congress on the national health agenda in 1994, in order to consider and recognize ATH as important custodians within the health care system in South Africa (Gqaleni *et al*, 2007). As part of its policy and legislative framework the ANC policy stated that “people have the right of access to traditional practices as part of their cultural heritage and belief system” (Tjale & De Villiers, 2004). In addition, several studies have also shown that ATH play an important role in the South African Health Care System, one institution that has considered that objective is the Nelson R. Mandela School of Medicine at the University of Kwa-Zulu Natal, the institution has managed to form strong links with ATH where a memorandum of understanding with ATH was signed (Gqaleni *et al*, 2007). Therefore, patients have the right to choose who they consult, with regards to their health care needs and it is currently upon the government to ensure there are appropriate measures of safety and efficient regulatory control in place for patients utilizing ATH services (Gqaleni *et al*, 2007).

The Medical Research Council (1997) states that ATH could play a role in the primary health care if the government could identify the services where ATH are particularly successful. Although ATH may wish to regulate themselves in order to become part of the health care system they would have to be regulated to some degree by the government. Just as homoeopaths are regulated by the Allied Health Professions Council of South Africa (HSA, 2008).

Despite the challenges that existed in regulating ATH into the national health care system, Latif (2010) states that it would be the duty of the policymakers to draft and implement the policy that would support a feasible, practical and efficient holistic system that would be safe to use.

### **4.3 Summary**

This chapter discussed the research findings and conceptualized the data in terms of existing literature on the subject

Common perceptions that exist in WM health care when dealing with transcultural issues were discussed. Also highlighted was the reality that most black people still use and continue to rely on ATH for their primary health care matters (Department of Health Draft Policy on African Traditional Medicine, 2008)

A general overview on aspects that are related to ATH, how they view their patients, disease and how they reach their diagnosis were discussed. There are strong spiritual aspects attributed to African traditional healing with a belief system that psycho-spiritual aspects must be dealt with before medical aspects.

The methods and principles of healing in homoeopathy were discussed with spiritual and holistic aspects that are attributed to this therapeutic medical profession.

Also included in this chapter were some of the related issues between African traditional healing and homoeopathy and the Government's drafted policy to institutionalize ATM into the country's health care system.

## **CHAPTER 5**

### **GUIDELINES, LIMITATIONS, RECOMMENDATIONS AND CONCLUSIONS**

#### **5.1 Introduction**

The previous chapter discussed conceptualization of the findings from the research study. The current chapter describes guidelines for the field of homoeopathy and homoeopathic practitioners. It is anticipated that some of these guidelines and recommendations could apply to WM or conventional health care providers.

The findings of the study affirm that black people conform to their roots, upbringing and that culture plays a significant role in their lives. Nevertheless, culture evolves and this sometimes comes with changes in people's lifestyle and world-views.

This study reveals that black people consult ATH for various reasons as it is part of their culture and there is a dire need to search for answers especially when WM was not able to find a solution to their suffering or ailments. In cases where WM is unable to give a clear diagnosis or bring relief, witchcraft is often believed to be involved. Some black people prefer to consult both an ATH and a WM doctor as WM doctors focus on the physical symptoms and the ATH gives insight into the spiritual and emotional spheres of the patient. The findings also reveal that black people are seeking a holistic form of treatment for their health care issues and issues that affect their life-world. Therefore, they are constantly in search of mystical and supernatural powers to help them understand the meaning and reasons behind their problems.

Homoeopathy is a holistic form of medicine, which has aspects of both CAM and the diagnostic skills of WM. The vast majority of black patients had no idea about homoeopathy and what it entails. There was not a single participant in the study who had heard about it. The problem is further compounded by the fact that there are very few black homoeopathic practitioners in the black communities (Maple, 2011) and many more white homoeopaths graduate from the two institutions (Wolf, 2000). White homoeopaths who treat black patients and do not have cultural knowledge of their black patients' backgrounds have an additional challenge, one being that of communication barrier because language

can create significant difficulties between different cultures with different racial and ethnic groups (Tjale & De Villiers, 2004).

## **5.2 Guidelines**

As homoeopathic practitioners, it is important to understand cultural differences. In so doing many mistakes, misinterpretation and misunderstanding can be avoided. While the new dispensation of democracy in 1994 has changed policies for the better, it remains an indisputable fact that many who are disadvantaged and poverty-stricken people do not have adequate basic primary health care (Tjale & De Villiers, 2004).

Homoeopathic practitioners, as trained primary health care practitioners may want to consider how they could help alleviate this problem. When consulting a black person it will be important to explain the goals of homoeopathy and put emphasis on aspects that will create greater understanding between the doctor and the patient. Homoeopathy is a therapeutic practice of medicine using the holistic approach, and it is interested in all aspects of a patient's life. Every detail about the patient is considered important.

The following guidelines as derived from the categories and subcategories identified in the study are formulated for improved interaction and meaningful relationships between Homoeopaths and their patients who consult ATH:

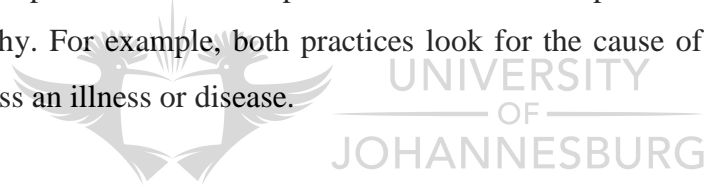
### **5.2.1 African traditional healing is deeply rooted in Black people's culture and upbringing from home**

- It is important to explain the goals of homoeopathy when consulting all patients.
- A need for awareness, acknowledgement and understanding of black people's diverse cultures, needs and expectations during a consultation.
- Homoeopaths may acquaint themselves with the specific culture of their patient especially if this affects their general well-being and health seeking behaviour.
- Encourage the patient to speak freely about their culture and practices in a non-judgemental and accepting manner.
- Guard against what could result as obstacles to cure to the health and case-management of the patient who is deeply rooted and influenced by their culture.

- A need for homoeopaths to be clear in identifying aspects that are culture-bound or culture related, and those that belong purely to the case at hand. For example, is the belief that the patient is bewitched caused by a cultural belief or is the patient truly delusional? An important decision which will influence the choice of the remedy required.

#### **5.2.1.1 Strong sense of belief in African traditional healing**

- A need for respectful tolerance of patients' belief systems and healing choices.
- The patient's constitution, core characteristics may be explored in a homoeopathic case-taking as homoeopathy acknowledges the mental, emotional and spiritual aspects of the patient's life, looking at the person in their totality.
- A need to be aware of any obstacles to cure that may surface on the homoeopath's treatment plan, especially in patients who have faith in the efficacy of ATH or patients who live in impoverished areas as they may often consult ATH. Therefore, the homoeopath needs to explain the common aspects between ATH and Homeopathy. For example, both practices look for the cause of the illness and do not suppress an illness or disease.



#### **5.2.1.2 Ancestral visits and intervention when seeking assistance in African traditional healing**

- A need for homoeopaths to be sensitive to different interpretations and opinions that black people associate with ill health as caused by ancestors.
- Assure the patient that his or her dreams are important to their case history. For example, exploring the nature of the dreams and ascertaining whether the patient is experiencing the expression of the unknown life-world of their ancestors or not.
- Develop strategies in which these belief systems can be investigated or highlighted in a homoeopathic consultation.
- Recognizing the ancestral attachment that exists in many black people and how this affects their life world and health seeking behavior.
- To make the patient aware that the homoeopath is concerned with the patient's past and present history and family history as a way to understand the patient.

### **5.2.1.3 The significance of consulting ATH when experiencing challenges in life**

- Homoeopaths must observe where the signs or symptoms of what the patients are experiencing are emanating from, in order to be able to deal better with what activates their problems or illnesses, because elements of witchcraft, misfortune and evil forces are a reality to many black people.
- To make the patient aware that their challenges or problems are important for the homoeopath to know and to take the time to listen and counsel where necessary.
- To radiate empathy and warmth and let the patients know they are heard.
- To learn and understand the motivation behind black people's beliefs, because many black people trust that ATH are able to deal with all aspects that may affect a patients' life.

### **5.2.1.4 Spirituality viewed as an important part of African traditional healing**

- Health care practitioners should acknowledge and accept African spirituality in black people and in terms of how this affects their everyday life-world.
- To promote a multidisciplinary approach of consulting and healing of our patients.
- To diminish prejudice on aspects of spirituality that intrinsically affects the normal well-being of our patient.
- To acknowledge and recognise the impact ATH play in the lives of black people as a valuable input.
- To make the patient aware that the homoeopath respects and encourages the patient's spiritual aspirations.

### **5.2.2 Techniques used by ATH form an integral aspect in African traditional healing**

- A need for the homoeopath to be familiar with the techniques used by ATH such as, healing using an enema or Holy water and to have a non-judgemental attitude when discussing these techniques with the patient.
- To acknowledge the value and meaning in which traditional practices and customs influence patients' well-being.
- Attempt to ask about the patient's cultural and religious background where it is relevant to do so.

- To be sensitive to different opinions and perceptions that could be different from our training as homoeopaths.
- To possess sound reasoning skills and good decision making skills when confronted with a conflict regarding treatment plans observed in African traditional healing and homoeopathy when treating patients.

#### **5.2.2.1 Connecting with ancestors by using snuff, slaughtering of chicken, sorghum beer or traditional beer.**

- To be able to identify ethical issues that may affect the progress of case management with patients.
- To be aware of ethical problems that occurs in the context of culture and African traditional practices.
- To avoid prejudice and being judgemental towards any patients' traditional practices especially when this is associated with enhancing their well-being.
- As primary health contact practitioners using a holistic approach of consultation, it is imperative to value the thoughts, feelings and experiences of our patients by encouraging patients to freely express themselves.
- To be able to protect those patients whom we feel are vulnerable to African traditional practices while this simultaneously impacts negatively on their homoeopathic treatment.
- To be aware that those who undergo spiritual experiences often value such experiences and consider their authority and truth.

#### **5.2.3 Different experiences on ATH and WM ability to treat illnesses**

- To acknowledge that ATH understand the innate social and interpersonal reasoning of their patients, hence they are more inclined to go to ATH.
- To recognise that there are patients who have a supernatural perception of illnesses but are also willing and open to receive treatment from WM. Therefore, there is a need to encourage patients to inform the homoeopath if they receive dual treatments from ATH or WM.
- To look and investigate for causes and treatment solutions of illnesses outside the patient particularly if the patient has a supernatural perception to illnesses.

- To develop skills and knowledge that identifies the cultural characteristics of our patients and their expectations towards good health.

#### **5.2.3.1 WM is unable to understand diagnose or treat certain illnesses**

- The differences between ATH and WM will always exist; however, an awareness of the meanings of certain illnesses from the African traditional perspective should be taught in homoeopathic training and other health disciplines.
- There needs to be ways or methods that ensure homoeopathic practitioners and other health care practitioners recognise illnesses or diseases that need the attention of an ATH, a homoeopath and or a WM doctor. For example, adding new modules of study in the curricula to learn about diverse cultures and their impact in health seeking behavior.
- A need to authenticate cases that show how homoeopathy can be integrated efficiently into the cultural reality of patients.

#### **5.2.3.2 A View of African Traditional Healing being better than WM**

- To acknowledge and be aware of the importance of traditional understanding of illnesses with some patients, as some patients associate their illnesses with traditional or cultural beliefs.
- To recognise the problems that may arise with patients consulting both ATH and WM, because of lack of satisfaction with WM.

#### **5.2.4 A desire for co-operation between ATH and WM**

- A need to promote awareness of cross-cultural communication in homoeopathy by being aware of patients' cultural desires, as most patients like to use both ATH and WM and desire the co-operation of both practices.
- Educate patients on how homoeopathy shares similar aspects of both ATH and WM as it is a complete system of healing in its own right.
- To understand the aetiology of the disease irrespective of natural or unnatural causes.
- It would be significant to introduce learning modules on ATH and cultural issues.



- To realise that homoeopathy is the only natural healing modality that extensively records the emotional and spiritual issues of its remedies. As a result, having the knowledge on cultural issues will make it bridge the differences between ATH and WM.
- Expanding homoeopathic services in black communities will also bring understanding and bridge the divide of inequalities in ATH and WM.
- To acknowledge and recognise the need to understand the philosophy behind ATH and WM, for successful co-operation when necessary, because Johannes & Van der Zee (2010), argue that, healing modalities should not contest with one another but should complement each other.

#### **5.2.4.1 The Issuing of Sick Notes and Referrals between ATH and WM should flow easily.**

- There should be a readiness to have a dialogue and referral system with ATH if the occasion arises.
- In understanding the same goals shared by both professions, differences may be set aside and interest will be exercised in satisfying the interests of patients by sound issuing of sick notes and referrals.
- Homoeopaths must also be prepared to work respectfully with ATH where necessary.
- There should never be any clashes between ATH, WM and homoeopaths, since all have the same goal of healing their patients.

#### **5.2.4.2 The Government to allow African traditional healing to regulate itself**

- Provided the government has not passed a policy in the legislature that can be recognised by all and implemented, it will remain problematic to recognise genuine ATH from charlatans.
- The government could help identify the services where ATH are successful; this information will assist homoeopaths in understanding their patients who also consult ATH.

### 5.3 Conclusions

In this study, the different experiences of black people consulting ATH were explored and discussed. Conceptualization of data provided a background of similar experiences. It is evident that cultural beliefs or culture plays a large role in influencing health seeking behavior in many black people who expect to find clarity and cure in what is ailing them.

The following conclusions emanate from the study:

- ATH are believed to cure a wide range of illnesses, including those that are perceived to be difficult to treat by WM. WM is unable to understand, diagnose and treat certain illnesses. As a result black people are compelled to consult ATH with some preferring to concurrently consult both the ATH and the WM doctor.
- In addition to the above, it is also concluded that most black people will also consult ATH. Therefore, homoeopathic practitioners should acknowledge these facts and strategise ways or methods that would improve our curricula in order to be familiar with cultural issues that impact in health care and may at times lead to obstacles to cure a patient. The findings also indicated that there are certain illnesses that have natural and unnatural causes, which are truly from supernatural powers, warranting the intervention of an ATH.
- ATH use a variety of techniques or methods to treat their patients, the only common trend with homoeopathic practitioners were that both their medicinal properties are derived from plant, mineral and animal kingdoms but prepared differently; both use the holistic approach of healing, they acknowledge the following aspects in their patients; the physical, mental, emotional, spiritual, delusional and dream aspects. Both practices listen to their patients, treatment is individualized and consultation may last from 30 minutes to an hour.
- A multidisciplinary approach to healing will result in meaningful doctor-patient relationships.
- Differences between ATH and homoeopathy are that African traditional healing is based more on anecdotal evidence than evidence based reports.
- There is a need to promote awareness of Homoeopathy in black townships.

It is anticipated that the outcome from the research findings will assist homoeopathic practitioners to take a holistic approach and be sensitive to their patient's cultural needs and levels of expectations and to ensure good doctor-patient relationships. Knowledge derived from the findings of this study will be beneficial for the Homoeopathic Practitioners who may be based in a rural setting or in black people's townships where the majority of the people consult ATH.

With increasing demand and interest in CAM, many more black people might consult Homoeopathic practitioners. Ideally Homoeopathy will play a greater role in the health care needs of the South African population.

#### **5.4 Limitations of the Study**

The original plan was to interview participants after their consultation with their respective ATH. Frequently because participants were either exhausted or had other engagements, appointments to interview them were made after they had consulted with the ATH and the researcher had to travel to the participants' houses to conduct the interviews. There may also be some limitations in the study resulting from the translation from Setswana language to English, as some of the richness of the experiences was potentially lost.

#### **5.5 The Researcher's Personal Experience**

From the beginning of the research study, the researcher observed and noticed that most black people were hesitant to participate in the study since consulting ATH has often been held as a personal matter and often done in secrecy. The researcher was vigilant to set her personal experiences and views aside in order not to interfere with those of the participants. The researcher discovered that on meeting the participants and ATH, none of them knew anything about homoeopathy.

As the similarities and differences between African traditional healing and homoeopathy became evident, the researcher became aware of how homoeopathy can be used to treat black people based on its' philosophy and principles. The above-mentioned notes are the researchers' own and are solely based on black people who participated in this particular study.

## 5.6 Recommendations for Future Studies

According to the findings of the study there is a need for awareness and communication between the government and other health care sectors. To help facilitate and implement ways and strategies that would allow a co-operative relationship between ATH and other healing modalities to work together. This would benefit many black patients who also consult with homoeopathic practitioners and WM doctors and often find that WM doctors are unable to diagnose and explore certain illnesses. For example, a participant who had swollen feet and was not improving from the medication he was receiving from the WM doctor, and reported to have been healed after he consulted an ATH because he explained that he suffered from *Sefola*, a condition that is often associated with witchcraft in African traditional healing.

With the abovementioned, there may be a need to teach one or two common African languages in the homoeopathic profession to help establish trust and rapport with its patients especially those who are in townships and consult with ATH. More notably, the number of registered black homoeopaths must be increased and homoeopaths should develop an interest in working in townships and rural areas, to experience how the homoeopathic approach of consulting would be accepted, because ATH treat holistically, they treat a person as a complete entity; a similar approach is also used in Homoeopathy.

The following aspects are recommended for future studies in Homoeopathy:

- Additional studies on black people's perceptions on Homoeopathy.
- More research needs to be done on cultural issues within the Health care system.
- A study that explains the perceptions of Black patients who have consulted ATH and Homoeopaths for insights into how they experience the different approaches.
- Proving to expand the materia medica can be done on remedies used by ATH.

## REFERENCES

Act 35 of 2004. *The Traditional Health Practitioners Act*. The Republic of South Africa, Government Gazette. Available on: <http://www.polity.org.za/article/traditional-health-practitioners-act-no-35-of-2004-2004-01-01> (Accessed 16 March 2012).

Anderson, A. (1992). *Prophetic Healing and the Growth of the ZCC in South Africa*. Available from: [http://www.artsweb.bham.ac.uk/aanderson/Publications/prophetic\\_healing\\_and\\_the\\_growth.htm](http://www.artsweb.bham.ac.uk/aanderson/Publications/prophetic_healing_and_the_growth.htm) (Accessed 25 August 2011).

Beers, M.H., Porter, R.S., Jones, T.V., Kaplan, J.L. & Berkwits, M. (2006). *The Merck Manual of Diagnosis and Therapy*, Eighteenth edition. Published by Merck Research Laboratories. pp 1736, 2719, 2720.

Boericke, W. (2005). *Pocket Manual of Homeopathic Materia Medica with Indian Medicine & Repertory*. Indian Books & Periodicals Publishers, New Delhi, India.

Browne, S. (2009). *Psychic Healing – Using the Tools of a Medium to Cure Whatever Ails You*. Hay House South Africa (Pty) Ltd. p12.

Butehorn, L. (2007). *Homeopathy, Shamanism and Rajan Sankaran's Quest for Vital Sensation*. Homeopathic Links, Summer: Vol. 20: 100-103.

Coetzee, P. H. & Roux, A. P. J. (2002). *Philosophy from Africa, A text with readings*. Second edition. Published by Oxford University Press, Southern Africa. pp 168.

Commey, P. (2004). *South Africa: The Rise of Traditional Medicine*. New African, Academic Research Library, 431: pp 34-35.

Creswell, J. W. (2002). *Educational Research: Planning, Conducting, and Evaluating Quantitative and Qualitative Research*. Pearson Education, Inc., Upper Saddle River, New Jersey. pp 58, 145,146, 194, 647.

Creswell, J.W. (1998). *Qualitative inquiry and research design*. Choosing among five traditions. Sage Publications. pp 122, 124, 131, 133,140,202-203.

Creswell, J.W. (2009). *Research Design, Qualitative, Quantitative and Mixed methods approaches*. Third edition, Sage Publications. pp 13, 90-91.

De Schepper, L. (2006). *Hahnemannian textbook of Classical Homoeopathy for the Professional*. Published by B.Jain Ltd. pp xv, 5, 142, 265, 269.

Department of Health.(2008). Draft policy on African Traditional Medicine for South Africa. *Government Gazette*.(No. 31265).

De Villiers, F.P.R. & Ledwaba, M.J.P. (2003). *Traditional Healers and Paediatric Care*. South African Medical Journal (SAMJ). Available from: <http://www.samj.org.za/index.php/samj/article/download/2318/1586> (Accessed 25 April 2011).

Fenn, C. (1998). *A guide to complementary therapies in South Africa*. Cape Town. Struik Publishers. pp 110-113.

Flick, U. (2002). *An Introduction to Qualitative Research*. Second Edition. Sage Publications Ltd. pp 20, 24, 54, 58, 220, 224, 226-230.

Flick, U., Von Kardorff, E. & Steinke, I. (2004). *A Companion to Qualitative Research*. Sage Publications Ltd, City Road, London. pp 70.

Foubister, D. M. (2002). *The Significance of Past History in Homoeopathic Prescribing*. Published by Mayur Jain, Indian Books & Periodicals Publishers. pp 2, 20.

Gqaleni, N., Moodley, I., Kruger, H., Ntuli, A. & Mcleod. H. (2007). *CAM in South Africa*. SA Health Review.

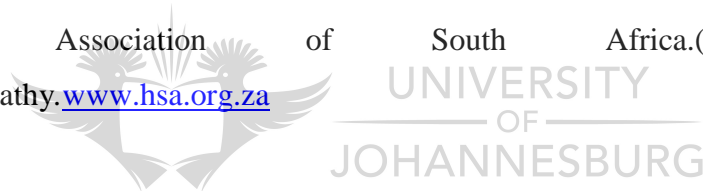
Hahnemann, S. (2003). *Organon of Medicine*. Sixth Edition. Indian Books & Periodicals Publishers. pp 291-292.

Helwig, D. (2002). *Traditional African Medicine*. Gale encyclopedia of alternative medicine. Available from: findarticles.com (Accessed 17 August 2008).

Hennik, M., Hutter, I., Bailey, A. (2011). *Qualitative Research Methods*. Sage Publications Ltd, 55 City Road, London. pp 11, 247, 256.

Henning, E., Van Rensburg, W. & Smit, B. (2004). *Finding your Way in Qualitative Research*. Van Schaik Publishers, Hatfield, Pretoria. pp37.

Homoeopathic Association of South Africa.(2008). *HSA Booklet*. Homoeopathy. [www.hsa.org.za](http://www.hsa.org.za)



Johannes, C. K & Van der Zee, H (2010). *Homeopathy and Mental Health Care: Integrative Practice, Principles and Research*. Homeolinks Publishers, The Netherlands. pp 50, 51, 72, 73, 82-84, 205.

Jordan, B (October 2010). Study takes on Toxic Traditional Remedies. *Sunday Times*.

Kansal, K. & Kaushal, R. (2004). *BHMS Guide to Practice of Medicine with Homoeopathic Therapeutics*. Second revised & Enlarged edition, B. Jain Publishers Ltd. pp 32-34.

Kayne, S. B (2008). *Homeopathic Practice*. Published by the Pharmaceutical Press, pp303, 310-313, 322.

Keats, D. M (2002). *Interviewing, A Practical Guide for Students and Professionals*. Open University Press, Burkingham. pp 47,59,72.

Koen, L., Niehaus, D. & Muller, J. (2003). *Use of Traditional Methods in a Xhosa Schizophrenia population*. South African Medical Journal, Vol 93. No 6. Available from: <http://www.samj.org.za/index.php/samj/article/view/File/2190/146> (Accessed 25 August 2011).

Krige, D. (2005). *Traditional Medicine and Healers in South Africa*. The Journal of the European Medical Writers Association. Available from: <http://www.thewritestuff.emwa.org/article/show/pdf/518/> (Accessed 13 August 2011).

Landman, C. (2007). *Christinah Nku & St John's: A Hundred Years Later*. Research Institute for Theology and Religion. Available from: <http://www.christina-landman.co.za/nku.htm> (Accessed 25 April 2011).

Levin, C. (2010). *Integrative Medicine – Combining the best of both worlds*. Health Intelligence: The Science of Health, 2010 Edition 3. pp 1.

Latif, S. S (2010). *Integration of African Traditional Health Practitioners and Medicine into the Health Care Management System in the Province of Limpopo*. University of Stellenbosch. pp 102. Available from: [http://www.scholar.sun.ac/bitstream/handle/10019/5248/latif\\_integration\\_2010.pdf?sequence=1](http://www.scholar.sun.ac/bitstream/handle/10019/5248/latif_integration_2010.pdf?sequence=1) (Accessed 14 September 2011).

Lubbe, L. M (2009). *African Spirituality*. Available from: <http://www.uir.unisa.ac.za/bitstream/handle/10500/1164/10chapter5.PDF> (Accessed 7 July 2011).

Maple, P. (2011). Allied Health Professions Council of South Africa. Personal communication. (Accessed and confirmed 18 November 2011).

Mbiti, J. S. (1989). *African Religions and Philosophy*. Second edition, Published by Heinemann educational publishers, Botswana. pp 61, 74, 77, 200, 203.



Medical Research Council. (1997). *South African Traditional Healers Primary Health Care Handbook*. Traditional Medicines Research Group of University of Cape Town and the University of the Western Cape. pp 1,21,28, 38.

Motale, K. (2010). *Sangoma – South Afrikan Spiritual Healers*. Our South Afrikan Heritage. Available from: <http://www.ieonline.microsoft.com/ieslice> (Accessed 7 July 2011).

Muller, F. (2010). *Africa vs The West – A Clash of Healings*. The South African Journal of Natural Medicine, Issue 60: 41, 43.

Murphy, R. (1996). *Homeopathic Medical Repertory: A Modern Alphabetical Repertory*. Second Edition. Indian Books & Periodicals Publishers, New Delhi, India. pp 118, 360, 361, 363, 368.

Nigam, H. (2008). *Principles and Practice of Homeopathic Case Management*. Published by B. Jain publishers Ltd. pp 73, 103.



Owen, D. (2007). *Principles and Practice of Homeopathy, The therapeutic and Healing Process*. Churchill Livingstone Elsevier Publication. pp 29, 303.

Peltzer, K., & Mngqundaniso. (2008). *Patients Consulting Traditional Health Practitioners in the context of HIV/AIDS in urban areas in Kwazulu-Natal, South Africa*.

Pera, S. A & Tonder, S. (2005). *Ethics in Health Care: Science of Morals in Human Conduct, Moral Principles or Code*. Juta and Co. Ltd, Landsowner. pp 169, 175, 176, 188, 192.

Prozesky, M. & de Gruchy, J. (1995). *Living Faiths in South Africa*. Published in the United States of America by St. Martin's Press, Inc. pp 22.

Robins, H. (2009). *Culture and Wounds*. Wound Healing in South Africa. Available from <http://www.woundhealingsa.co.za/index.php/WHSA/article/viewFile/36/43> (Accessed 12 July 2011).

Ross, E. (2010). *Inaugural lecture: African spirituality, Ethics & Traditional healing – Implications for Indigenous South African Social Work Education and Practice*. Published in SAJBL, June 2010, Volume 3: No. 1, Available from: <http://www.sajbl.org.za/index.php/sajbl/article/viewFile/103/75> (Accessed 25 August 2011).

Sankaran, R. (1997). *The Spirit of Homoeopathy*. Bombay: Homoeopathic Medical Publishers. p 1.

Statistics South Africa. (2007). *GeoHive Administrative units*. Available from: <http://www.xist.org/cntry/southafrica.aspx?levels=Gauteng> (Accessed 22 August 2009).

Stout, D. A. (2006). *Encyclopedia of Religion, Communication, and Media*. Published in Great Britain by Routledge, Berkshire Publishing Group. pp 35-38.

The South African Pocket Oxford Dictionary.(2001). Published in South Africa by Oxford University Press, Cape Town. p 322.

Tjale, A. & de Villiers, L. (2004). *Cultural Issues in Health and Health Care*. Juta and co Ltd, 2004, Cape Town. pp 4, 16, 66, 68, 81, 84.

Truter, I. (2007). *African Traditional Healers*. Available from: <http://www.sapj.co.za/index.php/SAPJ/article/viewPDFInterstitial/239/231> (Accessed 30 April 2009).

Ullman, D. (1991). *Discovering Homeopathy: Medicine for the 21<sup>st</sup> Century*. Your Introduction to the Science and Art of Homeopathic Medicine. Published by North Atlantic Books. pp11.

Van Hootehem, H. (2006). *Can Homoeopathy Learn Something from Psychoanalysis?* Homoeopathy, 96: 108-112.

Vermeulen, F., Boriecke, Boger, Clarke, Lippe, Phatak, Pulford, Cowperthwaite, Allen, Kent (2001). *Concordant Materia Medica*. Indian Books & Periodicals Publishers, New Delhi. pp 24, 26, 236-239, 316-318.

Zincume, M. (2011). *Zangoma: Government won't accept our sick notes*. Daily Sunnewspaper, 21 September 2011. pp 8.

Zeiler, C. R (2004). *A Homoeopathic Perspective on HIV Positive Black Females Living in Gauteng*. Technikon Witwatersrand.

WHO, (2008). *Legal status of Traditional Medicine & Complementary/ Alternative Medicine: A Worldwide Review*. Available from: <http://www.apps.who.int/medicinedocs/en/d/Jh2943e/4.38.html#Jh2943e.4.38> (Accessed 25 April 2011).



Wolf, N. (2000). *A Phenomenological approach to the Black Patients and their Experiences receiving Treatment from a Homoeopathic Practice in Gauteng*. University of Johannesburg.

## APPENDIX A



UNIVERSITY  
OF  
JOHANNESBURG

### **DO YOU CONSULT AFRICAN TRADITIONAL HEALERS?**

If you are between the ages of **25 and 70** and often seek the advice of African **Traditional Healers with regard to any Health Care Matters or General Well-Being**, you are requested to participate in a Research Study being conducted by the **Department of Homoeopathy** through the **University of Johannesburg** on:

**An Explorative study on the Experiences of Black People Consulting African Traditional Healers.**

The outcome of the study will help Homoeopathic doctors understand patients who consult African Traditional Healers to best achieve patient management.

**Participation is voluntary and absolutely confidential.**

For more information, please contact

**Tebogo Kgope**

**072 210 1506**

## APPENDIX B

### INFORMATION AND CONSENT FORM (TRADITIONAL HEALER)

Dear Sir or Madam

My name is Tebogo Kgope. I am a final year Homoeopathy student at the University of Johannesburg. I am undertaking this study towards completing my Masters Degree in Homoeopathy, entitled: **A Phenomenological Study on the Experiences of Black People consulting African Traditional Healers.**

Many black people make use of African Traditional Medicine and consult African Traditional Healers. Some also consult Homoeopaths. Homoeopathic practitioners are clinically trained to diagnose and treat diseases. Understanding patient's experiences will help Homoeopaths to better understand their patients, especially in ailments believed to be bound by culture. This will help them manage their patient's expectations and lead to better doctor-patient relationships.

I request your permission to allocate the advertisements of the study at your working area and to speak to your patients to request them to volunteer and participate in the above mentioned study.

I request your permission to allocate the advertisements of the study at your working area and to speak to your patients to request them to volunteer and participate in the above mentioned study.

All information obtained from the interview will be kept confidential by not including any identifiable information to the findings as different codes will be used to protect the names of participants. The tapes used to record participants response will be kept for a period of two years under lock and key for quality purposes of the study, the tapes will be destroyed by me and the co-coder after the aforementioned period ends. There are no expected risks in this study.

I, the researcher fully agree that I have explained the protocol of the study and answered any questions from the African traditional healer to the best of my knowledge.

I thank you for affording me this opportunity to conduct this interview. For further information contact:

RESEARCHER: Ms TEBOGO KGOPE

CONTACT NUMBER: 073 811 6776

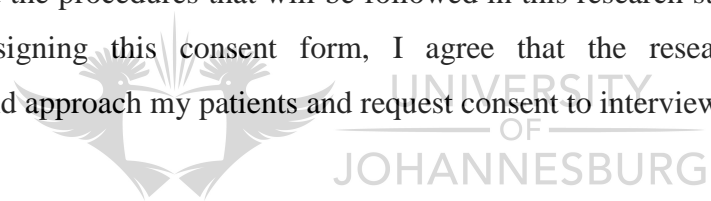
SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SUPERVISOR: DR E SOLOMON

CONTACT NUMBER: 082 264 8862

I fully understand the procedures that will be followed in this research study along with its importance. In signing this consent form, I agree that the researcher may place advertisements and approach my patients and request consent to interview them.



NAME OF AFRICAN TRADITIONAL HEALER: \_\_\_\_\_

DATE: \_\_\_\_\_

## APPENDIX C

### INFORMATION AND CONSENT FORM

Dear Participant

My name is Tebogo Kgope. I am a final year Homoeopathy student of the Faculty of Health Sciences, at the University of Johannesburg. I am inviting you to participate in my research study entitled: **A Phenomenological Study on the Experiences of Black People consulting African Traditional Healers**, in completion of my Masters Degree in Homoeopathy.

Homoeopathic practitioners are clinically trained to diagnose and treat diseases. Studies show that a high percentage of black people prefer to consult African Traditional Healers regardless of knowing about other health care professions. The purpose and intention of this study is to know and describe your experiences when you consult African Traditional Healers. Information obtained from the study will help Homoeopathic doctors to better understand their patients who also consult African Traditional Healers and may contribute to improved doctor-patient relationships.

The research will take the form of an interview where I will ask you questions about your experiences with African Traditional Healers. We will find a quiet place and with your permission, I will tape record our interview which will help me remember all the aspects we discuss. All the information you give me including your name will be kept absolutely confidential. All the tapes used will be kept under lock and key for a period of two years and only my supervisors and I will have access to them. After two years the tapes will be destroyed. There are no risks involved in taking part in this study. The results of the study will be available to you after completion on request.

You are reassured of your right to privacy and protection from harm of any kind.

I, the researcher fully agree that I have explained the protocol of the study and answered any questions from the participants to the best of my knowledge.

I thank you for affording me this opportunity to conduct this interview. For further information contact:

RESEARCHER: Ms TEBOGO KGOPE

CONTACT NUMBER: 073 811 6776

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SUPERVISOR: DR SOLOMON

CONTACT NUMBER: 082 264 8862

I fully understand the procedures that will be followed in this research study and that if at any time, I may have more questions about the study, they will be answered. In signing this consent form, I agree to the procedures of the study and understand that I may withdraw my consent at anytime.

PARTICIPANTS NAME: \_\_\_\_\_

DATE: \_\_\_\_\_



**APPENDIX D**

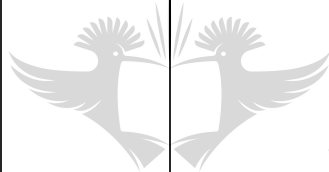
**INTERVIEW RAW DATA**

<b>Interview 1</b>	<b>Interview 2</b>	<b>Interview 3</b>	<b>Interview 4</b>	<b>Interview 5</b>
<p>- Feeling of emptiness from treatment of WM doctors.</p> <p>- Lack of spiritual well-being from WM.</p> <p>- Consulting in African traditional healers is an African way of doing things.</p> <p>- A sense of agreement that African people consult ATH</p> <p>- Techniques of ATH</p> <ul style="list-style-type: none"> <li>• Cleansing of the colon</li> <li>• Enemas</li> <li>• Healing process through water</li> </ul>	<p>-Ancestral visit to consult with ATH.</p> <p>-Belief in traditional healing.</p> <p>-WM not clear on cultural illnesses they relate it is to stress (cannot diagnose illness).</p> <p>-WM dr's giving advice to consult with ATH.</p> <p>-Belief in ATH.</p> <p>-Consults both profession</p>	<p>-ATH is a cultural way of doing things.</p> <p>-Celebration</p> <p>-Techniques of ATH</p> <ul style="list-style-type: none"> <li>• Herbs</li> <li>• Use of throwing bones</li> </ul> <p>-A balance between WM and ATH is necessary.</p> <p>-Usage of both practices/systems (preference to balance the two).</p> <p>-Different reasons for consulting ATH</p> <ul style="list-style-type: none"> <li>• Dreams</li> <li>• Future</li> </ul> <p>-Consultation with ATH is very important.</p> <p>-Practiced at home</p> <p>-ATH is cultural</p>	<p>-View ATH as a way of African culture.</p> <p>-ATH is better than WM (goes to WM after consulting with ATH).</p> <p>-Techniques in ATH</p> <ul style="list-style-type: none"> <li>• “throw bones”</li> <li>• Spiritual intervention/guidance.</li> </ul> <p>-Belief in ATH.</p> <p>-Ancestral visits/vision encourages visits to ATH (ancestral visits).</p> <p>-WM dr's referred participant to ATH to consult before coming to WM dr.</p> <p>-Understanding culture is very important.</p>	<p>-Agreement that ATH is helpful and useful during challenges of life that cannot be explained.</p> <p>-ATH is better than WM.</p> <p>-WM does not see or is unable to diagnose “spiritual” or unexplained illness.</p> <p>-Spiritual churches assist ATH in managing illness.</p> <p>-ATH is a way of African culture.</p> <p>-Spiritual well-being is important.</p> <p>-Consults ATH,</p>

<ul style="list-style-type: none"> <li>• Prayer</li> <li>- Beneficial to consult with ATH v/s WM</li> <li>• Non-toxicity of drugs</li> <li>-Belief in way of doing things in African culture.</li> <li>- Belief in consulting ATH.</li> <li>- Belief in ancestral ways of doing things (“ancestors considered as angels”).</li> <li>- Spiritual well-being is very important.</li> <li>- Challenges of employer-handing out ATH sick letter.</li> <li>- Recommendation</li> <li>- Government to let ATH environment regulate itself.</li> </ul>	<p>s.</p> <p>-ATH indicates ancestral calling.</p> <p><b><u>INTERVIEW 7</u></b></p> <p>-WM does not always see what (real problem is).</p> <p>-Ancestral</p>	<p>way of doing things.</p> <p>-Rituals practiced at home when young by:</p> <ul style="list-style-type: none"> <li>• Parents/mom performing the following rituals:</li> </ul> <p>-“slaughtering of chickens”.</p> <p>-“use of snuffing”</p> <p>-“traditional beer”</p> <p>-Belief in ATH, ATH practices differs from family to family.</p> <p>-Encouraged the importance of getting a second opinion.</p> <p>-Importance of consulting ATH even though there is nothing wrong.</p> <p>-Conflicts with in-laws in relation to ATH.</p> <p>-Problems in life compel one to</p>	<p>-Church plays an important role- to encourage ATH.</p> <p>-Techniques in ATH:</p> <ul style="list-style-type: none"> <li>• “throwing of bones”</li> <li>• Holy water</li> <li>• Spirituality</li> </ul> <p>-ATH is part of upbringing.</p> <p>-Balance between ATH &amp; WM dr’s.</p> <p>-ATH understands medical conditions &amp; ancestral problems/issues.</p> <p>-Visit ATH due to visions.</p> <p>-Uses ATH with spiritual interventions/guidance.</p> <p>-Consult ATH due to problems in life.</p> <p>-WM dr’s encourages ATH visits.</p> <p>-Recommendation: -WM dr’s and ATH to work together.</p>	<p>due to problems in life.</p> <p>-Use ATH with spiritual guidance.</p> <p>-ATH part of upbringing</p> <p>-Techniques of ATH:</p> <ul style="list-style-type: none"> <li>• Water</li> <li>• Tea</li> <li>• Cocoa</li> </ul> <p>-Balance ATH and WM dr’s.</p> <p><b><u>INTERVIEW 10</u></b></p> <p>-ATH is better than WM</p> <p>-Balance between WM and ATH.</p> <p>Techniques of</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b><u>INTERVIEWS</u></b></p> <p><b><u>6</u></b></p> <p>-ATH is better than WM.</p> <p>-Techniques</p> <ul style="list-style-type: none"> <li>• “throwing of bones”</li> <li>• “Treatment-mixed herbs to steam”</li> </ul> <p>-Preferences to start with WM dr’s than ATH.</p> <p>-Belief in ATH as cultural as cultural way of doing things.</p> <p>-WM dr’s can’t diagnose illness.</p> <p>-Consults ATH-problems in life.</p> <p>-WM dr’s suggests/encourage ATH visits.</p> <p>-ATH seems to be cheaper in monetary terms.</p> <p>-Balance</p>	<p>intervention to consult with assistance of ATH.</p> <p>-Went to training as an ATH.</p>	<p>consult ATH.</p> <p><b><u>INTERVIEW 8</u></b></p> <p>-WM does not see the real problem of the patient.</p> <p>-View ATH as a cultural way of doing things.</p> <p>-Belief in ATH.</p> <p>-Spirituality is important in consultation with ATH.</p> <p>-Belief in ancestral intervention.</p> <p>-Techniques of ATH:</p> <ul style="list-style-type: none"> <li>• Prayer helps</li> </ul> <p>-Belief one can be healed in ATH technique is important.</p> <p>-ATH cultural way of doing things.</p> <p>-ATH is part of upbringing.</p> <p>-Consults with</p>	<p><b><u>INTERVIEW 9</u></b></p> <p>-Belief that ATH is better than WM</p> <p>-Consulting ATH is part of solving problems.</p> <p>-Balance ATH and WM dr’s.</p> <p>-ATH can heal illness.</p> <p>-ATH is part of African culture.</p> <p>-WM lacks understanding of illnesses that ATH can heal.</p> <p>-Techniques of ATH:</p> <ul style="list-style-type: none"> <li>• “Throwing of bones for consultation”</li> <li>• Referral by others</li> <li>• Ancestral intervention</li> </ul> <p>-Belief in ATH</p> <p>-Recommendation:</p> <ul style="list-style-type: none"> <li>• ATH and</li> </ul>	<p>ATH:</p> <ul style="list-style-type: none"> <li>• Traditional roots</li> <li>• “Throwing of bones for consultation”.</li> <li>• “Prayer in consultation”</li> </ul>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>between WM and ATH.</p> <p>-ATH is part of upbringing.</p>		<p>ATH and WM dr's.</p> <p>-ATH is part of culture.</p> <p>-Consult ATH-due to challenges in life.</p>	<p>WM should work hand in hand for referral purposes.</p> <ul style="list-style-type: none"> <li>• Money wise ATH is much cheaper.</li> <li>• Government to encourage ATH and WM to work together.</li> </ul>	
---------------------------------------------------------------	--	--------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--



UNIVERSITY  
OF  
JOHANNESBURG