Incorporating African Indigenous Healing into the Counselling Services in Tertiary Institutions: A Preliminary Exploration

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Abstract
The study explored how a tertiary institution was responding to the challenge to meet the mental health needs of students from traditional African backgrounds. The study explored the unique contribution of a traditional healing service that was availed to the students. Collaboration between the traditional healer, and psychologically trained counsellors, and the obstacles towards integration, were also explored. A qualitative research design was used. Data were collected by means of individual interviews and focus group discussions. Thirty-five, purposefully chosen stakeholders participated: African undergraduate and post-graduate students, student counsellors, leaders of the student services division, and a traditional diviner (isangoma). The findings indicate that the campus-based traditional healer specialized in treating spiritual illnesses and students' family identity issues. All participants identified the traditional healer as an indispensable member of an interdisciplinary health care team. Infrastructural and ethical/logical issues pose a major challenge towards integration.

Keywords: Indigenous knowledge systems, isangoma, higher education, student counseling, traditional healing, spiritual illness

Introduction
The dawn of the new democratic era in South Africa has been accompanied by rapid changes in the demographic profiles of students attending higher

education institutions. Higher education institutions that were previously demarcated along racial lines have become increasingly diverse. According to the reports from the Council on Higher Education, the number of black African students enrolling in higher education institutions has increased (CHE 2015; 2016). Rapid demographic transformation has also been observed in historically white institutions. It is important, however, that the transformation of higher education institutions is not limited to student demographics. According to the Council on Higher Education (CHE 2015), transformation is a broad term; it incorporates social inclusion and social cohesion, diversity, institutional culture, teaching and learning, research, and the curriculum. In view of the broad meaning of transformation, it is evident that the social and cultural spaces of the university need to be rethought if the inequalities of the past are to be comprehensively addressed. The current study explored the use of traditional/indigenous healing to complement the counselling services offered by university counselling centres. The paper proceeds from the premise that indigenous/traditional healing has the potential to improve the psychological and social well-being of the students (cf. Solomon & Wane 2005).

Review of Literature

The transition to university is a stressful experience for most students (Bojuwoye 2002. This is more so for black African students, most of whom are likely to be the first in their families to attend a tertiary institution. According to Bojuwoye (2002), the poor financial background of black South Africans is one of the factors that make the transition from school to university a very stressful experience. Petersen, Louw and Dumont (2009) studied the transition to university as well as the academic performance of South African students from disadvantaged backgrounds. They found that first-year students who were able to adjust to the social and emotional demands of university life performed well compared to those who were not able to negotiate this transition. Petersen, Louw, Dumont and Malope (2010) have also shown that the successful negotiation of the first year at the university is a good predictor of future academic performance. Sennett, Finchilescu, Gibson and Strauss (2003) studied black African and white students' adjustment at a historically white tertiary institution. They found that although the two groups of students

did not differ in terms of academic adjustment, black students reported poorer levels of personal, social and emotional adjustment. A range of factors accounted for this outcome, amongst which were the transition from small and supportive rural communities to an impersonal urban environment and the multiple stressful events such as the death of family members.

The changes in the student demographics over the past two decades require student counselling centres not only to be demographically representative in terms of their staffing; it is also important that the worldviews and experiential realities of the students are taken into consideration. The profession of counselling in general, as well as in South Africa, has been criticized for its over-reliance on individualism (Naidoo 1996). Individualism incorporates the understanding that the goal of psychological development is to individuate and to stand apart from other people. Consistent with the dominant Western paradigm, student counsellors see their clients individually in the former's offices. Self-realization and personal insight are some of the primary goals of counselling (Chuenyane 1990; Crossman 2004). The idea of the person as an isolated, atomistic individual is, however, not the universal basis of societal organization, as a number of African and Asian societies privilege an interdependent view of the self (Mkhize 2004; 2008). From this perspective, the defining characteristic of being a human being is how the person harmonizes his or her interests with those of others: to be is to belong, and not to stand apart from others. Hence Karenga's (2004) view that being human is a project; it is a practice in relationships. In Southern Africa, this idea of the person is captured by sayings such as *umumtu ngumuntu ngabantu* (a human being is a human being because of other human beings), or *muthu ubebelwa munwe* (a person is born for the other) in Tshivenda (Mkhize 2004). The sayings point to an inescapably relational and interdependent character of being, an interdependence that extends to relationships between the living and the living-dead (the ancestors), those who are yet to be born, nature, the community, as well as other animate and inanimate entities (Holdstock 2000; Mkhize 2004; Nussbaum 2003).

Counselling needs to be reconfigured so that it caters for the psychological and social needs of a diverse range of students, their ideas about personhood, and their worldviews about health and illness, what is generally referred to as illness explanatory models in the literature (Kleinman 1978, 1980; Patel 1995). The term 'explanatory models' refers to the social and cultural construction of illness: it includes people's ideas about the causes of

illness (aetiology), the typical symptoms associated with the illness, the preferred treatment options as well as the expected outcomes. Eliciting patients' explanatory models of illness is an important aspect of treatment (Bhui & Bhugra 2002; Patel 1995). There is a wealth of literature indicating that mental health services need to be sensitive to the social and clinical realities of the clients (Eagle 2004; Kleinman 1978, 1980; Knight & Iran 2004; Lu, Lim & Mezzich 1995). Henry (1993) argues that the academic performance and the social experiences of African students can be improved by affirming their background life-worlds. This includes the recognition of their cultures, histories, myths, symbols, epistemologies, and the contradictions that are inherent in their cultures (Maila & Loubser 2003; Masoga 2005; Ntuli 1999).

In South Africa, traditional healers are recognized as health professionals in terms of the South African Traditional Health Practitioners Act, Number 22 of 2007 (Government Gazette 2008, cited in Sodi *et al*. 2011). The Act stipulates that 'traditional healing means the performance of a function, activity, process or service based on a traditional philosophy that includes utilisation of traditional medicine' (cited in Sodi *et al.* 2011: 101). According to the World Health Organization (WHO 1978: 3), traditional medicine constitutes:

> *the totality of all knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental or social equilibrium and relying exclusively on practical experience and observation handed down from generation to generation, verbally or in writing.*

The WHO (1978: 41) goes on to define traditional healers as,

> *…a group of persons recognized by the community in which they live as being competent to provide health care by using vegetable, animal and mineral substances and other methods based on the social, cultural and religious backgrounds as well as the knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental and social well-being and the causation of disease and disability.*

There are a number of categories of traditional healers, chief amongst

whom are the traditional doctors, *izinyanga or amagqirha*, who specialize in the use of herbs for treatment purposes, and the diviners, *izangoma*, who are able to communicate with the ancestors in order to diagnose the causes of illness (Campbell 1998; Sodi *et al.* 2011). Other common categories of traditional healers include the faith healers, or *abathandazi*, who heal by means of prayer and holy water, the traditional birth attendants (*ababelethisi*), who are usually elderly women who treat pregnant women and assist with childbirth/delivery, and the traditional surgeons (*iingcibi*), who perform circumcision. The current study focused on *izangoma*, the first category of traditional healers mentioned above.

The infusion of traditional healing into the counselling services offered by tertiary institutions can be beneficial to students of diverse cultural backgrounds (Bojuwoye 2005; Moodley, Sutherland & Oulanova 2008). This is more so if one takes into consideration that, even in post-apartheid South Africa, black African students seek counselling predominantly for academic, not personal issues (Bowman & Payne 2011). It has been reported that some black African students in historically white institutions experience social isolation (Sennett *et al*. 2003). It is our contention that traditional healing is a potentially useful but unexplored source of help for some of these students. Several authors support the use of indigenous healing nationally and internationally (Moodley & Sutherland 2010; Moodley *et al.* 2008, Sodi & Bojuwoye 2011). Previous research (Norris 2008) suggests that students in tertiary institutions do seek alternative methods of healing. Norris assessed the personal, career and learning needs of first-year psychology students. Out of a sample of 159 first-year psychology students, 10% reported that traditional healers were their preferred means of health assistance, despite the absence of traditional healers on university campuses. Motau (2015) also found that tertiary students do seek the services of traditional healers, although the percentage of students doing so was small. The fact that tertiary students do use the services of traditional healers, even though they are not visible on university campuses, means that it is something that should be considered.

Recently, the University of KwaZulu-Natal initiated a pilot project whereby students were offered the option to consult with a campus-based traditional healer (*isangoma* or diviner) (Ogana, Ngidi & Zulu 2009). The current study constitutes a preliminary exploration into how traditional healing is being infused into mainstream counselling services at a tertiary institution. The study seeks to illuminate the unique contributions of traditional healers in

such settings, their relationship with psychologically trained counsellors, and the challenges associated with the introduction of such services.

Theoretical Framework: African Indigenous Worldview of Health and Illness

Healing systems across the word, argues Waldron (2010), are based on epistemologies that are different from the rationalistic and positivistic orientation of Western biomedical science. African indigenous models of health and illness, as well as Africentric conceptual frameworks, guide the study. From an African indigenous worldview, health is not the absence of disease *per se*. This follows from the African worldview and cosmology, which considers all phenomena to be dynamically interconnected and interdependent. Human beings, animals and inanimate objects are not apart from each other as they all share in the life force or essence, which emanates from the Divine element (Karenga 2004; Myers 1988). African spirituality refers to this invisible life force (or energy) that is the quintessential essence of being human. Life force also connects human beings to each other and to the Divine element (*UMvelinqangi*, the One of First Emergence or Self-Created, the Creator) (Graham 1990; Schiele 1996). All phenomena are in a dynamic state of flux; they interact constantly and influence one another (Bynum 1999). From this understanding is derived the African indigenous worldview that it is the interrelationship between human beings (the living) and the living-dead (ancestors) that is the indication of good health.

In order to fully understand this worldview, it is important to point out that the family in African indigenous thought is defined in very broad terms: it includes the living, those who are yet to be born, and the ancestors (*abaphansi:* the living-dead) (Mkhize 2004). The living-dead, however, are not uninterested in their families' affairs. Rather, as Waldron (2010: 55) points out, '…deceased individuals transform into invisible ancestral spirits and involve themselves in all aspects of life, including assisting individuals in obtaining good fortune, assisting with interpersonal relationships, and promoting good health and preventing illness'. Several authors support this conceptualization of health and illness, which has been shown to be a common feature amongst a number of indigenous communities (Levers 2006; Sodi, Mudhovozi, Mashamba, Radzilani-Makatu, Takalani & Mabunda 2011; Vukic, Gregory, Martin-Mise-

ner & Etowa 2011).

It is envisaged that people should live in a state of balance with nature and all their surroundings. Anything that disturbs this balance, such as individuals' failure to observe their obligations towards other people, the ancestors, and the natural environment, results in a condition of disequilibrium or ill-health. For example, if the head of the household fails to make appropriate libations to the ancestors, this might anger the latter and they may as a result withdraw their protection. This in turn results in the family as a whole experiencing one misfortune after the other (Mkhize 2004). It is important to highlight that the illness is located at the level of the system (e.g. family or community), and not the individual, who is considered to be a mere vehicle by means of which the imbalance is manifested. The equilibrium is re-established should the family members act accordingly by remembering their ancestors (e.g. offering libations). The idea of balance versus imbalance, or equilibrium versus disequilibrium, is a fundamental one in African indigenous understandings of health and illness. It is in this vein that Mkhize (2008) has argued that African indigenous ethical systems are premised on the idea of the disturbance (of the balance), followed by the restoration of the equilibrium at a higher level of understanding. The restoration is contingent upon the relevant parties undertaking their obligations according to their status (e.g. as head of household or village head). This does not mean, however, that the idea of physical illness does not exist. Rather, health is conceptualized in a holistic manner; it includes interrelationships between the mind, the body, the spiritual and the social and cultural, to mention a few dimensions. Even when an individual is afflicted with a bodily illness, which is treated by the *inyanga* (herbalist or traditional pharmacist), it is still important to establish the reason why the bodily affliction, or car accident, for that matter, happened at this point in time, and why the target person was chosen as a vehicle to manifest the illness. While this understanding of illness recognizes the biological or neurophysiological basis of disease and illness, it places a greater premium on spiritual or teleological explanations, and not the former. The net effect is that treatment of the physical symptoms is not sufficient if the underlying spiritual cause has not been addressed.

Aim and Objectives

The student demographics in South African tertiary institutions have changed

(Crossman 2004; CHE 2015; 2016). The thrust of this study is on how student services divisions are responding to the challenge of meeting the mental health needs of students from traditional African backgrounds. The study aims to investigate how African indigenous healing is being infused into the counselling process in order to cater for students from traditional African backgrounds. While there is preliminary research on the integration of traditional healing into the services offered by student counselling centres in tertiary institutions (Ogana *et al.* 2009), there is limited research on how best interventions of this nature could be integrated into the already existing services. The challenges of bringing together two healing traditions, one privileged (psychotherapeutic counselling) and the other underprivileged (traditional healing), into one space, have not been addressed. The objectives of the current study were therefore (a) to identify the specific gap or niche area to be filled by traditional healing within a tertiary institution, (b) to explore the nature of the collaboration between psychologically trained counsellors and traditional healers, and (c) to identify the challenges and ethical dilemmas that might be associated with this process, and how best they might be addressed.

Method

Research Design

The study relied on a qualitative research design, as its main objective was to explore and understand the participants' experience of and views on a phenomenon of interest. The primary aim of qualitative research is to understand the world from the point of view of those who live in it, thereby grasping the meaning of social phenomena from the perspective of the local actors themselves (Doucet 1995; Denzil & Lincoln 2000). Qualitative research designs are useful in studying issues that involve conflicting interpretations and different approaches towards life in general (Graneheim & Lundman 2003). The introduction of a traditional healing service into the spaces that have been historically reserved for psychologically trained counsellors is one such issue. Maxwell's (1996;1998) model of a qualitative research design, which spells out the interactive relationship between the study objectives, the

conceptual framework, the research questions and the appropriateness of themethods that are used to collect the data, guided the study.

Sampling and Participants

As the primary objective of the study was to gain an in-depth understanding of how traditional healing was being infused into the counselling services offered by a tertiary institution, the participants were selected through purposeful, snowball, and heterogeneous sampling methods (Miles & Huberman 1994; Patton 1994). The purpose was to access different groups of students, including those who had made use of the services of the traditional healer, as well as those who had not done so. Critical stakeholders such as psychologists and the leadership of student services were also sampled, as they deal with the psychosocial well-being of students on a regular basis. In total there were 35 participants, most of whom were black African undergraduate students (26 participants). The balance of the sample comprised three postgraduate students, three psychologists employed as student counsellors, two senior members of staff in the student services division, and the traditional healer, who was working in collaboration with the student counselling division. The data collection method and procedures are described in the next section.

Data Collection Methods: Interviews and Focus Group Discussions

Individual interviews and focus group discussions were conducted primarily in English, although the participants had an option to speak in any of the Nguni languages if they chose to do so. The interview with the traditional healer was held primarily in isiZulu. Psychologists, the leadership of student services, and the traditional healer were interviewed individually. The student data were collected primarily by means of focus group discussions. Not only do non-restrictive, open-ended interviews constitute a good tool to gain access to the participants' subjective experiences and perceptions about social phenomena, they also yield rich qualitative data (Denzil & Lincoln 2000). Qualitative interviewing involves a dynamic process: the researcher is able to crosscheck understanding with the participants, thus enhancing the validity of the study (Henwood & Pidgeon 1994). The focus groups enabled the participants to

engage in a robust discussion amongst themselves, with the researcher chipping in to seek clarity on a few issues and to direct the group where it was necessary. During the discussions participants shared their views freely and were open to learning from each other (cf. Kruger & Casey 2000). The enthusiasm with which the participants engaged with the topic was refreshing. During the conversations, the researcher was able to record non-verbal responses, such as gestures, where this added value to the discussion.

Procedure

Ethical clearance to conduct the study was obtained from an ethics committee at a local higher education institution. Students were recruited to participate in the study by means of posters that were placed strategically on the noticeboards on campus, the student services division, and at residences. Those who agreed to participate were then requested to invite other potential participants. Psychologists and the leadership of student services were invited to participate by means of email. Interviews and focus groups were held in a quiet office provided by the university. The few postgraduate students that were involved in the study opted not to participate in the focus groups, but to be interviewed in their rooms in residence instead. All the university personnel participating in the study were interviewed in their respective offices. The duration of the interviews varied depending on the participants' involvement with the topic, the average interview lasting approximately one hour. Two focus groups were held, each comprising 13 undergraduate students and lasting approximately two hours.

Data Analysis

Once the interview and focus group data had been collected, it was transcribed and then translated by the first author, with the assistance of two senior students who were completing their Master's degrees in isiZulu Studies. The process of analysis involved the first author reading the transcripts several times in order to familiarize herself with the data. The author also listened carefully to the tapes in order to cross-validate the printed transcripts, and to supplement them with the notes that were taken during the interviews and the focus group discussions. The analysis itself was conducted by means of thematic analysis,

using the procedures that were recommended by Braun and Clarke (2006) and Clarke and Braun (2013). Inductive thematic analysis was used, as the themes were derived from the data (Braun & Clarke 2006; Patton 1990). The process started as early as the data collection phase, where the researcher began to identify and take note of the patterns in the data (Braun & Clarke 2006). Once the data had been transcribed and translated, the researchers started to familiarize themselves with it by reading it over and over again, in search for meanings and patterns (Phase One). Phase Two involved the process of generating the codes manually from the data. The third phase involved sorting the codes into themes and identifying the extracts in support of the themes. In the next phase (Phase Four), the themes were reviewed and collapsed where there was insufficient data in support of the stand-alone themes. In Phase Five the themes were refined further and accompanying extracts and supporting narrative were reviewed. Phase Six, the writing up of the research report, involved relating the themes and extracts back to the study objectives (Braun & Clarke 2006; Clarke & Brown 2013).

Findings and Discussion

In the sections that follow the research report provides findings in relation to the three main study objectives: (a) the unique contribution of traditional healing to counselling services in tertiary institutions, (b) the participants' views on the relationship between psychologists/counsellors and traditional healers, and (c) the potential challenges to the successful integration of traditional healing with counselling services provided in tertiary institutions.

Unique Contribution of Traditional Healing

With regard to the first objective, namely the unique contributions of traditional healing to counselling services provided in tertiary institutions, it was established that traditional healers are uniquely positioned to identify and treat culturally-defined illnesses, by restoring balance in the clients' lives. Traditional healers were also identified as the appropriate professionals to assist the students to negotiate cultural identity issues. The extracts that follow provide examples that illustrate these themes.

Culturally Defined Illnesses: Restoration of Balance

Participants considered the introduction of traditional healing into the counselling services in higher education counselling centres in positive terms, as it would assist the multidisciplinary team of professionals to deal with culturally defined illnesses, or alternatively, the illnesses that were explained in terms of cultural explanatory models (cf. Kleinman 1980).

The traditional healer saw herself as uniquely positioned to identify the appropriate cause of illness, and to restore harmony or balance in the lives of the students whose problems were emanating from a disequilibrium between the students and the ancestors.

> *Participant 1, Traditional Healer: Some cases are of students having left home for a long time without informing their ancestors and this causes disharmony and imbalance in the student's life. In some cases students suffer from issues related to their ancestors, and if this is neglected the ancestors might get upset and there is disharmony in the student's life. If a student comes and sees me early and in good time I am able to offer help.*

One of the psychologists that were interviewed confirmed that sometimes students do request time off from their studies in order to consult traditional healers about culturally-defined forms of illness. This often causes conflicts between the student and the university teaching staff, who may see no need for such services. Psychologists find themselves caught in the middle between students and their lecturers.

> *Participant 2, Psychologist: Last year a student presented [with symptoms of] schizophrenia in a Western way, but really the student needed to perform some cultural rituals and ceremonies, and that came out when I called the family for collateral information. The issue was that he had to leave campus and go and see an isangoma, and he needed a month off. There was lots of conflict… with my supervisors: it was difficult for them to understand; and the question was, 'Why can't you refer the student to hospital so that psychiatrists can evaluate him and give medicine, and the student can continue or let the student withdraw from the programme altogether'. Some have to miss classes*

> *and tests because they have to go home and attend cultural ceremonies. The issue in these cases is: do we as psychologists condone absence? Therefore I think if we had someone who is more knowledgeable in these issues it would make the life of everyone involved easier.*

The citation above shows that students who present with culturally defined forms of illness and social phenomena are at risk of being misunderstood and misdiagnosed by the practitioners, who have received the standard psychological or psychiatric training. Psychologists dealing with such students find themselves in a dilemma: while their primary ethical obligation is towards the students (their clients), the demands of the academic departments are sometimes at odds with this role. Hence the view that psychologists 'condone absence' by giving students leave to complete cultural rituals. The gap in the counselling services seems to emanate from the fact that African indigenous views about health and illness are absent or underrepresented, amongst the services provided to students. These findings are supported by the literature, which shows that healing needs to take into consideration the patients' cultural construction of illness, if it is to be effective (Akomolafe 2012; Edwards, Hlongwane, Thwala & Robinson 2011; McCabe 2008; Moodley & Sutherland 2010). In most African indigenous societies, healing involves 'a holistic conceptualization of health wherein spiritual, physical, emotional, and mental wellness is regarded as inseparable' (Moodley *et al.* 2008). Moodley and Sutherland (2010: 271) argue that traditional healers use their knowledge of the patient's culture to 'enter into the 'psychic space' of the client where the specific pain or distress is experienced and held and subsequently, becomes immersed in the inner experiences of the client'. Through a process of empathy, they then assist the client to work through the cultural narratives or beliefs behind the illness. By virtue of their training, as well as their ability to act as mediums to communicate messages between the living and the living-dead (ancestors), traditional healers are considered to be uniquely positioned to treat spiritual disorders or culture-based illnesses. Their profession is, however, viewed with prejudice and is marginalized in tertiary spaces, which are modeled on Western ideas of what a university ought to be (Akomolafe 2012; Summerton 2006; Vilakazi 1999).

Alternative Voices: Christian Influence

It should be highlighted that not all participants viewed the introduction of traditional healing services in a positive light. Some participants were ambivalent about this service, and this was often associated with Christian influence. In a diverse student environment, this is to be expected. The following extract, from an interview with a student who had not consulted the traditional healer, captures this point.

> *Researcher: I know you have said you do not believe in traditional healing because you are a Christian. You also mentioned that some students do sometimes believe that they are bewitched. What are your views about bewitchment?*
>
> *Participant 3: I actually believe that people can get bewitched, although I do not necessarily believe in traditional healing. Researcher: Will you tell me more about that? Let's say a student here on campus believes that he or she is bewitched, how should that be dealt with?*
>
> *Participant 3: I know people say traditional healers are best at dealing with issues of bewitchment, but I believe if that person is a Christian, the church could assist them to pray, and there are priests who are very strong spiritually who can take demons out.*

What stands out in the extracts above, is that even those students who did not believe in traditional healing, because of their Christian worldview, were of the opinion that spirituality (prayer) is an important part of healing. Spirituality is not a major component of professional psychological training; this means that the students with such a worldview may not be served well by student counselling centres. Van Rensburg and his colleagues (Van Rensburg 2014; Van Rensburg, Poggenpoel, Myburgh & Szabo 2012a) have argued that mental health professionals should be competent to deal with the spiritual dimensions of their clients' problems. They provide guidelines for the integration of spirituality into mental health practice (Van Rensburg, Poggenpoel, Myburgh & Szabo 2012b).

Cultural and Identity Issues

The participants also felt that traditional healers were adequately trained to understand the plight of African clients, who had identity issues arising from the circumstances of their birth. In most instances, these problems were related to the students' sense of belonging. The following extract was cited from an interview with one of the leaders of the student services divisions.

> *Participant 4, Student Services Leader: You find that issues of self-identity do affect students, and these issues are also useful from the point of view of students knowing their true identity and being assisted, because that is a major crisis, because students lack self-identity without them being aware. For instance, a student could be born a Ngcobo [surname], the father is Ngcobo, the mother is Mkhize. Then, because he is a boy, he chooses to be Ngcobo, whereas the father and the mother were not married. Actually that one is not a Ngcobo; he is a Mkhize, and the Mkhize family should do some rituals for that one to be a part of the Mkhize family, [the same rituals that would be performed] if he was to be a Ngcobo. If that doesn't happen, then there are problems, which affect learning, as it were. Unfortunately, these things aren't written and some people are in a state of denial about their existence and yet we know that they affect students.*

The traditional healer expressed a similar view:

> *Researcher: What kind of issues do students present with [in your practice]?*
> *Traditional Healer: The biggest issue is the issue of identity; i.e. the use of incorrect surnames. Students who are born out of wedlock often use their father's surnames without the families having done the necessary cultural rituals relevant for the ancestors for the child to be properly accepted.*

All the extracts above highlight the importance of bringing students' cultural backgrounds to the fore in counselling. In indigenous African contexts, the family, including the extended family as well as the ancestral family, is the most important aspect of one's identity. Apart from the family, personhood is

almost inconceivable (Mkhize 2004). Studies have shown that there has been a radical decline in marriages amongst the African people in South Africa (Hosegood, McGrath, & Moultrie 2009). Moore and Govender (2013) have shown that cohabitation has increased in South Africa, especially amongst the African population. Several factors, such as the high rate of unemployment and the commodification of *ilobolo*, account for this trend. With the ongoing challenges to the extended family, as well as the number of children born outside wedlock, without the necessary rituals of incorporation, be it to the mother or the father's side of the family, identity construction becomes problematic, and these are some of the issues that require indigenous counselling methods (Ogana *et al*. 2009). When these rituals are not performed, disharmony with the ancestors occurs and this might cause illness (Gumede 1990). Such issues need the attention of well-trained professionals who are familiar with the students' meaning-making systems or explanatory frameworks.

Although the traditional healer was identified as the appropriate person to deal with cultural identity issues, on the other hand, some psychologists felt they had adequate training and cultural exposure to address these concerns in counselling.

> *Participant 5, Psychologist: I remember one of my first cases in my internship was around traditional issues…. I was working at a Technikon [University of Technology] and I saw a male African student, and he was concerned about what he perceived as a failed circumcision and what that meant culturally; and the step [he took was] he actually went and had a medical circumcision. He was a Xhosa student. He felt inadequate because the traditional circumcision had not removed enough [of the foreskin] and so he didn't feel that he was a man, and needed, and really had to make arrangements for it to have it completed at a hospital. Which is a traditional issue, I think, but I don't think I felt unprepared for that because I could understand issues around masculinity and gender and identity from my training at that point. I do think I handled, oh, I would like to think I handled it well. I think over the years I have been exposed to more types of traditional issues and so [I] have started to feel more confident in working with what's presented.*

The issues that are raised in the extract above are concerned with culturally-defined notions of what it means to be a man in one's society. The circumcision rite is an important aspect of becoming a responsible man in Xhosa and other African societies (Ntombana 2009). The failure of the ritual, as indicated in the extract, has a bearing on the identity of the man concerned, how he is perceived in his society.

The Relationship between Psychologists and Traditional Healers

The study also explored the nature of the relationship between traditional healers, psychologists and other providers involved in student services. The participants were of the view that traditional healers and psychologically trained counsellors complement one another, each providing services to students according to their area of specialization. The participants also felt that the traditional healer should be a member of an interdisciplinary team comprising other professionals.

Cross-referrals according to Specializations

The participating psychologists, the students, and the traditional healer shared this theme. The participants indicated that psychologists deal with students' psycho-emotional problems, while the traditional healer assists the students to identify the cause of illness, in line with their worldview.

> *Traditional Healer***:** *It is very useful to work with the Student Counselling Centre, for example with a student who has experienced the death of a loved one, I am able to explain the cause of death to the student, but it is often useful to work together with the Student Counselling Centre. Another example is when I can see that a person is experiencing intense mental problems I would sometimes refer to the doctors so that they can give an injection to calm the person down. Although African indigenous medication is useful, I have found that in some cases the Western medication is much quicker. Whilst the student is being taken care of by the doctors… the parents and family could consult a traditional healer to get a better understanding of the cause of their child's illness. Therefore not only do I work with the Student*

Counseling Centre, I also work with the medical clinic which can be very useful.

Participant 6, Psychologist: I think psychologists and traditional healers should be within the same space. We should be together but having different specializations. When it comes to emotional difficulties and career difficulties then a student should see a psychologist, but when it comes to any difficulty that may be informed by culture or holistic make-up [worldview], then a student should have the choice to see a[n] [i]sangoma [traditional healer].

Participant 7, Student Services Leader: These should work … in a complimentary fashion. There are cases that are referred to a makhosi [traditional healer: diviner] and there are cases that a makhosi refers to the [Student Counselling] Centre. So there has got to be some harmonious working relationship based on respect for each [profession].

In the extract above, the psychologists and the traditional healer are in agreement that both specializations have a role to play in the well-being of students. The traditional healer's primary role is to identify the spiritual cause of illness. She recognizes her shortcomings in dealing with specific forms of illnesses and readily refers cases of this nature to psychologists and the hospital. Perhaps in line with her training, the psychologist sees her role as that of dealing with the students' emotional problems, while the traditional healer attends to cultural issues. The distinction that is drawn between emotional issues and 'cultural problems' is an artificial one, as the two are intertwined. It is our hypothesis that this distinction is a useful indicator of the boundaries of each profession as well as the 'scope of practice' of those involved.

The Traditional Healer as a Member of a Multidisciplinary Team

All the participants considered the traditional healer to be an important member of an interdisciplinary team that is providing for the needs of the students in a holistic manner.

Participant 8, Student: Their relationship, I think, must be embedded

> *under Student Counselling so they [traditional healers] must be part of student counselling. There should be a very good relationship between the two, and then they should also have a relationship with the campus medical clinic because it's part of the healing process mentally and physically. So I think all three (Student Counselling Centre, medical clinic and traditional healers) should work together.*
>
> *Participant 9, Psychologist: As I speak the Student Counselling Centre has the disability unit, a sub-office; they are part of us, we are together, and I don't understand why a traditional healer should be far from* us *[in terms of location] because we are all working around the well-being of the students. We should have a relationship which makes the referral relationship fluent, and which makes us learn from each other in a more convenient way.*

Both the participants above indicate that the traditional healer should be an integral part of the services that are provided to students. Participant 9 questions the location of the traditional healer's office away from the student services division, implying that such services may not be considered to be part of mainstream counselling (and hence the spatial marginalization). In countries such as China, traditional healing has been integrated into the national health system (Summerton 2009). South Africa needs to study the Chinese model, and take what is useful from it, if the marginalization of traditional healing is to be addressed.

Challenges to Incorporation

Limited knowledge about the specific needs of black African students, stigma, religious intolerance, and ethical and logistical considerations emerged as the most important challenges to the integration of traditional healing with counselling services in tertiary institutions.

Lack of Knowledge about Unique Needs of African Students

The university community's general lack of knowledge about the specific needs of African students, was cited as a challenge.

> *Participant10 (Student): Really the biggest challenge probably is just the lack of knowledge [of the specific needs of black students].*
>
> *Participant 11 (Student): Because it is not like we do not have the facilities or resources, we do have resources, we do have facilities, the problem is it's almost as if there is a lack of knowledge, that there are specific things that black students want in terms of mental health.*

Peer Pressure, Stigma and Religious Intolerance

Peer pressure, stigma and religious intolerance were also cited as some of the factors that make it difficult to integrate traditional healing with the counselling services that are offered to students. The following long extract aptly captures these points.

> *Participant 12, Student Services: The other [challenge] becomes the perception of those who do not want the service. That is equally important; we live in an environment of peer pressure and we work in an environment of peer pressure, just as there is peer pressure on people seeking psychological counselling. At times it seems you are seeing a shrink (you know all these negative words). I am still unsure of what will be the peer pressure on such young people seeking such a service [traditional healing]. .. So, I will not know what academics say to the students. ... Remember the bulk of the time the students are interacting with their lecturers, course coordinators and administrators in their academic programmes. What messages do they give to such students? So in a sense (there] are questions of stigma …The last [issue] is that of religious intolerance. There are those who may believe, for whatever religious reason,….[that] they may have a right to …campaign against a sangoma on campus – that is a challenge.*

The lack of religious and cultural diversity could possibly pose major challenges to the introduction of traditional healing services in tertiary institutions, which are modeled according to Western institutions (Vilakazi 1999). The findings resonate with the issues raised by McCabe (2008), Mkabela (2005), and Moodley *et al.* (2008), among others, who have called for

a critical dialogue on how best to accommodate African indigenous and Western/European ways of life. Moodley *et al.* (2008) argue that patients use traditional medicine alongside Western medicine, and this calls for an urgent dialogue between these two systems of health care. In South Africa, we argue that higher education institutions need to take into consideration the psychological and spiritual well-being of African students, who hold indigenous views about health and illness.

Logistical Considerations

The participants expressed a concern that the counselling environment in higher education institutions was not designed with the traditional healers in mind. In most instances the environment is suitable for individual or, at best, group counselling. Participants also raised concerns about the logistical implications of practicing traditional healing, in an environment that was not typically designed for such purposes. University office spaces were not designed with traditional healers in mind, and the specifications may differ, depending on each traditional healer's unique needs and calling.

> *Researcher: What in your view are the challenges to having traditional counselling services on campus?*
> *Participant 13, Student Services: The challenges for me, I am guessing, if you want to start a counselling service or a medical practice you know what the specifications for what a surgery should be. I don't know if we understand what the specifics are for the kind of room a traditional practitioner requires to do [his or her] work. Or will we just accommodate [traditional practitioners] because we already have free space, … and so they must just fit in and continue to work? … In traditional healing you need to sit on the floor and burn incense; So there are certain things we need to adapt to make them more comfortable.*

The participant is alluding to the fact that, in traditional (Western) psychological counselling, the counsellors see clients within the confines of their offices. Consultation is usually time-bound, with most sessions averaging between 50 to 60 minutes. The parameters of the counselling sessions are clear-

ly defined. On the other hand, in traditional healing, the relationship is guided by the ancestors: the healer is the medium through which the ancestors communicate appropriate forms of healing that are required for each individual client. The burning of incense may thus be necessary in order to connect with the ancestors, so that they guide the traditional healer to provide client-specific treatment. The process, which often incorporates the entire family, is not bound by time and may require the patient to take leave of absence while undergoing intense treatment under the traditional healer's guidance (Ogana *et al.* 2009). Several rituals of short or long term duration may have to be undertaken by the patient and his or her family (Edwards *et al*. 2011). The expectation that tradetional healers should operate within an environment that was initially designed for Western forms of counselling, is a challenge. There is an urgent need, therefore, to assist traditional healers to develop their practices in line with their profession. Traditional healers have called for assistance with office space and other administrative infrastructure to practice their profession (Thornton 2009).

Legal and Ethical Accountability

The participants also raised issues about the legal and ethical accountability of traditional healers who operate within tertiary institutions. The following extract from one of the student participants captures this point:

> *Researcher: In your view, what are the main challenges to incorporating traditional healing into the counselling services offered in tertiary institutions*?
>
> *Student Participant 14: Probably this big issue of ethics, how do we begin to incorporate traditional or African healers into a Westernized system? So it is very hard for most traditional black students' needs to be met in [the current] academic setting. Because there's the whole issue of legal issues, [and] ethical challenges, you know…We take this to be a academic and professional setting, 'professional' in brackets, because in a sense I believe that there is a lot of discrimination around, uhmm, on traditional healing, it is not really seen to be… what is called a professional way of doing things.*

The participant in the extract cited above raises one of the issues that

have been debated in the literature, namely the ethical and legal accountability of traditional healers (Moodley *et al.* 2008; Sodi *et al*. 2011; Summerton 2006). Psychologists and counsellors are guided by their codes of ethics; they are sanctioned by their professional societies in the event of malpractice. It is often assumed that traditional healers do not have a body to which they are ethically accountable. This is erroneous: ideally, traditional healers are accountable to the ancestors, the community of other traditional healers, as well as the members of the community in which the traditional healer practices. This is in line with the definition of a traditional healer as someone who has a socially designated status within his or her community: it is this community that sanctions the traditional healer's practice (cf. Gumede 1990). Sodi *et al*. (2011) argue that, apart from the provisions of the Traditional Health Practitioners' Act, traditional healers are aware of ethics. They believe that 'should they malpractice, their power to heal will be withdrawn by the ancestors' (Sodi *et al.* 2011: 104). Like all professionals who work with patients who are in pain, however, traditional healers need to engage on the dialogue on how best to manage ethical issues in the context of healing, on an ongoing basis. This is more so given the fact that 'many of the therapeutic techniques of traditional healers involve direct contact with the body in terms of acquiring information, …as …they believe that the body is a container which channels the energy for healing' (Moodley *et al.* 2008: 158). According to Summerton (2006), enforcing the registration of traditional healers with the Traditional Health Practitioners' Association will help to address the problem of poorly qualified or unaccountable practitioners. It is envisaged that this might help to address the marginalization of traditional healing (Akomolafe 2012; Summerton 2006) that is alluded to in the extracts above.

Conclusion

The rapid changes in the demographic profile of higher education students in South Africa, calls for a re-examination of the type of counselling services that are offered to the students. It has been shown that black African students do not adjust well to the transition from high school to university. This is more so for the students that are studying in previously white institutions. The research also shows that African students consult student counsellors primarily for academic problems. This is despite the fact that they report higher levels of

social and cultural alienation at university, compared to their white counterparts. Despite the demographic changes that have been observed in higher education, social inclusion and social cohesion continue to be elusive (CHE 2015; 2016). The current study explored the unique contribution of alternative (indigenous) forms of healing, in a university that has been experimenting with the provision of traditional healing services to some of its students. Avenues of collaboration between the traditional healer and psychologically trained counsellors were also explored, as were the challenges. The participants considered the traditional healer to be well-qualified to provide treatment for spiritual illnesses. Issues of belonging and identity, arising from children being born out of wedlock, were also seen to be an appropriate area of intervention for traditional healers. The participating psychologists and the traditional healer were open to collaboration, according to their professional expertise. Inadequate infrastructure, stigmatization of the practice, and legal and ethical considerations, were some of the key obstacles that were identified. It is important to examine other models of collaboration, such as the Chinese model (Summerton 2009), to ensure that traditional healers become equal health care partners in higher education settings.

The current study had several limitations. Sampling was purposive, and it is possible that this attracted participants with a positive attitude towards traditional healing. The only traditional healer participating in the study, the diviner, had an established relationship with the psychological counsellors in the Centre. The findings cannot be generalized to other categories of traditional healers, as they were not part of the sample. It is therefore important to conduct studies with bigger samples, using mixed methods designs, in order to access a diverse range of stakeholders. The families of the students also need to be sampled, given the holistic understanding of health and illness in African indigenous societies. This is also important because, in African indigenous societies, the decision to consult a traditional healer, on matters that have relevance for the family as a whole, cannot be taken by an individual in isolation, let alone a minor.

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