

# TRADITIONAL HEALERS, THEIR SERVICES AND THE AMBIVALENCE OF SOUTH AFRICAN YOUTH

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## ABSTRACT

In the aftermath of the Marikana massacre in 2012, a number of observers raised questions about young men's traditional beliefs. Did young miners apply *muthi* on their bodies believing that they would be invincible in the face of police bullets? How do young men generally, in the course of wrestling everyday challenges, draw on 'traditional' and 'modern' medicine? The findings in the literature seem to be contradictory and mediated by age differentials, educational levels, and place of residence. In this article, both qualitative and quantitative evidence is drawn upon to offer insight into the views of young men in a particular site: Chiawelo, in Soweto. The study suggests that while young men do not hold a special place for traditional healers in their lives, their insecure life circumstances and the dynamics of the groups to which they affiliate, lead them when necessary to consult traditional healers for immediate or out-of-the-ordinary help, particularly if trusted institutions do not provide satisfactory assistance. The study links and uses the theoretical constructs, 'socialisation', 'habitus' and 'anomie'.

**Keywords:** young men in Chiawelo, traditional healers, indigenous knowledge systems, men's health and well-being



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## INTRODUCTION: THE STUDY'S RATIONALE

For the medical fraternity, African traditional healers or *sangomas* have represented an intriguing and curious group. Thornton (2009, 1) maintains that '*sangomas* appear to preserve a sense of a distinctive "African" identity in an increasingly globalised and westernised country, and the tradition of *sangomas* has multiple roots extending across cultures, languages, time, and derives partly from pre-colonial African systems of beliefs'. In a similar vein, Washington (2010, 26) suggests that the traditions of *sangomas* and their practices have existed since ancient times and that *sangomas* continue to retain considerable appeal for many people in large parts of the African continent. Although subjugated and vilified in the colonial period, and disempowered by the banning of traditional medicine in 1953 (Abdullahi 2011), traditional healers have reclaimed stature in recent years as renewed interest in indigenous knowledge systems (IKS) has gained impetus.

In this article the views of young men in Chiawelo, Soweto, on *sangomas* are teased out and reflected on. Chiawelo was selected as a site because, while this is an urban area exhibiting considerable diversity in terms of belief systems and practices, many families residing there have rural roots and have migrated from spaces where the practice(s) of *sangomas* are valued (Truter 2007). Since the year 2000, the presence of traditional healers has been progressively noted both in rural and semi-urban South African areas (Ashforth 2005). Older people tend to approach them for a range of different reasons such as seeking *muthi* for protection from witchcraft, to improve health or to help attend to *isidliso* (poisoning). However, the extent to which younger people draw on the services of *sangomas* has been a point of debate. This has been particularly so after the Marikana massacre when church leaders, unionists and scholars asked questions about whether young miners sought to defend themselves against police bullets through the use of *muthi*.

An examination of the literature reveals that sociological studies about youth perceptions and the use of *sangomas* in South Africa are few. Against the background of increasing interest on the topic, and on studies of men's health and decision-making, our purpose has been to augment literature on young men's thinking about, and drawing upon the services of, *sangomas*. Specifically, our interest is threefold: (1) Have young men consulted with *sangomas* in the past? (2) Will they consult with them in the future? And, (3) would they respond positively to a call to become a *sangoma* should they be faced with this challenge?

## LITERATURE REVIEW: A SELECTIVE GLIMPSE

Traditional healers are commonly referred to as *sangomas* although their roles are sometimes conflated with those of *inyanga(s)*. Cumes and Barbara (2010, 2) note that '[t]he word *sangoma* comes from the Zulu word for a drum, and it is the

sound of the drum that brings forth the spirit'. What distinguishes the *sangoma* from the *inyanga* is the fact that while the former administers healing in various ways, goes through a strict apprenticeship and a formal initiation ceremony, the latter is more of a herbalist who does not go through an initiation ceremony (Foden 2009, 45). *Sangomas* offer various services. These include providing treatment for sexually transmitted infections (STIs), HIV and AIDS, unexplained pains, arthritis, rheumatism, stroke, headaches, ancestral, supernatural and psychosocial problems, as well as spiritual guidance (Mbatha et al. 2012; Peltzer et al. 2006). Havenaar et al. (2008, 213) add specific reasons why people might consult *sangomas*: to attend to non-healing lesions on legs, unemployment, unsettling dreams and preparation for a son's initiation. When there is uncertainty about the causes of an affliction, a medical practitioner and 'modern' allopathic medicine might not, for some people, be most desired or viewed as holding a holistic solution.

In this article the term 'traditional healer' is used interchangeably with *sangoma* and is differentiated from *inyanga* or prophet. The status of traditional healers has been arguably undermined not just through the actions of medical systems of the past, but progressively as modern lifestyles have been embraced, and as awareness of modern medication and ways of healing have become entrenched. Wreford (2007, 832) suggests that health-seeking behaviours are changing; when people are sick today, family members would rather refer the person to a medical practitioner with little regard for what *sangomas* have to offer. The sense that the allure of *sangomas* is dwindling has fuelled skepticism about claims that young mineworkers used *muthi* in recent worker struggles. Saziso Gegezela and Bishop Seoka attempted to dismiss the claim that mineworkers at Lonmin in Marikana used *muthi* to protect themselves and gain strength against the police during their wage dispute in 2012 (*City Press* 2012). Chinguno (2013, 162), however, criticises this dismissive position, and suggests instead that *sangomas* were indeed drawn upon by mineworkers to gain information and to empower themselves in confronting the police. Similarly, Alexander et al. (2012, 138) offer claims that mineworkers were high on *muthi* given to them by a *sangoma* during a critical stage of the strike. The recognition that the *muthi* of *sangomas* has considerable relevance in the lives of ordinary people has led to traditional medicine becoming more firmly recognised, regulated and formalised in South Africa (*THP Act 2004*), but much more research is required to fully establish its popularity among the youth.

In probing the perpetuation and internalisation of beliefs and ideas, the constructs 'socialisation' (Mead 1934), 'habitus' (Bourdieu and Wacquant 1992) and 'anomie' (Merton 1957) become expedient. Socialisation represents life-long learning, and increasing self-awareness, in dynamic interaction with expected behaviours and value systems. Habitus speaks to people's following and establishment of recurrent patterns and modes of operating in response to external structures. Bourdieu and

Wacquant's main argument is that people survive through the use of internalised schemes that help them perceive, understand, appreciate and evaluate their social world, and they view habitus as a social structure that has been internalised. Bourdieu and Wacquant's (1992) conceptualisation of habitus and field is centred and linked to the acquisition of learning through socialisation processes. Both are useful constructs in probing young men's attitudes towards traditional practices and beliefs.

Anomie in Merton's (1957) rendering occurs when there is a serious disconnect between social structure and culture, between structurally created abilities to act in accordance with cultural norms and goals, and the norms and goals themselves. Merton's views on anomie are based on analysis of behaviours deviating from prescribed patterns of conduct, when social changes disorientate the link between the individual and the broader collective (Garfield 1987, 273; Ritzer 2007). In this article, consulting with *sangomas* (or not) is judged as part of socialised familial or reproduced practices, or as a consequence of prevailing anomic realities.

## RESEARCH METHODS: A MIXED APPROACH

A 'mixed methods' research design was employed to gain multi-layered insights on young men's views. While primacy was placed on in-depth qualitative interviews, supplementary quantitative insights were also deemed to be informative. Fifteen people, eleven young men (aged 18 to 35 years) and four key informants, were interviewed, using a snowball sampling technique in a particular site in Chiawelo. The research site selected was in Soweto, Region D, which includes locations such as Doornkop, Dobsonville, Diepkloof, Mapetla and others. About 50 535 people live in Chiawelo (StatsSA 2011), comprising Zulus, Sothos, Vendas, Tsongas etc., although it seems to be largely dominated by Vendas and Tsongas. Similar to other South African townships, Chiawelo reveals adherence to different Christian churches and African traditions. There are both primary and high schools, a clinic, and the presence of *sangomas* (sometimes two in a street) who serve the needs of those who are staunch subscribers of traditional beliefs. Chiawelo also faces issues of crime, unemployment and migration for work or other purposes; therefore, this site was seen as suitable and as having the potential to help document the voices of young men who are generally marginalised, financially challenged and invisible.

The in-depth interviews were followed by a survey of 100 young male respondents (18–35 years), selected through the use of judgemental sampling. The identities of participants in the qualitative interviews have been protected through the use of pseudonyms (selected by the men themselves). While the qualitative interviews were complex and time-consuming, the quantitative survey turned out to be surprisingly straightforward. The survey was an attempt to capture more comprehensive data on selected topics within a short period of time, and was conducted during the

early hours between 9h00 and 13h00 when young people were usually available. Respondents were mainly approached at Awela Park and others found on the streets as they were going to the malls or to the soccer fields. The researchers requested formal consent before the interviews were conducted. All respondents were assured that participation in the study was not compulsory, that it was voluntary, and that no incentives were to be offered.

## RESULTS: ADDRESSING THE KEY QUESTIONS

### **Research Question 1:** Have young Chiawelo men ever consulted with *sangomas*?

In both the qualitative interviews and the survey, comparatively few young men displayed an interest in traditional medicine. In the individual interviews, a number of the young interviewees offered guarded responses, displaying much reticence to confess to drawing on the services of traditional healers.

It's only old people who use sangomas? Aaa ... I think the youth also use sangomas, but they were told by elders not to tell other people that they go to the sangomas. (Tendani, 18 years)

The youth of today they don't use sangoma. These nowadays everything is about education. Like every day we hear the word education on TV, radios, newspapers. Yes. (Malo, 20 years)

Malo was of the view that young people do not use the services of *sangomas* because they have been exposed to the positive benefits of education. In a sense, this sentiment echoes the reasoning of a number of South African public figures who have claimed that young people who are generally better educated than their parents are less inclined to go to *sangomas*.

There were, however, some open admissions that traditional healers have been drawn upon.

The bad side I can say ... referring to your topic again on sangomas. With my experience, while I was doing my matric last year I kind of got sick when I was going to write my math paper. Then I had to go to Venda. There I immediately went to a sangoma again, so they can perform a ritual so that I can be healed. So that I can go write my exams. (Tshiavha, 19 years)

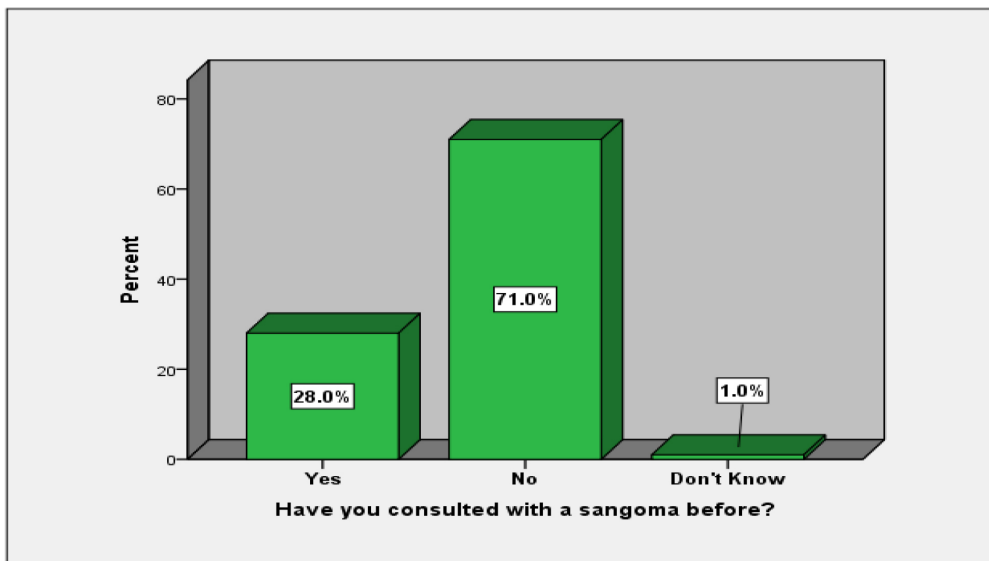
Mpho and Dimitrous explained that they approached a *sangoma* because they were largely encouraged by their parents to do so, hence alluding to socialisation and strong parental influence. There are also indications of trust in them – to assist with problems of a complex nature.

I think my mom knows what's best for me, because I had tonsils and that thing was killing me, my friend. Yohh, every week it was tonsils and I couldn't eat. So she said to me "let's go there", I said ahh, then she said "my son let's go there I know the man and I trust him".

So we went and they gave me some mixed herbs and the man said to me when I drink tea I must also put them in. I had to take them for a week and twice a day but since then I never struggled. So now I am fine. (Mpho, 29 years)

I can say I have consulted sangomas about 10 times or more than that in my life. When I was young and before I left the church my parents took me there I was wondering why they took me because I was not having knowledge. So when we got there it was not my wish my parents just said “let’s go and seek help because this guy is sick”. I was suffering and very sick spiritually and I was nine years old or eight years something like that. (Dimitrous, 27 years)

The survey revealed that the majority of young men in Chiawelo had not consulted with *sangomas* before (71%). However, the percentage saying ‘yes’ (28%) represents a sizeable and noteworthy minority that has faith in traditional medicine.



**Figure 1:** Figure 1: Proportion of youth who consulted with a *sangoma*, Chiawelo, 2014

## **Research Question 2:** Would young Chiawelo men consult with *sangomas* in the future?

When participants were asked whether they will consult with *sangomas* in the future, it was clear that many of them belonging to a Christian church seemed to hold negative attitudes, if not strongly revile *sangomas*. Mulalo responded firmly to the question:

Eeey ... I don't know, I don't ... I don't think there's any need for me to go there because ... ah everything is going well for me. I don't need a sangoma or something. Maybe ... Ja. (Mulalo, 18 years)

I was in a Christian family. So they didn't like sangomas. So as I was growing to be old they build that hatred against sangomas to me. Also, I started hating them until I understood what's happening in life. Now I do not hate them but I also do not think I will consult them. I'll never risk my future with consulting a sangoma. (Cutivity, 19 years)

Ntsako referred to his Christian beliefs as a reason for him not visiting *sangomas*.

For now I think I'm well catered for and I'm covered by Christ. So I'm sure I won't. (Ntsako, 20 years)

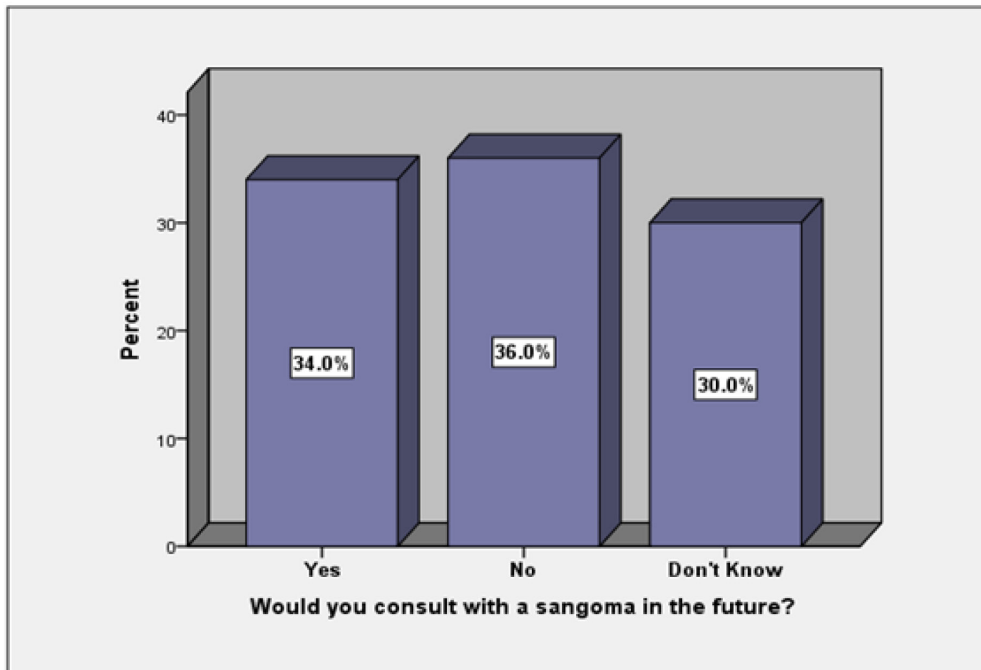
However, Ntsako also referred to awareness of other people in his life as a reason why he might turn to a *sangoma* in the future. This suggests the reality that repeated interaction with others in our lives structures our consciousness and social action in particular ways, reinforcing the point that our lives are influenced by habitus and field. Some others reported that they would consult with *sangomas* if they lacked other strategies when facing life's challenges such as life-threatening ailments or continuing unemployment.

Ja, if I have a serious problem I want a quicker solution. Ja, I think I'll go to a sangoma. Like when I am sick. But I will not go there for when I need a wife that I will not do, I think only when I am sick. (Tendani, 18 years)

Nagana is not a conservative Christian, but has an uncle who is practising as a *sangoma*:

Maybe I will consult with my uncle 'cause I don't know what's gonna happen in future. Maybe there'll be a time that I'll be struggling. Or maybe sick. When I get to a moment that I have to see a sangoma. (Nagana, 18 years)

Adesiji and Komolafe (2013) assert that people draw on traditional healing when other routes to improve one's circumstances fail, and this final attempt is believed to offer the best remedy.



**Figure 2:** Figure 2: Proportion of youth who may consult a *sangoma* in the future, Chiawelo, 2014

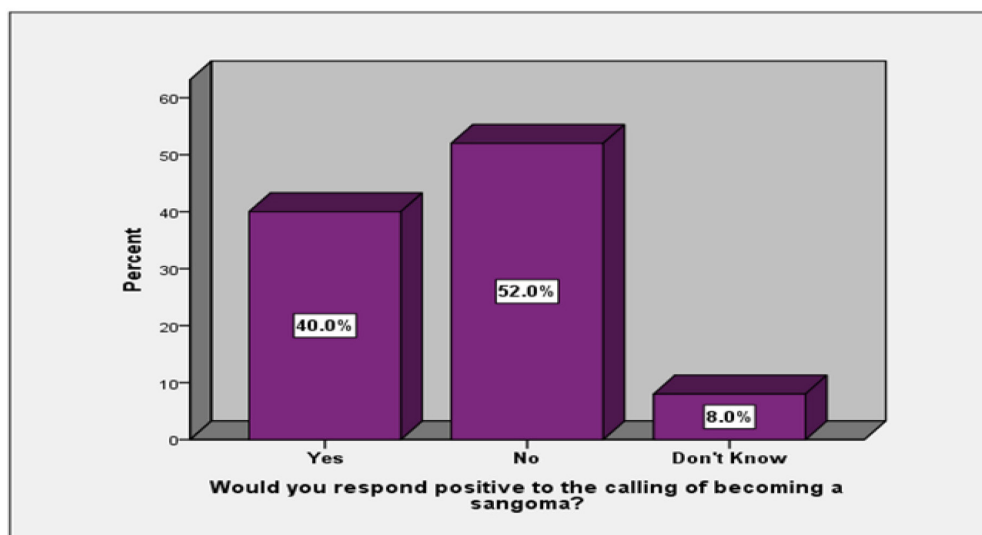
In the survey, a large percentage was undecided on the question of whether or not they would approach a *sangoma* in the future (30%), with the number saying ‘no’ considerably fewer than in Figure 1. More young men left open the possibility that out-of-the ordinary help may be required should the necessity arise. In the words of Nagana: ‘Maybe there’ll be a time that I’ll be struggling.’ This uncertainty enhances the relevance of the traditional healer. Despite the fact that young men are skeptical about their services, many of them are hesitant to suggest that they have no use for a traditional healer and will not consult one in the future.

**Research Question 3: Would men respond positively to a call to become a *Sangoma*?**

Figure 3 below presents responses of young men in Chiawelo on whether they would respond positively to the call to become a *sangoma*. In terms of African systems of beliefs (Thornton 2009), one does not simply elect to become a *sangoma*. This is a special calling from the ancestors and when called upon, one should embrace the beckoning. This question was not one that was probed in the qualitative interviews,



but it came up intermittently as a topic raised by the interviewees themselves. Thus, it was decided to ask this question in the course of the survey. Responses to this question would offer a sense of just how habitualised and internalised traditional beliefs and practices are in the psyches of the youth (Ashforth 2005; Washington 2010). A majority, 52%, maintained that they would not respond positively to such a call, while 40% agreed that they would. A small number (8%) were uncertain, suggesting that most young men had definite views on this topic. Gcabashe (2009) argues that almost everyone can have a calling to be a *sangoma*, and this may be pronounced among those who grew up in families where a member was a *sangoma* at some point in the past or in the present.



**Figure 3:** Figure 3: Youth responses to the call to become a *sangoma*, Chiawelo, 2014

It was curious that while 36% of the youth indicated that they would not at all consult with *sangomas* in the future, a larger proportion, 40%, indicated that they would respond positively to a ‘calling’ should this arise in the future. This indicates that the respondents are firmly aware of traditional practices, their magnitude and meaning, and might rethink their negative stances if circumstances changed. Viewed together, the qualitative and quantitative responses capture ambivalence, with both strongly supportive and strongly antagonistic sentiments evident.

## CONCLUDING DISCUSSION: REFLECTING ON THE YOUTH'S PERCEPTIONS

South Africa's post-apartheid youth find themselves facing a myriad dilemmas, many of which come to impact their general health and well-being. These challenges include, among others, poverty, inequality, drug and alcohol abuse, structural unemployment, poor schooling experiences, and increasing levels of stress and depression. Many young people are highly pressurised in the current era, with some of them feeling more comfortable to seek traditional forms of healing and treatment, and strategies to empower themselves (Mbatha 2012; Seggie 2012). While there are modernistic forces guiding most young men to follow the allopathic/modern medicine path, anomic conditions encourage a significant number of them to embrace and be open to alternative approaches to attain particular goals – whether these are financial stability, victory in strike action, better health or personal happiness. Thus, at moments they may become innovative, or reject the mainstream or rebel against their early socialisation. Under these circumstances, *sangomas* may grow in popularity and appeal.

This study was mainly about grasping an improved understanding of youth perceptions of traditional healers and their practices. As such the category 'sangoma' was not studied in terms of existent and complex sub-groups. However, and as a recommendation for further study, it is clearly imperative that more studies be conducted to explore the views of young men towards the variety of sub-groups or categories of *sangomas*, that the youth referred to in Chiawelo. They referred to the roles of 'white' *sangomas*, 'gay' *sangomas*, 'modern' *sangomas*, and *sangomas* who are younger than 18 years old. There remains a lacuna pertaining to these sub-groups and the extent to which they have a following among the youth. There is also a gap in terms of understanding the flourishing businesses of some *sangomas* who set exorbitant prices for their services. The costs of a visit to the traditional healer, we learnt, was often much higher than that of a mainstream medical practitioner.

This study was conducted in Chiawelo, a specific part of Soweto, and does not purport to make claims about other South African areas in general. There is a need for new case studies that will offer a holistic national picture of the transitions that have taken place or are still taking place through the influence(s) posed by various institutions such as education, religion and many others. It will also be valuable to probe views of young men representing other population groups, as participants in this study claimed to have seen a diverse range of people consulting *sangomas*. Since the study only looked at men as participants, a further recommendation is to explore the views of young women as well – and to consider their motivations to visit (or not) *sangomas* for healing and other forms of intervention.

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