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ABSTRACT

As indigenous healers are so important to the health of many not only in South Africa but also throughout the world, a closer, scientific look at their practices is needed. Again, there is a tendency of the majority of South Africans (especially the Blacks) to consult both western oriented mental health services and indigenous healers. Various prominent mental health professionals in South Africa have appealed that greater recognition be given to and greater use made of the skills of indigenous healers in the treatment of persons who could benefit from the services. It is for these reasons that this research on indigenous healing was undertaken.

The purpose of this research was to investigate diagnostic and treatment methods used by a random sample of indigenous healers from the rural Mtunzini district in Kwa-Zulu, and to ascertain whether there is any consistency (inter-practitioner) in their diagnostic and treatment methods.

Twelve practitioners were each invited by a researcher and a confederate with a problem requiring treatment. Diagnostic and treatment procedures were tape recorded. Standardized data regarding diagnosis, cause symptomatology, treatment and prognosis, including practitioners' biographical data was collected. In order to ascertain inter-practitioner consistency, practitioners were asked to rank order six diagnosis and six treatment procedures ascertained to be the most frequently occurring among all twelve practitioners. The results emphasized the three distinct basic categories of Zulu indigenous

practitioners viz. doctors (*izinyanga*), diviners (*izangoma*) and faith healers (*abathandazi*).

Of these categories, the diviner deserve special mention as the results consistently portrayed her as a superior specialist e.g. an elderly, educated, female preserver and provider of traditional Zulu culture. Diagnostic and treatment procedures used by the practitioners were found to be based on dualistic levels viz. natural and supernatural. As suggested by previous studies and also supported in this research, more integration of Western and African oriented mental health subsystems was recommended.

SAMEVATTING

Aangesien volksgeneeskundiges so belangrik is vir die gesondheid van talle mense, nie net in Suid-Afrika nie maar oor die hele wêreld, is 'n nadere, wetenskaplike ondersoek na hulle praktyke nodig. Daar is egter 'n neiging onder die meeste Suid-Afrikaners (veral Swartmense) om sowel Westersgeoriënteerde geestesgesondheidsdienste as volksgenesers te raadpleeg. Verskeie vooraanstaande professionele persone op die terrein van geestesgesondheid in Suid-Afrika het 'n beroep gedoen vir groter erkenning aan en groter gebruikmaking van die vaardighede van volksgenesers in die behandeling van persone wat by hul dienste kan baat vind. Dit was om hierdie rede dat die navorsing oor volksgeneeskunde onderneem is.

Die doel van hierdie navorsing was om ondersoek in te stel na die diagnoseerings- en behandelingsmetodes wat gebruik word deur 'n streekproef volksgenesers van die plattelandse distrik Mtunzini in Kwa-Zulu en om vas te stel of daar enige konsekwensie is (onder verskillende genesers) wat diagnoseerings- en behandelingsmetodes betref.

Twaalf genesers is afsonderlik uitgenooi deur die navorsers en 'n medewerker met 'n probleem wat aandag geverg het. Die diagnoseerings- en behandelingsmetodes is op band opgeneem. Gestandaardiseerde data betreffende diagnose, veroorsakende simptome, behandeling en prognose, asook die genesers se biografiese data is versamel. Ten einde die mate van konsekwensie onder die genesers vas te stel, is die genesers versoek om ses diagnoseeringsprosedures en ses

behandelingsprosedures wat geblyk het die algemeenste in gebruik te wees onder die twaalf genesers, in voorkeurvolgorde te plaas. Die resultate het die drie duidelik onderskeibare kategorië van volksgenesers beklemtoon, naamlik doktors (izinyanga), waarsêers (izangoma) en geloofsgenesers (abathandazi).

Van hierdie drie kategorië verdien die waarsegster spesiale vermelding aangesien die resultate haar deurgaans uitgebeeld het as 'n superieure spesialis, byvoorbeeld 'n bejaarde, kundige, vroulike instandhouer en draer van die tradisionele Zulukultuur. Daar is gevind dat die diagnoserings- en behandelingsprosedures wat deur die genesers gebruik word gebaseer is op twee vlakke, naamlik die natuurlike en bonatuurlike. Soos deur vorige ondersoeke vermeld en deur hierdie navorsing gestaaf is, is groter integrasie van Westerse met Afrika-geöriënteerde geestesgesondheid-subsisteem aanbeveel.

CHAPTER 1 : INTRODUCTION

1.1 General Conceptual Introduction on Indigenous Practitioners

Despite increasing recognition of highly specialized modern medical science and modern doctors, there are many underdeveloped countries especially in the Third World where indigenous practitioners are the focal point around which the physical, social and religious lives of many people revolve. Such indigenous practitioners have been described by a variety of terms in the literature e.g. Shaman, medicine man, and folk healer. Such practitioner have been described as follows :

"A Shaman is a religious healer, or medicine man found among all primitive people since earliest history". (Universal World Reference Encyclopaedia 1945, p. 4456).

"... the medicine man is not only the primitive doctor, but he is the diviner, the rainmaker, the prophet, the priest, and in some instances the chief or king" (Landy 1977, 416).

"Although folk healers may assume prestigious positions as priests, rulers, or university presidents, many specialize solely in healing. Some healers are sorcerers, but the vast majority work toward non evil ends. A person may be recruited into a folk-healing role through : inheritance from a parent or through a hereditary priesthood; selection by parents, relatives tribal

elders, religious sodalities or gods and spirits, self selection by apprenticing oneself to a healer, the undergoing of a profound emotional experience involving awe-inspiring symptoms, or receiving a divine call through a dream, a trance or a hallucination; self-dedication to a healing cult, often after having undergone a cult cure; possessing a physical or psychological disability, miraculous self-discovery; and by possessing exceptional personal traits, such as high intelligence, courage, story-telling ability, emotional control, and good judgement". (Kaplan and Sadock 1981, p.89).

As is evident in the above definitions, such practitioners have traditionally performed multi-faceted roles e.g. medical, cultural, religious, divinatory, in their respective communities. It is for this reason that the broad term "practitioner" is used in the present study.

The term "indigenous", a similar broad conceptual term implies both cultural universality and relativity whereas there may be many common elements to the roles of practitioners operating within different cultural milieus, such practitioners are essentially both preservers and providers of culture, within the particular cultural settings in which they work.

One reason for the continuing power of such indigenous practitioners is that many underdeveloped countries throughout the world have broad

concepts of illness and health, only some of which are recognized by modern empirically oriented medical science.

1.2 Theories of illness in underdeveloped societies with particular reference to Zulu society

Murdock *et al* (1980) view explanations of illness current among most of the people of the world as having little in common with those recognized by modern medical science and as relating much more closely to the ideology of primitive religion, from which they are derived.

These so called "primitive medical systems" have been described by Conco (1972) as follows :

"The concept of "primitive medicine" is derived from anthropological concept of "primitive culture". Generally speaking there is no such thing as primitive mind and primitive man is potentially like modern man (Goldneweiser 1946). Primitive medicine is found in all ages in the Orient as well as in Ancient Greece. Egypt and Mesopotania; in the middle ages as well as in modern industrial society. A system of medicine is produced by every culture. In medicine a department of knowledge and practice dealing with disease and its treatment, man uses language or symbols when he observes, describes or thinks about the world of disease. The grouping of these observations, descriptions and thoughts leads to certain conceptual orientation. Primitive medical systems vary from

culture to culture from epoch to epoch, from group to group and even from individual to individual.

But all these systems can be examined and analyzed from a certain interpretive point of view with a standard evaluation, a point of view defined by the canons of reasoning adopted as a framework". (p.304).

Indigenous African views on illness and health in general and mental illness and health in particular are holistic and cosmological in emphasis (see Ngubane 1977). Traditional beliefs and practices concerning illness and health are still widely followed particularly in rural areas of South Africa. This is understandable in view of the fact that these beliefs and practices form a coherent system that has maintained individual and social equilibrium for generations.

Central to an understanding of these beliefs and practices is an understanding of traditional African religion, which embodies the essence of all religions with its reverence for elder kinsmen, both living and dead. This African spiritual component of being has been eloquently described by Holdstock (1981, p. 128): "The relationship with the ancestors and through the ancestors with with God permeates all being". Ancestral reverence is the primary factor, then, associated with the continued good health.

Sorcery or *ubuthakathi*, on the other hand refers ultimately to "the manipulation and expression of anger and the desire to destroy" (Berglund 1976, p. 295). It represents all the forces of evil and illness. With the concept of *thanatos*, Freud has similarly given

recognition to human destructiveness and violence as the most basic cause of all illness.

Traditional African religions and magical theories of illness and health are inextricably interlinked as evident in the popular beliefs that man is most vulnerable to sorcery once for some reason the ancestors are "facing away". (Berglund 1976), and should a man then strengthen himself and his family by performing appropriate rituals to the ancestors, this will ensure continued good health.

The essentially dualistic conception of the basic philosophy of African medicine has been clearly noted by Conco (1972). He quotes a historian of medicine Catiglioni (1947) as follows :

"The medicine of the most ancient periods was at first essentially empirical (natural); on this basis magic medicine (supernatural) was developed. This popular medicine stands in close relation to the observation of nature on the one side (natural) and to magical beliefs on the other ...". This is a clear statement of the dualism of "primitive medical systems...". (p. 304).

Weisz (1972), Torrey (1972), Conco (1972), Ngubane (1977) and Murdock *et al* (1980) have all attempted taxonomies of theories of illness in underdeveloped societies. They all make a distinction between theories of natural and supernatural causation.

Murdock *et al* (1980) in particular have developed a comprehensive classification of theories of illness in underdeveloped societies

throughout the world. They make a basic distinction between theories of natural and supernatural causation which is similar to the *umkhuhlane : ukufa kwabantu* distinction made by Ngubane (1977), working among the rural Nyuswa valley in Zulu people near Durban.

Umkhuhlane refers to the explanation of illness by natural causation. This category is recognized by modern medical science with its empirical traditions e.g. as in the case of infection, stress, organic deterioration and accident. (Murdock *et al* 1980). *Isithuthwane* or epilepsy and *isifuba somoya* or asthma are relevantly classified in this category.

Ukufa kwabantu on the other hand, attributes illness to supernatural causation. *Ukufa kwabantu* literally refers to disorder of the African people. To quote Ngubane (1977 p. 24).

"The name is used mainly because the philosophy of causality is based on African culture; this means not that the diseases or rather their symptoms, are seen as associated with African people only, but that their interpretation is bound up with African ways of viewing health and disease".

1.2.1 Theories of Natural Causation

This can be seen as any theory, scientific or popular which accounts for the impairment of health as a physiological consequence of some act or experience of the victim in a manner that would not seem unreasonable to modern medical science (Murdock *et al* 1980). Old age, ingestion of poison, etc. may all be recognized as natural causes of

sickness/illness.

1.2.2 Theories of Supernatural Causation

These ascribe the illness causation to external supernatural forces. Such theories are particularly used in explaining uncommon or out-of-the-ordinary types of illness. Conco (1972) feels that such theories are made use of at a point where ordinary treatment and explanation have failed.

Within the supernatural division of the taxonomy of Murdock et al (1980), there are three major explanations of supernatural causation, namely animistic, magical and mystical theories. These three categories can best be conceptualized as three different traditionally acceptable attributions made by the afflicted to explain the affliction. The tradition *ukufa kwabantu* theories can be subsumed within this supernatural division as follows:

Animistic theories ascribe the disorder to the behaviour of some personalized supernatural agent such as a spirit or god, for example :

abaphansi basifulathele - withdrawal of protection of ancestral shades mostly caused by disharmony within the home.

ukuthwasa - a "creative illness" following the calling by the ancestral shades to become a diviner; or a religious conversion experience.

Magical theories attribute the disorder to the covert action of a malicious human being who employs magical means to injure his victim,

for example:

- idliso* - poisoning attributed to sorcery
- umeqo* - disorder attributed to stepping over a harmful concoction of a sorcerer.

Mystical theories explain disorders in terms of an automatic consequence to some act or experience of the afflicted person for example:

- umnyama* - experiencing illness or adversity because of contact with places or people immediately associated with the major life events, e.g. birth, death and menstruation.
- umkhondo omubi* - a dangerous track, or ecological health hazard such as lightning.

Edwards *et al* (1982) view these theories as forming the cornerstone of traditional African cosmological, religious, social and moral world views of good and evil, health and sickness. While the focus of this study is on traditional Zulu speaking people variations of these theories are common to most traditionally oriented African peoples.

To explicate the nature of the supernatural theory, and its basic tenets, Conco (1972) has schematically represented this as follows :

- (1) Person A wants another person B to be afflicted by some sickness which would lead to B's death.
- (2) A consults traditional doctor D, who agrees or refuses to help A.

- (3) If doctor D agrees to help A, he consults the supernatural forces or the spirits of destruction or evil.
- (4) The spirit S shows D the medicine or concoction to use on B.
- (5) D gives A the medicine with appropriate instructions for use on B.
- (6) A uses the medicine on B. Various agencies may be used by A e.g. using certain animals - riding on a baboon, sending the "short men" - "Mkhovu", "Tikoloshe", or sending a bird, a snake etc., or lightening and hail storms.
- (7) Then B becomes sick, or his family, or his animals (domesticated) become sick.

The sequence may be indicated as below.

- A = Individual Human Being = Anthropomorphic element
- D = Traditional doctor = Mediator in touch with the "Natural", and with the
- S = "Supernatural" which may be (i) Forces of Good, Health, and Prosperity, or (ii) Forces of Evil, Disease and Destruction.
- B = The victim.

For more detailed discussions on these traditional Zulu views of illness refer to (Conco 1972, Ngubane 1977, Edwards et al (1982).

1.3 Indigenous practitioners diagnostic and treatment methods with particular reference to Zulu society

Diagnostic procedures common among most indigenous healers across the

world involve repetitive rituals that involve complex social negotiations and interactions. Some indigenous diagnosticians use astute psychological techniques to gather information from patient and members of their social network.

After diagnosis, the indigenous practitioner, then plans a course of treatment. Indigenous practitioner's procedures for treatment generally incorporate the patient and his social group as a whole into the treatment program. Kaplan and Sadock (1981) point out that dramatic healing rituals entail the active, public participation of the patient, the members of his social network and the healer. Through the use of powerful symbols and impressive, impersonal roles, the healer conducts the healing ritual in a supernatural context. These rituals are in sharp contrast with Western treatment techniques which often take place in secluded quiet rooms.

In Africa particularly, with its essentially third world population, indigenous practitioners are to be found in almost every cultural group. These practitioners are given particular names or labels in accordance with the type of treatment methods they use. There are traditional doctors (-nyanga - Zulu; -gqira - Xhosa, -mganga - Swahili; -ngaka - Sotho, ogaissa - Amharic) faith healers, diviners and prophets. Their diagnostic and treatment methods are more or less the same as those discussed above.

1.3.1 Three basic categories of Zulu indigenous practitioners

A good case can be made for there being three broad, basic categories of indigenous healers among Zulu speaking society in South Africa today, i.e. the tradition doctor (*inyanga*), diviner (*isangoma*) and

faith healer (*umthandazi*). The advent of the *umthandazi* can be traced to the rise of the African Independent Church movement and it has been argued that many of the traditional roles of the *isangoma* have been taken over by the *umthandazi* (Lee 1969, West 1975).

1.3.1.1 Inyanga

These traditional doctors are usually male, and typically specialize in the use of herbal medicine and natural treatment methods.

"A man who wants to be an *inyanga* ("doctor") usually gets himself apprenticed to a practising *inyanga* for a period of not less than a year. At the end of his training he pays his master a cow or its equivalent in money usually not less than R20 00. Sometimes a doctor passes on his skills to one of his sons, who shows an interest in medicine" (Ngubane 1977, p.102).

1.3.1.2 Isangoma

The traditional diviner who is usually a woman, shares a comprehensive knowledge of medicine with the doctor (*inyanga*), and qualifies after undergoing the *ukuthwasa* process.

"A person does not choose to become a diviner (*isangoma*), but is chosen by her ancestors, who bestow upon her clairvoyant powers. A neophyte learns about medicine from a qualified diviner to whom she is apprenticed for some time, but in addition some medicines are said to be revealed to

her by her ancestors". (Ngubane 1977, p.102).

The diviner is however mainly and traditionally a psychodiagnostician and priest who divines within a supernatural context through her culturally accepted mediumship with the accepted shades.

1.3.1.3 Umthandazi

This is the general term for a faith healer and literally means "one who prays". Faith healers are professed Christians who may belong to either mission or independent churches and therefore also-typically work within supernatural context.

"The power to heal is believed to come from God although in some cases it may be thought to come from God indirectly through the shades and a period of training as a healer may or may not have been necessary". (West 1975, p.96).

1.3.1.3.1 Specialists and General Practitioners

There are various specialists within their three broad categories of practitioners, for example :

1.3.1.3.1.1	<u>inyanga yesisu</u>	specialist stomach doctor
1.3.1.3.1.2	<u>inyanga-yomhlabele</u>	orthopaedic surgeon
1.3.1.3.1.3	<u>inyanga yezulu</u>	heaven head
1.3.1.3.1.4	<u>inyanga yemvula</u>	rainmaker
1.3.1.3.1.5	<u>inyanga yamakhambi</u>	herbalist
1.3.1.3.1.6	<u>inyanga yokumisela</u>	specialist in inducing pregnancy
1.3.1.3.1.7	<u>isangoma sekhande</u>	head or listening diviner

1.3.1.3.1.8	<u>isangoma samathambo</u>	bone throwing diviner
1.3.1.3.1.9	<u>isangoma sesibuko</u>	mirror diviner
1.3.1.3.1.10	<u>isangoma sabalozu</u>	ventriloquist/whistling spirit diviner
1.3.1.3.1.11	<u>umthandazi weSiyoni</u>	faith healer of Zionist religion
1.3.1.3.1.12	<u>umphrofethi</u>	prophet
1.3.1.3.1.13	<u>umphrofethi wentambo</u>	prophet who diagnoses with a rope.

Also there is often overlap within these various categories of healers, for example, a general practitioner who will refer to himself as both an *inyanga* and an *umthandazi*. (Krige 1950, Conco 1972, Ngubane 1977, Edwards et al 1982, Hadebe 1982 Thorpe, 1982).

1.3.2 Diagnostic Methods

These are mainly supernaturally oriented. Some examples follow:

1.3.2.1	<u>ukubhula ngamanzi</u>	divination using water (usually in a bottle).
1.3.2.2	<u>ukubhula ngamathambo</u>	divination using bones.
1.3.2.3	<u>ukubhula ngabalozu</u>	divination by ventriloquism/ancestral shade communication.
1.3.2.4	<u>ukubhula ngekhandu</u>	divination by head through guiding ancestral shades.
1.3.2.5	<u>ukubhula ngesibuko</u>	divination with the aid of a mirror.
1.3.2.6	<u>ukubona</u>	precognition
1.3.2.7	<u>vumisa technique</u>	diviner tells the patient of his illness homing in on the problem areas depending upon the degree of expressed agreement by patient and relatives.
1.3.2.8	<u>ukubeka izandla</u>	laying on of hands

1.3.2.9	<u>imibono</u>	symbolic visions revealing the illness.
1.3.2.10	<u>amaphupho</u>	dreams revealing illness.
1.3.2.11	<u>ukugida</u>	ritualistic dancing and singing
1.3.2.12	<u>umthandazo</u>	divination through prayer.

The following diagnostic methods are naturally oriented :

1.3.2.13	<u>ukulandisa</u>	i.e. patient telling the practitioner all about his/her illness - case history.
1.3.2.14	<u>ukuhlola</u>	actual examining of the patient
1.3.2.15	<u>ukubuza</u>	question and answer method. A practitioner asks the patients various questions pertaining to the illness.

1.3.3 Treatment Methods

1.3.3.1 Natural Methods

These can also be used within a supernatural or symbolic context. Some examples follow :

1.3.3.1.1	<u>ukuphalaza</u>	induced vomiting through emetic e.g. for <i>idliso</i> .
1.3.3.1.2	<u>ukugquma</u>	steaming to induce perspiration and reduce fever.
1.3.3.1.3	<u>ukushungisa</u>	fumigating the house with smoke.
1.3.3.1.4	<u>ukuhogela</u>	inhaling treated smoke.
1.3.3.1.5	<u>ukutshopa</u>	acupuncture, usually with porcupine quills.
1.3.3.1.6	<u>ukugeza /ukuhlamba</u>	bathing cure.
1.3.3.1.7	<u>ukugcaba</u>	incisions for the insertion of curative mixtures.

- 1.3.3.1.8 ukuncinda sucking, for example, hot medicine from fingertips.
- 1.3.3.1.9 ukuthoba a formenting treatment applied for example, for aching feet.
- 1.3.3.1.10 ukuchatha enema, for example for stomach complaints
- 1.3.3.1.11 ukulumeka blood letting e.g. for a swollen ankle.
- 1.3.3.1.12 ukumoma draining e.g. fluid from ear with cow's horn.
- 1.3.3.1.13 ukuthwebula symbolically extracting illness e.g. through touching the body with a goats horn, which has been treated with a particular *muthi* (medicine).
- 1.3.3.1.14 ukuqinisa general term commonly implying the strengthening or fortifying of the patient e.g. through incisions.

1.3.3.2 Medicinal Compounds

A great variety of medicinal compounds are used, which are beyond the scope of the present paper. Refer to Bryant (1970), Ngubane (1977) for detailed expositions. Generally though medicines are divided into two basic categories (Ngubane 1977).

- 1.3.3.2.1 amakhambi natural remedies e.g. herbal medicines consisting of green leaves, bark, roots, stem, bulbs, fruits, flowers and seeds, used to cure somatic symptoms.
- 1.3.3.2.2 amakhubalo medicines used in ritual symbolic context, which are classified according to colour and administered in strict serial sequence, for example given at night, sunrise or sunset and daytime. In addition such religious and ritual treatment accompany this medical treatment.

1.3.3.3 Religious and Ritual Treatment of Supernatural Orientation

Such treatment traditionally involves a sacrifice by the head of the home in a family or group context and is directed at ensuring continued ancestral protection and good health.

1.3.3.3.1	<u>ukubonga</u>	sacrifice in thanksgiving to the ancestral shades.
1.3.3.3.2	<u>ukuthetha</u>	"scolding" the ancestors for misfortune.
1.3.3.3.3	<u>ukushweleza</u>	appeasement sacrifice.
1.3.3.3.4	<u>ukubethela</u>	to fortify the home against danger e.g. sorcery.
1.3.3.3.5	<u>isidlo</u>	ritual communication with the shades through eating and beer drinking.
1.3.3.3.6	<u>ukuchela</u>	fortifying the homestead through sprinkling and spreading of medicine by the family <i>inyanga</i>
1.3.3.3.7	<u>ukukhwifa</u>	spitting at dawn to cast out evil.
1.3.3.3.8	<u>ukuvuma</u>	public confession by an accused.
1.3.3.3.9	<u>ukuhlanza</u>	vomiting or defecating following an emetic or purgative.
1.3.3.3.10	<u>ukuguqula amanzi</u>	literally "turning of water" to reinsure ancestral protection following lineage sorcery (<i>uzalo</i>)
1.3.3.3.11	<u>ukubuyisa</u>	a sacrifice to reintegrate a shade with the members of the homestead. (<i>ukubuyisa idlozi</i>).

Besides the individual psychodynamic effect of performing such rituals (e.g. anxiety relief), emphasis has been put on the sociocultural and religious homeostatic effects of such ritual. This point has been eloquently put by Conco (1972, p.310).

"A discussion of psychotherapeutic bases of some Arab rituals (however irrational or illogical) has shown that they pass from generation to generation and further observed that adherence to these rituals acquires some anxiety - relieving and anxiety - avoiding properties through the preservation of conformity".

1.4 MOTIVATION

Various prominent mental health professionals in South Africa (Le Roux 1973, Kruger 1974, Cheetham 1975, Burhmann 1977, Gardner 1978) have appealed that greater recognition be given to and greater use made of the skills of indigenous practitioners in the treatment of persons who could benefit from their services (Holdstock 1979).

The Kwa-Dlangezwa, Ongoya area of Natal is an ideal area to investigate indigenous practitioners as this is a semi-rural area where indigenous practitioners are commonly found (Hadebe 1982). Traditional beliefs and practices and traditional practitioners are more commonly found in rural areas. (Vilakazi 1962, Ngubane 1977, Edwards *et al* 1983).

1.5 AIM

The aim of the present study is two-fold :

- (i) To investigate diagnostic and healing methods used by random sample of indigenous practitioners in the Kwa-Dlangezwa, Ongoye area.

- (ii) To ascertain whether there is any consistency (intra-practitioner and inter-practitioner) in the indigenous practitioners diagnostic and healing methods.

1.6 HYPOTHESES

1.6.0 It was generally hypothesized that there are three broad basic categories of indigenous Zulu practitioners i.e. the traditional doctor (*inyanga*), traditional diviner (*isangoma*) and faith healer (*umthandazi*).

✓ 1.6.1 In view of their traditional roles, it was generally hypothesized that Zulu indigenous practitioners would use both natural and supernatural methods of diagnosis and treatment. General hypotheses are as follows :

1.6.1.1 Traditional doctors (*izinyanga*) will make significantly more use of natural methods concerning both diagnosis and treatment.

✓ 1.6.1.2 Traditional diviners (*izangoma*) and faith healers (*abathandazi*) will both make significantly more use of supernatural diagnostic and treatment methods than traditional doctors.

1.6.1.3 Traditional diviners will be significantly different from faith healers to the extent to which they use indigenous Zulu supernatural oriented diagnostic and treatment methods as opposed to Christian faith healing methods.

These hypotheses can be further reduced as follows :

1.6.1.4 Traditional doctors will make significantly more use of natural methods than faith healers and traditional diviners in their diagnostic methods.

✓ 1.6.1.5 Faith healers will make significantly more use of supernatural Christian faith oriented methods than traditional diviners and doctors in their diagnostic methods.

1.6.1.6 Traditional diviners will make significantly more use of indigenous Zulu supernatural diagnostic methods than faith healer and traditional doctors.

1.6.1.7 Traditional doctors will make significantly more use of natural treatment methods than faith healers and diviners.

✓ 1.6.1.8 Faith healers will make significantly more use of supernatural Christian faith oriented treatment methods than traditional doctors and traditional diviners.

1.6.1.9 Traditional diviners will make significantly more use of Zulu indigenous oriented supernatural treatment methods than traditional doctors and faith healers.

1.6.2 It was further generally hypothesized that all practitioners would be consistent in their diagnostic and treatment methods. This general hypothesis can be further reduced as follows :

1.6.2.1 There will be a significant degree of agreement among diviners with regard to diagnosis and treatment procedures.

1.6.2.2 There will be a significant degree of agreement among doctors

regarding diagnosis and treatment procedures.

- ✓ 1.6.2.3 There will be a significant degree of agreement among faith healers with regard to diagnosis and treatment procedures.

CHAPTER 2 : METHOD2.1 Subjects

Twelve practitioners, 4 traditional diviners (*izangoma*), 4 traditional doctors (*izinyanga*) and 4 Zionist faith healers (*abathandazi beziyoni*) were selected by means of a random numbers table from a list of these practitioners provided by an informant Mr K.Z. from the Kwa-Dlangezwa, Ongoye area.

2.2 Apparatus

2.2.1 Portable tape recorder; for recording interviews, and diagnostic and treatment sessions.

2.2.2 Writing materials

2.2.3 Three questionnaires (See Appendices A, B and C).

2.2.3.1 A patient questionnaire assessing biographical data, diagnostic and treatment procedures.

2.2.3.2 A practitioner questionnaire assessing diagnosis, cause, symptomatology, treatment and prognosis.

2.2.3.3 Inter-practitioner consistency questionnaire (See Appendix C).

2.3 Procedure

2.3.1 Visit One: Each practitioner was visited by the researcher and a confederate with a problem requiring treatment.

method of helping people with problems. The researcher then asked if he would be welcome if he made another visit. Eleven practitioners were affirmative and an appointment was fixed.

2.3.1.6 In order to replace the above practitioner, a further practitioner was randomly chosen from the initial list of practitioners visited and procedure 3.3.1 to 3.3.1.6 repeated. The practitioner was happy about a further visit.

2.3.1.7 The Patient questionnaire was completed by the researcher.

2.3.2 Visit Two : Each practitioner was invited by the researcher alone.

2.3.2.1 Following further rapport practitioners were informed that the researcher was a student at University who wanted to learn more about indigenous practitioners in order to write a dissertation for his Masters degree. Diagnostic and treatment sessions were tape recorded.

2.3.2.2 The Practitioner questionnaire was completed by the researcher.

2.3.2.3 Standardized data regarding diagnosis, cause, symptomatology, treatment and prognosis was collected.

2.3.3 Visit Three : In order to assess inter-practitioner consistency as regards diagnostic and treatment methods all practitioners were visited again and the inter-practitioner consistency questionnaire administered. Practitioners were asked to rank order 6 diagnosis and 6 treatment procedures

- 2.3.1.1 Appropriate and initial rapport was established *indaba* style.
- 2.3.1.2 The confederate/client requested help for his problem. No further information was given at this stage in keeping with traditional cultural practice which requires all assessment to be initiated by the practitioner concerned.
- 2.3.1.3 The researcher requested if tape recordings could be made of the session with the rationale this would enable full understanding by the client.
- 2.3.1.4 Seven of the 12 practitioners were in favour of a tape recorded interview, 5 hesitated (i.e. 2 faith healers, 2 diviners and 1 doctor), out of which 2 consented (i.e. 1 faith healer and 1 diviner) after R5,00 was offered as additional remuneration to the normal fee. In the case of the 3 practitioners (1 diviner, 1 doctor and 1 diviner) who were definitely against having the interview recorded, the interview was transcribed manually.
- 2.3.1.5 After the session between practitioner and client researcher established greater rapport with the practitioner using interview techniques recommended by Kahn and Cannel (1957), Bingham and Moore (1959) Burger (1969), Gordon (1969) and Brammer and Shostrom (1977) in which the interviewer showed warmth and responsiveness, and a genuine interest in, and total acceptance of the subject.

The practitioner was informed that the researcher was interested to learn more about indigenous practitioners

which, after visit 2, had been ascertained to be the most frequently occurring among all 12 practitioners (See Appendix C).

2.4 Categorization of data

2.4.1 The data fell into two distinct categories *viz.* natural and supernatural. The supernatural category was further divided into two *viz.* supernatural Christian and indigenous Zulu.

2.4.1.1 Natural diagnostic and treatment methods referred to ordinary methods, not necessarily espoused within typical traditional Zulu culture. Diagnostic methods included under this category were (i) question and answer, (ii) actual examination of the patient, (iii) case history.

Treatment methods included were (i) emetics, (ii) steam bathing, (iii) purgatory medicines that is, when all such methods were not used in any traditional/indigenous ritual symbolic context.

2.4.1.2 Supernatural indigenous Zulu methods referred to those methods traditional to Zulu culture and typically occurring within magical and/or religious ritual and symbolic context. Diagnostic methods such as (i) *vumisa* technique, (ii) bone throwing, (iii) head divination were included under this category. Treatment methods included were (i) *ukuthwasa* programme, (ii) *ukuqinisa* (strengthening of the individual, *ukuthwebula* casting aside of illness.

2.4.1.3 Christian supernatural diagnostic and treatment methods

referred to those methods not traditionally espoused within Zulu culture which reflect acculturation and sociocultural change as evident in African Independent Church movement which is mainly influenced by Western Christian religion. Under this category for example, diagnostic methods included were (i) water divination (ii) *ukubona* (precognition) (iii) Prayer. Treatment methods included were (i) Holy Water, (ii) Blessed Ash (iii) Baptism.

2.5 Statistical Techniques

2.5.1 Statistical techniques used in this research were:

2.5.1.1 "t" Tests

2.5.1.2 Chi-square tests and

2.5.1.3 Kendall's Coefficient of Concordance (W) (refer to Siegel (1951), Downie and Health (1959) and Behr (1983)).

2.5.2 The 95% level of confidence i.e. $p < 0.05$ was taken as accepted level of significance for all comparisons

CHAPTER 3 : RESULTS AND DISCUSSION3.1 Key

A B C D refer to the 4 *izangoma* or diviners for short.

E F G H refer to the 4 *izinyanga* or doctors for short.

J K L M refer to the 4 *abathandazi* or faith healers.

3.2 Biographical data of the practitioners

Tables 1 to 6 refer to the biographical data obtained from the twelve practitioners. All practitioners were Zulu, married and resided in the Mtunzini district. Ten practitioners were in full time practice, with one faith healer and one doctor in part time practice.

TABLE 3.2.1. AGE

	Diviners	Doctors	F/Healers
Mean Age in years (\bar{X})	47.75	39.29	46.75
Standard deviation (S)	8.18	9.1	3.40

Table 3.2.1 refers to the mean age and standard deviation of the three categories of practitioners. "t" tests run to investigate differences between means indicated no significant differences between the three categories of practitioners with regard to age.

Although the findings indicated no significant differences between the

three groups of practitioners with regard to age, it can be observed, however, from the table that diviners tended to be the oldest group, which is in keeping with the traditional role of the diviner as an old woman who also has the status of a man (Ngubane 1977, Cheetham and Griffiths 1982, Brundley 1983).

TABLE 3.2.2 SEX

	Diviners	Doctors	F/Healers
Male	0	4	2
Female	4	0	2

Table 3.2.2 refers to the sex of the three categories of practitioners. Chi-square tests indicated no significant differences between doctors and faith healers or diviners and faith healers with regard to sex. However highly significant differences were found between doctors and diviners ($\chi^2 = 8$, $df = 1$, $p < 0.05$).

The findings reflect the traditional pattern of doctors as always being male and diviners being female. This is in keeping with the traditional situation in rural, less accultured areas (Ngubane 1977, Hadebe 1982). Farrand (1980) for example, working in urban areas around Johannesburg found this traditional sex role pattern to be breaking down, with male diviners and female doctors becoming more common and accepted.

TABLE 3.2.3 RELIGIOUS AFFILIATION

	Diviners	Doctors	F/Healers
African Independent Church	0	3	4
Traditional	4	1	0

Table 3.2.3 refers to the religious affiliations of the three categories of practitioners. Chi-square tests indicated no significant differences between doctors and faith healers ($X^2 = 1.14$, $df = 1$, $p > 0.05$). However diviners differed significantly from both doctors and faith healers ($X^2 = 4.8$, $df = 1$, $p < 0.05$ and $X^2 = 8$, $df = 1$, $p < 0.05$ respectively) in their adherence to traditional religion.

The diviners were found to be the only group that solely adhered to the traditional Zulu religion. This emphasized the role of the diviner in traditional Zulu society as an unpolluted (less acculturated), sacred being, who is also a preserver of culture (Landy 1977, Ngubane 1977). Faith healers as well as doctors, in their affiliation to African Independent Churches represent a transitional departure from traditional Zulu society owing to the influence of Western Christian religion.

TABLE 3.2.4 FORMAL EDUCATION

	Diviners	Doctors	F/Healers
Formal Education	3	1	1
No Formal Education	1	3	3

Table 3.2.4 refers to the education of the practitioners with regard to whether they received formal education or not. Chi-square tests indicated significant differences between diviners and doctors and between diviners and faith healers ($\chi^2 = 4.34$, $df = 1$, $p < 0.05$ for both comparisons). There was no significant differences between doctors and faith healers ($\chi^2 = 0$, $df = 1$, $p > 0.05$).

The diviners were more educated than both doctors and faith healers. This again emphasized the superior status of the diviner in traditional Zulu society.

TABLE 3.2.5 EXPERIENCE

	Diviners	Doctors	F/Healers
Mean Years (\bar{X})	11.25	18.5	45
Standard deviation (S)	2.87	6.61	7.18

Table 3.2.5 refers to the mean years (in practice) and standard deviation of the three categories of practitioners. "t" tests run to investigate differences between means indicated no statistically significant differences between the three categories of practitioners.

Although the tests indicated no statistically significant differences between the means of the three categories of practitioners, it could be observed from the table that faith healers tended to have higher mean years and diviners lower mean years of experience than doctors. This could be due to faith healing apprenticeship starting at a very early age. Diviners on the other hand usually begin practising when

they are already old and matured, traditionally after menopause (Ngubane 1977).

TABLE 3.2.6 NUMBER OF CLIENTS SEEN OVER PAST WEEK

	Diviner	Doctor	F/Healer
0 - 30	4	1	2
30 +	0	3	2

Table 3.2.6 refers to the number of clients seen over past week by each group of practitioners. Chi-square tests indicated no significant differences between diviners and faith healers, and between doctors and faith healers ($\chi^2 = 1.16$, $df = 1$, $p > 0.05$ and $\chi^2 = 0.54$, $df = 1$, $p > 0.05$ respectively). However there was a significant difference between doctors and diviners ($\chi^2 = 4.20$, $df = 1$, $p < 0.05$).

It is evident that diviners saw fewer patients than either doctors or faith healers. This may be attributable to the fact that the diviner being the oldest, highest priest in the society is expected to deal with the more important and typically traditional Zulu problems and also owing to the very nature of her work i.e. in depth divination, for example, as in a public divination, *umhlahlo*. Doctors and faith healers tend to deal with less important, ordinary problems.

3.2.7 Summary of Biographical data

This research gives credence and emphasis to the sacred and powerful role of the diviner in traditional Zulu society in that diviners were

found to be -

- (i) the oldest
- (ii) educated
- (iii) female and
- (iv) belonging to traditional religion.

3.3 Diagnostic Methods

TABLE 3.3.1 NATURAL AND SUPERNATURAL DIAGNOSTIC METHODS

DIAGNOSTIC METHOD	Diviners	Doctors	F/Healers
Natural	4	12	3
Supernatural	22	12	25

Table 3.3.1 refers to natural and supernatural diagnostic methods used by three categories of practitioners as described under Method, Section 2, Page 24. Chi-square tests indicated significant differences between diviners and doctors and between doctors and faith healers ($\chi^2 = 6.87$, $df = 1$, $p < 0.05$ and $\chi^2 = 9.37$, $df = 1$, $p < 0.05$ for both comparisons. There was no significant difference between diviners and faith healers ($\chi^2 = 0.54$, $df = 1$, $p > 0.05$).

Although making equal use of natural and supernatural diagnostic methods (12 : 12) doctors made significantly more use of natural diagnostic methods than either diviners or faith healers which confirmed hypothesis 1.6.1.4. This is in keeping with the traditional role of doctors a people who are commonly consulted for disorders attributed to both natural (*umkhuhlane*) and supernatural causation

(*ukufa kwabantu*).

TABLE 3.3.2 SUPERNATURAL CHRISTIAN AND SUPERNATURAL INDIGENOUS ZULU

DIAGNOSTIC METHODS

DIAGNOSTIC METHOD	Diviner	Doctor	F/Healer
Supernatural Christian	0	6	21
Supernatural Indigenous Zulu	22	6	4

Table 3.3.2 refers to the supernatural Christian and indigenous Zulu oriented diagnostic methods used by the three categories of practitioners. Chi-square tests indicated significant differences between all comparisons. (Diviner vs Doctor $\chi^2 = 13.39$, $df = 1$, $p < 0.05$; doctor vs faith healer $\chi^2 = 8.83$, $df = 1$, $p < 0.05$; diviner vs faith healer $\chi^2 = 33.41$, $df = 1$, $p < 0.05$).

These findings confirmed hypothesis 1.6.1.5 and 1.6.1.6 in that faith healers significantly emphasized supernatural Christian oriented diagnostic methods as opposed to both doctors and diviners who emphasized natural and indigenous Zulu diagnostic methods respectively. Moreover the further finding that diviners emphasized indigenous Zulu oriented diagnostic methods significantly more than either faith healers or doctors again reaffirms the unique traditional role of the diviner as preserver and perpetrator of traditional Zulu culture.

3.4 Treatment MethodsTABLE 3.4.1 NATURAL AND SUPERNATURAL TREATMENT METHODS

TREATMENT METHOD	Diviners	Doctors	F/Healers
Natural	15	27	14
Supernatural	30	12	33

Table 3.4.1 refers to natural and supernatural treatment methods used by three categories of practitioners. Chi-square tests indicated significant differences between doctors and diviners ($\chi^2 = 10.76$, $df = 1$, $p < 0.05$) and between doctors and faith healers ($\chi^2 = 13.27$, $df = 1$, $p < 0.05$). No significant difference was found between diviners and faith healers ($\chi^2 = 0.13$, $df = 1$, $p > 0.01$).

These findings confirmed hypothesis 1.6.1.7. Doctors used significantly more natural oriented treatment methods than either diviners or faith healers.

TABLE 3.4.2 SUPERNATURAL CHRISTIAN AND INDIGENOUS ZULU TREATMENT METHODS

TREATMENT METHOD	Diviner	Doctor	F/Healer
Supernatural Christian	0	2	26
Supernatural Indigenous Zulu	30	10	7

Table 3.4.2 refers to the supernatural christian and supernatural indigenous Zulu oriented treatment methods used by the three categories of practitioners. Chi-square tests indicated significant differences between all comparisons (Doctors vs diviners $\chi^2 = 5.26$, $df = 1$, $p < 0.05$; doctors vs faith healers $\chi^2 = 14.46$, $df = 1$, $p < 0.05$ diviners vs faith healers $\chi^2 = 40.23$, $df = 1$, $p < 0.05$).

It was evident that faith healers used supernatural Christian oriented treatment methods more than either diviners or doctors confirming hypothesis 1.6.1.8. This finding is in agreement with the type of diagnostic methods the faith healers used (see par. 3.3.2.), all of which is attributable to the affiliation of faith healers to African Independent Churches which are greatly influenced by Western Christian religion.

It was also evident that diviners used treatment methods that were typically indigenous Zulu in nature more than either faith healers or doctors. This confirmed hypothesis 1.6.1.9 and is a further testimony to the role of the diviner as a person associated and concerned with maintaining and preserving typical Zulu culture.

3.5 Interpractitioner consistency

TABLE 3.5.1 DIAGNOSTIC AND TREATMENT METHODS, WITHIN GROUP COMPARISONS

METHOD	Practitioners (M=12)	Diviners (M=4)	Doctors (M=4)	Faith healers (M=4)
DIAGNOSIS	.15	.66	.60	.62
TREATMENT	.008	.61	.80	.82

Table 3.5.1 refers to Kendall's coefficients of concordance (W) for all practitioners ($M = 12$) rankings of the six diagnostic and treatment methods. There was no significant agreement amongst the full group of twelve practitioners regarding diagnostic and treatment method. Significant agreement however was found amongst each category of practitioners separately at the 5% level.

The low degree of agreement amongst all twelve practitioners yet significant agreement among the separate group i.e. 4 diviners, 4 doctors, and 4 faith healers respectively, emphasizes the exclusiveness of the three different categories of practitioners.

TABLE 3.5.2 DIAGNOSTIC AND TREATMENT METHODS, BETWEEN GROUP COMPARISONS

METHOD	Diviner & Doctor (M=8)	Doctor & F/healer (M=8)	Diviner & F/Healer (M=8)
DIAGNOSIS	.05	.65 ($p < .01$)	.004
TREATMENT	.31 ($p < .05$)	.43 ($p < .01$)	.05

Table 3.5.2 refers to Kendall's coefficients of concordance for between group comparisons, $M = 8$ in each case. From the table it is apparent that doctors and faith healers were in significant agreement concerning diagnosis. In this context it seems important to emphasize the religious affiliations of the doctors, three of whom belonged to African Independent Churches. The finding that diviners did not agree with either doctors or faith healers concerning diagnosis again emphasizes the exclusive role of the diviner as an indigenous

religious psychodiagnostician i.e. medium with supernatural particularly ancestral shades. From inspection of appendix D it is apparent that this difference is due to diviner's emphasis on indigenous supernatural diagnosis.

Concerning treatment, significant agreement was found between diviners and doctors, on one hand and doctors and faith healers on the other with disagreement between diviners and faith healers. This is due to traditional similarity of diviner and doctor's treatment methods and dissimilarity between diviners and faith healers particularly owing to their different religious orientations of their treatment. The finding that the agreement between doctors and faith healers can be attributed to the fact that in this study, three of the doctors belonged to African Independent Churches.

CHAPTER 4 : CONCLUSION

The main finding of the present research is that there are three broad basic categories of indigenous Zulu practitioners i.e. the traditional doctor (*inyanga*), traditional diviner (*isangoma*) and faith healer (*umthandazi*), each of which use characteristically different diagnostic and treatment methods. It is recommended that future research among Zulu indigenous practitioners take this finding into account if not as a point of departure. This finding of course does not de-emphasize the commonly found existence of specialists within these three broad categories of practitioners as indicated by among others Conco (1972) and Ngubane (1977).

Secondly, among these three broad categories of practitioners the traditional diviner deserves special mention as also previously emphasized by Cheetham and Griffiths (1982) as the results consistently portrayed her as a superior specialist type of practitioner e.g. an elderly, educated, female preserver and provider of traditional Zulu culture, hallowed in the annals of traditional Zulu time.

Thirdly, the broad cosmological orientation of all practitioner's diagnostic and treatment methods is re-emphasized, (Farrand 1982, Kruger 1974, Cheetham and Griffiths 1982, Edwards et al 1983). These methods were again found (from a Westernized point of view) to be based on dualistic tenets (Conco 1972) including both natural and supernatural, a pattern which was consistently found among all practitioners.

In view of broader social implications as regards the above findings more integration of Western and African oriented mental health subsystems in particular, in South Africa as suggested by previous studies (Holdstock 1979, Pearce 1981, Rappaport and Rappaport 1981, Edwards *et al* 1983) is recommended. Further research on the implications and problems concerning greater integration is needed. Along the lines of therapeutic villages (Lambo, 1972, 1977, Collomb 1973, Rappaport and Rappaport 1981) in a propositional model for integrating tradition and scientific healing have advocated a referral system based on mutual appreciation of expertise e.g. chemotherapy by the modern doctor and concomitant psychocultural counselling by the traditional healer, and or retraining traditional healers to serve as primary health workers, so that the network of hospitals and medical center can function more efficiently as secondary and tertiary units.

CHAPTER 5 SUMMARY5.1 INTRODUCTION

Various prominent mental health professionals in South Africa (le Roux 1973, Kruger 1974, Cheetham 1975, Burhmann 1977, Garden 1978) have appealed that greater recognition be given to and greater use made of the skills of indigenous healers in the treatment of persons who could benefit from their services (Holdstock 1979)

There are a variety of different types of indigenous healers in South Africa today. Conco (1972) lists six, Ngubane (1977) lists two and West (1975) lists various types. It can be argued that there are three broad basic categories of indigenous healers among Zulu speaking people in South Africa today, i.e. the traditional doctor (*inyanga*), diviner (*isangoma*) and faith healer (*umthandazi*). The advent of the *umthandazi* can be traced to the rise of the African Independent Church movement and it has been argued that many of the traditional roles of *isangoma* have been taken over by the *umthandazi* (Lee 1969, West 1975).

The traditional doctor (*inyanga*) is usually male, and typically specializes in the use of herbal medicine and natural treatment methods.

The diviner (*isangoma*) is usually a woman, and shares a comprehensive knowledge of medicine with the doctor (*inyanga*). She only qualifies as a diviner after undergoing *ukuthwasa* process. The diviner is however mainly and traditionally a psychodiagnostician and priest who divines within a supernatural oriented context, through her culturally

accepted mediumship with the ancestral shades.

The faith healer (*umthandazi*) is generally a professed Christian who may belong to either mission or independent churches and therefore also typically work within a supernatural context.

The aim of this present paper were to investigate diagnostic and healing methods used by a random sample of indigenous healers in the Kwa-Dlangezwa, Ongoye area, and to ascertain whether there was any consistency (inter-healer) in these practitioners' diagnostic and treatment procedures.

In view of their traditional roles it was generally hypothesized that Zulu indigenous practitioners would use both natural and supernatural methods of diagnosis and treatment. Traditional doctors were expected to make more use of natural methods concerning both diagnosis and treatment. Both diviners and faith healers were expected to make significantly more use of supernatural indigenous Zulu, and supernatural christian oriented diagnostic and treatment methods respectively. It was also hypothesized that there would be a significant degree of agreement among practitioners (inter-practitioner consistency) concerning diagnoses and treatment procedures for the same patient.

5.2 METHOD

5.2.1 Subjects

Twelve practitioners, 4 traditional diviners (*izangoma*), 4 traditional doctors (*izinyanga*) and 4 Zionist faith healers (*abathandazi beziyoni*) were selected by means of a random numbers table from a list of these

practitioners provided by an informant from the Kwa-DIangezwa, Ongoye area.

5.2.2 Apparatus

5.2.2.1 A patient questionnaire assessing biographical data, diagnostic and treatment methods.

5.2.2.2 A practitioner questionnaire assessing diagnosis, cause, symptomatology, treatment and prognosis.

5.2.2.3 An inter-practitioner consistency questionnaire.

5.2.2.4 A tape recorder for recording interviews, and diagnostic and treatment methods.

5.2.3 Procedure

Practitioners were visited on three occasions. On the first visit, the researcher was accompanied by a genuine client/confederate who requested help for his problem. Following the session, the patient questionnaire was completed. On the second visit, the researcher established greater rapport with the practitioners and completed the practitioner questionnaire. On the third visit and inter-practitioner consistency questionnaire was administered to practitioners who were asked to rank order six diagnostic and six treatment procedures which had been ascertained to be the most frequently occurring amongst all 12 practitioners. Nine of the 12 practitioners allowed all three sessions to be tape recorded, data being manually recorded in case of the other three practitioners.

5.2.4 Categorization of data

The data fell into two distinct categories, viz. natural and supernatural. The supernatural category was further divided into two viz. supernatural Christian and indigenous Zulu. Natural diagnostic and treatment methods referred to ordinary methods not necessarily espoused within typical traditional Zulu culture. Supernatural indigenous Zulu methods referred to those methods traditional to Zulu culture and typically occurring within magical and/or religious ritual and symbolic context. Christian supernatural diagnostic and treatment methods referred to those methods not traditionally espoused within Zulu culture which reflect acculturation and sociocultural change as evident in the African Independent Church movement.

5.2.5 Statistical techniques

Statistical techniques used in this research were the (i) t -tests (ii) Chi-square tests and (iii) Kendall's co-efficient of concordance (W) (refer to Siegel 1951, Downie and Heath 1959, and Behr 1983). The 95% level of confidence was taken as accepted level of significance for all comparisons. The main findings are contained in the results which follow.

5.3 RESULTS AND DISCUSSION

5.3.1 Biographical data of the practitioners

The central finding concerned diviners, who were found to be female, older, saw fewer patients, adhered solely to traditional religion and had more years in school than either doctors or faith healers. The

sacred and powerful role of the diviner as a preserver and perpetrator of traditional Zulu culture in a traditional Zulu setting was consistently emphasized.

5.3.2 Diagnostic Methods

Table 5.3.2.1 Natural and Supernatural diagnostic methods

Diagnostic Method	Diviners	Doctors	Faith healers
Natural	4	12	3
Supernatural	22	12	25

Table 5.3.2.1 refers to natural and supernatural diagnostic method used by the three categories of practitioners as described under Method (Section 2.3). Chi-square tests indicated significant differences between diviners and doctors and between doctors and faith healers ($\chi^2 = 6.87$, $df = 1$, $p < 0.05$ and $\chi^2 = 9.37$, $df = 1$, $p < 0.05$) for both comparisons. There was no significant difference between diviners and faith healers ($\chi^2 = 0.54$, $df = 1$, $p > 0.05$).

Although making equal use of natural and supernatural diagnostic methods (12.12) doctors made significantly more use of natural diagnostic methods than either diviners or faith healers as hypothesized. This is in keeping with the traditional role of doctors as people who are commonly consulted for disorders attributed to both natural (*umkhuhlane*) and supernatural causation (*ukufa kwabantu*).

Table 5.3.2.2 Supernatural Christian and Supernatural Indigenous Zulu

Diagnostic Methods

Diagnostic Method	Diviners	Doctors	Faith healers
Supernatural Christian	0	6	21
Supernatural Indigenous Zulu	22	6	4

Table 5.3.2.2. refers to the supernatural Christian and supernatural indigenous Zulu diagnostic methods used by the three categories of practitioners. Chi-square tests indicated significant differences between all comparisons (Diviner vs doctor $\chi^2 = 13.39$, $df = 1$, $p < 0.05$ doctor vs faith healer $\chi^2 = 8.83$, $df = 1$, $p < 0.05$, diviner vs faith healer $\chi^2 = 33.41$, $df = 1$, $p < 0.05$).

These findings are as hypothesized in that faith healers differentially emphasized supernatural Christian oriented diagnostic methods as compared to diviners who emphasized indigenous Zulu diagnostic methods, with doctors making equal use of both orientations.

5.3.3 Treatment Methods

Table 5.3.3.1 Natural and Supernatural Treatment Methods

Treatment Method	Diviners	Doctors	Faith healers
Natural	15	27	14
Supernatural	30	12	13

Table 5.3.3.1 refers to natural and supernatural treatment methods used by the three categories of practitioners. Chi-square tests indicated significant differences between doctors and diviners ($\chi^2=10.76$, $df=1$, $p < 0.05$) and between doctors and faith healers ($\chi^2 = 13.27$, $df = 1$, $p < 0.05$). No significant difference was found between diviners and faith healers ($\chi^2 = 0.13$, $df = 1$, $p > 0.01$). Doctors used significantly more natural oriented treatment methods than either diviners or faith healers, as hypothesized.

Table 5.3.3.2 Supernatural Christian and Indigenous Zulu Treatment Methods

Treatment Method	Diviners	Doctors	Faith healers
Supernatural Christian	0	2	26
Supernatural Indigenous Zulu	30	10	7

Table 5.3.3.2 refers to the supernatural Christian and supernatural indigenous Zulu oriented treatment methods used by the three categories of practitioners. Chi-square tests indicated significant differences between all comparisons (Doctors vs diviners $\chi^2 = 5.26$, $df = 1$, $p < 0.05$; doctors vs faith healers $\chi^2 = 14.46$, $df=1$, $p < 0.05$; diviners vs faith healers $\chi^2 = 40.23$, $df = 1$, $p < 0.05$).

It was evident that faith healers, as hypothesized, used supernatural Christian oriented treatment methods more than either doctors or diviners, which is in agreement with the type of diagnostic methods the faith healers used. This is attributable to the affiliation of

faith healers to African Independent Churches which are greatly influenced by Western Christian religion.

It was also evident that diviners used treatment methods that were typically indigenous Zulu in nature more than either faith healers or doctors, as hypothesized. This can be viewed as a further testimony to the diviners' role as a person concerned and associated with maintaining and preserving typical traditional Zulu culture.

5.3.4 Interpractitioner Consistency

Table 5.3.4.1 Diagnostic and Treatment Methods, within group Comparisons

Method	Practitioners(M=12)	Diviners(M=4)	Doctors(M=4)	F/Healers M=4)
Diagnosis	.15	.66	.60	.62
Treatment	.008	.61	.80	.82

Table 5.3.4.1. refers to Kendall's co-efficients of concordance (W) for all practitioners (M=12) rankings of the six diagnostic and treatment methods. There was no significant agreement amongst the full group of twelve practitioners regarding diagnostic and treatment methods. Significant agreement however was found amongst each category of practitioners.

The low degree of agreement amongst all twelve practitioners yet significant agreement among the separate groups i.e. 4 diviners, 4 doctors, and 4 faith healers respectively, emphasized the exclusiveness and homogenous nature of the three different categories

of practitioners concerning diagnostic and treatment procedures.

5.4 CONCLUSION

The main finding of the present research is that indigenous Zulu practitioners, far from being a homogenous group can be clearly categorized into three separate types of practitioners i.e. the traditional doctors (*inyanga*), traditional diviner (*isangoma*) and faith healer (*umthandazi*), each of which use characteristically different diagnostic and treatment methods. It is recommended that future research among Zulu indigenous practitioners take this main finding into account if not as a point of departure. This finding of course does not de-emphasize the commonly found existence of specialists within these three broad categories of practitioners as indicated by among others Conco (1972) and Ngubane (1977).

Secondly, among these three broad categories of practitioners the traditional diviner deserves special mention (as particularly emphasized by Cheetham and Griffiths, 1982) as the results consistently portrayed her as a superior specialist type of practitioner e.g. an elderly, educated, female preserver and provider of traditional Zulu culture, hallowed in the annals of traditional Zulu time.

Thirdly, the broad cosmological orientation of all practitioners' diagnostic and healing methods is re-emphasized, (Farrand 1982, Kruger, 1974 Cheetham and Griffiths, 1982 Edwards et al, 1983). These methods were again found to be based on dualistic tenets (Conco 1972)

including both natural and supernatural, a pattern which was consistently found among all practitioners.

In view of broader social implications as regards the above findings more integration of Western and African oriented mental health subsystems in particular, in South Africa as suggested by previous studies (Holdstock 1979, Pearce 1981, Rappaport and Rappaport 1981, Edwards et al 1983) is recommended. Moreover the effectiveness and psychotherapeutic aspects of indigenous healing as previously cited (Kiev 1964, Conco 1972, Ngubane 1977) and observed in this research, favour this recommendation.

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QUESTIONNAIRE I

BIOGRAPHICAL DATA : PRACTITIONER

1	NAME	:	_____
2	ADDRESS	:	_____

3	DISTRICT	:	_____
4	AGE	:	_____
5	SEX	:	_____
6	MARITAL STATUS	:	_____
7	HOME LANGUAGE	:	_____
8	RELIGION	:	_____
9	FORMAL EDUCATION	:	_____
10	Could you please categorize yourself as to what type of indigenous practitioner you are? _____		

11	How many years have you been practising? _____		
12	Are you in full time or part time practice? _____		
13	How many people come and see you (on average) per week? _____		

APPENDIX B

QUESTIONNAIRE II

PATIENT

1	PRACTITIONER NO	:	_____
2	CATEGORY OF PRACTITIONER eg. Inyanga:		_____
3	PATIENT (SPECIFY)	:	_____
4	AGE	:	_____
5	SEX	:	_____
6	HOME LANGUAGE	:	_____
7	RELIGION	:	_____
8	FORMAL EDUCATION	:	_____
9	MARITAL STATUS	:	_____
10	DIAGNOSIS (From most to least important)		
	1		_____
	2		_____
	3		_____
11	CAUSE (From most to least important)		
	1		_____
	2		_____
	3		_____
12	SYMPTOMATOLOGY (From most to least important)		
	1		_____
	2		_____
	3		_____
13	TREATMENT (From most to least effective)		
	1		_____
	2		_____
	3		_____
14	PROGNOSIS (Tick appropriately)		
	GOOD	FAIR	POOR
	_____	_____	_____

APPENDIX CINTER-PRACTITIONER CONSISTENCY QUESTIONNAIRE

Rank the following diagnosis and treatment procedures from 1 to 6 with 1 indicating the most important and 6 the least important for this patient.

A

DIAGNOSIS

- | | | |
|---|-----------------------------|--------------------------|
| 1 | General misfortune | (<i>isinyama</i>) |
| 2 | Stomach disorder | (<i>isisu</i>) |
| 3 | Evil spirit possession | (<i>imimoya emibi</i>) |
| 4 | Calling to become a diviner | (<i>ukuthwasa</i>) |
| 5 | Bladder problem | (<i>isinye</i>) |
| 6 | Impotence | (<i>ukungazali</i>) |

B

TREATMENT

- | | | |
|---|------------------------------------------------|--------------------------------|
| 1 | Emetic and purgatory medicines | |
| 2 | Incisions and general strengthening techniques | (<i>ukugcaba, ukuqinisa</i>) |
| 3 | Apprenticeship as diviner | (<i>ukuthwasa</i> programme) |
| 4 | Fortification of homestead | (<i>ukubethela</i>) |
| 5 | Blessed Water | (<i>isiwasha</i>) |
| 6 | Prayer | (<i>umthandazo</i>) |

APPENDIX D

PRACTITIONERS DIAGNOSTIC RANKINGS (REFER APPENDIX "C" ITEM "A")

ITEM	A	B	C	D	E	F	G	H	I	J	K	L
1	1	1	2	1	5	6	5	6	4	4	4	4
2	4	4	3	5	2	1	3	3	1	2	2	1
3	2	3	4	2	6	5	6	5	5	6	5	6
4	3	2	6	3	4	4	4	4	2	5	6	5
5	6	6	5	6	1	3	1	1	3	1	3	3
6	5	5	1	4	3	2	2	2	6	3	1	2

* A B C D REFER TO TRADITIONAL DIVINERS

E F G H REFER TO TRADITIONAL DOCTORS

I J K L REFER TO FAITH HEALERS

APPENDIX E

PRACTITIONERS TREATMENT RANKINGS (REFER APPENDIX "C" ITEM "B")

ITEM	A	B	C	D	E	F	G	H	I	J	K	L
1	4	1	4	4	1	1	1	2	5	3	2	4
2	3	4	3	3	2	4	2	1	3	4	4	3
3	1	2	2	1	4	5	6	4	4	6	6	5
4	2	3	1	2	5	6	5	3	6	5	5	6
5	6	5	6	3	2	4	5	2	2	1	1	
6	6	5	6	5	6	3	3	6	1	1	3	2

* A B C D REFER TO TRADITIONAL DIVINERS

E F G H REFER TO TRADITIONAL DOCTORS

I J K L REFER TO FAITH HEALERS

APPENDIX FTABLES FOR DIAGNOSTIC AND TREATMENT METHODS USED BY THE PRACTITIONERSTABLE A: DIAGNOSTIC METHODS USED BY THE PRACTITIONERS

METHOD	DIVINERS	DOCTORS	F/HEALERS	TOTALS
Natural	4	12	3	19
Supernatural Christian	0	6	21	27
Supernatural indigenous Zulu	22	6	4	32
TOTALS	26	24	28	78

TABLE B: TREATMENT METHODS USED BY THE PRACTITIONERS

METHOD	DIVINERS	DOCTORS	F/HEALERS	TOTALS
Natural	15	27	14	56
Supernatural Christian	0	2	26	28
Supernatural indigenous Zulu	30	10	7	47
TOTALS	45	39	47	131

APPENDIX GAN INTERVIEW BY A DIVINERPRACTITIONER NO: APATIENT : CONFEDERATE

The diviner inhales a powder from the snuffbox. She then sneezes quite frequently. Suddenly she is in a trance, and appears to be listening to some unheard voices, her only response is "yes, "no", "*Makhosi*" as if the *amakhosi* (ancestors) are asking her questions and also giving her advice about the illness of the patient. She then throws bones on the mat, stares at them for about a minute and then starts talking.

"There is something wrong in your (confederate's) blood. Your feet are painful. This thing goes up the knees through all bones, you then have difficulty in walking. It then gets in your bladder and you urinate blood, then up to your stomach and makes it filled with wind, your knavel is then painfully drawn inwards. You also have *izibhobo* (disturbing, throbbing pains at the ribs). Your back is also painful because of this thing. You also suffer from heartburn which is caused by the moving up and down of this thing. Your shoulders become heavy, painful and tired as if you had been carrying a very heavy load, then your arms become weak. This thing goes up your neck, and you also feel pain, As though you did not sleep well. It then goes to your head causing headaches. Sometimes

you feel "stupid", your brain becomes tired.

The "bones" say that when you are asleep something disturbs you. You feel something pressing you down, but are unable to help yourself. You then become very weak and tired. Your dreams are very bad. You dream of animals and deceased people. Some speak to you, some do not. These are evil spirits."

The diviner then looks at the patient/confederate for a while and asks him "Well do you agree or disagree to what I have said so far? Point out what you agree with and leave out that which does not apply to your case".

Confederate: "I agree with almost all you said, and would like to know the cause of all this misery".

Practitioner: "The *indaba* (problem) is at home. Neighbours are jealous of you because of the level of education you are at. They prepared their evil medicine using the soil from a grave, this then became *isithunzi* (shadow) sent to trouble you. This thing is always with you. It caused tiredness, drowsiness and makes you lazy to study. You hence do not do well in your studies".

Confederate: "What is it that presses me at night when I am asleep".

Practitioner: "It is the shadow of a dead person (ghost), sent to you by a sorcerer".

Confederate: "What is the exact cause of my stomach-ache".

Practitioner: "You see my boy, that dead person in you is in a form of air. It is this person that works upon your blood poisoning it. When your stomach is full of wind, it is the wind of this dead person. He would like to have killed you but your ancestors are by your side, fighting for your health. If it was not for them, you would be dead by now".

Confederate: "For a long time, I have been plagued by *otokoloshe* (familiar). I have since consulted a traditional doctor who gave medicine for dispelling them. I would like to know if they are still with me or have left for good".

Practitioner: "If you had *tikoloshes*, I would have told you. You are being visited by a ghost now, and not *tikoloshes*. This ghost casts *isinyama* (misfortune) to you. As for the appropriate treatment, the *amakhosi* advised me that you should (i) steam bath, (ii) drink purgatory medicine and (iii) vomit using emetics. Steam bathing is for cleaning the blood and make you likeable. Purgatory medicines and emetics will take stomach air out, together with *isinyama*. You must also be fortified (*ukucushwa*), so that the ghost does not trouble you any more". The *ukucushwa* process involves-

- (i) *ukugcaba* - Incisions made at joints for strengthening the person.
- (ii) *ukuncinda* - licking hot medicine from saucepan using fingertips, and
- (iii) washing in the mountains.

APPENDIX HAN INTERVIEW BY A TRADITIONAL DOCTOR

PRACTITIONER NO: G

PATIENT : CONFEDERATE.

Practitioner: "Well, tell me, what have you come here for"?

Confederate: "One reason for consulting you is that I suffer from stomach ache".

Practitioner: "What type of stomach ache do you have? Does it become windy inside"?

Confederate: "Yes, it becomes inflated with air, and then I have difficulty in breathing and sleeping".

Practitioner: "This type of stomach ache is usually caused by sleeping with "dirty" women. It may also be caused by the type of food you eat, for example the dumplings and raw mealie meal porridge. If is caused by food, then, it is only temporary but if caused by "dirty" women, it needs a special treatment".

Confederate: "Do you not think it is caused by *idliso* (food poisoning)"?

Practitioner: "It may also be caused by *idliso*, but very rarely. *Idliso* is usually meant to kill; your stomach ache is not that serious".

Confederate: "My feet are also painful. Sometimes they become too cold. What do you think is the cause"?

Practitioner: "It may have been caused by *umego* (stepping over a harmful concoction)".

Confederate: "A short time ago I have been pestered by the familiars particularly the *tikoloshes*. I consulted a traditional doctor who gave me medicine to send them away. For sometime they did not pester me. I then thought they had left but I sometimes see them though not as often as I used to. Is there any possibility that I can be permanently cured"?

Practitioner: "I know how to treat a person with *tikoloshes*. I will give you medicines that will make *tikoloshes* never come to you again. I have helped so many people with this illness that I am very sure you will also be cured.

The treatment I will administer to you will consist of":

- (i) Purgatory medicines - for treating a windy stomach
- (ii) Enema - to take air out from your stomach
- (iii) Emetics - for cleaning you inside (the stomach)
- (iv) Incisions, steam bathing, fumigation for sending the *tikoloshes* away for good
- (v) *Ukulahlwa* process (i.e. you will have to wash yourself far away on the mountains, leave your dirt and some blood in the hole there, so that whatever evil spirits that wants you, will go and seek you there.

APPENDIX IAN INTERVIEW BY A FAITH HEALERPRACTITIONER NO: KPATIENT : CONFEDERATE

The faith healer orders the patient to take off his shoes, and kneel in front of her. She then sings a church song and all members in the room sing along with her. The singing lasts for about five minutes. She then hums another song whilst laying her hands and feeling (touching) the body of the patient all over. She has a steel rod (made to resemble the Cross) in her hand, with which she frequently pushes the patient. The patient remains silent. After some time she stops humming and there is quietness in the room. She takes the bottle filled with water, holds it with both hands and then starts praying.

After the big prayer, she puts her hands on the head of the patient, her eyes closed saying -

"You are very sick, my boy. There is something in your chest that makes your breathing difficult. There are throbbing, sturbing pains in your ribs (*izibhobo*). At night you cannot sleep well. You are pestered by *izithunzi*(shadow of a dead person i.e. ghost). You also have bad dreams, which are caused by these *izithunzi*. You also suffer from *uvalo* (related to anxiety). You are always afraid of something. You have frequent headaches; and you heartbeat is irregular, more it is too fast. All these sufferings can be cured. Do you have some questions"?

Confederate: "Can you give some more clarification on these *izithunzi* that pester me at night"?

Practitioner: "They are the messengers from heaven (*izithunywa*) sent to convert you into a Zionist faith healer. God has seen that you have a potential of being a faith healer. You will only be healed once you become a Zionist faith healer because God wishes so".

Confederate: "If one does not comply, do these *izithunywa* cause you misfortunes"?

Practitioner: "Of course, yes. Whatever ambitions you have may be thwarted. You just have to comply. If you feel you cannot be a healer at the moment, you must then go to the river, get baptised, and slaughter a white fowl asking the *izithunywa* to wait until you are through with schooling. You should also wear a Zionist robe and blessed ropes to protect you against these *izithunywa*. These ropes will also give you power, courage and fortunes. As for the other ailments you will be given" -

- (i) *Isiwasho* - blessed water to drink
- (ii) *Ichibi* - water, with some herbs to drink
- (iii) Ropes - to fasten around your waist and ankles, and
- (iv) most of all we must pray to God that you get healed. Prayer alone does wonders.