

# **ZULU TRADITIONAL HEALERS' CONCEPTUALIZATION AND TREATMENT OF TRAUMA**

By

**MUKELISIWE PENELOPE MLANGENI**

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**Supervisor:** Prof. J. D. Thwala

**Co-Supervisor:** Mr. V. C. Mathe

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## DEDICATION

*This dissertation is dedicated to my late grandmother MaMthembu*

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- Most of all, to my family and friends for being there when I needed them, I am deeply grateful.

## DECLARATION

I declare that the work contained in this project is my own work and that the sources used have been acknowledged in the text as well as in the list of references.

Signature.....

Date.....

## **Abstract**

There has been advancement of healing where mainstream western medicine is concerned. Significant progress has been made in this regard, concerning integration as well as motivation of integration of indigenous or traditional healing methods to treat psychological illnesses. Literature has advised that more work is required to ensure that the herbal medicines used to treat patients on traditional medicine conventions are utilized. The main aim of this study was to investigate the conceptualization of trauma by Zulu traditional healers. Its objectives being to elicit views on traditional healing of trauma amongst traditional healers within the area of Ozwathini. A methodology of qualitative research design was applied in gathering findings for the study. A semi-structured interview schedule was adopted as a data collection tool. The sample was selected using purposive and snowball sampling techniques under the non-probability methods; the total number of which was 10. The results in the findings gathered during the data collection process indicate that there is no consensus of the definition of trauma amongst the sample of study though one must acknowledge the comprehensiveness presented in the definitions. Variations in the treatment methods included counselling and use of medicinal herbs by the traditional healers during the identification and treatment of trauma. Recommendations of the study being that observations be conducted during the treatment of patients suffering from trauma to identify the exact methods and effects associated with the treatment of trauma by traditional healers.

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## **ABBREVIATIONS**

TM	- Traditional Medicine
TMP	- Traditional Medicine Practitioner
TAC	- Treatment Action Campaign
THP	- Traditional Health Practice
WHO	- World Health Organisation
PHC	- Primary Health Care
CAM	- Complementary and Alternative Medicine

# CHAPTER ONE

## INTRODUCTION

### 1.1. Introduction

Traditional healers are respected members of the community who play a vital role in the lives of many South Africans, especially Black South Africans (Sorsdahl, Stern & Fisher, 2013). There has been a growing awareness of the urgent need to integrate traditional healing into the national health care system, rather than permitting the two systems to co-exist (Summerton, 2006). This research aims to explore how traditional healers understand and treat trauma. An exploration of this nature inevitably poses wider questions regarding the relationship between western and indigenous or traditional ways of thought. Whilst traditional healers believe that mental illnesses are caused by witchcraft and the negligence of ancestors, the western part believes in science.

The Diagnostic and Statistical Manual of Mental Disorders, fifth edition, (DSM-5, 2013) defines trauma as, “direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm or threat of death or injury experienced by a family member or other close associate.”

Traumatized people over the world need help so that they can understand their pain and suffering and develop specific strategies for dealing with it. Pre-packed universal interpretations, definitions and approaches to psychological suffering do not bring the necessary help. Losi cited in ed. Becker (2000) concluded that, the belief in science and in the power of the international scientific community is so strong that it tends to marginalize local knowledge. Therefore, a community-based and culturally sensitive approach is needed in dealing with traumatized people (Motsi & Masango, 2012).

Therapy takes place in ever changing contexts, culture is one such context, any form of cultural therapy in general and multicultural therapy in particular gives appropriate

recognition of culture as a context in all therapy (Edwards, 2002). Within the South African context in particular, multicultural therapy is a valuable corrective for *apartheid* effect, in that the emphasis is on a balanced recognition of the variety of cultural and general contextual variables in addition to race/ethnicity that impose upon the therapy process such as language, gender, education, humanization and socialization. It is a holistic attempt to prevent human rights abuses and promote health (Louw & Pretorius, 1995).

## **1.2. Statement of the problem**

Mkhize (2004) states that Western theories of psychotherapy have been criticized for neglecting and underestimating the importance of cultural values as the primary principles informing psychotherapy are said to be based on the person as a distinct and independent individual.

A number of people who present symptoms that may be termed as traumatic from a western perspective have significant impairment from day to day functioning. What the researcher perceives as a problem is the number of African people who fail to function daily because of traumatic stress, and the basis of their decision to seek help. Makhanya (2012) emphasised that there are Zulu traditional healers who have a social reputation that they can help or heal those who are suffering from this condition. What exactly is the role of Zulu traditional medicine in the lives of those who present with this condition in these specific societies?

A major step has been taken by the South African government towards the formal recognition of traditional healing with the passing of the Traditional Health Practitioners Act. However, strenuous opposition to the initial Bill by organisations such as 'Doctors for Life' indicates health practitioners' conflicting views on the formal recognition of traditional healers (Ramgoon, Dalasile, Paruk & Patel, 2011). The researcher thinks that this may be due to the fact that traditional healers do not document or keep a manual where one could refer to, such as a DSM or ICD.

### **1.3 Motivation for the study**

South African psychology practice has been deemed to have many overlaps with indigenous healing. Mental illnesses such as schizophrenia, depression, anxiety disorders and psychosomatic disorders are frequently treated through indigenous healing methods and are often the preferred form of treatment for black people (Ramgoon et al., 2011).

In the study conducted by Ramgoon et al. (2011) they discussed that:

Given the need for South African universities to teach students to provide a more culturally relevant service, the resistance to indigenous healing systems among the student participants in their study suggested that not enough is being done to acknowledge or value students' existing cultural representations about healing or to incorporate these in their interventions. In a country where the majority of the population makes use of traditional healers, these healers cannot be disregarded in the health care system simply because of a lack of knowledge of traditional healing, suspicions about the efficacy of traditional healing or ideological differences.

From those findings, the researcher as a student was motivated to go out and gain raw information on practices of traditional healers specifically in managing trauma. With other mental disorders having been exhausted (e.g. Schizophrenia); there isn't much literature on traditional healers' outlook on traumatic stress.

### **1.4. Aim of the study**

1.4.1. Understanding of Zulu traditional healers' conceptualization and treatment of trauma.

### **1.5. Objectives for the study**

1.5.1. To understand how traditional healers define trauma

1.5.2. To determine the challenges faced by the traditional healers in their work

1.5.3. To understand the traditional healers' process of treating trauma

## 1.6. Key research questions

1.6.1. How do you define/describe trauma?

1.6.2. How do you treat trauma?

1.6.3. What challenges do you face?

## 1.7. Operational definition of concepts

- **Trauma:** In the context of this study, trauma will be operationally defined as according to the American Heritage Dictionary of the English Language (2016) as “(a) *sever emotional or mental distress caused by an experience: He experienced trauma for years after his divorce* OR (b) *an experience that causes severe anxiety or emotional distress, such as rape or combat memories that persist after trauma occurs*”. In this study trauma is referring to a reaction to a traumatic experience. In the present study, the two concepts (i.e. trauma and stress) will be used interchangeably to refer to the one and same thing.
- **Concept:** “A general idea or understanding of something: the concept of inertia; the concept of free will.”(The American Heritage Dictionary of the English Language, 2016).
- **Zulu:** Is one of the African languages of the Nguni Group. Zulu is closely related to Xhosa, Swati and Ndebele, but is a separate language and one of South Africa's eleven official languages.
- **Traditional healer:** In the South African context, a traditional healer is someone who possesses the gifts of receiving spiritual guidance from the ancestral world, it is assumed that an individual who has these powers, is someone selected by the ancestors from a historical family background that has a powerful ancestral lineage (Moagi, 2009). Traditional healers also engage in indigenous medical practice (Xaba, 2002).
- Traditional healers in IsiZulu are known as *abelaphi bendabuko*. In the present study, the concepts traditional healer and indigenous healer will carry the same meaning. According to Green and Makhubu (1984), there are two basic types of traditional healers amongst the Zulu: the diviner (*Sangoma*) and the herbalist (*inyanga*). However each tends to have a specialized function. The **diviner (Sangoma):** is a traditional healer who has been called

to the profession by an ancestor-sent illness believed to be untreatable by modern or traditional medicine. Submission to the calling is regarded as the only way to survive or find relief from the illness. They possess the bone throwing skill ("*kushaya emathambo*") used to determine the cause of the sickness. After several throws when the bones fall into different patterns, the "*sangoma*" will scrutinize them and then spell out a clear message in lyrical siSwati. Their main function is divination; however, most diviners also treat patients with herbal and other traditional medicines (Green & Makhubu, 1984). The **herbalist (*inyanga*)**: is a traditional healer who is said to choose their profession, although, they may also inherit the skills from their families. Herbalists do not divine, though, they make diagnosis on the basis of physical or mental symptoms and they tend to be more concerned with medicine and with the function of the human body (Green & Makhubu, 1984).

- In the context of this study a **faith healer (*umthandazi*)** (uses prayer and holy water to heal) is also referred to as a traditional healer.

## 1.8. Conclusion

This chapter was to present an overview of what will be discussed in depth in this project. The topic of interest was introduced and the proposed aim and objectives of the whole project. The next chapter will be on discussing previous relevant literature.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1. Introduction**

This chapter provides the literature that was cited to link the research problem to the prior research that was conducted around the area of traditional healing, specifically the treatment of trauma using traditional methods as opposed to western treatment. The objectives that were set for the study guided the information to be included as part of this section. This ensured that the literature cited is in line with the objectives as well as the aim of the study. Further, the research questions that were generated for the study were addressed in this manner. The literature cited in this section enabled the study to identify prior work into the current research problem as well as the gaps that needed to be addressed by this study. The information gathered through the literature also assisted in formulating the research instrument used to gather data from the selected sample of the study. The constructs and concepts found in the literature were used as elements in the research instrument to ensure that the data collected for the study was relevant and appropriate to the research context.

The following section provides information on specific topics relating to the research problem.

#### **2.2. Overview of traditional healing**

According to the University of the Witwatersrand (2015), “the true African diviner is a person of incredible healing power, a servant of the suffering who uses his/her experience and insight into the human condition to treat and cure the afflicted.” Further, “traditional medicine can be understood as the health care practices which are unique to a specific culture (culture bound) that existed before the arrival of western medical practices.”

Traditional Healing, according to First Nations Health Authority (2015), “embodies the use of native plants, as well as is a whole philosophy and spiritual practice surrounding health and well-being.” The First Nations Health Authority (2015) further



states that ancestors had good health and a deep abiding understanding of the land, animals, plants and human wellbeing; the knowledge acquired over more than ten thousand years of familiarity with the land allowed for successful traditional healing.

The mission of the traditional medicine initiative, as perceived by the First Nations Health Authority (2015) is to:

- “Support overall advocacy efforts in facilitating transformative change in the current health system by formally recognizing and respecting the contributions of traditional healing as integral to a holistic approach to health and wellness.
- Support, advocate and inform culturally appropriate community-driven, nation-based policies and legislation for the recognition of traditional medicines and practices.
- Support knowledge exchange and formal recognition about traditional medicine and practices with western health practitioners and professional associations to enhance cultural competency and the circle of care.
- Support knowledge exchange about promising models of traditional wellness applied regionally, nationally and internationally which could support community health plans.
- To support and integrate traditional healing practices into current health system.
- To support a strategy to support traditional healers and other health care practitioners to work together.
- To support traditional healers advisory committees.

Kasilo, Trapsida, Mwikisa, and Lusamba-Dikassa (2010, p. 7) assert that the World Health Organization (WHO) estimates that in most developing countries about 80 percent of the population depend solely on traditional medicine for Primary Health Care (PHC) needs though the percentage may vary from country to country. They further state that traditional medicine and its practitioners were seen as a most important resource in achieving health for all hence its official recognition by the Alma Atta Declaration in 1978. This may be due to its general availability, affordability and universal usage in Africa (Kasilo et al., 2001-2010).

It is said that modern medicine has received therapeutic benefits of great potential that have been demonstrated by traditional medicine hence the fact that about 30 percent of modern medicines are derived directly or indirectly from medicinal plants (Kasilo et al., 2010). It is of common knowledge that in the African region, traditional health practitioners (THPs) outnumber medical doctors. Kasilo et al. (2010, p. 7) further allege that “in Ghana and Swaziland for example, there are 25,000 and 10,000 patients for every medical doctor whereas there are 200 and 100 patients respectively, for every THP.”

Galabuzi, Agea, Fungo, and Kamoga (2010, p. 11) state that “TM owes its popularity to its accessibility, affordability and its firm embedment within the faith systems of the people. In the case of Uganda, western-trained medical personnel are either limited or not really accepted by the community, and traditional healers are easily consulted, living in the same community”. The demanding factor that drives people to the hands of TMPs and access to medicinal plants is that most developing countries import drugs from abroad and more often than not shortages are encountered. Further bearing in mind that rural based people rely largely on traditional medicine for their health needs hence its accessibility and affordability (Galabuzi et al., 2010).

Since the adoption of the Regional strategy, 28 countries have formulated national policies making a total of 36 out of 46 countries in the Region with such policies. In an effort to regulate, promote, develop and standardize the practice of African traditional medicine, 21 countries have developed legal frameworks for traditional medicine practice, for example, the National Traditional Health Practitioners (THPs) Act, 2004 of South Africa; while 18 have National Codes of Ethics for THPs to enhance the safety, efficacy and quality of services provided to patients (e.g. the National Code of Ethics for THPs of Ghana of 2004). However, only 15 countries have developed national strategic plans for implementation of their policies (for example, the Congolese National Development Plan for Traditional Medicine (2012; Kasilo et al., 2010, p. 7).

Kasilo et al. (2010) postulated that out of the 46 countries, national traditional medicine offices have been established in 39 of them, 24 countries have traditional medicine programmes in their ministries of health and also the establishment of 12 traditional medicine offices and 14 TM programmes during the decade. They further

employ on the implementation of policies, strategies and plans which were established in 24 countries as expert committees supported by multidisciplinary and multisectoral mechanisms, eight of these committees were established during the decade (Kasilo et al., 2010, p. 8).

In Kumasi, Ghana, at the Kwame Nkrumah University of Science and Technology a Bachelor Degree in herbal medicine has been established in 2001 to train medical herbalists. Kasilo et al. (2010, p. 8) posit that “in Nigeria, some courses in TM in certain universities are being taught to undergraduate and graduate pharmacy students within the context of ethnopharmacology and history of pharmacy. However, the country has recently established a college to offer a degree in complementary and alternative medicine.” The authors further state that “in 2009, Guinea, Sierra Leone and United Republic of Tanzania indicated that a Master’s Degree programme in traditional medicine for pharmacists and in Burkina Faso a Diploma course were in progress while short courses on traditional medicine have been introduced in the curricula of pharmacy students by some universities in South Africa”.

### **2.2.1. Traditional healing in South Africa**

To begin to understand traditional medicine/healing in Southern Africa, Edwards (1986); Ngubane (1977), one needs to understand the worldview of the Southern Nguni-speaking people. This is also the perception of the University of the Witwatersrand (2015) who further allege that “this is because cultures vary in their explanatory models”.

In Southern Africa there are three main types of traditional practitioners; the herbalists, diviner and faith healer (Edwards, 2011). The person is said not to choose to be a diviner but is chosen by the ancestors (Ngubane 1977, p. 102 cited by Witwatersrand, 2015).

“The *intwaso* condition is characterised by the initiate suffering from various illnesses; copious dreams, visions and mental disturbances such as madness and anxiety believed to be sent by the ancestors” (Witwatersrand, 2015). For one to become a diviner there are multiple procedures to be followed. The Nguni initiate is usually said to be having *indiki* or going through *intwaso* which they have to be cured

from, this involves a number of rituals which includes the use of traditional herbal medicines, training and initiation which becomes a curing process (Edwards, 2011; Hammond-Tooke, 1998 in University of the Witwatersrand, 2015). The novice/candidate diviner (*umkhetha*) goes through apprenticeship under a practicing healer who teaches traditional healing methods. The duration is usually over six months or more in the household of the practicing healer. These former practices are usually shared with the classical spiritual practitioner, the Shaman (Edwards, 2011; University of the Witwatersrand, 2015).

The imbalances, misfortunes and physical sickness encompasses the notion of disease which among the Zulu can be termed as *isifo*, so any disequilibrium in one's environment may be seen as a potential casual factor of illness (Edward, 1986). Among Southern Nguni speakers generally the deceased/ancestors are responsible for the living, so if there are illnesses of some sort it is believed that the ancestors are sending a message or they are punishing the living. This may be the consequence of ignoring certain customs which involve slaughtering to show gratitude to your ancestors as they are protecting you, also neglecting important rituals marking life cycle points. The spirits of the deceased *Amadlozi* (Zulu) are concerned with bestowing blessings on the living, protect and sometimes discipline them hence they are called the elders "*abadala*" (Ngubane, 1977, p. 58 in University of the Witwatersrand, 2015).

In traditional South Africa, transmission of indigenous knowledge has been lost over time which is reckoned as a problem. Much of the rich medical plant lore has been lost with time and culture change, with the acculturation of the new generation there is divergence from traditional customs and knowledge (University of the Witwatersrand, 2015).

Another problem is the registration of healers. A major issue is the lack of accountability for malpractice by traditional healers. At the moment there is nothing protecting the citizen from malpractice by traditional healers. Registration would hold healers legally accountable for their doctoring of clients. Traditional healing and western medicine even though differing radically in their explanatory models of illness and their methods of curing could benefit from collaboration, but integration of traditional healing into the medical profession would further erode the basis of the

traditional healing system (University of the Witwatersrand, 2015).

Discourses about the impact of colonialism in Africa are clouded by a mixture of fortune and agony. Abdullahi (2011, p. 115) is of the opinion that the process of modernisation in Africa is intrinsically connected with foreign intervention particularly in areas of health and democracy.

Abdullahi (2011, p. 115) explains that the attention of critics has shifted to the indigenous knowledge system, especially knowledge of MD and the impact colonialism had on it, though other critiques have been on the economic and political impacts. The introduction of Western medicine dethroned indigenous medicine dating back from colonialism, up until now there is power-related inequality which undermines and stigmatises traditional health care systems in Africa because of the authority Western medicine has, the former became manifested during the Apartheid regime in South Africa (Abdullahi, 20011). According to Hassim et al. (<http://www.alp.org.za>) (cited in Abdullahi 2011, p. 115):

*...a century of colonialism, cultural imperialism and apartheid in South Africa have held back the development of African traditional health care in general and medicines in particular. During several centuries of conquest and invasion, European systems of medicine were introduced by colonisers. Pre-existing African systems were stigmatised and marginalised. Indigenous knowledge systems were denied the chance to systematise and develop.*

Abdullahi (2011, p. 116) postulates that Ebomoyi (2009) found out that “Nigerian medical students have reservation for the integration of TM into the mainstream of health care provision in the country.” This is to show that little is performed by medical schools to show an initiative in the teaching of TM as it is being gradually introduced worldwide (Abdullahi, 2011, p. 116).

### **2.3 Background information on traditional healing and trauma**

A study by Sorsdahl et al. (2009) asserts that seeking traditional help was associated with the presence of mental illness such as anxiety disorders (PTSD included) which now falls under trauma and stressor- related disorders and substance use disorders. They also cite Case et al. (2005) in terms of consultation fees, providing that traditional healing consultation ranges from R 321 to R 4,000.

According to Witwatersrand (2015) although diviners appear to have a sound knowledge in curing a wide array of illnesses, the limitation in their healing capabilities is their lack of knowledge in anatomy and physiology. TCM doesn't rely on internal physiology but observable factors of the whole system the individual is connected to; this complex approach makes it a highly efficacious healing system (Robert Cran, pers. comm. cited by University of the Witwatersrand, 2015).

However according to the University of the Witwatersrand (2015) the shortfall that is believed to be evident in western medical tradition is the neglecting of the quality/spirit of life although it is being prolonged, this is to say that western biomedical approach is rarely of a holistic nature (apart from some psychotherapeutic methods).

According to the University, diviners are aware and employ numerous techniques to approach healing in a holistic manner. They attend to all the elements of human make-up and cure psychotherapeutically, spiritually and medically. Their approach is well rounded and is satisfactory as nothing is neglected. Ngubane (1977) cited by University of the Witwatersrand (2015) states that "diviners have as extensive a knowledge of medicines as do herbalists. The traditional healer relies heavily on the power of plants to heal".

In light of the above information, Fokunang et al. (2011, p. 286) allege that traditional medicine has been considered as a source that identifies bio-active agents used in preparing synthetic medicine by pharmaceutical industry, the focus is on commonly used species rather than rare plant species. In Cameroon specifically the valuable medicinal plants are those with the longest track record of distribution, furthermore medicinal plants species of commercial pharmacological value are employed in most countries and communities for multiple purposes (Dooley et al., 2008; Focho et al., 2009 cited by Fokunang et al., 2011, p. 286).

Gilio-Whitaker (2015) asserts that "medicine, like politics, is often a matter of perspective; for many cultures illness is caused by being out of balance emotionally, spiritually, mentally or physically." She quotes Korn (2015) who states that "trauma, too, can cause imbalances that lead to physical illness by disrupting the body's natural rhythms that maintain wellness." The book by Korn, Gilio-Whitaker (2015) claims "comprehensively describes the ways the autonomic

nervous system is affected by traumatic events and manifests as dysfunctional behaviour patterns and/or physical illness.”

In addition to integrating mental and general health care modalities, what distinguishes this book is its recognition of the role of culture and historical trauma. For American Indians the history of genocide and colonization has resulted in what psychologists call postcolonial stress disorder, which occurs not only on an individual but on community level and often goes unacknowledged (Gilio-Whitaker, 2015). For Native people, Gilio-Whitaker (2015) reports that “the transformational power of trauma can be found in traditional ceremonies and rituals. From a western scientific, biological perspective, the positive effects of ceremony lay in its ability to trigger hormonal responses in the brain that can break harmful autonomic nervous system patterns created by trauma.”

Sorsdahl et al. (2009, p. 434) assert that approximately 450 million of the world’s population who have psychiatric morbidity live in developing countries, but only 10 percent have access to mental health care. Psychiatric morbidity is considered as imposing a significant drain on national resources, prevalence is in both developed and developing countries; this is the demonstration of the World Mental Health Consortium (Sorsdahl et al., 2009).

A study conducted in South Africa to represent psychiatric morbidity had the following results; about 30 percent of adults’ population have experienced a DSM-IV disorder in their lifetime, these being 16 percent with anxiety, 10 percent with mood and 13 percent with substance use disorders, this is from the South African and Health Study (Sorsdahl et al., 2009, p. 434). There is limited access to psychiatric services in South Africa; there is usually a delay in receiving treatment of those with DSM-IV diagnosis (Sorsdahl et al., 2009, p. 434).

Several studies by Sorsdahl et al. (2009, p. 434), have revealed that other practitioners also play an important role in the management of mental illnesses. They have their own effective approach to mental health care needs and most often than not it is culturally based, hence it is believed that problems are due to environmental factors such as bewitchment or sometimes a massage from the ancestors. Furthermore according to Sorsdahl et al. (2009, p. 434), “these sources of health care are often more accessible than Western forms of mental health care.

It has been estimated that there are at least 200 000 healers in South Africa (or approximately 1 per 500 South Africans).”

A recent study by Ngobe (2015) revealed that the treatment used by traditional healers in mental illness include cleansing the patient of evil spirits through steaming, burning herbs, enema administering, induced vomiting, traditional incisions, performing rituals and traditional medicine; also the use of divination of bones as well as offering to the ancestors.

### **2.3.1. Traditional healers’ conception of trauma**

Throughout the ongoing process of reviewing literature as the study was progressing, there was no specific literature that addressed traditional healers’ conceptualization of trauma solitarily, but the following literature is relevant to the study.

Crawford and Lipsedge (2004) point out that in the Zulu tradition the source of individual psychological distress and its treatment is within the community, community being all the members of the sufferer, both living and dead. It is also evident that traditional healers base their interventions on the social arena as they bring about changes in their social environment (Crawford & Lipsedge, 2004).

Galabuzi et al. (2010, p. 11) illustrate that “traditional Medicine (TM) can be defined as health practices, approaches, knowledge and beliefs including plant, animal and mineral-based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to diagnose, treat and prevent illnesses or maintain well-being. It is very important for primary health care (PHC) delivery and its use is widespread in developing countries of Africa, Asia and Latin America. In Africa, up to 80 percent of the population uses TM for Primary Health Care (PHC). In developed countries, adaptations of TM are termed as ‘Complementary’ or ‘Alternative’ Medicine (CAM).” A review study by Peltzer (2009) specifically revealed that the use of TM/CAM had decreased in the past decade.

In light of the above context of TM, the following section looks at TM and how traditional healers conceptualize trauma.

Galabuzi et al. (2010, p. 12) postulate that in TM the most practiced approach to



healing is herbalism; this is from their study on TM. It was discovered that traditional therapies are used in both identifying and treating mental illnesses and other forms of diseases, and in most cases of TM practices it was evident that men responded more than woman (Galabuzi et al., 2010, p. 12).

Special section (n.d., p. 5) posits that the flourishing mental issue in indigenous communities is nothing new. They further postulate that as much as studies are done on indigenous notions of health they tend to be comparative and focused on non-indigenous notions of health. They still question whether there is a thing such as indigenous mental health, but recommend that it be empowered and allowed to emerge (Special sections n.d., p. 7).

Robbins and Dewar (2011, p. 1) claim that “there appears to be a historical progression of perceptions or attitudes towards Indigenous traditional healing in North America, from one of disfavour (and something that does not have a place in modern society) to one of favour (and one that has a place in contemporary Indigenous communities and mainstream society). Nonetheless, there are on-going challenges for traditional healing. For instance, mainstream perceptions and subsequent policies with respect to traditional healing require further development” (Martin-Hill, 2009c; Anderson, 2010; Anderson et al., 2003; Bakx, 1991 cited in Robbins & Dewar, 2011, p. 1). Many policies still residually reflect outdated views that were formulated during the decline of traditional healing practices, through colonization (NWAC, 2007 cited in Robbins & Dewar, 2011, p. 1).

In order for traditional knowledge to be maintained and to develop, Robins and Dewar (2011, p. 1) comment on the development of people viewing indigenous traditional healing as a backward approach in North America, but some are still in favour. However policies need to be updated as they still hold views that were formulated during the decline of traditional healing practices. The only way to develop traditional healing is through practicing so that its relevance is kept (Robbins & Dewar, 2011, p. 1).

Robins and Dewar (2011) emphasise that traditional healing is vital as it addresses different areas of health; its holistic concept is to show that traditional healing does not occur in isolation, the community makes up an individual. They further postulate that different communities have different needs so their understanding of traditional

healing is bound to be different (Robins & Dewar, 2011, p. 6).

### **2.3.2. Challenges faced in trauma traditional healing**

As studies expanded beyond initial concerns for PTSD among Vietnam War veterans toward explorations of trauma disorders in other populations, including refugees, war and disaster victims, children, women, elderly, and minorities, questions inevitably emerged regarding the existence of ethno cultural variations in the etiology, diagnosis, expression, and treatment of PTSD and related stress disorders, though for a long time trauma was assumed a universal human experience, it was ignored by conventional psychiatry (Marsella, 2011, p. 17).

Another challenge to the “universal” view of trauma and PTSD noted by Marsella (2011, p. 19) emerged from “the growing interest in the concept of culture-bound disorders.” She claims that “although this concept was quite old in anthropology and transcultural psychiatry, conventional psychiatry had resisted the idea, and for many years simply saw disorders in non-Western cultures as variants of Western disorders or ‘exotica’ undeserving of attention. However, under growing pressure from minority psychiatrists, ‘culture bound disorders’ had gained increased credibility in psychiatry and they were finally listed in the American Psychiatric Association’s (1994) Diagnostic and Statistical Manual (DSM-IV), albeit on the last pages of the Manual.”

Marsella (2011, p. 19) asserts that “in response, questions quickly arose about whether PTSD might be a culture-bound disorder. The controversy over PTSD had now joined the controversies associated with culture-bound disorders creating a complex discussion of both concepts.” A reasonable point of view is that all disorders are culture-bound, including all western disorders since they emerge, are experienced, and responded to within a cultural context (Marsella, 2011, p. 19).

Marsella (2011, p. 23) cautions “that traditional and non-Western medical systems have existed for many centuries and continue to constitute viable treatment alternatives that probably have been used to treat trauma-related disorders and impairments.” Lin (2000) cited in Marsella (2011, p. 23) offers a valuable example of the uses of non-western therapy and healing approaches to trauma-related disorders. In response to an earthquake in Taiwan, Lin described an instance

where a western counsellor's emphasis on talk therapy was ineffective because of its culturally inappropriate applications (that is, the need to share feelings, emotions, and suffering with a counsellor).

After initial resistance and hesitancy to include cultural factors in the conceptualization, diagnosis, assessment, and treatment of trauma, Marsella (2011, p. 23) notes that as much as there is still resistance in the consideration of ethno cultural determinants of PTSD, although there is progress but problems with regards to diagnosis, therapy and prevention continue to exist. There is hope with the progress of a more integrated viewpoint even though it is not as quick as one would like it to be. Across the world, even in the face of a common trauma, scientists and professionals find variations in the perception of the trauma's causes, psychological and physical consequences, and response to treatments (Marsella, 2011, p. 24).

## **2.4. Converging and diverging systems of healing in South Africa**

### **2.4.1. Interactions between medical and traditional healing**

Usually treatment is not aligned to the patient's culture and the beliefs of the family and community. There is a sense of coercion of identity in patients as they are forced into a hospital setting. The treatment only addresses a patient's biological manifestation of the illness and does not attempt to heal spiritual aspects of illness. This is the place and the role of traditional medical practitioners, in contrast with western medicine, which is technically and analytically base (Tuley, 1997; Samy et al., 2008 cited in Fokunang et al., 2011, p. 286).

The "lack of health care systems in rural areas forces local people to treat themselves, either by using medicinal plants or by buying high-cost medicine in the rural markets, or still further, going for cheap roadside medication, predisposing themselves to health dangers caused by the unknown source of these poor medications" (Ndlala et al., 2009 cited in Fokunang et al., 2011, p. 287). In the rural areas, as a whole, people begin by treating themselves before going to a traditional practitioner or a modern doctor. Medicinal plants are used at an early stage of the disease at low cost and conveniently replace the indiscriminate consumption of drugs without prescription (Fokunang et al., 2011).

Even to those communities where access to mental treatment is possible, treatment follow-up seems to be a challenge in most helping relationships. A study by Bruwer et al. (2011) revealed that more than 50 percent patients drop out of psychiatric treatment, though premature termination ranged as high as 89 percent if CAM initial treatment is sought from the latter.

Generally Abdullahi (2011) points out that traditional health care systems are still the most sought by most people worldwide. He further acknowledges previous studies in their emphasis on the effectiveness of traditional medicine in the management of a wide spectrum of diseases of which some, when using western medicine are not as effective.

#### **2.4.2. Interactions between Western psychology and African traditional healing**

In 1986 a study by Edwards revealed that traditional healers and health care practitioners, specifically psychologists had different theoretical orientations in symptomatology, diagnosis and treatment of psychiatric patients.

Wozniak (2009) states that “in South Africa a traditional belief system exists side by side with a Western system of healing and the basic tenets of these healing systems appear to differ”. She further states that “it is important to note that any discussion about worldviews must take cognizance of the fact that worldviews of people, black or white, African or Western are not of one piece. Individual experiences of being rural or urban-based, differences in education and religious persuasion mean that people tend to develop hybrid world views to make sense of the world and their experiences.”

The two broad systems that are seen as converging and diverging elements are being made sense of in this study. These philosophies of health care in South Africa tend to be based on the medical approach or traditional healing. The focus is mainly on psychology and psychotherapy/healing which also has a position within the greater health care system (Hilton, 2002).

Hilton (2002) discusses the 10 themes as follows: The Western model, which is about the effective usage of western therapeutic approaches. Therapist ethnicity, which is about the racial issues that arise in practice. Knowledge of traditional

healers, general knowledge that therapists have in traditional healing approaches. Traditional healing scope, which is about specific conditions that traditional healers attend to. Traditional healing methods – the techniques used by traditional healers in healing. Ancestors, is about the knowledge and beliefs that traditional healers and black therapists have on ancestors. Cosmology is about the perception of traditional healers and black therapists of South Africa in viewing the world. Traditional healing is about different methods of traditional healing that were not put into themes. Client relationship is about the alliance for efficacious healing process. Therapist training involves all the issues surrounding therapy training.

Hilton (2002) argues that “the most fundamental link between psychotherapy and healing takes place in regard to the ‘common factors’ or contextual elements in therapy and healing. In order to make psychotherapy more relevant to Black South Africans, several recommendations are suggested, among them the Africanisation of therapeutic approaches that take into account the practical circumstances of most prospective clients. In addition it is argued that therapy can be more synergistic with healing by drawing on its intrinsic features of spirituality and reconnection. It is also suggested that additional research impetus be given to the development of African models of psychology and therapy. It is not envisaged that Western models will need to be rewritten from scratch, but rather that the particular circumstances of Africa are taken into account”.

## **2.5. The formal recognition of traditional healers in the mental health care system**

From the early 80s till the present day there have been numerous studies by Edwards where western and traditional therapy is discussed as well as the involvement of South African psychology especially community psychology (Edwards, 1986; 2002; 2010; 2011; 2013; 2014).

Van Niekerk (2012) states that a large number of the population believes in and follows traditional cultural activities. This is to show that they are a much valued component of people’s life experiences.

Faith in religions or cultural healers shares powerful influences on the way in which humans are primed by nature or nurture to respond. Religions and cultural beliefs

may also share rituals that are similar; for example, circumcision is practised as a rite of passage for religious or cultural reasons (Van Niekerk, 2012).

Van Niekerk (2012) adds that South Africa already has several councils for health care personnel, namely the Health Professions Council, the Nursing Council, the Pharmacy Council, the Dental Technicians Council, and the Allied Health Professions Council. Furthermore the Bill of Traditional Healers intends to establish a council that will oversee the registration and the regulation of the practice of different categories of traditional healers (Van Niekerk, 2012).

“In South Africa, psychologists and psychiatrists and social workers are formally trained, recognized, and legally and professionally licensed to treat psychological disorders. They fall within the broad category of professional healers and are closely aligned with Western models of healing. Folk healers are defined as those who see themselves as healers by virtue of special knowledge or qualities and who do not appear in a professional register. Traditional healers in South Africa would fall into this category” (Wozniak, 2009, p. 12).

## **2.6. Conclusion**

The chapter presented literature in various topics not only referencing South Africa but with regards to indigenous healing worldwide, from the overview of traditional healing in South Africa, traditional healing and trauma, different healing systems in South Africa as well as the recognition of traditional healers in the Mental Health Care. In the next chapter the procedure and methodology of the whole process is discussed.

## **CHAPTER 3**

### **RESEARCH METHODOLOGY**

#### **3.1. Introduction**

This chapter encompasses the methodology of the whole study. It thoroughly discusses how the research project was designed, who the targeted population was and how they were recruited, moreover how the data was acquired and analysed.

#### **3.2. Research design**

Qualitative research approach was employed in this study. Kumar (2013) describes qualitative research approach as a deductive process of which the focus is on understanding, explaining, exploring and clarifying situations, feelings, perceptions, attitudes, values, beliefs and experiences of an individual or a group of people.

Welman, Kruger and Mitchel (2005) mentioned that for a successful description of groups, small communities, and organisations, qualitative approach is empirical. It also covers an array of interpretive techniques which seek to describe, decode, translate, and come to terms with the meaning of naturally occurring phenomenon in the social world.

Within this qualitative approach a phenomenological design was followed as a leading guide in conducting the study. Phenomenological studies examine human experiences through the descriptions that are provided by the people involved. Bracketing is the process in which qualitative researchers put aside their own feelings and beliefs about the phenomena under consideration to keep from biasing their observations (Donalek, 2004).

In this study, the qualitative approach was suitable because it allowed traditional healers to portray the true picture of their meaning and treatment of trauma based on their practical experiences. The study was conducted with the aim of understanding traditional healers' practices regarding trauma without any form of manipulation or testing of any hypothesis.

### **3.3. Research sample**

A combination of Purposive and Snowball sampling techniques were used to select 10 participants. A purposive sample, as the researcher was seeking participants knowledgeable about the phenomenon's implication on culture. A purposive sample is a sample selected in a deliberative and non-random fashion to achieve a certain goal (Struwig & Stead, 2001). The participants were recruited until completeness and saturation was reached. This procedure is more relevant in studying communities and small organisations rather than larger populations.

The researcher had little knowledge on how to identify individuals who meet the above criteria. Snowball sampling was used, as the only feasible way to find certain persons is by asking other members.

Initially the researcher approached the traditional healer that was known to the researcher; the competences of the traditional healer were known as well. Though the initial contact may have shaped the entire sample and foreclosed access to some members of the population of interest, the researcher was sure to emphasise the purpose as per request of other possible informants' identification and whereabouts.

#### **3.3.1. Sampling criteria**

- A traditional healer that is known to the community
- The traditional healer must belong to a Zulu tribe
- Willingness to participate

#### **3.3.2. Target population**

The total population for the study comprised traditional healers demarcated in the area of Ozwathini.

### **3.4. Research setting**

Data collection was conducted at each traditional healer's home which is also their working place. This made it easier for the researcher to interact with the participants at their natural habitat as they could easily relate to the questions posed to them. It varied from participant to participant, some were asked questions at their consulting



rooms, but generally they were at their homes. The researcher tried as much as possible not to invade participants' private spaces as Altman (1975) in Brain (2002) says people use personal space and various types of territorial behaviour in their attempts to seek ideal levels of privacy at a specific point in time.

### **3.5. Data collection**

Data was collected in a form of interviews, data was therefore collected using a tape recorder. For this research project a semi-structured interview was selected specifically. To avoid poor rapport and diverging of the conversation, instead of taking notes the interviews were tape recorded and were later transcribed for analysis – as Cohen and Crabtree (2006) say semi-structured interviews can provide reliable, comparable qualitative data. The researcher had a few questions that had to be covered during the conversation. The interviews also allowed the traditional healers to express their views in their own terms.

The main research questions were:

1. How do you describe/define trauma?
2. How do you treat trauma?
3. What challenges do you face?

### **3.6. Procedure**

At first non-threatening questions were asked, which included open-ended questions to access the practices of traditional healers and their understanding of trauma treatment. This is because of the awareness of the researcher that interviews may be intimidating to the participants. The above questions were developed by the researcher specifically for this study. Some questions that were of assistance when the researcher needed further elaboration and clarification to deepen the understanding of participant's practices were triggered during the interview. Each interview lasted approximately between 45-90 minutes and even more, depending on the time taken by the participant to respond.

Interviews were recorded using the audiotape, and they were transcribed to ensure that the whole discussion is captured more completely and objectively and to ensure complete data for analysis.

### 3.7. Data analysis

The data was then transcribed verbatim and analysed using thematic content analysis. With this method, patterns within the collected data were identified, analysed and reported. This method encompasses, firstly, familiarisation and immersion with the data collected. Secondly, inducing themes where initial codes were generated. Thirdly, the different codes identified across data were listed and broken down in analytical relevant ways. Fourthly, the themes were explored to refine them. Finally the interpretation was put together and ascertained that it is concise, coherent and logical (Terreblanche, Durrheim & Painter, 2011).

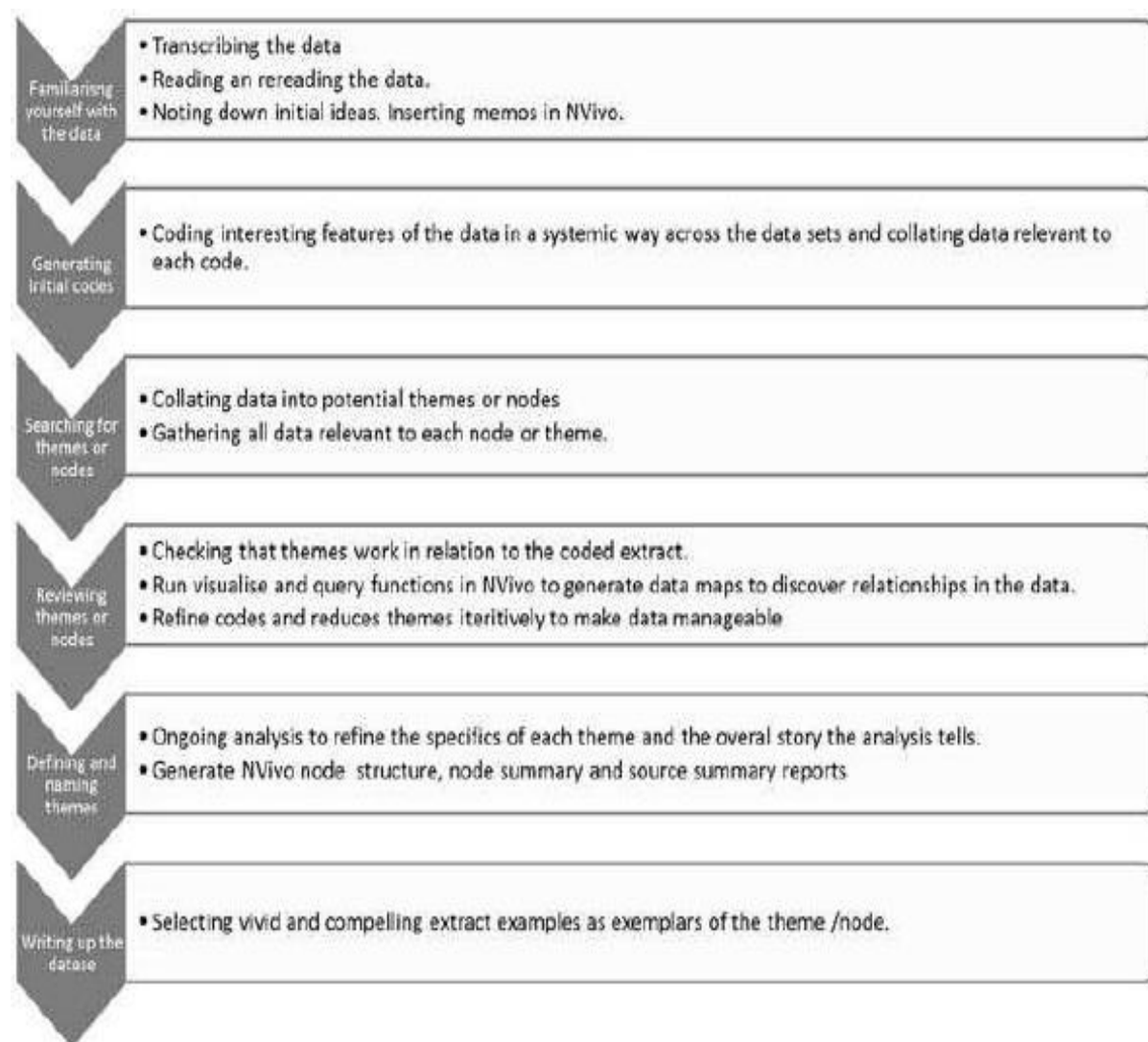


Figure 1. Braun & Clarke's six steps (Ruggunan, 2013 in Raggunan, 2015).

### **3.7.1. Thematic content analysis of qualitative data**

According to Komori (2015), “thematic analysis can be used to make sense of seemingly unrelated material. It can be used to analyse qualitative information and to systematically gain knowledge and empathy about a person, an interaction, a group, a situation, an organisation or a culture.”

Komori (2015) opines that “researchers use thematic analysis as a means to gain insight and knowledge from data gathered. The method enables researchers to develop a deeper appreciation for the group or situation they are researching. By using thematic analysis to distil data, researchers determine broad patterns that will allow them to conduct more granular research and analysis.” Komori (2015) further alleges that thematic analysis “is highly inductive: themes emerge from the data that is gathered and are not imposed or predetermined by the researcher.”

The following section presents the themes that emerged from manually conducting a thematic analysis of the raw data gathered from the interviews scheduled with the sample of study. The study sought to gather findings that would clarify the understanding and treatment of trauma by traditional healers using traditional healing methods and muthi. The data was gathered in a form of informal interviews in order to realize the study’s aim from which the objectives of the study were generated.

### **3.7.2. Identification of themes**

The researcher identified themes and sub-themes that emerged from the coded data as well as field notes that had been made throughout the data collection process. Komori (2015) indicates that “themes can emerge from patterns, such as conversation topics and vocabulary. Other factors could include the frequency of occurrence, occurrence only when certain factors are present, and time of the day, week or month. The researcher needs to be able to define each theme sufficiently so that it is clear to others exactly what the theme is.”

This study noted the frequency of occurrence in words as well as factors from the data that was collected during the interview process with the sample of study. The study generated candidate themes through its process of data reduction. This was

necessary to ensure that specific information was translated by the findings of study. The candidate themes were also reviewed further as according to Ruggunan (2015), “candidate themes need to be reviewed in order to ensure that themes arrived at have enough information from the gathered data to support them in discussion as well as interpretation.”

### **3.8. Ethical considerations**

A written letter seeking participation to be part the study was given to the participants. Participants were informed that the data collected from them (tapes and transcripts) will be treated with high level of confidentiality, and this was adhered to. They were informed of their right to withdraw from participation should they feel uncomfortable at any time during the course of the study. The participants had to sign informed consent before they could participate in the study, which also included consent to be recorded. Confidentiality and anonymity of the participants was maintained throughout the study, the researcher made every attempt to remove identifying information from the transcript and the report itself. Ethical clearance for this study was sought at the supervising university.

### **3.9. Reflexivity**

The researcher needs to become consciously aware of her opinions; speculations; prejudices and fore structures of interpretation. If these fore structures remain unexamined, they can be unconsciously projected onto the research process (Silove, Bateman, Brooks, Zulmira, Steel, Rodger, Soosay, Fox, Patel & Bauman, 2008). The attempt to rule out predetermined answers was achieved through the form of semi-structured interviews. The researcher also had to be fully aware of her personal expectations and be objective.

### **3.10. Conclusion**

This chapter discussed the procedure and methodology of the study, starting from the research design through to the process of collecting data and its analysis, clarifying the ethical issues as well as reflecting on the researcher’s experience in the field.

## **CHAPTER FOUR**

### **PRESENTATION OF RESULTS**

#### **4.1. Introduction**

This chapter presents the findings that were yielded from the study. A qualitative research design was adopted to conduct the study. A semi-structured interview schedule was used as a data collection tool.

Ten participants were selected to participate in the interviews and each of them provided their perceptions on the issues interrogated by the study. The data gleaned from the primary investigation was collected and analysed using a thematic content analysis method. Anderson (2007, p. 1) describes thematic content analysis as a descriptive presentation of qualitative data. She states that qualitative data may take the form of interview transcripts collected from research participants or other identified texts that reflect experientially on the topic of study. It is further stated that a satisfactory TCA portrays the thematic content of interview transcripts (or other texts) by identifying common themes in the texts provided for analysis (Anderson, 2007, p. 1).

The findings from each of the interview sessions are presented in the following sections.

#### **4.2. Biographical Details of Sample**

The following section provides the biographical information of the sample that was used to yield findings for this study. The total sample comprised (N=10) Zulu traditional healers in the Ozwathini region, 20 percent males and 80 percent females. Categorically there were 30 percent faith healers, 10 percent herbalists, 50 percent diviners and 10 percent prophets who also use herbs to heal. Participants ranged in age from 41 to 71 years with the overall mean of 56, 7. With regards to formal education, 70 percent participants have less than 7 years of formal schooling; 20 percent participants have tertiary education; and 10 percent participants have never been to school.

Respondent s' gender	Type of traditional practice	Age	Level of Education
01 Female	Faith healer/ prophet	71	Std. 3
02 Female	Faith healer/ prophet	68	Std. 5
03 Female	Faith healer/ prophet	52	Std. 2
04 Female	Diviner	58	Std. 1
05 Female	Diviner	62	Std. 6
06 Male	Herbalist	62	None
07 Female	Diviner	47	Tertiary education
08 Female	Diviner	58	Std. 3
09 Male	Prophet/diviner	41	Std. 3
10 Female	Diviner	48	College education

Table 1: Biographic details of the sample

The following section presents the themes that emerged from manually conducting a thematic analysis of the raw data gathered from the interviews scheduled with the sample of study. The study sought to gather findings that would clarify the understanding and treatment of trauma by traditional healers using traditional healing methods and *muthi*. The data was gathered in a form of semi-structured interviews in order to realize the study's aim from which the objectives of the study were generated.

### 4.3. Phenomenological descriptions

#### 4.3.1. Question 1: Outline/definition of trauma

Table 2: Verbatim responses (Q1)

Participant	Response
1	I wouldn't say my child because no one has been here reporting that except those who are psychotic.
2	A person comes in; I do a thorough check-up. Then I see what a person has. I light the candles and stuff, the lights tell me and I heal. Stress kills.
3	These people are enslaved, have heavy knees and shoulders, and sometimes they have headaches, but you see them as having nothing, that is stress.
4	I have come across those who are disturbed by the spirits sent by people in a form of witchcraft. Those usually have what we call <i>indiki</i> , where you have ancestors in you. <i>Indiki</i> makes you look like you've experienced trauma, it doesn't necessarily means that you have to go through initiation and become a <i>sangoma</i> , but you just have to go through the process of <i>amagobongo</i> then the ancestors will release you because they are the ones who were pressuring you mentally. Most of the time this is evident during birth. Some are born with an umbilical cord as a necklace; some are born covered with a placenta. Those have to drink <i>izinkamba</i> , and <i>indiki</i> won't be pressuring them.
5	A person is usually not crazy maybe they have <i>indiki</i> and they have to go for initiation. We mix herbs to cleanse the inside by vomiting, steaming and burn so there is a smoke. After 7 days there should be visible improvements, as the health protocol suggests. In a Zulu version I've never met someone with pure stress.
6	Stress is nothing tangible; a person maybe usually doesn't have someone to talk to. As a human being you must anticipate that sometimes it will happen that your things are not going accordingly. Anticipate death, being mugged and other problems, because that's life and it happens to other people. So others just need to hear it from other people. You just have to sympathise with them and advise them. Levels of stress severity are different, some people loose even their appetite once they have experienced trauma.
7	For some it happens that they talk to themselves. Some would sleep walk, saying they see someone. So culturally we usually check that person. Most of them are not known by their ancestors.
8	Oh! You mean those who have so much stress that they appear psychotic. Some experience trauma because of witchcraft, because people are evil outside.
9	We differ in our approach of helping people but it might happen that someone was in a car accident and they had a vision at the time the accident was happening, so you have to ask the person thoroughly to explain the event. We usually understand that the person is a survivor but they are things that involve the ancestors and the darkness the person has. Then we explain it to them that if they want to be healed they have to do 1, 2, 3. It might happen that the incident was due to <i>ithunzi</i> of that person.
10	As a person with <i>amakhosi</i> , you can see the person's illness even before you

	throw the bones. You can have a vision and then you tell the person. I just give out medicine if the person is not comfortable with discussing the incident.
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### 4.3.2. Question 2: Treatment of trauma

Table 3: Verbatim responses (Q2)

Participants	Responses
1	He would come seeking for help and I would light the candles and see what God reveals, then I would bless the water he would take with. He would come back saying he is better.
2	I advise them to follow their culture; I give them <i>isiwasho</i> for steaming, bathing, and cleansing the inside by vomiting. Others have beast inside (ihiyane). <i>Isiwasho</i> is mixed with Zulu sticks, herbs from the chemist, <i>umanyazini</i> blue stone. Others I sympathise with them, I tell them that they must try to get over whatever incident they were faced with before their stress levels perpetuate. We usually help them by offering advice, you see for your stress to lessen you must not overthink, because when you do that it gets worse and I usually tell them that stress kills. Then you advise them that whenever they are in a situation that mimics the actual event, he mustn't overthink or that it'll happen again so that this thing will pass. After some time you will see them doing fine once they've followed the instructions. You will see them doing fine because they are no longer living in fear. You give them <i>isiwasho</i> to steam, bath but also tell them to forget about the event, and they eventually forget, then they come back to say I've helped them since they no longer think about the event, they now think of good things. There is someone who just came in, thanking my advice and that he is no longer in fear. So you don't have to focus on one thing. Just get out of that thing that has a hold on you, not that you rely on medicine every time.
3	You start that person with water; tell them that they have to drink it before they sleep. A day maybe they drink 6 glasses of blessed water. After that you will give him a trusted medicine that you are sure will work, sometimes I give them herbs to sniff, after sniffing whatever bothered you goes away and you will feel fine. They come back and tell me that the water I gave them helped. Sometimes I give them <i>izinyamazane</i> to burn when they sleep; whatever was disturbing them goes away. These people are enslaved, have heavy knees and shoulders, and sometimes they have headaches, but you see them as having nothing. That's why I pray for water; whatever was bothering you goes away. So it's blessed water and <i>izinyamazane</i> .
4	Those things are usually cultural and they need certain herbs to chase the spirits away. These herbs are burnt and some for steaming. Those with trauma I would tell them to go to the hospital because I cannot treat it if it's not culturally related. But I haven't come across trauma that doesn't have a cultural basis, because it is usually ancestors crying for attention.
5	With that one, counselling helps a lot. It helps to talk about something bothering you so that you become free. When you are stressed you need to speak to someone who will guide you. Maybe you are scared that you will be laughed at, so you have to find someone you trust, who will advise you, who will tell you that you are not the only one going through the hardship. Maybe that person had been through an incident worse than yours, you might feel relieved knowing your situation is nothing compared to others in fact you will feel lucky. If I don't have



	<p>an incident to relate to I create one or use somebody else's, just as long as this person feels better afterwards. I don't think there is any pill specifically for stress. They have maternal ancestors, spirits not from your paternal side, so the herbs you need are the roots from your maternal side which you will have in a form of <i>amagobongo</i>. You also have to slaughter so that you ask the ancestors for direction.</p>
6	<p>There are herbs for that; they help even those with bad dreams. Some help with dreams and fear which is most common in trauma. The other important thing is hope, hope and herbs are most effective. They use these herbs for bathing and sniff them with hope as well so it helps even if the herb is not directly for that problem. You also cut them on the chest <i>ukugcaba</i> to release fear. Advise them to bath with the herbs at the gate so all the fear and overthinking will go with <i>isithunzi</i>. I mix herbs to use for bathing and you throw water outside the gate so that <i>isithunzi</i> remains there, when people come to you, they come through the gate, so if whatever comes for you gets <i>isithunzi</i> at the gate it will remain there, that will help you sleep plus the herb we burn for you to sleep. There are also herbs used to ask the spirits to release you.</p>
7	<p>What we do is maybe mix 6 herbs for that person and tell him to go bath outside, and talk. Because there is a belief that you have an angel that is always with you, even when exposed to traumatic situations. When we give you these herbs and say go outside the gate it's because you have to discard <i>ithunzi</i>. You go outside the compound, in the mountain, at the river or in a forest; you bath there so that <i>ithunzi</i> remains there. After this even if you are faced with triggers, nothing comes up for you to relate. The time you bath you talk to the herbs saying "I ask you my elders and you my twin (your angel) that I am here to release that experience that doesn't give me peace; I remove you to never come back to me". You then bath and leave everything there. Some say it is advisable to do this sort of cleansing ritual with the clothes you wore the time the incident happened, after you've bathe, you go and don't look back.</p> <p>It's herbs for luck, but first we mix herbs for <i>izithunzi</i>, I won't say their exact names. After you are done with <i>izithunzi</i> then you use white herbs. The herbs for luck are for bathing, some people are not able to purge, so they just drink the herbs. Sometimes you are told to take a beast be it a goat or a chicken where we will take the gal bile to be used when you bath outside the gate.</p>
8	<p>: I usually tell the person to go to the hospital and get medication because its brain related. But there are Zulu medicines that we give them to dissolve the mind because they can be helped. I first use bones to check what's going on with that person. I then help him with my herbs, like herbs for sniffing that helps with the headache, I then cut them on top of their head (<i>ukugcaba</i>).</p>
9	<p>There is a way to help them. It happens that when the person is here for consultation, because we work with the ancestors, we have a way of reversing the situation by using what was used to create it in the first place; we use car parts to help someone who was involved in a car accident. Mostly we have <i>muthi</i>, we use <i>umuthi</i> that you drink, because the most important thing is that it gets into your blood and unlocks where it's locked. Then we have herbs that we burn to chase the spirits away. The matter of dreams is on their own and its treatment approach. We need to release the incident from the person, there are herbs we use to release you from the hold the incident has on you. We use <i>isithunzi</i> your actual shadow. When it's sunny we work outside with your shadow not with the actual person, because the time you are being pressured it's because of evil</p>

	shadows, that's why we work with a shadow.
10	I go search for Zulu medicine, mix the herbs for cleansing. I mix <i>umphafo</i> , <i>umhlankosi</i> , <i>umthole</i> , so to release <i>ithunzi</i> . You have to steam them as well, and also mix herbs for them to sniff. These herbs you mix are <i>ihluze</i> , <i>umgadankawu</i> , <i>inukambiba</i> which also help with purging and clearing the dreams.

### 4.3.3. Question 3: Challenges faced

Table 4: Verbatim responses (Q3)

Participant	Responses
1	I haven't been faced with any challenges though it's advisable not to mix herbs with other substances but I've never come across that problem.
2	Yes we do have, we usually help people from their problems, they come tied in ropes looking like they are crazy whereas they are not, it's just stress in the mind, and that thing in the heart. People have a lot of baggage in their hearts. So I teach them and give them <i>isiwasho</i> so that thing goes away, so you are not stuck in the same place.
3	As I have been blessed by God, those I have helped thus far haven't brought up any challenges, because even those with TB I refer them to the hospital, because I know my limits, in hospitals they have advance machines which I do not have. I only use water. There is something else that mimics trauma called <i>indiki</i> , where they say you have ancestors, where people hear people talking to them. When they come for check-ups, I tell you what you have and I go dig herbs in the veld and help you, sometimes I get herbs from the chemist. I mix the herbs and pray for them and give you for cleansing by vomiting.
4	People are shy to acknowledge their problems even if you as a healer you have seen it, this makes it difficult to heal someone in denial. The ancestors bring peoples problems to me so if one is in denial I find myself in trouble, especially the youth. I give them medicine that will help. Actually at that time I know their secret but they are too shy to admit.
5	Some people come here without a background to work on. I have to take from my pocket to go to the person's root because at the end of the day they came for help. Most of the people come here with nothing, so I have to use my own money to buy chickens and cloths for the ritual. Some when the worst have passed they don't show gratitude. I am a mother to all. Some when you go to work in their families sometimes misuse the chickens for the ritual. I just tell myself that I am a messenger and will just do my work no matter the obstacles.
6	Some people come to you wanting you to help them with witchcraft. The herbs that we use are similar to guns, some people have bad intentions, so you have to be clever that they don't land in bad hands. That's why you have to be attentive to people who come for help and advise them accordingly. You mustn't be in this business for money because many people will be harmed. Always advise people and refer them to the hospital when appropriate.
7	People don't follow instructions. They never come for follow-ups, a person will say they felt better and didn't see the need, whereas finishing the treatment course is very important. People are resistant.
8	Sometimes you give people medicine and they don't follow instructions.
9	You give people instructions with herbs, when they are home; they call you saying they've forgotten. Some call saying they've mixed the instructions and they are

	scared of being crazy. That person has to come back so that we can sort it out, for me it only take being patient when working with people so that am able to assist them. Herbs that I give people are not harmful and I'm able to fix the confusion, but some come with herbs from other healers, and it's usually difficult to help those, so it takes going back to <i>emsamo</i> then the ancestors will show the way.
10	As a healer people come, I help them; sometimes they don't come for follow-ups. Some they've been to the hospital and some haven't, whereas their illness is of hospital attention. So I have to convince them to go to the hospital. As healers we are advised to refer people to the hospital. Another challenge is that people do not pay.

## 4.5 Conclusion

This chapter presented the findings that were yielded by the interview sessions conducted with the sample of the study.

## **CHAPTER FIVE**

### **THEORETICAL FRAMEWORK**

#### **5.1. Introduction**

This section presents the theoretical framework of the study and its implication to the current study.

#### **5.2. Theoretical framework: Afrocentric perspective**

Research based on the Afrocentric framework seeks to understand African people and their experiences, and interpreting research data from their perspective.

Ngobe (2015) speculated that Bojuwoye and Sodi (2010) pointed out that different societies have their own way of understanding and describing various forms of illnesses. Diseases are common to all societies, but differ in the way people conceptualize and treat them (Dlamini, 2006). Abdullahi (2011) reported that in many communities traditional healers often act, in part, as an intermediary between the visible and the invisible worlds; between the living and the ancestors to determine which spirits are at work and how to bring the sick person back into harmony with the ancestors.

The researcher was guided by Afrocentric theoretical framework in the present study. The Afrocentric perspective examines topics with the eye of African people as subjects of historical experiences. It seeks to re-locate the African person as an agent in human history in an effort to eliminate the illusion of the fringes (Asante, 2003).

#### **5.3. Implication for theory**

The current study utilized the Afrocentric perspective to explore traditional healers' conceptualization of trauma. The researcher in the study was also of the opinion that it is relevant to get a clear understanding on how traditional healers manage trauma. The results of the present study appeared to lend support to the theoretical framework adopted by the researcher. Participants were able to share their views regarding the management of trauma. In this way, a critical health topic was studied and understood through the eyes of the affected or directly involved individuals.

#### **5.4. Conclusion**

This section briefly discussed the theoretical framework and its implication on the current study. The following section presents the discussion of results. The findings from the study were presented in the previous chapter. The factors that emerged as contributing to answering the study's research questions in the research are presented according to the themes that were discovered through thematic analysis.

## **CHAPTER SIX**

### **DISCUSSION OF RESULTS**

#### **6.1. Introduction**

The following section presents the themes that emerged during the data analysis process in the study. The themes were observed from the three set questions that were pre-set for the interviews.

#### **6.2. Emerging Themes**

##### **6.2.1. Themes emerging from Question 1**

##### **6.2.1.1. Theme one: over inclusive definition of trauma**

The Kwame Nkrumah University of Science and Technology in Kumasi, Ghana, established a Bachelor of Science Degree in Herbal Medicine in 2001 to train Medical Herbalists. Kasilo et al. (2010, p. 8) posit that “in Nigeria, some courses in TM in certain universities are being taught to undergraduate and graduate pharmacy students within the context of ethnopharmacology and history of pharmacy. However, the country has recently established a college to offer a degree in complementary and alternative medicine.” The authors further state that “in 2009, Guinea, Sierra Leone and United Republic of Tanzania indicated that a Master’s Degree programme in traditional medicine for pharmacists and in Burkina Faso a Diploma course were in progress while short courses on traditional medicine have been introduced in the curricula of pharmacy students by some universities in South Africa.

The findings of the study suggest that the traditional healers do not have a narrow and sound definition of what trauma is but rather over inclusive. They indicated slight understanding or a general perception of traumatized persons. Mostly, this understanding came after examples were given to them to assist with their understanding of the context of the question posed in this regard.

The respondents in the study were asked to respond to how they defined trauma and how they identified patients suffering from trauma subsequently in an effort to elaborate and contextualize the question. The respondents indicated that they could

not clearly define it as no one has been to them reporting that, except those who they identified as psychotic. The researcher further elicited clarity by asking whether there had been patients who seemed physically healthy but reported cases of troubled sleep. To this, the respondent reiterated that this did not occur as they usually consult with people who are physically sick and treat them. It came out in the interview that some patients are living in fear because there are things following and pressuring them; with these patients the respondent indicated that they use blessed water (*ichibi*) and it helps. The blessed water is also given to use at home.

*"I wouldn't say my child because no one has been here reporting that except those who are psychotic."*

On further probing on what exactly the patients say when they come in for consultation the respondent indicated that patients would come seeking for help and they would light the candles and see what God reveals. Following this action, they would bless the water which they would give to the patient to take home. The patients thereafter come back reporting improvement.

*"He would come seeking for help and I would light the candles and see what God reveals, then I would bless the water he would take with. He would come back saying he is better."*

A subsequent respondent asserted that once a person comes in for consultation, they do a thorough check-up. Then they see what a person is suffering from. They indicated that they light the candles and stuff, the lights tell them what condition the patient is suffering from and they then heal them.

Another respondent in the study reported that they are able to see the person walking in for consultation and they think they are fine when in fact they are not.

*"A person comes in; I do a thorough check-up. Then I see what a person has. I light the candles and stuff, the lights tell me and I heal."*

*"You see the person walking and you think they are fine but they aren't."*

During one of the interview sessions, the respondent revealed that it had never happened that someone with stress comes in, its only people who are sick that come in for consultation. The respondent stressed that as they work with ancestors

they are the ones who tell them what illness a person has. The respondent elaborated that they have something similar to a stethoscope in their blood that the ancestors put inside them during initiation, through which whatever the person is suffering from is transferred to them and they tell the person what is troubling them. If the problem needs hospital treatment then the respondent refers them to the hospital. If it is something cultural then they help them in this instance.

Further interview sessions revealed that the respondent believes that a person is usually not crazy but might have *indiki* and they have to go for initiation. In this instance the respondent indicated that they mix herbs to cleanse the inside through vomiting, steaming and burning (such things as incense and other herbs) so there is smoke. The respondent asserted that after seven days there should be visible improvements, as the health protocol suggests. The respondent explained that the patients have maternal ancestors, spirits not from your paternal side, so the herbs you need are the roots from your maternal side which you will have in a form of *amagobongo*. The patients also need to slaughter an animal so that they ask the ancestors for direction.

*“A person is usually not crazy maybe they have indiki and they have to go for initiation. We mix herbs to cleanse the inside by vomiting, steaming and burn so there is a smoke. After 7 days there should be visible improvements, as the health protocol suggests.”*

Subsequently, another respondent during the interview sessions asserted that stress is nothing tangible; they elaborated that a person might not have someone to talk to. The respondent believes that as a human being one must anticipate that sometimes one's life may not be according to the desired state. The respondent added that people must anticipate death, being mugged and other problems, because that is life and it happens to other people too. Current victims need to hear it from other people who have gone through all this before them. In this regard, people just have to sympathise with them and advise them. The respondent ended with notifying that levels of stress severity are different, some people lose even their appetite once they have experienced trauma.

*“Stress is nothing tangible; a person maybe usually doesn't have someone to talk to. As a human being you must anticipate that sometimes it will happen that your*



*things are not going accordingly. Anticipate death, being mugged and other problems, because that's life and it happens to other people. So others just need to hear it from other people. You just have to sympathise with them and advise them."*

In another interview session, the interviewee stated that some patients even talk to themselves. Some would sleep-walk, saying they see someone. So culturally they usually check that person. The respondent stated that these types of patients are not known by their ancestors.

Another respondent understood trauma to be associated with those who have so much stress that they appear psychotic.

*"For some it happens that they talk to themselves. Some would sleep walk, saying they see someone. So culturally we usually check that person. Most of them are not known by their ancestors."*

*"Oh! You mean those who have so much stress that they appear psychotic?"*

The last interview session on the matter of how traditional healers define trauma the respondent revealed that traditional healers differ in their approach of helping people. It might be that someone was in a car accident and they had a vision at the time the accident was happening, so they have to ask the patient to thoroughly explain the event. The respondent elaborated that they usually understand that the person is a survivor but there are things that involve the ancestors and the darkness the person has. In this regard they then explain to the patients that if they want to be healed they have to follow certain steps. The respondent explained that the accident may have been a result of *ithunzi* of that patient.

*"We differ in our approach of helping people but it might happen that someone was in a car accident and they had a vision at the time the accident was happening, so you have to ask the person thoroughly to explain the event. We usually understand that the person is a survivor but they are things that involve the ancestors and the darkness the person has. Then we explain it to them that if they want to be healed they have to do 1, 2, 3. It might happen that the incident was due to ithunzi of that person."*

The above responses from the sample of the study indicate that whilst there is no generally accepted definition for trauma amongst traditional healers, there is an

understanding of what trauma is. It might not be categorically explained and defined in traditional medicinal terms, yet there is a general understanding of what trauma is and how a person that suffered from trauma might behave and present themselves and their symptoms of being traumatized.

*“Levels of stress severity are different, some people lose even their appetite once they have experienced trauma.”*

Two respondents in this instance explained how serious stress is and what the impact to one’s mental state can be. The gravity of trauma in this regard is understood to have severe implications and is not taken lightly by the respondent. Similarly, another respondent indicated that they refer persons that manifest psychotic tendencies to the hospital. One of the respondents went further and admitted that they themselves go to hospital for treatment of stress.

*“...For efficiency we refer to the hospital if needs be.”*

*“I usually tell the person to go to the hospital and get medication because its brain related. But there are Zulu medicines that we give them to dissolve the mind because they can be helped...”*

The respondents shared some of the symptoms that might be associated with trauma and also provided examples of traumatic incidents that might lead to a person being traumatised or stressed.

The general perception from other respondents was that the trauma may not only be a result of traumatic incidents in a person’s life but instead this may be brought about by cultural reasons such as *ithunzi* and *indiki*. In this instance, the perception amongst some of the respondents was that trauma can be internal due to pressure associated with ancestral calling, or witchcraft done to harm a person. As a result of both these, a person may then become fearful and manifest trauma-related symptoms.

*“...There is something else that mimics trauma called indiki, where they say you have ancestors, where people hear people talking to them...”*

*“...Those usually have what we call indiki, where you have ancestors in you. Indiki makes you look like you’ve experienced trauma, it doesn’t necessarily means that*

*you have to go through initiation and become a sangoma, but you just have to go through the process of amagobongo then the ancestors will release you because they are the ones who were pressuring you mentally...”*

Hammond-Tooke (1898, p. 32) cited in University of the Witwatersrand (2015) explains that “the world-view of the South African Nguni-speakers can be attributed to four major influences on the human condition, namely: a supreme being (who rarely seems to intercede in the affairs of man), the ancestors, witches and pollution beliefs. These agents can cause serious illness (De Wet, 1998, cited in Witwatersrand, 2015).

Whilst there might not be a concrete and/or traditionally accepted definition of trauma in the traditional healing scene, the respondents indicated an understanding of what this is and had varying views of the causes of trauma. Some of the respondents attributed trauma to stress and traumatic incidents in life whilst others indicated that it was due to ancestral calling or witchcraft. In essence therefore, there is no consensus on the definition of trauma in traditional healing nor is there consensus on the causes of trauma. It is however noted from the literature surveyed in the study that traditional medicine, according to Kasilo et al. (2001-2010, p. 7) “is the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness (1-2).” Kasilo et al. (2010, p. 7) state that “traditional systems in general have had to meet the needs of the local communities for many centuries.” In this regard, the sum knowledge of the traditional healers that participated in this study may be the same knowledge and accumulated experience that allows them to understand trauma even though they may not have a consensus on the definition amongst colleagues.

#### **6.2.1.1.1. Sub-theme one: Indiki (Ancestral calling)**

Another participant in the study indicated that they have not come across treating people for trauma. The respondent indicated that they have come across patients who are disturbed by the spirits sent by people in a form of witchcraft and they further explained that you might find someone pressured by a beast and not that they have had an incident. Those things are usually cultural and they need certain

herbs to chase the spirits away. The respondents explained that these herbs are burnt and some are used for steaming. The respondent cautioned that they tell those who are suffering from trauma to go to the hospital because they cannot treat any illness if it is not culturally related. The respondent also added that they have not come across trauma that does not have a cultural basis, because this is usually ancestors crying for attention according to the respondent.

*“I haven’t come across that. I have come across those who are disturbed by the spirits sent by people in a form of witchcraft, maybe you will find someone pressured by a beast not that he has had an incident. Those things are usually cultural and they need certain herbs to chase the spirits away. These herbs are burnt and some for steaming. Those with trauma I would tell them to go to the hospital because I cannot treat it if it’s not culturally related. But I haven’t come across trauma that doesn’t have a cultural basis, because it is usually ancestors crying for attention.”*

The respondent was probed further for a response on patients that have trauma that disturbs their logical thinking. The respondent explained that these type of patients usually have what is called *indiki*, where they have ancestors in them. The respondent explained that *indiki* makes one look like they have experienced trauma, it does not necessarily mean that one has to go through initiation and become a *sangoma*, but one just has to go through the process of *amagobongo* then the ancestors will release them because they are the ones who were pressuring them mentally. The respondent further explained that this condition most of the time is manifested during birth. Some are born with an umbilical cord as a necklace; some are born covered with a placenta. The respondent stated that those have to drink *izinkamba*, and *indiki* will not be pressuring them afterwards.

Trauma was understood by some of the respondents as a result of spirits that are inside a person and manifest as trauma. The pressure that the spirits exert on a person result in what seems to be a psychotic person. In essence the person has *indiki* and the condition of *indiki* has to be treated and not trauma per se.

The findings reveal that some traditional healers do not believe in trauma being a condition that needs to be treated separately or as a stand-alone condition. These traditional healers believe that trauma in people is a result of spirits being at work in

a person; and this is what needs to be treated and/or addressed.

The above finding explaining how the trauma-related symptoms such as incoherence at times, or severe anxiety is consistent with the literature cited in Chapter two of the study. In the study it is explained that “the *intwaso* condition is characterised by the initiate suffering from various illnesses; copious dreams, visions and mental disturbances such as madness and anxiety believed to be sent by the ancestors” (Witwatersrand, 2015). However to become a diviner the Nguni initiate has first to be cured of the *intwaso* condition through a series of rituals, which include the use of special plant based medicines of the home (Hammond-Tooke, 1998 in University of the Witwatersrand, 2015) and training in techniques of divination and curing. This involves the novice or candidate diviner (*umkwetha*) being apprenticed to a practising healer who teaches him/her the ways of traditional healing. These foregoing practices are shared with the classical spiritual practitioner, the shaman (University of Witwatersrand, 2015).

The perceptions of the respondents in this case then cannot be frowned upon as the condition that is associated with the ancestral calling above is similar to that of psychotic patients in terms of Western medicine and treatment. This has been explained by the respondents as being a result of the calling – *indiki* which manifests as what may be called psychotic tendencies.

#### **6.2.1.1.2. Sub-theme two: Stress**

On the issue of what challenges the respondents are faced with when working, the respondent indicated that they do indeed have challenges. Drinking alcohol and cannabis do not mix with the treatment plan, same as those who go to the hospital. They further explained that they usually help people with their problems. The respondent explained that patients come tied in ropes looking like they are crazy whereas they are not; it is just stress in the mind and burdens in the heart. The respondent explained that people have a lot of baggage in their hearts. So they teach them and give them *isiwasho* so that whatever is bothering them goes away and they are not stuck in the same place.

*“Yes we do have, we usually help people from their problems, they come tied in ropes looking like they are crazy whereas they are not, it’s just stress in the mind, and that thing in the heart. People have a lot of baggage in their hearts. So I teach*

*them and give them isiwasho so that thing goes away, so you are not stuck in the same place.”*

The researcher further probed whether it is better to treat stressed patients over psychotic ones and the respondent indicated that the psychotics also consult with them, and they find out that it actually started as stress. The respondent explained that they look to God and He shows them the way. They explained that they have to cleanse their inside (*ngimuphalazise*), for this they use children’s birthday candles. It was further explained that they choose one colour that they will go with when they cleanse themselves in the veld. The different colours were explained to be for *ukuchatha* people with stress. The respondent indicated that the patients throw in the veld whatever is bugging them. The respondent also asserted that for those who have beasts are referred to competent healers, because they cannot treat such conditions.

*“The psychotic also come, and you find out that it started as stress. I look at God and he shows me the way...”*

On a further probing of how this respondent identifies patients with stress the respondent indicated that the gifts of traditional healers are not the same. The respondent explained that when they treat a patient with stress they go to *emsamo*, light the candles and pray. After they have prayed they feel something happening to them, they feel heavy at the top of their head, and then they hear a voice telling them that as this patient has come in, they have this sort of a problem; for instance when someone has lost a cow, they get visions of where the cow is. The respondent further explained that with someone who has heartache they can tell before they even go to *emsamo*. When they talk to them, they are unclear. The respondent explains that most of the time they are in fear, one cannot locate fear in some parts of the body. Sometimes their patients feel like someone is talking to them. It was also revealed that the patient sometimes has the event replayed in their minds when they are sleeping and the heartache starts all over again; they become clouded and the spine hurts. In this instance then, when such a patient comes in the respondent prays for water, the patient drinks, and they sprinkle blessed water three times so that the heartache lump dissolves. Then they give the patients *izinyamazane* so they can burn it before they sleep. The other thing that

the respondent instills is hope. When one has come to them, they will groom you, share with you that God has blessed us with a lot of things so they must focus on the future.

*“Our gifts are not the same. I go to emsamu, light the candles and pray. After I’ve prayed I feel something happening to me, I feel heavy at the top of my head, then I hear a voice telling me that as this person has come in, they have this sort of a problem, for instance when someone has lost a cow, I get visions of where the cow is. Someone who has heartache you can tell before you even go to emsamu. When you talk to them, they are unclear. Most of the time they are in fear, you cannot point fear in some parts of the body. Sometimes they feel like someone is talking to them. Sometimes when you are sleeping the event replay and the heartache starts and you become clouded and the spine hurts...”*

The University of the Witwatersrand (2015) asserts that a problem in traditional Southern African healing is the loss of orally transmitted healing knowledge over time. Much of the rich medical plant lore has been lost with time and culture change. Especially with the acculturation of the new generation there is divergence from traditional customs and knowledge.

Another respondent revealed that they have never been taught how to help people with stress, but they themselves usually go to the hospital for stress to receive counselling and western medication. In a Zulu version the respondent indicated that they have never met someone with pure stress.

*“I’ve never been taught how to help people with stress, but I usually go to the hospital for stress so to receive counselling and western medication. In a Zulu version I’ve never met someone with pure stress.”*

An important concern among a number of initiates in South Africa is the quality of training they receive from practising diviners. The withholding of healing knowledge by the teaching healers and the abuse of the *thwasa* initiates, at the hands of senior healers, are major issues that need addressing and investigation (University of the Witwatersrand, 2015).

A further probing on how the respondent as a traditional healer treats the patients who have experienced trauma, the respondent indicated that in that case

counselling helps a lot. The respondent indicated that it helps to talk about something bothering an individual so that they become free. When one is stressed one needs to speak to someone who will guide them. The respondent explained that a person might be scared that they will be laughed at, so they have to find someone they trust, who will advise them, who will tell them that they are not the only ones going through the hardship. They cautioned that the patients need to know that there are people that have been through an incident worse than theirs, this lessens the burden and they might feel relieved knowing their situation is nothing compared to others, in fact they feel lucky. The respondent stated that if they do not have a scenario to relate to they create one or use somebody else's, just as long as the patient feels better afterwards. The respondent stressed that they do not believe there is any pill specifically for stress.

Another respondent asserted that they advise them to follow their culture. The respondent further stated that they sympathise with some of the patients, and they tell the patients that they must try to get over whatever incident they were faced with before their stress levels increase.

*“I advise them to follow their culture; I give them isiwasho for steaming, bathing, and cleansing the inside by vomiting... Others I sympathise with them, I tell them that they must try to get over whatever incident they were faced with before their stress levels perpetuate.”*

Stress was a common understanding in treating trauma or any sickness for the traditional healers. The respondents expressed an understanding that stress may lead to certain sicknesses and even death. The respondents explained that the sickness that may bring the patients to them may have well started with stress. The above section highlighted how traditional healers decipher a patient's problem through interaction with the ancestors or interrogating the patient to get to the bottom of their problem. It seems that it is the action of talking to the person at greater length, coupled with other things that raises the realization that the patient is stressed due to whatever incident may have occurred.

These findings reveal that the traditional healers appreciate the existence of stress and impact thereof on human beings. They are also able to tell if their patients are stressed and are aware of the symptoms they present when they have stress.



## 6.2.2. Themes emerging from Question 2

### 6.2.2.1. Theme one: Cultural advice

The treatment of trauma in traditional healing was a necessary point of enquiry in this study. The answers to this question enabled the research to achieve the aim that was set for it. The findings also meant that the research questions that prompted the study were addressed through interrogating the methods that traditional healers use in treating trauma.

The answers to how trauma is treated at this juncture were highly anticipated after recording the difference in opinion regarding what exactly trauma is and what causes it. The reasoning therefore of how certain healing or treatment methods that are used were a matter of interest in light of what seems to be a lack of a clear definition of trauma and causes thereof in traditional healing.

One has to bear in mind that treatment varies among cultures and cultures have different techniques of treating their patients (Moletsane, 2004; Dlamini, 2006).

Following a probing of how traditional healers understand and treat trauma, the respondents in the interview sessions were asked to reveal how they as traditional healers treat trauma. To this, one of the respondents asserted that they advise them to follow their cultural customs. The respondent further stated that they sympathise with some of the patients, and they tell the patients that they must try to get over whatever incident they were faced with before their stress levels increase.

*“I advise them to follow their culture; I give them isiwasho for steaming, bathing, and cleansing the inside by vomiting... Others I sympathise with them, I tell them that they must try to get over whatever incident they were faced with before their stress levels perpetuate.”*

Another respondent on the issue of how they as traditional healers treat trauma explained that they usually help their patients by offering advice. The respondents elaborated that for your stress to lessen, one must not overthink because when one does that it gets worse and in this regard they usually tell them that stress kills. The respondent explained that they then advise them that whenever they are in a situation that mimics the actual event, they must not overthink or that it will happen

again, so that the present incident will pass. The respondent further explained that after some time they will see them doing better once they have followed the instructions given to them. The respondent stressed that they will see the patients improving because they are no longer living in fear. They give them *isiwasho* to steam and bath but they also tell them to forget about the event and they then do eventually forget. After this, the respondent stated that the patients then come back to say they helped them since they no longer think about the event, they now think of good things. The respondent told an example of someone who just came in, thanking them for their advice and that they are no longer in fear. The respondent in this interview session ended by indicating that the patients do not have to focus on one thing and that they must let go of the situation that has a hold on them; and that they should not rely on medicine every time.

“We usually help them by offering advice, you see for your stress to lessen you must not overthink, because when you do that it gets worse and I usually tell them that stress kills. Then you advise them that whenever they are in a situation that mimics the actual event, he mustn’t overthink or that it’ll happen again so that this thing will pass. After some time you will see them doing fine once they’ve followed the instructions. You will see them doing fine because they are no longer living in fear...”

The respondents postulated that advice is an important part of their treatment plan for trauma. It was highlighted during the interview that the impact of stress has negative repercussions for the health of a human being. The respondents stressed that the livelihood of their patients depended on them being counselled. This method is similar to that used in western methods. Patients who suffer stress due to traumatic incidents are counselled, observed as well as diagnosed through the process of interrogating, listening and offering advice on how a patient may move on from a traumatic incident in their lives.

Another respondent revealed that they have never been taught how to help people with stress, but they themselves usually go to the hospital for stress to receive counselling and western medication. In a Zulu version the respondent indicated that they have never met someone with pure stress.

*“I’ve never been taught how to help people with stress, but I usually go to the*

*hospital for stress so to receive counselling and western medication. In a Zulu version I've never met someone with pure stress."*

In light of the above assertion, literature reveals that among the Zulu, the notion of disease (*isifo*) encompasses physical sickness together with misfortune and imbalance. Thus, anything that brings one into disharmony, be it with the environment or others can be perceived as potentially causing disease/illness (University of the Witwatersrand, 2015). Generally, among the Southern Nguni-speakers the spirits of deceased ancestors are frequently held responsible for sending illness because the living err in some way. This can be by not observing taboos such as neglecting "customs of the home" and important rituals marking life cycle points or disrespecting seniors and so forth (University of the Witwatersrand, 2015).

A further probing on how the respondent as a traditional healer treats the patients who have experienced trauma, the respondent indicated that in such cases counselling helps a lot. The respondent indicated that it helps to talk about something bothering an individual so that they become free. When one is stressed one needs to speak to someone who will guide them. The respondent explained that a person might be scared that they will be laughed at, so they have to find someone they trust, who will advise them, who will tell them that they are not the only ones going through the hardship. They cautioned that the patients need to know that there are people that have been through an incident worse than theirs, this lessens the burden and they might feel relieved knowing their situation is nothing compared to others and in fact they feel lucky. The respondent stated that if they do not have a scenario to relate to they create one or use somebody else's, just as long as the patient feels better afterwards. The respondent stressed that they do not believe there is any pill specifically for stress.

The respondent further advised that some patients that they treat come to them without a background to work on. They explained that they have to take from their own pocket to get to the patient's root because at the end of the day they came to them for help. Most of the patients come to them with nothing, so they have to use their own money to buy chickens and cloths for the required ritual. The respondent further explained that some patients, when the worst had passed, do not show

gratitude. The respondent stated that they are a mother to all people that come to them. The respondent also explained that as a healer with some of the patients they have to go work in their families, sometimes they misuse the offerings for the ritual. In this instance, the respondent explained that just tell themselves that they are a messenger and will just do their work no matter the obstacles.

A similarity has emerged in this stance between how some of the traditional healers treat trauma. Whilst additional techniques such as administering such things as *isiwasho*, *muthi* and so forth, this is done subsequent to providing advice or counselling. This is done as an additional means to support the treatment or healing process. This trend is also similar to western treatment as there are medicines that are administered to patients after traumatic incidents, to assist them adjust their lifestyles following those incidents. The medication also helps them to cope better with whatever it is that they are traumatized by.

*“We usually help them by offering advice, you see for your stress to lessen you must not overthink, because when you do that it gets worse and I usually tell them that stress kills. Then you advise them that whenever they are in a situation that mimics the actual event, he mustn’t overthink or that it’ll happen again so that this thing will pass. After some time you will see them doing fine once they’ve followed the instructions. You will see them doing fine because they are no longer living in fear. You give them isiwasho to steam, bath but also tell them to forget about the event, and they eventually forget, then they come back to say I’ve helped them since they no longer about the event, they now think of good things. There is someone who just came in; thanking my advice and that he is no longer in fear. So you don’t have to focus on one thing. Just get out of that thing that has a hold on you, not that you rely on medicine every time.”*

Given their counselling skills, Galabuzi et al. (2010, p. 15) states that “most TMPs often persuade many patients or clients who claim for instance to be bewitched to take their counselling services. The findings then report similarities in terms of using counselling supplemented with other medicines or forms of treatment to assist patients to move away from trauma and its cause. The above literature also confirms the assertion that the traditional healers who participated in the study rely on providing cultural advice to the patients that come to consult with them.

#### 6.2.2.2. Theme two: Isiwasho and Ithunzi

The study probed how traditional healers treated trauma in patients who consulted with them. In response to this one respondent stated that in treating trauma; they start the patient with water. They tell them that they have to drink it before they sleep; within a day they might drink six glasses of blessed water. Following the action of drinking blessed water it is then that they will give the patients a trusted medicine that they are sure will work. The participant further explained that sometimes they give them herbs to sniff, after sniffing whatever bothered you goes away and you will feel fine. The participant claimed that after this treatment, the patients come back and tell them that the water they gave them helped. The participant in the study further explained that sometimes they give them *izinyamazane* to burn when they sleep; whatever was disturbing them then goes away. It was revealed in the interview that these patients are enslaved, have heavy knees and shoulders and sometimes they have headaches, but in appearance they seem healthy. The respondent explained that that is why they pray for water; whatever was bothering you goes away. So it is blessed water and *izinyamazane* that are used to treat trauma.

*“...So all in all when you come in, I pray for water, you drink, and I sprinkle blessed water 3 times, so that the heartache lump dissolves. Then I give you izinyamazane so you can burn it before you sleep. The other thing is hope, when you’ve come in here, I will groom you, share with you that God has blessed us with a lot of things so focus on the future.”*

Hammond-Tooke (1898, p. 32) cited in University of the Witwatersrand (2015) “explains that healing practices are part of a wider system of concepts that constitute a culture’s world-view. An example would be the relationship between healing and religious beliefs in many cultures.” In Southern Africa, according to University of the Witwatersrand (2015), religion and disease/illness causation are closely interwoven.

On a further probing of how this respondent identifies patients with stress the respondent indicated that the gifts of traditional healers are not the same. The respondent explained that when they treat a patient with stress they go to *emsamo*, light the candles and pray. After they have prayed they feel something happening to

them, they feel heavy at the top of their head, and then they hear a voice telling them that as this patient has come in, they have this sort of a problem, for instance when someone has lost a cow, they get visions of where the cow is. The respondent further explained that with someone who has heartache they can tell before they even go to *emsamo*. When they talk to them, they are unclear. The respondent explains that most of the time they are in fear, one cannot point fear in some parts of the body. Sometimes their patients feel like someone is talking to them. It was also revealed that the patients sometimes have the event replaying in their minds when they are sleeping and the heartache starts all over again and they become clouded and the spine hurts. In this instance then, when such a patient comes in the respondent prays for water, the patient drinks, and they sprinkle blessed water three times so that the heartache lump dissolves. Then they give the patients *izinyamazane* so they can burn it before they sleep. The other thing that the respondent instils is hope. When one has come to them, they will groom the individual, and share with them that God has blessed us with a lot of things so they must focus on the future.

*“Our gifts are not the same. I go to emsamo, light the candles and pray. After I’ve prayed I feel something happening to me, I feel heavy at the top of my head, then I hear a voice telling me that as this person has come in, they have this sort of a problem, for instance when someone has lost a cow, I get visions of where the cow is. Someone who has heartache you can tell before you even go to emsamo. When you talk to them, they are unclear. Most of the time they are in fear, you cannot point fear in some parts of the body. Sometimes they feel like someone is talking to them. Sometimes when you are sleeping the event replay and the heartache starts and you become clouded and the spine hurts...”*

#### **6.2.2.3. Theme three: Medicinal herbs**

A further probing into the issues that the current study pursued, led to the use of herbs as a treatment option for persons suffering trauma. In one of the interview sessions, the respondent reported that there are herbs for the treatment of trauma; they help even those with bad dreams. The respondent indicated that some herbs help with dreams and fear which is most common in trauma. The respondent stressed that the other important thing is hope, hope and herbs are most effective.

It was further explained in the interview that the patients use these herbs for bathing and they sniff them with hope as well, so they help even if the herb is not directly for that problem. Another form of treatment used by the respondent is cutting on the chest *ukugcaba* to release fear. There is further advice for the patients to bath with the herbs at the gate so all the fear and overthinking will go with *isithunzi*.

*“There are herbs for that; they help even those with bad dreams. Some help with dreams and fear which is most common in trauma. Some of the herbs used are; impepho yamawele, ikhanda lenkawu, a mixture of isibabuli, udupha and spirit. The other important thing is hope, hope and herbs are most effective. They use these herbs for bathing and sniff them with hope as well so it helps even if the herb is not directly for that problem. You also cut the on the chest ukugcaba to release fear. Advise them to bath with the herbs at the gate so all the fear and overthinking will go with isithunzi.”*

The respondent was probed for a further explanation and it was revealed that the respondent mixes herbs to use for bathing and the patients are to throw water outside the gate so that *isithunzi* remains there. It was explained that when people come to one's home, they come through the gate, so if whatever comes for them gets *isithunzi* at the gate and it will remain there and will not reach the patient. That will help them to sleep; that together with the herb they burn to induce sleep. The respondent also stated that there are also herbs used to ask the spirits to release you.

Another respondent elaborated that in treating trauma, they mix six herbs for that person and tell him/her to go bath outside, and talk whilst doing that. The respondent explained that there is a belief that everybody has an angel that is always with them, even when exposed to traumatic situations. The respondent explained that they give these herbs and tell people to go outside the gate to discard *ithunzi*. This can be done outside the compound, in the mountain, at the river or in a forest; you bath there so that *ithunzi* remains there. After this, even if you are faced with triggers, nothing comes up to remind you. The respondent explained that in the treatment process, the time you bath you talk to the herbs saying, “I ask you my elders and you my twin (your angel) that I am here to release that experience that does not give me peace; I remove you to never come back to

me.” It was explained that the patient has to then bath and leave everything there. The respondent pointed out that some say it is advisable to do this sort of cleansing ritual with the clothes one wore at the time the incident happened. After bathing, they go and do not look back in the direction they left.

*“What we do is maybe mix 6 herbs for that person and tell him to go bath outside, and talk. Because there is a belief that you have an angel that is always with you, even when exposed to traumatic situations. When we give you these herbs and say go outside the gate it’s because you have to discard ithunzi. You go outside the compound, in the mountain, at the river or in a forest; you bath there so that ithunzi remains there. After this even if you are faced with triggers, nothing comes up for you to relate. The time you bath you talk to the herbs saying “I ask you my elders and you my twin (your angel) that I am here to release that experience that doesn’t give me peace; I remove you to never come back to me”. You then bath and leave everything there. Some say it is advisable to do this sort of cleansing ritual with the clothes you wore the time the incident happened, after you’ve bathe, you go and don’t look back.”*

The researcher probed further to elicit what kinds of herbs are mixed to treat those suffering trauma. The respondent answered saying it is herbs for luck, but first they mix herbs for *izithunzi*, exact names for these herbs were not provided by the respondent. After they are done with *izithunzi* then they use white herbs. The herbs for luck are for bathing, some people are not able to purge, so they just drink the herbs. Sometimes they tell the patients to take a beast, be it a goat or a chicken where the gal bile is to be used when one baths outside the gate.

Given their counselling skills, Galabuzi et al. (2010, p. 15) states that “most TMPs often persuade many patients or clients who claim for instance to be bewitched, to take their counselling services. Most TM practices like herbalism were said to have limited side effects as compared to western pharmaceutical drugs. Side effects such as resistance to herbal therapies, body weakness and nerve damage, were said to be very uncommon with TM. This perhaps could be explained by the fact that most TMPs use herbs, which are often administered in their natural form with no added chemical preservatives or concentrates (THETA, 1998 cited in Galabuzi et al., 2010, p. 15). Apart from curing opportunistic infections, the herbs probably



play a preventive role by strengthening the body immunity to resist infections, restore vital body nutrients, provide energy, restore appetite and prevent body wasting.”

The respondent was further asked to clarify how they identify that the person is traumatized. The response was that there is no one who comes to them and says they were involved in a car accident, thereafter things have never been the same. They have to discern from that person’s conversation and explore further. Maybe one would say they are very scared of cars. They will then be asked if they have ever been involved in a car accident and then they will be treated.

*“There is no one who comes here and says they were involved in a car accident then after things have never been the same. You have to pick-up from that person’s conversation and explore further. Maybe one would say I’m very scared of cars and then you will ask if they’ve ever been involved in a car accident and then you treat them.”*

Another respondent when being asked how they treat trauma, explained that they usually tell the person suffering from trauma to go to the hospital and get medication because it is brain related. The respondent revealed that there are Zulu medicines that they give to patients to cleanse the mind because they can be helped. The respondent asserted that they first use bones to check what is going on with that person. They then help them with their herbs, such as herbs for sniffing that help with the headache. The respondent then explained that they then cut them at the top of their head (*ukugcaba*). In response to how the traditional healers treat patients with intrusive dreams due to traumatic experiences, the respondent stated that they usually give them herbs for dreams, cut them on the head (*ukugcaba*), and strengthen them (*ukuqinisa*).

*“I usually tell the person to go to the hospital and get medication because its brain related. But there are Zulu medicines that we give them to dissolve the mind because they can be helped. I first use bones to check what’s going on with that person. I then help him with my herbs, like herbs for sniffing that helps with the headache, I then cut them on top of their head (ukugcaba).”*

Another respondent mentioned that in terms of traditional medicine, there is a way

to help people suffering with trauma. They explained that it happens that when the person is here for consultation, because they work with the ancestors, they have a way of reversing the situation by using what was used to create it in the first place; they use car parts to help someone who was involved in a car accident.

A further probing on what type of *muthi* is administered to such patients was made and the respondent indicated that mostly they have *muthi* that patients drink. It was stated that the most important thing about this *muthi* is that it gets into the bloodstream and unlocks where it is locked. There are herbs that they burn to chase the spirits away. The respondent stressed that the matter of dreams is exclusive and it has its own treatment approach. The respondent elaborated that they need to release the incident from the person. There are herbs they use to release the patient from the hold the incident has on them.

The respondent was further probed for a response on how they release a person from the incident and the respondent advised that they use *isithunzi*; your actual shadow. When it is sunny they work outside with the person's shadow and not with the actual person. The respondent explained that this is because the time a patient is being pressured it is because of evil shadows; that is why they work with the shadow of that patient.

There are various means that emerged as treatment methods in this study. The respondents were asked to detail how they treat trauma in their traditional healing practice. This was done after they were asked to define trauma. A further probing from another respondent on how they identify what a person is suffering from revealed that they go to *emsamo* and connect with their ancestors and they are the ones who show them what the person has. The respondent indicated that they hear things from the deceased or *idlozi* will tell them; they stressed that they cannot guess. For efficiency however, the respondent stated that they refer to the hospital if necessary.

The final respondent on this issue stated that they go in search of Zulu medicine and mix the herbs for cleansing. They mix *umphafo*, *umlahlankosi*, *umthole*, so to release *ithunzi*. Edwards (2011) describes *umlahlankosi* as a communication link between the dead and the living. In a further probing, the researcher enquired if it's the cleansing that is used to treat trauma and the respondent explained that

patients have to steam them as well and that they also mix herbs for them to sniff. These herbs that are mixed were explained to be *ihluze*, *umgadankawu*, *inukambiba* which also help with purging and clearing the dreams.

Further to this, the respondent was asked how they diagnose their patients and the respondent indicated that with a person with *amakhosi*, they can see the person's illness even before they throw the bones. They explained that they may have a vision and then tell the person what is bothering them. They stated that they just give medicine if the patient in question is not comfortable with discussing the incident.

Herbs are a common method used by the respondents in treating trauma. The respondents explained that there are herbs that are specific to treating trauma. Whilst there are those that use blessed water to treat trauma, the majority of the respondents opted for herbs. The respondents went on to explain that the herbs dissolve the lump in the hearts that is the result of the painful and traumatic incident that is causing them harm at the time they consult with them.

Traditional Healing, according to First Nations Health Authority (2015), "embodies the use of native plants, as well as, is a whole philosophy and spiritual practice surrounding health and well-being." The First Nations Health Authority (2015) further states that ancestors had good health and a deep and abiding understanding of the land, animals, plants and human wellbeing; the knowledge acquired over more than 10,000 years of familiarity with the land allowed for successful traditional healing.

The respondents seem to have a sound idea of which exact herbs to mix for a person who has psychotic tendencies as they earlier described them in the above section as well as the literature above. The First Nations Health Authority (2015) explains that ancestors had a sound knowledge of nature and its impact on human wellbeing. They know where to find the required medicine and also know how to mix it and in what quantities. The respondents attest that after this treatment, coupled with advice from them, the patients report feeling better in follow-up appointments.

Through the skill of listening and talking to the patients, the traditional healers are able to decipher the nature of the problem troubling the patient. To this they state that it is then that they advise the patient to move on from the incident or refer them to hospital. This emerged as an important part of the treatment process as the traditional healers need to understand carefully what it is that the patient is suffering from. This information about a patient's condition is also gleaned from going to *emsamo* and listening to the ancestors as they reveal the person's problem. The above trend is in line with what the University of the Witwatersrand (2015) states regarding traditional healing; "the true African diviner is a person of incredible healing power, a servant of the suffering who uses his/her experience and insight into the human condition to treat and cure the afflicted."

During the interview sessions, the respondents were asked to provide information on some of the challenges they come across in their line of work when treating trauma using traditional medicine and methods. The respondent explained that they have not faced any challenges though it is advisable not to mix herbs with other substances but they have never come across such a problem.

*"I haven't faced any challenges though it's advisable not to mix herbs with other substances but I've never come across that problem."*

There was a further probing from the researcher on what general challenges they are faced with and they stated that they have a God given gift when someone comes for help, they pray to God and that person gets better. God reveals to them a way to help people. If they get a revelation that they should slaughter chickens, then that is what needs to be done.

Another respondent indicated that as they have been blessed by God, those they have helped thus far have not brought up any challenges; even those with TB are referred to the hospital because they know their limits. They explained that hospitals have advanced machines which they do not have. The respondent explained that they only use water for healing. The respondent further explained that there is something else that mimics trauma and is called *indiki*; this is where it is said you have an ancestral calling, where people hear people talking to them. When such people come for check-ups, the respondent explained that they tell them what they have and they go dig herbs in the veld and help them. The

respondent explained that sometimes they get herbs from the chemist. They then mix the herbs and pray for them and give them for cleansing through vomiting.

*“As I have been blessed by God, those I have helped thus far haven’t brought up any challenges, because even those with TB I refer them to the hospital, because I know my limits, in hospitals they have advanced machines which I do not have...”*

### **6.2.3. Themes emerging from Question 3**

#### **6.2.3.1. Theme three: Not Honouring the treatment course**

It was gleaned from another interviewee that people do not follow instructions. The respondent in this instance stated that some patients never come back for follow-up checks. They explained that a person will say they felt better and did not see the need for a follow-up, whereas finishing the treatment course is very important. They ended saying that people are resistant.

Another interviewee indicated that sometimes they give people medicine and they do not follow instructions. They also added that some experience trauma because of witchcraft, because some people’s actions are evil.

One of the respondents explained that they give people instructions on how to use the herbs but when they reach their homes they call them stating they have forgotten. They continued stating that in this regard, some called saying they have become mixed-up with the instructions and they are scared of becoming crazy as a result. The respondent explained that in such instances, that person has to come back so that they can correct it. To this, the respondent explained that for them, it only takes being patient when working with people so that they are able to assist them. An elaboration from the respondent revealed that herbs given to people are not harmful and they are able to fix the confusion; but some come with herbs from other healers, and it is usually difficult to help those. In this instance, it takes going back to *emsamo* and then the ancestors will reveal the way to assist them.

The final interview session revealed that as a traditional healer people come to them and they help them; sometimes they do not come for follow-up appointments. They explained that some patients have been to hospital and some have not, whereas their illness needs hospital attention. The respondent explained that in this instance, they have to convince them to go to the hospital. The respondent

elaborated that as healers they are advised to refer people to the hospital. Another challenge that the respondent pointed out is that people do not pay for the services that have been rendered to them.

*“You give people instructions with herbs, when they are home; they call you saying they’ve forgotten. Some call saying they’ve mixed the instructions and they are scared of being crazy. That person has to come back so that we can sort it out, for me it only takes being patient when working with people so that I’m able to assist them. Herbs that I give people are not harmful and I’m able to fix the confusion, but some come with herbs from other healers, and it’s usually difficult to help those, so it takes going back to “emsamo” then the ancestors will show the way.”*

*“People don’t follow instructions. They never come for follow ups, a person will say they felt better and didn’t see the need, whereas finishing the treatment course is very important. People are resistant.”*

*“Sometimes you give people medicine and they don’t follow instructions. Some experience trauma because of witchcraft, because people are evil outside.”*

#### **6.2.3.1.1. Sub-theme one: Denial of diagnosis**

Another respondent advised that people are shy to acknowledge their problems even if they as a healer have seen it; this makes it difficult to heal someone in denial. The respondent explained that the ancestors bring people’s problems to them so if one is in denial they find themselves in trouble, especially with the youth. They elaborated that they give them medicine that will help with that situation. The respondent stressed that actually at that time, they know their secret but they are too shy to admit it to them as the healer.

*“People are shy to acknowledge their problems even if you as a healer you have seen it, this makes it difficult to heal someone in denial. The ancestors bring people’s problems to me so if one is in denial I find myself in trouble, especially the youth. I give them medicine that will help. Actually at that time I know their secret but they are too shy to admit.”*

#### **6.2.3.1.2. Sub-theme two: Alcohol**

The researcher probed whether alcohol affected the healing process and it was

elicited that alcohol is not a problem; alcohol does its own job and the herbs have their own place in the system. The respondent advised that as long as you make sure that you use the herbs given to you there is no problem.

*“No, alcohol is not a problem, alcohol does its own job and the herbs have their own place in the system. As long as you make sure that you use the herbs given to you there is no problem.”*

One of the respondents indicated that drinking alcohol and cannabis do not mix with the treatment plan, and stated that it is the same as those who go to the hospital.

*“Drinking alcohol and cannabis do not mix with the treatment plan, same as those who go to the hospital.”*

The research reveals that there are varying practices into the use and effects of alcohol during the treatment of trauma by traditional healing methods. There are some traditional healers that believe that alcohol does not disturb the treatment process whilst others do, as is practiced in western medicine. This finding is consistent with the findings that there is no consensus on the definition of trauma in traditional healing. In this instance, there is no consensus in the effects and use of alcohol during treatment of trauma using traditional healing methods.

#### **6.2.3.2. Theme two: Evil intentions**

A study by Bye and Dutton (1991) touches upon the inappropriate use of traditional herbs as it sometimes results in fatalities, a registration of users Act was passed to protect the society from harm.

In a separate interview session, another respondent stated that some people come to them wanting help with witchcraft. The respondent cautioned that the herbs that they use are similar to guns and some people have bad intentions; in this instance they have to be alert that the herbs do not land in bad hands. The respondent explained that this is why they have to be attentive to people who come for help and advise them accordingly. It was further revealed that they must not be in this business for money because many people will be harmed if that is the sole motivation. They stated that people must be advised accordingly and referred to the hospital when appropriate.

*“Some people come to you wanting you to help them with witchcraft. The herbs that we use are similar to guns, some people have bad intentions, so you have to be clever that they don’t lend in bad hands. That’s why you have to be attentive to people who come for help and advise them accordingly. You mustn’t be in this business for money because many people will be harmed. Always advise people and refer them to the hospital when appropriate.”*

### **6.3. Discussion**

#### **6.3.1. Over Inclusive Definition of Trauma amongst Traditional Healers**

The literature in the study indicated that there might not be a concrete and/or traditionally accepted definition of trauma in the traditional healing scene. The respondents indicated an understanding of what this is and had varying views of the causes of trauma. It was noted in this study that some of the respondents attributed trauma to stress and traumatic incidents in life whilst others indicated that it was due to ancestral calling or witchcraft. In essence therefore, there is no consensus on the definition of trauma in traditional healing nor is there consensus on the causes of trauma. This is emphasized in the literature surveyed in the study whereby traditional medicine, according to Kasilo et al. (2001-2010, p. 7) “is the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness (1-2).” Kasilo et al. (2001-2010, p. 7) state that “traditional systems in general have had to meet the needs of the local communities for many centuries.” In this regard, the sum knowledge of the traditional healers that participated in this study may be the same knowledge and accumulated experience that allows them to understand trauma, even though they may not have a consensus on the definition amongst colleagues

#### **6.3.2. Use of counselling and Medicinal Herbs to Treat Trauma**

The findings report similarities in terms of using counselling supplemented with other medicines or forms of treatment to assist patients to move away from trauma and its cause. The literature cited in this study also cements the assertion that the



traditional healers who participated in the study rely on providing advice to the patients that come to consult with them. Literature conceded that traditional healers use counselling as a major part of their healing process in assisting their patients (Galabuzi et al., 2010, p. 15).

Herbs were found in this study, to be an integral part of treating trauma amongst the traditional healers. Some traditional healers went as far as naming the medicinal herbs that they use on their patients as well as provided the effects and side-effects of these medicines.

A further probing into the issues that the current study pursued led to the use of herbs as a treatment option for persons suffering trauma. In one of the interview sessions, the respondent reported that there are herbs for the treatment of trauma; they help even those with bad dreams. The respondent indicated that some herbs help with dreams and fear which is most common in trauma. The respondent stressed that the other important thing is hope, hope and herbs are most effective. It was further explained in the interview that the patients use these herbs for bathing and they sniff them with hope as well so they help even if the herb is not directly for that problem. Another form of treatment used by the respondent is cutting on the chest *ukugcaba* to release fear. There is further advice for the patients to bath with the herbs at the gate so all the fear and overthinking will go with *isithunzi*.

Another respondent elaborated that in treating trauma, they mix six herbs for that person and tell him to go bath outside, and talk whilst doing that. The respondent explained that there is a belief that everybody has an angel that is always with them, even when exposed to traumatic situations. The respondent explained that they give these herbs and tell people to go outside the gate to discard *ithunzi*. This can be done outside the compound, in the mountain, at the river or in a forest; you bath there so that *ithunzi* remains there. After this, even if you are faced with triggers, nothing comes up for you to relate to. The respondent explained that in the treatment process, the time you bath you talk to the herbs saying, "I ask you my elders and you my twin (your angel) that I am here to release that experience that does not give me peace; I remove you to never come back to me." It was revealed that the patient has to then bath and leave everything there.

The final respondent on this issue stated that they go in search of Zulu medicine

and mix the herbs for cleansing. They mix *umphafo*, *umhlankosi*, *umthole*, so to release *ithunzi*. In a further probing, the researcher enquired whether it is the cleansing that is used to treat trauma and the respondent explained that patients have to steam them as well and that they also mix herbs for them to sniff. These herbs that are mixed were explained to be *ihluze*, *umgadankawu*, *inukambiba* which also help with purging and clearing the dreams.

### **6.3.3. Ancestral Calling**

The findings reveal that some traditional healers do not believe in trauma being a condition that needs to be treated separately or as a stand-alone condition. These traditional healers believe that trauma in people is a result of spirits being at work in a person; and this is what needs to be treated and/or addressed. As such, these findings suggest that in traditional treatment of trauma, ancestors and related phenomena cannot be ignored when treating patients. The majority of the respondents attributed trauma to a deeper issue that is connected to ancestors of that particular patient in treatment at that time.

It was evident in the current study that ancestors have a deeper connection with the living, specifically traditional healers, and that they assist in the treatment and management of patients; they also reveal relevant knowledge to them. This is consistent with previous findings (Edwards, 2011; Mahwasane, Middleton & Boaduo, 2013; Semenya & Potgieter, 2014; Ngobe, 2015).

### **6.4. Western versus traditional conceptualisation of trauma**

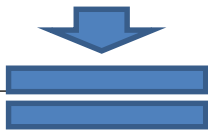
The Diagnostic Statistical Manual of Mental Disorders (DSM-5) and International Classification of Diseases (ICD-10), are used as guidelines in diagnosing and treating disorders, hence the western approach to illness is scientifically based (Ngobe, 2015).

Chandler (2007) detailed trauma as a “Traumatic event including violent personal assault, torture, natural or man-made disasters, severe motor vehicle accidents and being diagnosed with a life-threatening illness (American Psychiatric Association, 2000). The traumatic event may be experienced directly, witnessed or experienced by a person with whom the individual shares a close relationship (American Psychiatric Association, 2000).”

### DSM-5 definition of trauma

According to the DSM trauma can be described in the following aspects:

- Exposure to a traumatic experience
- Re-experiencing (intrusive)
- Avoidance
- Arousal
- Cognitive distortion
- Impaired global functioning
- Disturbance for more than 1 month
- Disturbance not attributed to other medical conditions



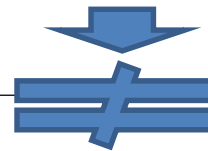
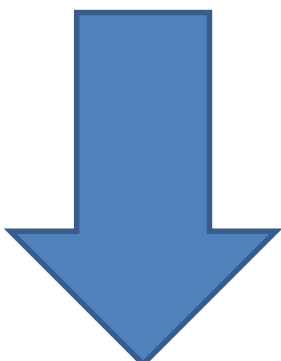
#### TH's definition of trauma from the research sample (equivalent to the DSM)

**No.1** people living in fear because there are things following them and pressuring them

**No.2** its just stress in the mind, and that thing in the heart, people have lot of baggage in their hearts

**No.3** fear that you cannot point in any part of your body, when sleeping you have events replaying and you develop heartache which cause cloudiness

**No.6** severe form of stress caused by un-anticipated trouble



#### TH's definition of trauma from the research sample (broader than the DSM)

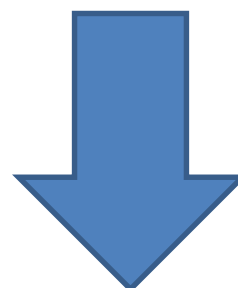
**No.4** disturbed by the spirits sent by people in a form of witchcraft / someone with ancestors in them (*indiki*)

**No.5** in a Zulu version I've never met someone with pure stress it usually has to do with the ancestors

**No.7** not recognised by the ancestors which results to bad luck

**No.8** so much stress because of witchcraft

**No.9** we usually understand that the person is a survivor but there are things that involve the ancestors and the darkness the person has



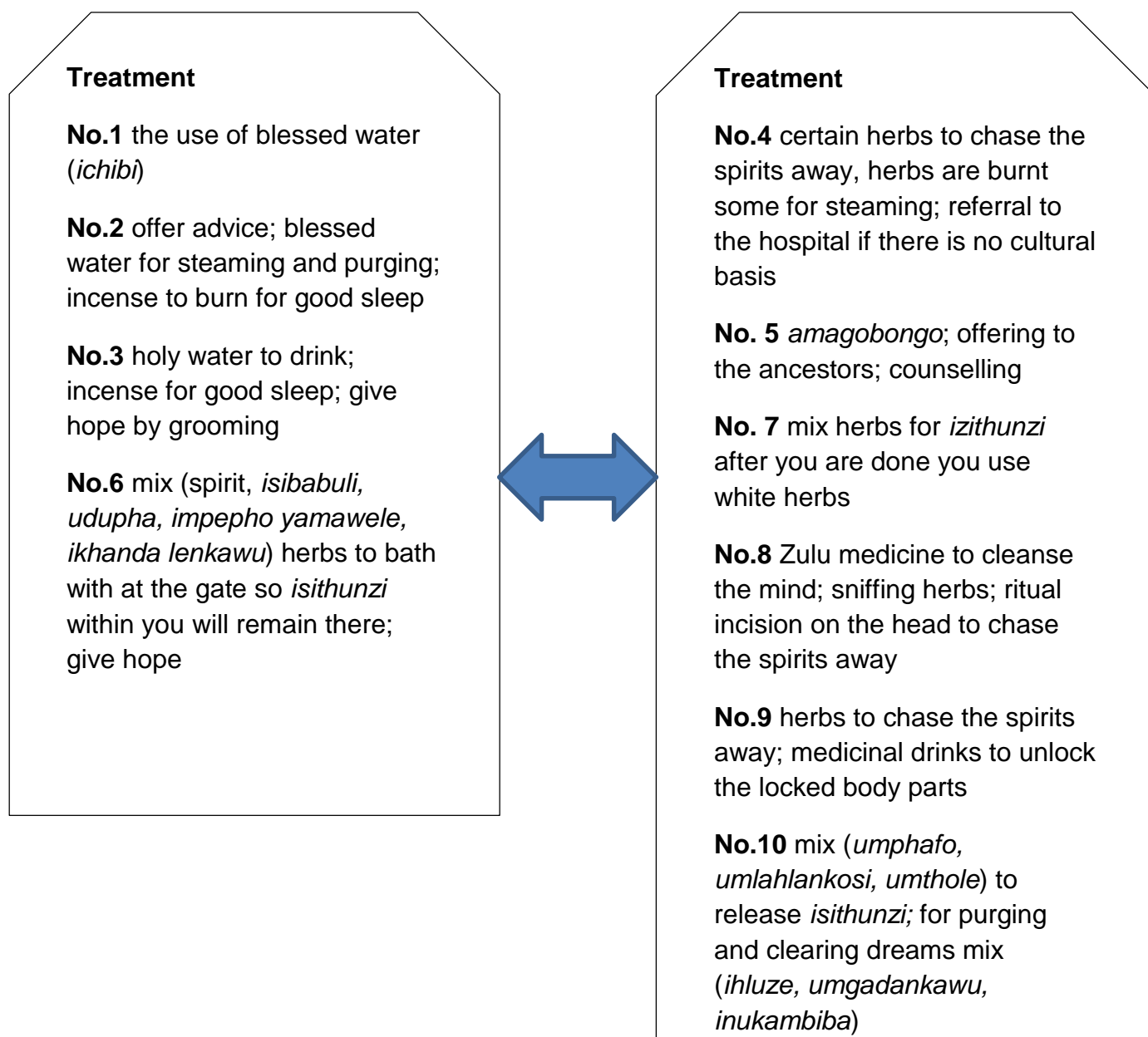


Figure 2: Western vs Traditional concepts

The above figure represents the comparable factors from the findings to the DSM. Some traditional healers are in line with the DSM in terms of conceptualising trauma. From the sample 40 percent are in line with the DSM whereas 60 percent deviate. It is noticeable that (60%) is all the diviners in the sample.

The treatment method is similar though they are using different herbs, one can see commonalities to the western practice, 50 percent of the sample integrate medicinal herbs with advice (counselling).

Thirty percent use purely white medicine, 30 percent use purely black medicine, 40 percent use both black and white herbs. The researcher learnt that medicinal herbs used to chase away spirits are referred to as black medicine and the one that promotes vitality is referred to as white medicine.

The following cases illustrate the polarities of trauma definition and treatment among traditional healers:

### **Case No 1 (Participant 6)**

Age: 62

Gender: male

Level of education: none

Name/type of medication: mix herbs for bathing to remove ithunzi; give hope

*...“Stress is nothing tangible; a person maybe usually doesn’t have someone to talk to. As a human being you must anticipate that sometimes it will happen that your things are not going accordingly. Anticipate death, being mugged and other problems, because that’s life and it happens to other people. So others just need to hear it from other people. You just have to sympathise with them and advise them.”[*

**Participant 6]**

### **Case No 2 (Participant 4)**

Age: 58

Gender: female

Level of education: std. 1

Name/type of medication: herbs to chase the spirits away

*...“Those usually have what we call indiki, where you have ancestors in you. Indiki makes you look like you’ve experienced trauma, it doesn’t necessarily mean that you have to go through initiation and become a sangoma, but you just have to go through the process of amagobongo then the ancestors will release you because they are the ones who were pressuring you mentally. Most of the time this is*

*evident during birth. Some are born with an umbilical cord as a necklace; some are born covered with a placenta. Those have to drink izinkamba, and indiki won't be pressuring them.*"[ **Participant 4**]

The interesting factor in this project is the element that the participant who never received any formal education outlined trauma equivalent to the western perspective. Hence the literature suggests that traditional healers are informed by their ancestors.

This participant captured the living space of Black African people where living beings are influenced and controlled by the "living dead", or ancestral spirits which cannot be separated from people. When treatment has to take place, the whole environment, i.e. the family space is also treated through the individual who went to the traditional healer for consultation and treatment.

## **6.5. Summary**

Community psychology better explains the practices of these traditional healers. Edwards (2002) outline it as "... a holistic model of mental health care based on principles of harmony (*ukulungisa*), prevention and promotion has developed. In that healing implies a transformation from illness to health, two distinct phases of the healing cycle or spiral may be identified, i.e. prevention of illness and promotion of health."

The respondents in the study were asked how they defined trauma and how they identified patients suffering from trauma. Subsequently, in an effort to elaborate and contextualize the question, the respondents were asked how they defined trauma and how they identified patients suffering from trauma. The respondents indicated that they could not clearly define it; no one has been to them reporting that, except those who they identified as psychotic. The researcher further elicited clarity by asking whether there had been patients who seemed physically healthy but reported cases of troubled sleep. To this, the respondent reiterated that this did not occur as they usually consult with people who are physically sick and treat them. It was revealed in the interview that sometimes other patients are living in fear because there are things following them and pressuring them; with these patients the respondent indicated that they use blessed water (*ichibi*) and it helps. The

blessed water is also given to use at home.

During one of the interview sessions, the respondent revealed that it had never happened that someone with stress had come in; it is people who are sick that come in for consultation. The respondent stressed that as they work with ancestors they are the ones who tell them what illness a person has. The respondent elaborated that they have something similar to a stethoscope in their blood that the ancestors put inside them during initiation, through which whatever the person is suffering from is transferred to them and they tell the person what is troubling them. If the problem needs hospital attention the respondent refers them to the hospital. If it is something cultural then they help them in this instance.

Further interview sessions revealed that the respondent believes that a person is usually not crazy but might have *indiki* and they have to go for initiation. In this instance the respondent indicated that they mix herbs to cleanse the inside through vomiting, steaming and burning (such things as incense and other herbs) so there is smoke. The respondent asserted that after seven days there should be visible improvements, as the health protocol suggests. The respondent explained that the patients have maternal ancestors, spirits not from your paternal side, so the herbs you need are the roots from your maternal side which you will have in a form of *amagobongo*. The patients also need to slaughter so that they ask the ancestors for direction.

Subsequently, another respondents during the interview sessions alerted that stress is nothing tangible; they elaborated that a person might not have someone to talk to. The respondent believes that as a human being one must anticipate that sometimes one's life may not be according to the desired state. The respondent added that people must anticipate death, being mugged and other problems, because that is life and it happens to other people as well. Current victims need to hear it from other people who have gone through all this before them. In this regard, people just have to sympathise with them and advise them. The respondent ended with notifying that levels of stress severity differ. Some people lose even their appetite once they have experienced trauma.

During the last interview session on the matter of how traditional healers define trauma, the respondent revealed that traditional healers differ in their approach of

helping people as it might be that someone was in a car accident and they had a vision at the time the accident was happening, so they have to ask the patient to thoroughly explain the event. The respondent elaborated that they usually understand that the person is a survivor but there are things that involve the ancestors and the darkness the person has. In this regard they then explain to the patients that if they want to be healed they have to follow certain steps. The respondent explained that the accident may have been a result of *ithunzi* of that patient.

## **6.6. Conclusion**

This chapter was based on a comprehensive presentation of results.



## CHAPTER SEVEN

### CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

#### 7.1 Introduction

This chapter provides the conclusions that the study has arrived at after presenting the findings in the previous chapter. This section will focus on the major findings of the study and then provide relevant recommendations. It is hoped that the recommendations will assist in guiding the process of integration of traditional medicine into mainstream medicine here in South Africa.

The study investigated the Zulu traditional healers' conceptualization and treatment of trauma.

This chapter provides the major conclusions as well as recommendations of the study based on the results provided in the previous chapter. The limitations as well as the recommendations are guided by the research questions that stem from the objectives of the study.

#### 7.2. Summary

##### 7.2.1. Definition of trauma amongst traditional healers

The findings of the study suggest that the traditional healers have a broad definition of what trauma is. This is probably influenced by the fact that traditional healers follow a holistic approach of treatment where the individual client or patient is viewed in a context which needs treatment at the same time as the family or community. In the results, there were indications of specific understanding or a general perception of traumatized persons, which was highlighted in the explanations furnished by traditional healers. Of note, the traditional healers seemed not to volunteer details when defining the concept trauma as one would expect from the western type of definition or approach.

The general perceptions for other respondents were that the trauma may not only be a result of traumatic incidents in a person's life but instead this may be brought about by cultural reasons such as *ithunzi* and *indiki*. In this instance, the perception amongst some of the respondents was that trauma can be internal due to pressure

associated with ancestral calling or witchcraft done to harm a person. As a result of both these, a person may then become fearful and manifest trauma-related symptoms.

### **7.2.2. Treatment of trauma in traditional medicine**

Following a probing of how traditional healers understand and treat trauma, the respondents in the interview sessions were asked to reveal how they as traditional healers treat trauma. To this, one of the respondents asserted that they advise them to follow their culture. The respondent further stated that they sympathise with some of the patients, and they tell the patients that they must try to get over whatever incident they were faced with before their stress levels increase.

Another respondent on the issue of how they as traditional healers treat trauma explained that they usually help their patients by offering advice. The respondents elaborated that to lessen your stress, one must not overthink because when one does that it gets worse and in this regard they usually tell them that stress kills. The respondent explained that they then advise them that whenever they are in a situation that mimics the actual event, they must not overthink or think that it will happen again, so that the incident will then pass. The respondent further explained that after some time they will see them doing better once they have followed the instructions given to them. The respondent stressed that they will see the patients doing much better because they are no longer living in fear. They give them *isiwasho* to steam and bath but they also tell them to forget about the event and they eventually forget. After this, the respondent stated that the patients then come back to say they helped them since they no longer think about the event, they now think of good things.

The respondents postulated that advice is an important part of their treatment plan for trauma. It was highlighted during the interview that the impact of stress has negative repercussions for the health of a human being. The respondents stressed that the livelihood of their patients depended on them being counselled. Another respondent, revealed that they have never been taught how to help people with stress, but they themselves usually go to the hospital for stress to receive counselling and western medication. In a Zulu version the respondent indicated that they have never met someone with pure stress. A further probing on how the

respondent as a traditional healer treats the patients who have experienced trauma, the respondent indicated that with such, counselling helps a lot. The respondent indicated that it helps to talk about something bothering an individual so that they become free. When one is stressed one needs to speak to someone who will guide you.

The findings reveal that some traditional healers do not believe in trauma being a condition that needs to be treated separately or as a stand-alone condition. These traditional healers believe that trauma in people is a result of spirits being at work in a person; and this is what needs to be treated and/or addressed.

### **7.3. Limitations of the study**

The entire project ought to acquire the conceptualization of trauma by Zulu traditional healers, which was partially achieved as suggested by literature stating that there is an assumption that trauma is as a result of witchcraft. Based on this belief, one would expect some inconsistencies. Generalization of the findings would not be just since the demarcated population is a small community. The omission which might have occurred during the translation from IsiZulu to English can also be deemed as a limitation in the presentation of findings. It can be concluded that the study did not glean a clear universal definition of trauma by traditional healers.

### **7.4. Recommendations of the Study**

The following recommendations stem from the conclusions reached by the study above:

- The study recommends that a common definition amongst traditional healers within the scope of study, and even beyond, be sought. A working definition that is widely accepted within the fraternity of traditional medicine can assist in a deeper understanding of how specific to trauma and trauma related conditions the medicine and approach used by traditional healers.
- The study recommends a deeper probe into the herbs used by traditional

healers to elicit their medicinal properties and how best suited to treatment of trauma at different levels and stages they are.

- The study recommends that monitoring during the treatment of trauma by traditional healers be conducted. This ought to be done from the inception, that is, the identification of patients suffering from trauma and traumatic incidents, the counselling stage, administering the traditional herbal medicines and lastly, the follow-up appointments to identify progress made by the patients. This monitoring will assist in understanding the exact processes applied by traditional healers in assisting patients suffering trauma. This process will also enable an understanding of the effects of the different types of herbs as well as treatment options on the patients.
- Generally traditional healers might as well be trained formally on mental illnesses hence the integration of professions.
- For future studies one can unpack the phenomenon of trauma treatment in traditional healing with special reference to the healed patients.

## **7.5. Conclusion**

Traditional healers might not have the precise concept of trauma as defined by the Western Health Practitioners but from the findings it is evident that they treat the same illness. Their approach is on what led to the traumatic event rather than focusing on the aftermath – they prevent re-occurrences hence the saying prevention is better than cure. Just as in the Mental Health Model traditional healers prevent illness and promote mental well-being.

Traditional healer in this study is used as an umbrella term for different specialties in traditional healing. There is no consensus in the whole spectrum of traditional healers hence some traditional healers believe that trauma is a result of witchcraft, but there seem to be harmony in a specific specialty which one cannot fault, western health practitioners also have different approaches to illnesses which suit their specialties.

The findings that stem from the literature study as well as the primary study are presented in this chapter. Conclusions that the study has arrived at after considering the findings of the study have been presented in this chapter as well. This chapter also presented the recommendations based on the conclusions of the study.

It is hoped that the relevant parties will adopt the recommendations offered by the study in the hope of enhanced understanding of traditional healing of trauma as well as related phenomena.

This study has successfully met its aim and realised its research objectives. Further in-depth studies can be conducted to ascertain if the findings of the current study are true in a broader scope.

## GLOSSARY OF ZULU WORDS

Amagobongo	: a custom of drinking from a wide-mouthed calabash
Amakhosi	: ancestors
Emsamo	: sacred back of a traditional hut
Ichibi	: holy water
Idlozi	: ancestor
Indiki	: possessed by the ancestors
Intwaso	: initiation to be a diviner
Inyanga	: herbalist
Isiwasho	: purges and enemas used for ritual vomiting
Ithunzi	: soul
Izinkamba	: calabash
Izinyamazane	: incense
Muthi	: traditional medicine
Sangoma	: diviner
Ukuchatha	: insertion of enemas through the anus
Ukugcaba	: cut small incisions in the skin to strengthen the body
Ukuphalaza	: ritual vomiting practice
Ukuqinisa	: to strengthen the homestead through ritual means
Umkwetha	: novice diviner
Umthandazi	: prophet

(Doke, Malcom, Sikakana & Vilakazi, 1990).

## **BOTANICAL NAMES OF ZULU HERBS**

Umlahlankosi	: strychnos decussate
Ihluze	: schotia brachypetala
Umphafo	: ziziphus mucronata
Umgadankawu	: albizia adianthifolia
Impepho	: achyrocline stenoptera

(Hutchings, Scott, Lewis & Cunningham, 1996).

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## **ANNEXURE A (1) - INFORMED CONSENT**

### **PARTICIPANT INFORMED CONSENT DECLARATION**

#### **(Participant)**

Project Title: Zulu Traditional Healer's Conceptualization and Treatment of Trauma

**Mukelisiwe Penelope Mlangeni** from the Department of Psychology, University of Zululand has requested my permission to participate in the above-mentioned research project.

The nature and the purpose of the research project and of this informed consent declaration have been explained to me in a language that I understand.

I am aware that:

1. The purpose of the research project is to investigate on how traditional healers treat trauma.
2. The University of Zululand has given ethical clearance to this research project and I have seen/ may request to see the clearance certificate.
3. By participating in this research project I will be contributing towards recognition of African communities in their methods of healing.
4. I will participate in the project by engaging in an interview, where I will be answering questions and further discussing my job.
5. My participation is entirely voluntary and should I at any stage wish to withdraw from participating further, I may do so without any negative consequences.
6. I will not be compensated for participating in the research, but my out-of-pocket expenses will be reimbursed.
7. There may be risks associated with my participation in the project. I am aware that
  - a. the following risks are associated with my participation: pressurised to disclose information that I may wish not to
  - b. the following steps have been taken to prevent the risk: my right to withdraw my participation or decline to answer certain questions

c. there is a 50 % chance of the risk materialising

8. The researcher intends publishing the research results in the form of Mini dissertation research project. However, confidentiality and anonymity of records will be maintained and that my name and identity will not be revealed to anyone who has not been involved in the conduct of the research.

9. I will not receive feedback/will receive feedback in the form of documented brief summary regarding the results obtained during the study.

10. Any further questions that I might have concerning the research or my participation will be answered by **M. P. Mlangeni, 081 422 0301**

11. By signing this informed consent declaration I am not waiving any legal claims, rights or remedies.

12. A copy of this informed consent declaration will be given to me, and the original will be kept on record.

I, ..... have read the above information / confirm that the above information has been explained to me in a language that I understand and I am aware of this document's contents. I have asked all questions that I wished to ask and these have been answered to my satisfaction. I fully understand what is expected of me during the research.

I have not been pressurised in any way and I voluntarily agree to participate in the above-mentioned project.

.....

.....

**Participant's signature**

**Date**



## **ANNEXURE A (2) – INFORMED CONSENT IN ISIZULU**

### **IFOMU LOKUZIBOPHEZELA**

(obambe iqhaza)

Isihloko socwaningo: Zulu Traditional Healers' Conceptualization and Treatment of Trauma  
uMkelisiwe Penelope Mlangeni ovela ku Mnyango wakaPsychology, University of Zululand ube nesicelo semvume yokuzibandakanya kulolucwaningo olulotshwe ngenhla.

Imvelaphi kanye nenhloso yalolucwaningo, nalolu lwazi nophawu lokwamukela ukuzibophezela ngichazeliwe ngalo ngolimi engilwaziyo.

Ngiyakuqonda ukuthi:

1. Inhloso yalolucwaningo ukuthola ukuth abelaphi bendabuko bakwelapha kanjan ukuhlukumezeka ngokomphefumulo
2. Inyuvesi yakwaZulu inikezele ngemvume kubenzi balolu cwaningo ukuba benze loluhlelo futhi ngiyibonile leyomvume/ngingacela ukubona isitifiketi semvume.
3. Ngokubamba iqhaza kulolucwaningo ngizonikezela iqhaza ngokuqhakambisa iqhaza elibanje abalaphi besintu
4. Ngizobamba iqhaza kulolucwaningo ngokuphendula imibuzo ngiphinde ngicobelelane ngolwazi mayelana ngomusebenzi engiwenzayo
5. Ekuzibandakanyeni kwami angizukubheka nzuzo futhi akukho lapho engizotholakala ngihoxa ocwaningweni, umakwenzeka ngeke kube nemiphumela emibi ocwaningeni.
6. Mina angizukunxephezela ngokuzibandakanya kwami kulolucwaningo, kodwa izindleko ephume kwelami iphakethe zizokhokhelwa.
7. Kuzoba nezimo ezibucayi ekuzibandakanyeni kwami kulolucwaningo ,  
ngiyakuqonda ukuthi:
  - a. Lobu bungozi obulandelayo kuxhumene nokuzimbakanya kwami: i)  
ukucindezeleka ekukhipheni imininingwane eligugu kimi

- b. Lezi zitebhu ezilandelayo zithathiwe ukuvikela ubungozi: i) nginelungelo lokuhoxisa izimpendulo zami
  - c. Angu 50 % amathuba okuvela kobungozi.
8. Umphequluli uzoshicilela imiphumela yalolucwaningo ngohlelo lwe “mini dissertation”, Nokho, ubhalomfihlo, nofihlo-gama lwemininingwane izobe igciniwe nokuthi igama lami nobutho kwami angeke kubonakaliswe kumona yimuphi umuntu obengayona inhlango yocwaningo.
  9. Ngizoyamukela imiphumela efingqiwe emayelana nemiphumela etholakale ngesikhathi sesifundo.
  - 10.** Eminye imibuzo ephathelene nalolucwaningo noma mayelana nokuzibandakanya kwami ingaphendulwa ngu Mukelisiwe Mlangeni otholakala ku 081 422 0301.
  11. Ngokusayina lamafomu angiqubuli ubuthi noma amalungelo kwezomthetho
  12. Ikhophi enolwazi oluphelele nophawu lokwamukela ukuzibophezela kwami ngizonikezwa, bese okungungqo kuyagcinwa.

Mina .....ngilufundile loku okubhalwe ngenhla/ ngiyavuma ukuthi lolulwazi olungenhla ngichazelwe ngolimi lwami engiluqondayo futhi ngiyakuqonda okuqukethwe nokubhaliwe. Ngiyibuze yonke imibuzo engifunayo ukuyibuza, futhi yaphendulwa ngendlela engenelisayo. Ngiyayiqonda kahle ukuba kulindelekile ini kimi kulolucwaningo.

Angiphoqwanga nakancane ukubamba iqhaza kulokhu kulolucwaningo

-----  
**isishicilelo kobambe iqhaza**

-----  
**usuku**

## **ANNEXURE B (1) - INTERVIEW SCHEDULE**

### **INTERVIEW SHEET/SCHEDULE**

#### **INTERVIEW INFORMATION SHEET**

**Purpose of the research:** To investigate how traditional healers treat trauma.

**What you will do in this research:** If you decide to volunteer, you will be asked to participate in one interview. You will be asked several questions. Most of them will be about you practicing as a traditional healer. With your permission, I will tape record the interviews so I don't have to make so many notes. You will not be asked to state your name on the recording.

**Time required:** The interview will take approximately 60 minutes.

**Risks:** Some of the questions may cause discomfort.

**Benefits:** This is a chance for you to tell your story about your experiences as a traditional healer.

**Confidentiality:** All of your responses will be kept confidential, and unless you give express permission, no information that could identify you will be included in the research report. You may refuse to answer any questions you would prefer not to. The interviews will be recorded and transcribed. The transcript, without your name will be kept until the research is finalized.

**Participation and withdrawal:** Your participation in this study is completely voluntary, and you may refuse to participate or withdraw from the study without penalty or loss of benefits to which you may otherwise be entitled. You may withdraw by informing the researcher that you no longer wish to participate (no questions will be asked). You may skip any question during the interview, but continue to participate in the rest of the study.

**To Contact the Researcher:** If you have questions or concerns about this research, please contact: [Mukelisiwe Mlangeni, University of Zululand, Private Bag x1001, KwaDlangeza, 3886, 081 422 0301, mukemlangeni@gmail.com]. You may also contact the faculty member supervising this work: [J.D.Thwala, professor, [ThwalaJ@unizulu.ac.za](mailto:ThwalaJ@unizulu.ac.za)].

Whom to contact about your rights in this research, for questions, concerns, suggestions, or complaints that are not being addressed by the researcher, or research-related harm: University of Zululand Research Ethics Committee [UZREC], Research & Innovation Office: 035 902 6887 or the researchers Department/supervisor.

**Questionnaire:**

<b>Age</b>	
<b>Gender</b>	
<b>Level of Education</b>	
<b>Type of traditional healer</b>	

**Main Research Questions:**

*As a traditional healer: most often than not you meet with clients presenting with trauma, the following questions are with regards to your understanding and management of trauma.*

- 1. How do you define/describe trauma?*
- 2. How do you treat trauma?*
- 3. What challenges do you face?*

***THANK YOU FOR YOUR PARTICIPATION!!!***

## **ANNEXURE B (2) – INTWVIEW SCHEDULE IN ISIZULU**

### **UHLU LWEMIBUZO**

**Inhloso yalolucwaningo:** Ukuthola ukuth abelaphi bendabuko bakwelapha kanjan ukuhlukumezeka ngokomphefumulo

**Uzokwenzani kulolucwaningo:** Uma uvuma ukubamba iqhaza, uzocelwa ukuba ube ingxenye yombuzo mpendulwano kanye. Uzobuzwa imibuzo emibalwa. Eminingi yayo izobe imayelana nokusebenza kwakho. Ngemvume yakho, sizogopha iphimbo ngesikhathi semibuzo mpendulwano ukugwema ukuthi umcwaningi ebhale kakhulu. Angeke ucelwe ukuba usho igama lakho ngesikhathi sokuqoshwa kwephimbo.

**Isikhathi esibekwiwe:**Llokhu kulindeleke ukuba kuthathe isikhathi esingangehora elilodwa.

**Ubungozi:** Eminye imibuzo kungenzeka ungakunameli ukuyiphendula.

**Inzuzo:** Leli ithuba lakho lokuthi ugeqe amagula ukhulume ngomsebenzi wakho.

**Imfihlo:** Zonke izimpendulo zakho zizophathwa njengeziyimfihlo, ngapandle uma unikeza imvume, imininingwane eveza ubuwena angeke ifakwe kwiliphothi yocwaningo Imiqopho izokhishelwa ephepheni ngumcwaningi futhi imininingwane izihlolisiswa. Uma iliphothi isihlolisisiwe sekubonakala nokuthi asisekho isidingo sayo izolahlwa.

**Ukuhoxa:** Ukuzibandakanya kwakho kulolucwaningo akusiyo impoqo, unemvume yokuhoxa futhi abukho ubungozi obungavela. Unelungelo lokungaphenduli eminye imibuzo kodwa uqhubeke nokubamba iqhaza.

**Ezokuxhumana:** Uma unemibuzo mayelana nalolucwaningo ungaxhumana [Mukelisiwe Mlangeni, University of Zululand, Private Bag x1001, KwaDlangeza,3886, 081 422 0301, mukemlangeni@gmail.com].Noma umqondisi [ J.D. Thwala, [ThwalaJ@unizulu.ac.za](mailto:ThwalaJ@unizulu.ac.za),].

Imibuzo mayelana nocwaningo jikelele noma unezikhaziso mayelana nomcwaningi, xhumana namahovisi ocwaningo esikhungweni. *University of Zululand Research Ethics Committee [UZREC], Research & Innovation Office: 035 902 6887*

**Inhlolomibuzo:**

<b>Iminyaka</b>	
<b>Ubulili</b>	
<b>Izinga lemfundo</b>	
<b>Uhlobo lomelaphi</b>	

**Imibuzo Emikhulu Yocwaningo:**

*Njengomelaphi wendabuko: kujwayelekile ukuthi uthole amakhasimende acindezeleke ngokomphefumulo, imibuzo elandelayo imayelana nokuqonda kwakho kanye nokuthi ubhekana kanjani nokuhlukumezeka ngokomphefumulo.*

- 1. Ukuchaza kanjani ukucindezeleka ngokomphefumulo?*
- 2. Ukwelapha kanjani ukuhlukumezeka ngokomphefumulo?*
- 3. Iziphi izingqinamba obhekana nazo?*

**NGIBONGA UKUBAMBA KWAKHO IQHAZA!!!**

## ANNEXURE C – HIGHER DEGREES CERTIFICATE

### UNIVERSITY OF ZULULAND HIGHER DEGREES COMMITTEE



### RESEARCH & INNOVATION

Website: <http://www.unizulu.ac.za>  
Private Bag X1001  
KwaDlangezwa 3886  
Tel: 035 902 6887  
Fax: 035 902 6222  
Email: [ManqeleS@unizulu.ac.za](mailto:ManqeleS@unizulu.ac.za)

Registration Number	S 101/15									
Project Title	Zulu Traditional Healers' Conceptualization and Treatment of Trauma									
Principal Researcher/ Investigator	Mlangeni MP									
Student number	20092578									
Supervisor and Co- supervisor	Prof JD Thwala									
Department	Psychology									
Nature of Project	Honours/4 <sup>th</sup> Year			Master's		x	Doctoral			Departmental

Dear Student

I have the pleasure of informing you that the Higher Degrees Committee, at its meeting held on 08 May 2015, approved your research proposal.

**Please note:** Your proposal can now be considered for ethical clearance after which you can apply for research funding. Kindly provide this letter with your ethical clearance certificate when submitting your final thesis for external examination.

Yours sincerely,

Professor Nokuthula Kunene  
Chairperson: University Higher Committee  
06 July 2015



Mlangeni S101/15

## ANNEXURE D – ETHICAL CLEARANCE

**UNIVERSITY OF ZULULAND  
RESEARCH ETHICS COMMITTEE**  
(Reg No: UZREC 171110-030)



### RESEARCH & INNOVATION

Website: <http://www.unizulu.ac.za>  
Private Bag X1001  
KwaDlangezwa 3886  
Tel: 035 902 6887  
Fax: 035 902 6222  
Email: [ManqeleS@unizulu.ac.za](mailto:ManqeleS@unizulu.ac.za)

### ETHICAL CLEARANCE CERTIFICATE

Certificate Number	UZREC 171110-030 PGM 2015/162							
Project Title	Zulu traditional healers conceptualization and treatment of trauma							
Principal Researcher/ Investigator	MP Mlangeni							
Supervisor and Co- supervisor	Prof JD Thwala			Mr. VC Mathe				
Department	Psychology							
Nature of Project	Honours/4 <sup>th</sup> Year		Master's	x	Doctoral		Departmental	

The University of Zululand's Research Ethics Committee (UZREC) hereby gives ethical approval in respect of the undertakings contained in the above-mentioned project proposal and the documents listed on page 2 of this Certificate.

**Special conditions:**

- (1) The Principal Researcher must report to the UZREC in the prescribed format, where applicable, annually and at the end of the project, in respect of ethical compliance.
- (2) Documents marked "To be submitted" (see page 2) must be presented for ethical clearance before any data collection can commence.

The Researcher may therefore commence with the research as from the date of this Certificate, using the reference number indicated above, but may not conduct any data collection using research instruments that are yet to be approved.

Please note that the UZREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the documents that were presented to the UZREC
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research



**Classification:**

Data collection	Animals	Human Health	Children	Vulnerable pp.	Other
X					
Low Risk		Medium Risk		High Risk	
		X			

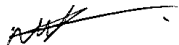
The table below indicates which documents the UZREC considered in granting this Certificate and which documents, if any, still require ethical clearance. (Please note that this is not a closed list and should new instruments be developed, these would require approval.)

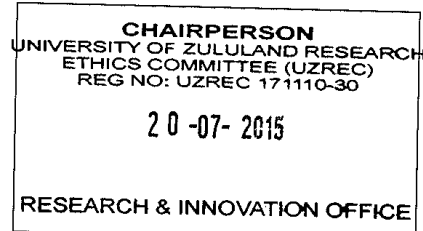
Documents	Considered	To be submitted	Not required
Faculty Research Ethics Committee recommendation	X		
Animal Research Ethics Committee recommendation			X
Health Research Ethics Committee recommendation			X
Ethical clearance application form	X		
Project registration proposal	X		
Informed consent from participants	X		
Informed consent from parent/guardian			X
Permission for access to sites/information/participants	X		
Permission to use documents/copyright clearance			X
Data collection/survey instrument/questionnaire	X		
Data collection instrument in appropriate language	X		
Other data collection instruments		Only if used	

The UZREC retains the right to

- Withdraw or amend this Certificate if
  - Any unethical principles or practices are revealed or suspected
  - Relevant information has been withheld or misrepresented
  - Regulatory changes of whatsoever nature so require
  - The conditions contained in this Certificate have not been adhered to
- Request access to any information or data at any time during the course or after completion of the project

The UZREC wishes the researcher well in conducting the research.

  
**Professor Nokuthula Kunene**  
 Chairperson: University Research Ethics Committee  
 20 July 2015



## ANNEXURE E – EDITOR’S CERTIFICATE

### Stevens Editing and Proofreading

**Charlotte Stevens** : BA (English; Industrial Psychology)

Sole Trader

e-mail: [stevensediting@vodamail.co.za](mailto:stevensediting@vodamail.co.za)

Language Editor & Proofreader

Member: PEG (SA)

IPEd (WA)

SfEP (UK-provisional)

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#### THIS IS TO CERTIFY THAT:

I have language edited a thesis for Ms Mukelisiwe Penelope Mlangeni who is studying towards a Master of Arts degree in Clinical psychology at the University of Zululand, South Africa. The thesis is titled '**Zulu traditional healers conceptualization and treatment of trauma.**'

The scope of my editing comprised:

- Spelling
- Tense
- Vocabulary
- Punctuation
- Word usage
- Language and Sentence structure
- Checking of referencing style

This student portrayed integrity in a well-prepared document, and keeping in regular contact with the editor. She paid a deposit of her own accord as well as immediate payment of the balance on receipt of her document.

My best wishes for her further studies and a successful career accompany her.



Charlotte Stevens

**Stevens Editing and Proofreading**

E: [stevensediting@vodamail.com](mailto:stevensediting@vodamail.com)

5 March 2016