Indigenous Health Care: What I learned from African Traditional Healers

Center for African Studies

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Original Study:
An Ethnographic Analysis of Traditional Healing and Rehabilitation Services in Southern Africa: Crosscultural Implications

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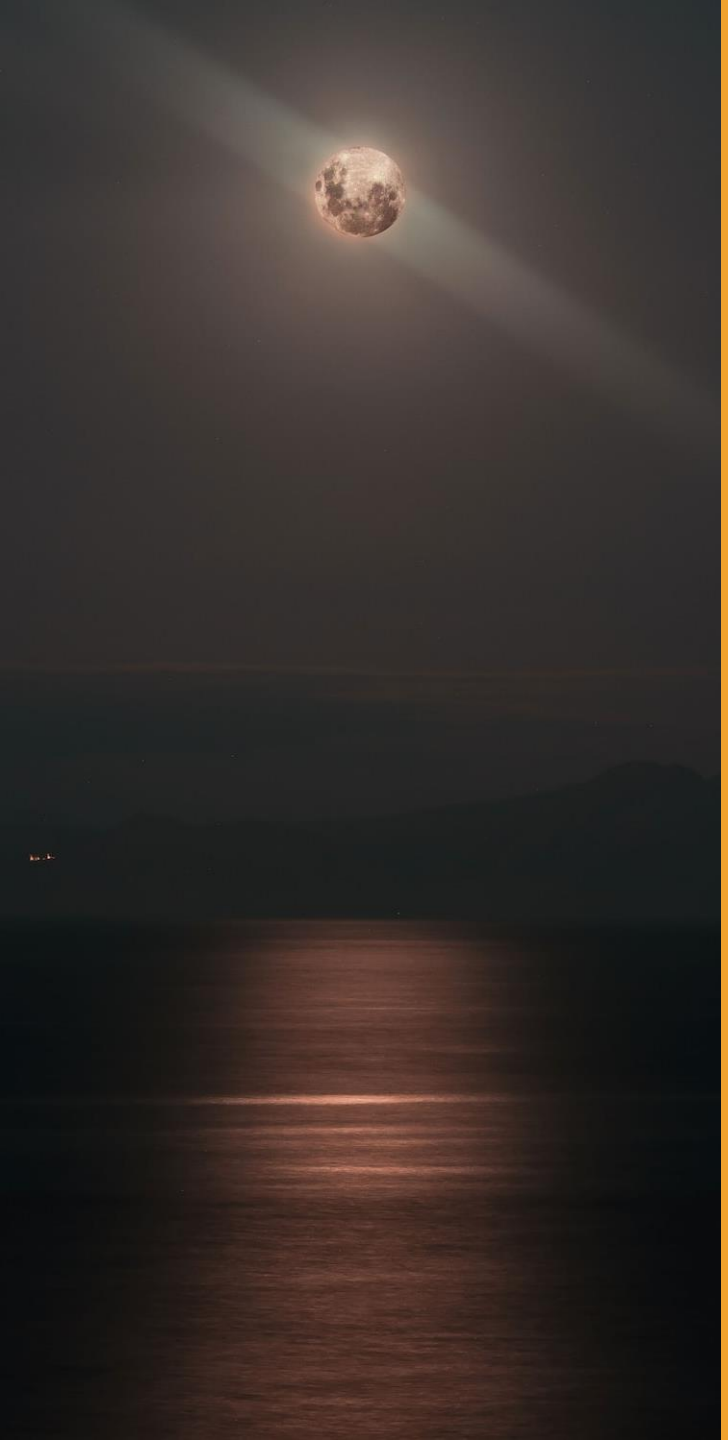


Abstract

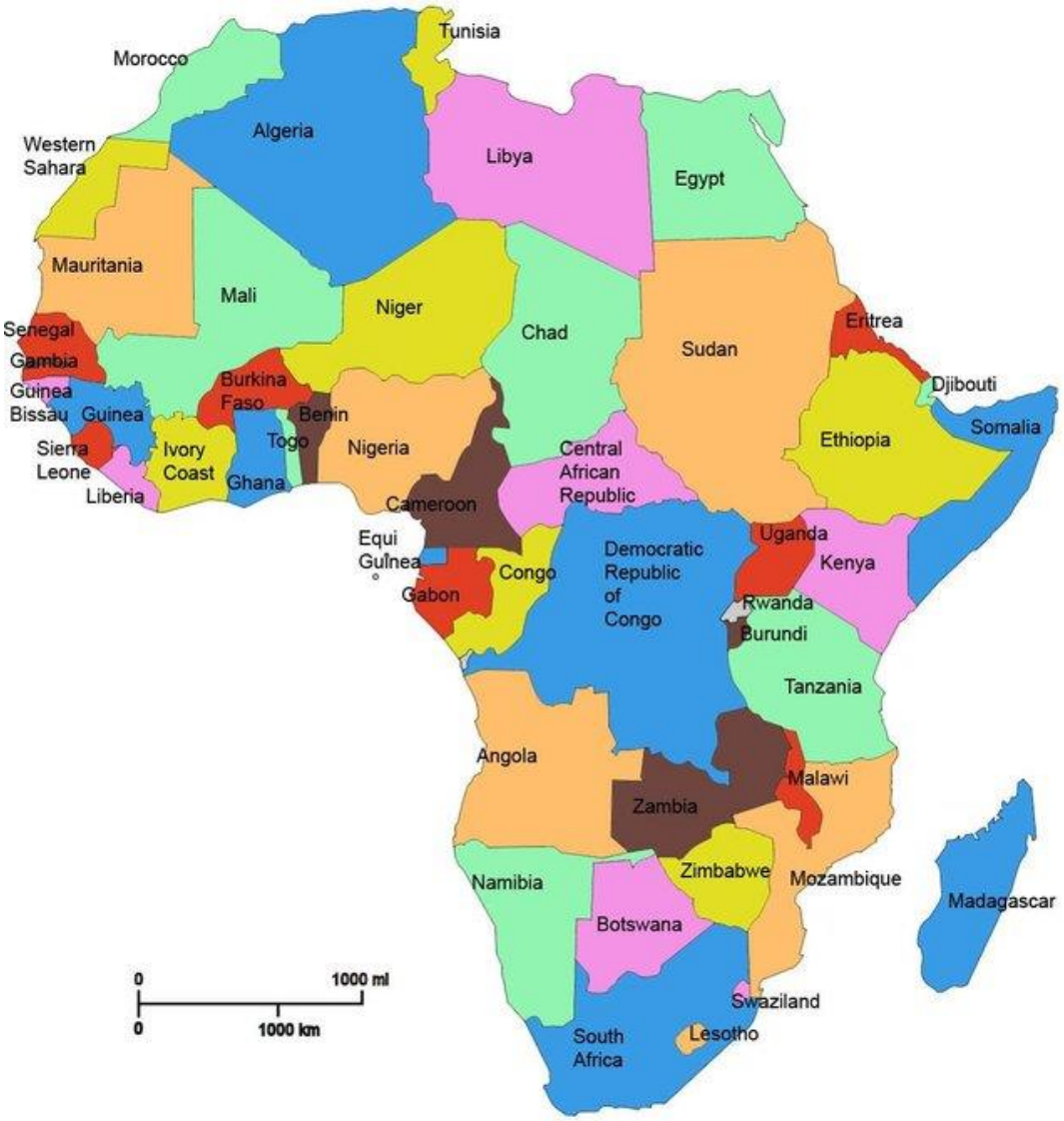
The study provided an ethnographic analysis of traditional healing and rehabilitation services in Lesotho, Swaziland, and Zimbabwe. The analysis was based on a combination of multiple case study and participatory action research strategies designed to close in on the interaction of traditional healing practices with disabilities and rehabilitation services in southern African culture.

Abstract cont'd….

Such a preliminary analysis generates a knowledge base that supports further analysis of the social construction of disability in relationship to paradigms of illness and disease as elaborated in the ethnomedical literature. The outcome of such an analysis supports the consideration and development of ethnorehabilitation and psycho-ecological pluralism, constructs that are identified as results of this study and that warrant further investigation and explication.

Focus

The research was conducted in 1994, and the investigator focused on the traditional healing practices of the *Sangoma*—or traditional healers—in the three southern African countries of Lesotho, Swaziland, and Zimbabwe, as those practices related to or had an impact upon rehabilitation services in those developing nations at that time.



Rehab & IK

While rehabilitation services delivery systems were emerging in Lesotho and Swaziland and existed at a somewhat more advanced stage in Zimbabwe, it had been difficult to assess—based on limited available information—whether the infrastructure for those services was linked more closely to traditional healing methods or to the modern methods endorsed by the Western donor organizations that were providing assistance in those countries and that had initiated some of the rehabilitation services there.

WHO & IK

The World Health Organization (WHO) was promoting collaborative efforts between Western biomedical and Indigenous healing communities in developing countries as early as 1978!

Role in Healthcare

Indigenous or traditional healers play a significant and recognized role in health care provision in southern Africa. According to the WHO, they are defined as follows: "a group of persons recognized by the community in which they live as being competent to provide health care by using vegetable, animal and mineral substances and other methods based on the social, cultural and religious backgrounds as well as the knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental and social well being and the causation of disease and disability." (WHO, 1978, p. 41)

Contextual Backdrop for the Study

- Geopolitical Background
- Sociocultural Background
- Preliminary Research Background
- Philosophical Background
  - Ideological Prologue
  - Ethnomedicine and Paradigms of Illness
  - The Cult of Affliction
  - Illness, Disability, Experience of Trauma, & Healing
  - The Paradox of Disability
  - A Social Constructionist Perspective of Disability
  - The Importance of Total Disability

The Inquiry

The *guiding goal* of the investigation was to *discover indigenous knowledge* about traditional healing practices in southern Africa that is relevant to the international professional counseling community. We aimed to fulfill this goal by pursuing the following three lines of *inquiry*.

Line of Inquiry 1

First, we investigated and described the phenomena associated with indigenous healing as practiced in non-Western cultures.

Line of Inquiry 2

Second, we examined the following research questions:

- **How does the construct—as well as the reality—of disability (physical, developmental, and psychiatric) factor into the context of traditional healing?**
- **What is the interrelationship or interaction among traditional practices, cultural norms and perceptions, disabilities, and the emerging counseling services delivery system?**
- **What information can be gleaned regarding the trance state of the *Sangoma* as a parallel construct to what is defined in the West as a dissociated state?**

Line of Inquiry 3

Third, we anticipated that one major outcome of such an investigation would be the generation of additional knowledge about international counseling and rehabilitation issues.

We expected that the study would yield cross-cultural implications of interest to researchers, educators, and practitioners in counseling-related fields, as well as to consumers of counseling services.

Methodology

Design

Purposive Sample Selection

Protocol

Data Collection

Trustworthiness of the Research

- Cultural Relevancy
- Background and Expertise of the Co-Researchers
- Research Team
- Other Dimensions of Trustworthiness
  - *Credibility*
  - *Transferability*
  - *Dependability*
  - *Confirmability*

Methods of Data Analysis

- Ethnographic Analysis
- Cross-Case Study
- Within-Case Analysis
- Four Existentials (vanManen, 1997)
- Units of Meaning (Kruger, 1988)

Results

Three Cases

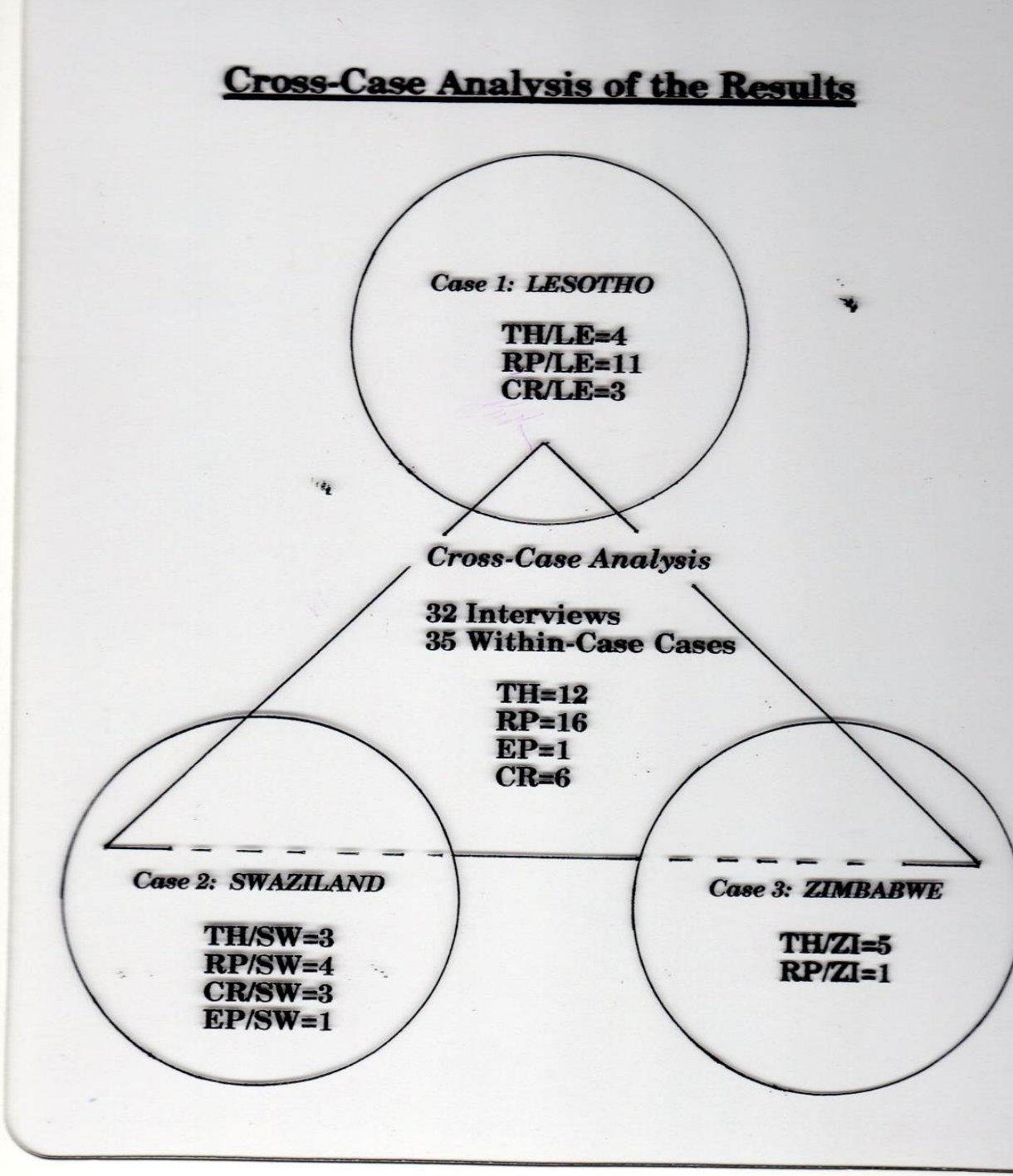
- Lesotho
- Swaziland
- Zimbabwe

35 Within-Case Cases

- TH =12
- RP =16
- EP = 1
- CR = 6

CROSS-CASE ANALYSIS

Of Within Case Cases




PEMBENG CASH STORE
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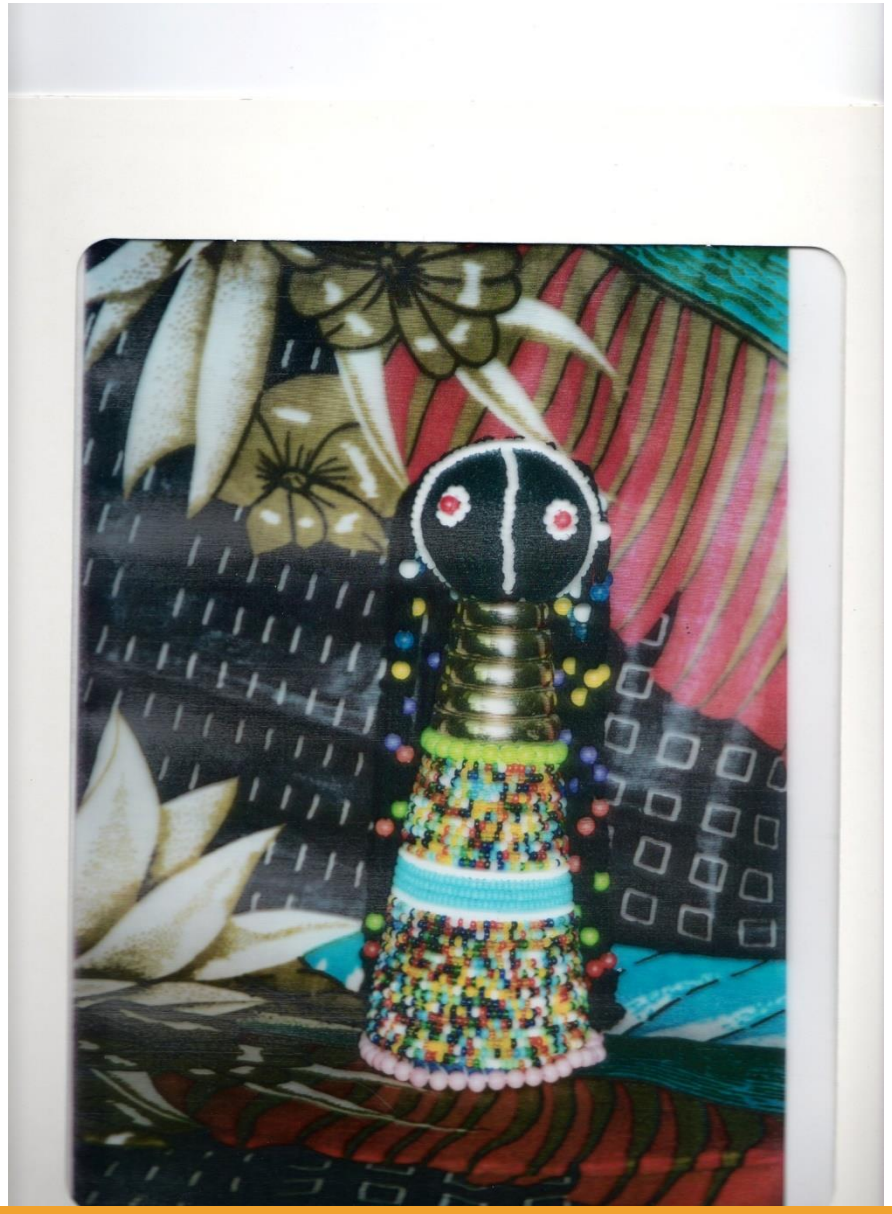
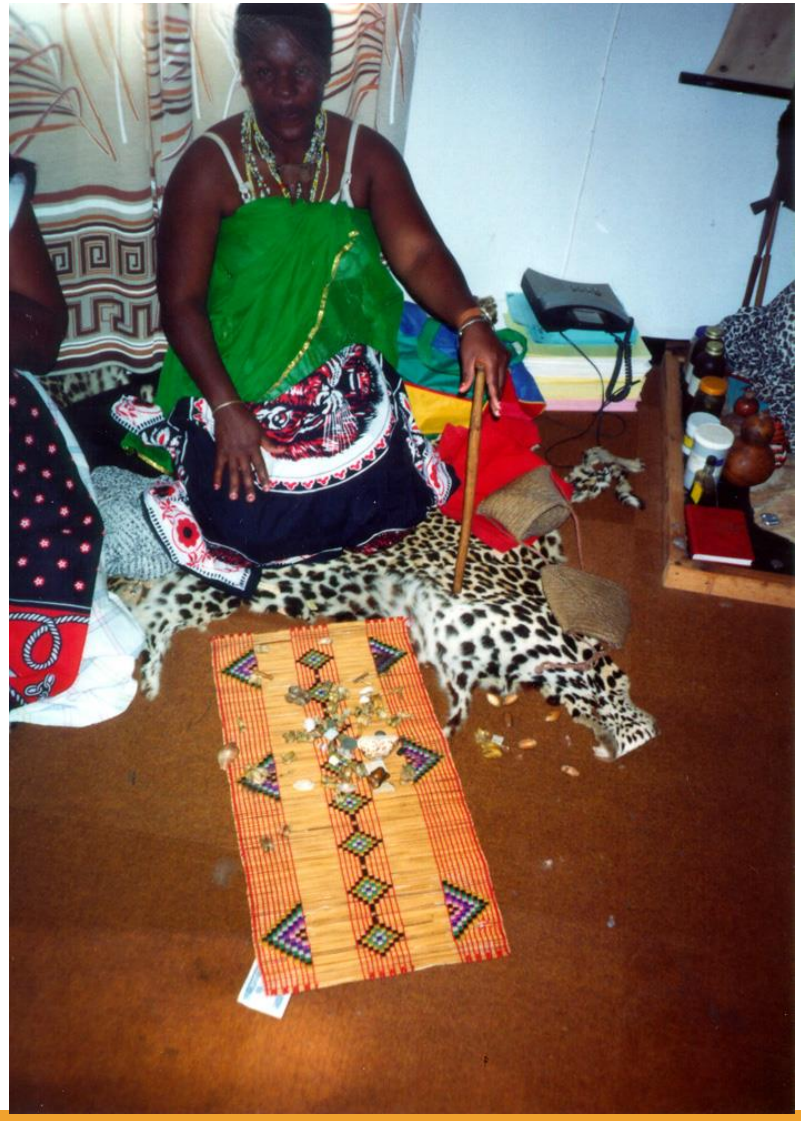



TRADITIONAL HEALERS ORGANIZATION
HEALERS TRADITIONAL HEALERS ORGANIZATION
LITIKO LETINYANGA
FOR AFRICA
TDr D. NHLAVANA
MASEKO
TRADITIONAL HEALTH CARE CENTRE

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Ethnorehabilitation

Ethnorehabilitation is an eco-systemic, praxeological construct which acknowledges the comprehensive nature of persons with disabilities through functional relationship to their respective cultures and in person/community-appropriate interaction with their environments. It seeks to establish a holistic prescription for a quality of life which entails consideration of biomedical, indigenous, psychological, personal-social, educational, and vocational dimensions through spiritual dialectics at the individual, familial, community, and cultural levels.

Ethnorehabilitation

This view simultaneously permits a holistic and ecologic perspective which is vertically attentive to the spiritual dimensions of the person and horizontally reflective of the environmental dialectic. It argues for a culturally specific sensitivity to the individual/environmental confluence. It is embedded in the temporal reality of the person's existence and draws meaning from the multiple dimensions of the person/community interface. The ultimate measure of the attainment of this perspective is the ethical respect paid to the person at the personal, clinical, community, cultural, and metaphysical levels. It results in a philosophy of empowerment considerate of the feelings, beliefs, rights, and behaviors of individuals, their communities, and their environments, and mindful of their interactions.

In response to our observations, and related to our developing thinking about ethnorehabilitation, we began to discuss the need for any Western donor organization to approach the delivery of human services in a developing country from a perspective of psychoecological pluralism. The construct is conceived on the same ecological basis as ethnorehabilitation, and implies the same kind of pluralism in the provision of human services as is suggested by the notion of medical pluralism. The human services and rehabilitation services delivery systems must be tolerant of an array of professionals—Western trained and indigenous—providing interdisciplinary care to indigenous populations.

Psychoecological Pluralism

The attempt by Western human service administrators to mandate psychology and social work principles that are in ideological opposition to traditional practices is particularly egregious. Further, it seems that the developmental and holistic framework of counseling fits in neatly with professional roles that already exist in some developing countries, for example, the village health worker and the rural health motivator, professionals who are indigenous and are already collaborating with the traditional healers. We advocate that Western donor organizations with interests in providing needed human services in African or other developing countries adopt a perspective of psychoecological pluralism. We propose continued examination and further explication of the construct, and we promote psychoecological pluralism as a parallel construct to ethnorehabilitation.

Psychoecological Pluralism

Toward a Perspective on Psycho-Ecological Pluralism

As a parallel process to the evolution of this construct of ethnorehabiltation, our data processing dialogue led us to another level of awareness. The human services in the countries in which we conducted our research, that is, those services that attend more to the mental, emotional, and rehabilitative needs of consumers, were not engaged in the same kind of collaboration with traditional healers that the biomedical services were to some degree. Because the human service delivery systems were largely funded by Western donors, and the tendency was to impose Western human service ideology, two trends became apparent to us. First, there was a tendency to dismiss traditional healers as serious players in the health care delivery system.

Toward a Perspective on Psycho-Ecological Pluralism

Second, there was a tendency for the pathology-oriented principles of Western psychology and social work to persist even in the transplantation of Western service delivery models into developing country contexts. Both of these trends can be viewed as having serious implications and deleterious results, because both are grounded in the more technocratic tendencies of the Western medical model and both ignore the spiritual dimension of healing that is implicit in African culture; therefore both trends are antithetical to the indigenous health care structure that already exists.


Q&A