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Illness and Health as Constructions: Narratives of *Sangoma*[1] Nurses

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ABSTRACT This study involved a group of *isi*Zulu-speaking nurses who were also traditional healers or *izangoma*[2] within the South African *ama*Zulu culture. The paper explored traditional healing beliefs and practices through the perspectives of this group of traditional healers who were *also* formally trained nurses. The narratives shared by the nurses, referred to as 'sangoma-nurses', revealed that their 'cultural' training and experiences dominated the manner in which they understood many of the illnesses that presented at the hospital. Working through the lens of social constructionism and through narrative analysis, the paper reveals that much of their views on ill health, even within the 'biomedical' defined hospital space, articulated by and large through the lens of their cultural worldviews, rather than the training they underwent as nurses. Findings reveal that the sangoma-nurses, in large part, struggled to straddle their dual positionality; as so called 'western' nurse *and* traditional *isangoma* and were often compelled to 'suspend' their traditional beliefs while at work.

INTRODUCTION

As pointed out by Kale two decades ago, (1995: 1182), "traditional healers existed in South Africa before its colonisation by the Dutch in the 17th century", flourishing in the face of competition from so called 'modern' medicine. Around that period, an estimated 200,000 traditional healers were practicing in South Africa, compared with 25,000 trained doctors of medicine. It was estimated that approximately 80 percent of the Black African population used the services of traditional healers. This is because, Kale claimed, "traditional healers are enshrined in the minds of the people and were respected in their community, and they are often its opinion leaders" (see Kale 1995: 1182). These numbers, rather than diminishing in the face of globalisation and the hegemony of biomedicine, have remained high and reveal the deeply embedded values and praxis of what is termed as African traditional healing practices.

While there have been several studies that have focused on traditional healing and healers (see Lumbsden-Cooke et al. 2006; Madamombe 2006; Edwards et al. 2009; Watts 2010; Naidu 2013), there have not been studies, to the researcher's knowledge, that have explored the fact that there are so called 'Western' trained nurses who are also practicing *sangomas* or traditional healers in the amaZulu cultural tradition. This is the point of insertion for this exploratory study. While probing the cultural constructions of illness and healing, the researchers stumbled upon a group of nurses in the research site (hospital) that the reaserchers were based at, whose shared narratives revealed their dual positionality; as nurses and *sangomas*. Given the perceived hegemony of the bio-medical discourse and in many contexts, hegemonic biomedical practices; the researcher was intriguied to query the edges of the the two systems of health through the perspectives of what the researchers terms, sangoma-nurses. This exploratory study and paper, in turn probes what level of conflict, if any, the sangoma-nurses may experience while working in the hospital.

METHODOLOGY

This paper worked with a group of *isi*Zulu-speaking nurses who were also practicing traditional healers, or *izangoma*. The paper explores traditional healing beliefs and practices through the perspectives of this group of traditional healers who were *also* formally trained hospital nurses. The research took place at a non-profit based private hospital that serves public health needs around Durban, in the Province of KwaZulu-Natal, South Africa. Many of the patients were in turn from the surrounding black African neighbourhoods, and most of them were *isi*Zulu-speaking.

Five participants were recruited for this aspect of the study using purposive sampling. Sr. refers to female Sister/Nurse, while Sir refers to a male nurse and this is how they are customarily addressed in the hospital.

Data was gathered through semi-structured interviews. The questions, however, were open-ended and flexible. This approach enabled flexibility in how the interview questions were asked, and more importantly, it allowed the space for the participant to respond in a fluid self-directed manner. Each interview lasted for about 45 minutes. Most of the interviews were carried out within the hospital premises except for when the researcher visited (when invited) the homes of some of the participants. The collected data was in turn analysed manually through narrative analysis and manually coded into thematic strands.

RESULTS

The *iSangoma* Nurses' View of Illness

There is a strong reverence for interconnectedness within African society and the danger posed to any 'segment' of the connection can, according to this worldview, lead to instability within the whole system, made up of the living, the dead and the environment.

For a person to be sick it means that the person is physically not fit to do the normal things that he or she is used to. Usually it is physical but it can be because of a spiritual problem and sometimes it has to do with what one might have done or not done to or for the ancestors. You need to take the history, you need to sit with the person and find out what has been going on with them (Sr. Nelisiwe).

As seen in the narrative, the perception of good health is linked to the presence or absence of a "harmonious relationship with the individual, and nature, with an emphasis on interpersonal relationships" (Watts 2010: 18). (Good) health is regarded as harmony in all aspects of the human person with the environment and with the ancestors (see Moodley 2005). Ill health, on the other hand will be the existence of *dis*-harmony in a person's realm; physical, spiritual, psychological and otherwise. Sr. Nelisiwe who is a practicing *isangoma* and heads one of the Nursing Wards, revealed an understanding of illness that seem to be shaped, by not only her nursing profession, but also her 'cultural profession' as a healer, attributing illness to not only the physical and psychological, but also to the spiritual (ancestors).

As shared by Sr. Nelisiwe, Sr. Mpume and Sr. Zama, the healer does not (or as they stressed, *should not*) work in isolation in determining what the patient is suffering from. They are meant to communicate with the spirits, the patient's ancestors through the chants they uttered during the 'consultation'. In Zulu traditional healing, the *izangoma* does not actually *provide* the solutions to the problem on their own. It is however, the ancestral spirits they have access to who provide them with guidance, while the 'true' role of an *isangoma* is to communicate the message from the ancestral spirit to the client". This power to communicate with unseen beings was alluded to by one of the research participants.

When I listen every day I hear things that I have never known before so I expand every day. When I listen, they (the unseen spiritual beings) tell me and I see each and every plan that the world is projecting … I know exactly what will happen next year… What the weather is saying, what the sun is saying, and what the moon is saying and know exactly how it is going to happen (Sr. Mpume).

Sr. Mpume shares that she "listens" because it is believed that, aside from the inspiration or communication that may take place between an *isangoma* and the spirit world while chanting during a consultation; they are also communicated to her through the 'winds'. Walter (2004: 957) asserts that the spirits communicate with the *isangoma* or the *isangoma's* clients in the form of a whistling voice, but because not all clients can listen, hear or interpret these voices, the *isangoma* listens on their behalf.

Of critical importance was the nurse-sangomas' assertion that it was not medicine alone (bio-medical or African traditional) that could heal a person;

In our traditional medicine, it's not always medicine… medicine and more medicine. Yes, its medicine when necessary and when its medicine, its natural herbal medicine. But most of the time, because this whole person comprises of not just the physical body which is anatomy and physiology, but comprises of the forces that govern our lives. When I say the essence of my being, it also comprises of my relationship with those who are departed from my family. We respect that they have a link with us. Most of the times you will find out that it is not a physical illness. But this body of mine, has been alienated from its natural space.

When a person is having a headache it is when we block the thought process in us yet….

when you get to an isangoma they give you muti and it clears the blockage and you are able to clear the blockage and you are sorted out. Meaning the energy that wanted to come in wanted to do something and clearing the migraine allows the energy to flow into you (Sr. Mpume).

The sangoma-nurses were also all clear that in order to promote harmony and well-being or good health in the individual, the ancestors had to be made to feel welcome and part of the (living) extended family.

The use of herbs is almost generally acknowledged within African cultural healing rites. These herbs, as Sr. Nelisiwe showed the researcher in one of the visits to her home, are derived from leaves, barks of tress and their roots. They may be fresh when given to the patient, or dried, ground and mixed with water. The "welcoming" of the ancestors' ceremony referred to by Sr. Nelisiwe has been extensively described in another study by Edward et al. (2009: 6). They state that, due to the continuous relationship with ancestors, when a person dies, especially in an accident or at the hospital, he or she ought to be given a befiting burial by carrying out a rite in order to be regarded as a member of the *abaphansi* (living dead).

It is believed that such a person remains an outsider in the communion of the family's *abaphansi* and is sometimes regarded as a ghost or "bad" spirit and haunts, taunts or is unable to protect the family members from any ills. In order to welcome such a person into the communion of *abaphansi* and allow them their place as ancestors of of the family, the appropriate rites are (needed to be) conducted. An important aspect of this rite is the use of *ilhahla* or sacrificial slaughter of an animal.[1]

Narrating how she was able to know what a patient was suffering from and what she could offer as an *isangoma*, Sr. Thabile shared;

For us (izangoma) there are so many ways of knowing what a patient is suffering from. For example if I walk pass the ward and there is someone having sharp pains, I immediately pick it up by having those sharp pains. So I actually feel what someone else feels. Some of them will just understand when I immediately say oh the sharp pain. Then immediately going away from them I would have partly healed them because I would have taken away what they have... There was once a time I was doing my rounds in OPD, I passed by this patient and I was like what headache. I was like what excruciating headache and I knew it was not okay but that was because one of the patients was feeling that much headache.

These narratives express their unique culturally embedded understanding of illness and the *isangoma* nurses' ability to "detect" what type of illness a person is suffering from and from there decide what steps to take in order to assist the patient. Such an intuitive sense of the patient and his/her illness is far removed from the manner in which most health care practitioners are trained to diagnose illness, seen within the frame of a classificatory pathology. It is also far removed from the usual and discernible causal link sought for within a bio-medical system that lays emphasis on cause and symptoms, where the patient is in turn expected to be medicated/treated in order to *sever* the causal link. According to one of the participants;

There are some illnesses that may not be linked directly to any natural causes and the medicine for that has to be from the traditional healer. Even those of natural causes like urinary tension; there is medication for such in the Zulu culture. When a person has that, he should be taken to the traditional healer who will use his eraser to cut into the area that is affected. So most times we first go to the traditional healer and hear what he has to say before we can even think of going to the hospital (Sr. Jabu).

This narrative by Sr. Jabu shows the shared reality of many of the research participants who had similar views. They viewed illness, not only from a physical or biological perspective, but as a possibility of interconnected phenomena or realities that might have 'tampered' with the person's spiritual or even physical wellbeing[2].

The role of the traditional healers, as Madamombe (2006: 11) states, is to "facilitate communication between the living and the dead". Traditional healers are also "reputed to divine the cause of a person's illness or social problems by throwing bones to interpret the will of the dead". Thus, traditional healers are visited for both mild as well as life threatening illnesses and use herbal plants in their treatment[3]. An *isangoma* may be consulted for treatment of an illness ranging from bodily ache to psychological to community problems.

Sr. Nontokozo shared that her daughter was once ill, and they carried out certain healing rit-

uals[4] and *'tied a string, around the girl's waist, and she became well'*. Although she appeared to avoid giving a direct answer to the question, it was clear that at no point was it felt that the daughter needed a doctor, or to go in to a hospital.

I use different herbs when treating those who visit me. When treating them, the herbs supress any illness that the person might be suffering from. The rituals I carry out may also send back the curse if the person might have been cursed and to cleans them. And whenever I treat a person I expect a holistic healing (Sr. Thabile).

So I have mutis like uhlungu hlungu. You mix that when you are doing amazan nyama. That is when you helping msamo wahke, that is a person has died but is not yet part of the family in spirit especially if they were not good people or died in an accident. So you bring the spirits into the family.

I also use qumba in the second phase of the ritual… after the last seventh day you do the slaughtering to the ancestors and the ceremony is completed and the ancestor becomes a part of the family (Sr. Nelisiwe).

Although when a person comes to me I can even hear what is wrong with them even before they come see me. (Sr. Mpume).

The *isangoma* healers claim to treat the person as a 'complete being', mind, body and spirit through psychological, physical, spiritual and 'social diagnosis' using supernatural powers to decipher what is wrong with the person (Truter 2007: 58). The sangoma-nurses were also very clear that a person suffering from so called cultural illnesses such as *mbande* (stroke like symptoms) has to be immediately rushed to a traditional healer *rather than being brought to the hospital*. They pointed out that the *isangoma* would give him/her certain herbs, and likely tell them who bewitched them.

Explaining that should the patient come to her at *her* 'room' at home, (as opposed to the hospital rooms), Sr. Nelisiwe says;

Sometimes I pray over water and mix it with some powder and give them and sometimes I give them candles. It depends. But most of the times I do not just decide what to give a person on my own. It is my guides who will tell me what I should give to the person. I use illungoma, my ancestors. Right now use abalozi amakhosi apheZulu, these are ancestors who talk to you in the wind or use sounds like whitsling but I will be the only one who will be able to hear them (Sr. Nelisiwe).

In a study conducted by Bierlich (2000: 705) with the Dagomba of Northern Ghana, he shows that there exists a condition known as *kpaga*, which is similar to an ailment known as *mbande* (amongst the *ama*Zulu) and *xifulana xifula* in other parts of South Africa. This condition literally means a band, due to the feeling of a rope being tied around one's waist. The condition usually portrays symptoms of stroke and septicaemia. It attacks a person when he or she jumps or steps over some medicine that might have been laid along his or her path by someone that dislikes them. Bierlich (2000: 709) discovered that amongst the Dagomba of Ghana, which is also similar amongst *ama*Zulu, if such a condition is treated by hypodermic injection, which is the proper biomedical treatment, a person could suffer sudden death.

Sr. Nelisiwe was very clear however, that she could not and would not be able to administer any of the above when the patient came to the hospital saying that; *"Here the doctors diagnose and prescribe, not us."*[5]

DISCUSSION

Despite the conviction towards traditional medicine and healing, some of the nurses confided;

The hospital will expect me to advice patients medically and make them stick to the medication that they are given here. If I am caught advising a patient to take traditional medicine or seek the help of a traditional healer I will be fired. I will be fired after being called into the disciplinary. It is difficult to stick to what one knows, especially now that we are in the hospital and it has its rules (Sr. Nontokozo)

Given their culturally embedded knowledge about health, the nurses in this study faced much institutional and private conflict. One of the nurses, when asked about the possibility of referring a patient to cultural healers, retorted; *"I won't mention anything traditional to the patients here because we are in the hospital. While in the rural areas I won't hesitate to mention it. In the hospital I will 'refuse' to understand that people can be bewitched or whatever… because the hospital management will think that I am also confused as the patient" (Sir Siyanda).*

While some of the conflict in decision making by the nurses can be ascribed to their conviction and belief in traditional medicine, others ascribed their fear of being seen as compromising the medical practice in which they have been trained, and would rather "deny" their cultural knowledge of medicine. One of the participants asserted:

I am a Zulu person, I believe in the ancestors. But because the hospital practices western medicine, they cannot advice a person to go to the traditional healer because of the hospital's beliefs … for us the ancestors are our God and we have to consult with them, but it is hard. So you look at the beliefs of the hospital, you look at the objectives of the hospital and everything… allowing traditional practice will conflict with their objectives… They cannot push people back to their ancestors. The hospital practices western medication and will want to treat and have more patients coming into the hospital. So if I am seen asking patients to go see a sangoma, the hospital won't agree, they won't see it the way I see it because they won't understand and they think the western medicine is the only way people can and should be healed.

They will say I am chasing away the patients by referring them to the traditional healers. It is a personal thing. As we are here, we all have different cultures. In a way we are all stuck here in the hospital yet we have different mentalities, different cultures, and different beliefs and understanding yet we have to merge in a way and that one way expected is the western way. The hospital won't see this need universally because they will say what if the Indian patients come in, what will I do? So it is a personal thing. It is not something that I can go to the management and say I am proposing this, for now no I can't. Until the use of traditional medicine has been nationally allowed, then it can be allowed here, but for now it will put me at risk (Sr. Jabulani).

This fear of being rebuked and losing their jobs, as shown in the narratives above, places the nurses in a difficult situation. Where they wish to express their knowledge and offer their 'cultural skills', they contended, they are unable to do so. The narratives of the nurse-sangomas present us with how they are compelled to, in a sense, renegotiate their identity in order to suit the professional expectations. They appear to 'suspend' belief of the 'traditional' when in the hospital space in order to retain their jobs.

Sometimes it's so difficult to know what to do because now seeing the patient complain about one thing and is being treated for that thing or even something different and me knowing that the patient is actually suffering from something else. You know sometimes I feel weak because I have been shown what is wrong and need to help, but I can't because we are in the hospital, and you dare not get caught doing anything that is not seen as properly medical (Sr. Nelisiwe).

These people (the hospital authorities) always say our traditional medicine and practice will conflict with the western medicine so we should not mix it, but how can praying for someone bring any conflict? Sometimes that is all I need to do to get the patient to feel better. Most times they get that sick because there is a disconnection in them. So when I am told not to help because my traditional practice will conflict with the western practice I get really sad. It's like knowing that you can speak and being told not to speak. That actually hurts … (Sr. Thabile).

The above narratives present us with what the nurses feel towards the imposed expectations on them by the hospital. Their experiences reveal how these expectations are at times discordant with their cultural knowledge and beliefs towards health and illness. Within the hospital spaces the sangoma-nurses felt that they were restricted and that brought some level of anxiety and inner conflict to them. One of the sangoma-nurses shared;

Yes I am a sangoma, but when at home I don't just say everything is caused by the ancestors (laughed). When my daughter catches the flu, I can't start saying that she has been bewitched or it is because of an ancestor or something like that. Even though I may give her some herbs to drink when she gets sick, but some things are simple to understand and I will get her pills for the flu and she gets better (Sr. Nelisiwe).

Even though people can get poisoned by others, we can also eat things that can get us sick and poisoned. For instance if you decide to leave your food and all sorts of flies sit on it, that can get a person sick. I know that I have to make sure I take care of myself. Before now our parents will just say don't worry nothing will

happen to you because you are a healer, but that is not true. We are also human beings and can also get sick. So I cannot just decide to do anything I feel like just because I am a sangoma. The sickness will not say because I am a sangoma so it won't infect me. No it will and these are some things that I know as a nurse that maybe our parents or even some sangomas will not know because they may think all sickness is a curse (Sr. Thabile).

CONCLUSION

Isangoma nurses have both knowledge about and experience of health and illness that may be considered unique and enshrined within the Zulu cultural matrix. In the context of this study, the sangoma-nurses, claimed that their knowledge is received from the gods and ancestors (rather than their nursing training only). While many of the narratives show that both sets of expertise contribute in shaping how the nurses understand illness and treat patients, family members or themselves, this study shows that the sangoma-nurses are sometimes placed in difficult and conflicting situations without being sure of how to respond, especially within the hospital setting.

Given the fact that traditional African health perspectives and traditional healers have been mainstreamed with the larger healthcare practices in South Africa, future research into how nurses with experience in traditional healthcare can be afforded and accorded intermediary roles between the largely rural and peri-urban patient population and the medical practitioners, thus becomes imperative. It is suggested that such research holds the potential for unpacking both the challenges and potential benefits for a complementary and more nuanced approach to health care practices within a multi-cultural society such as South Africa

RECOMMENDATIONS

Many of the sangoma-nurses indicated that that, like the calling to be a traditional healer or *isangoma*, they also felt a 'calling' to become a nurse and heal people. Sr. Thabile shares; *actually I was born a nurse. I was born to help people, to heal, to love sick people from an early age. When my mother was crying I will be asking her mum why are you crying? I used to feel something 'special' [odd] when anything was wrong.*

Likewise during a conversation with Sr. Jabu she narrated; *since a young age I have always wanted to be a nurse. I was in grade 10 when my grandmother was sick I was taking care of her.*

Sr. Mpume asserted that she was young when she used to take care of her grandfather*; "I changed him when he messed himself*". She says that it has always been her desire *"to help people who are suffering and free them from suffering*". Even though being a *sangoma* gave her the opportunity to help people, she continues, *I thought becoming a nurse makes me reach out to more people through what I know and help them in many ways…*"

However, the earlier narratives reveal that contrary to what may have been the aspiration of sangoma-nurses like Sr. Jabu, they were not free or able to infuse their cultural knowledge or their skills as traditional healers into a conventional hospital space and context.

Based on the narratives, and the at times, fraught experiences of the nurses who were also traditional healers, one offers the recommendation and suggestion that nursing programmes should consider including cultural dynamics and the cultural specificities of nursing staff as part and parcel of the training and counselling offered to nurses. Within a public health care system in a province like KwaZulu-Natal, which is demographically dominated by Black African *isi*-Zulu-speaking patients, it follows that the majority of the patients that the nurses will come into contact with, will be Black African isi-Zulu-speaking. In many cases, the nurses will also be isi-Zulu-speaking. Thus adopting a 'cultural pedagogy' and factoring in perspectives or even an entire module on cultural understandings can only enhance both curricular and training, as well as health care practices. It can also aid in affording respect and value to people's cultural understandings and quite possibly, reciprocally, aid in medical adherence and mutual trust in Western medicine and practices.

NOTES

1 A term in southern Africa that refers to a traditional healer or diviner.
2 The term *izangoma* is the plural form of *sangoma*.
3 This occasion is comprised of the slaughtering of an animal whereby *isisihlahla* - a type of twig from a tree known as *umlalhamkosi*, -is used in creating a communication channel between the deceased member of the family and the living (Edward *et al.* 2009: 6-7).

4 In Peltzer's studies in the Limpopo Province of South Africa, it was discovered that out of 104 black Africans sampled, 68% sought medical treatment during their last illness. 19% of them visited the herbalist for both minor and chronic conditions. 9% had been to the diviner, while 4% had gone to a faith healer Peltzer (2000: 60). As far back as 1998, Wilkinson and Wilkinson (1998: 737) conducted a study in a KwaZulu-Natal primary health care clinic and found that out of 360 patients diagnosed with STIs, 14% had sought treatment from a traditional healer. Similar to this finding, in another more recent study, also conducted by Peltzer, the healers asserted that they were often consulted to treat "sexually transmitted infections (STIs) such as *Tshofela*/drop (gonorrhoea), *Thosola* (syphilis) and assumed HIV/AIDS" (2001: 4). In 2003 Peltzer also found that about 36% of rural South African adults who had suffered some form of STIs within 12 months of the study, had sought treatment from traditional healers (2003: 252).

5 This dependence on plants, as many studies have shown (see Srivastava, Lambert and Vietmeyer 1996: 18), has continued to play an important role in health care and traditional rites, especially in many African countries. Hammond-Tooke (1989) earlier, stated that although it is difficult to explain *why* and *how* traditional medicine work, their effectiveness cannot be doubted. Healing, he claimed, may be due to the derivation of meaning together with the sense of comfort and fulfilment the patient derives from the treatment- even when a cure is not found for his or her illness (Ross 2007: 18).

6 The cleansing rites of illnesses, usually involve appropriate sacrifice of an animal, mostly a goat, washing in chime, usually from the intestine of the animal killed, keeping off from glamorous looks of clothes and cosmetics, and wearing a piece of the slaughtered animal's skin around one's wrist. After the sacrifice, one may be expected to cleanse or drink from a gall. It is believed that the ancestors love the sweetness of the gall (Edwards 2009: 3).

7 Many of the participants shared that when 'patients' visited them in their capacity as "traditional" healer, they chanted and 'threw the bones'. After throwing the bones, whatever position each bone falls into, the healer believes that such a position has been decided by the ancestral spirits and has its unique interpretation and meaning (Walter 2004).

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