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Health Care Practitioners' Ambivalence about Traditional Healing: A Critical Reflection on the Findings of Maboe Mokgobi's Dlitt Et Phil Study

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Abstract

This paper deliberates on the findings of a doctoral study that investigated western-trained health care practitioners' views on traditional healing. The paper particularly focuses on the ambivalences that emerged in the responses of health care practitioners when they responded to questions relating to (1) whether they use the services of traditional healers, (2) whether they have knowledge of traditional healing, (3) whether they support traditional healing and (4) whether they would be willing to work with traditional healers in the future. For the benefit of the reader, the paper begins by presenting the executive summary of the DLitt et Phil study whose results are being reflected upon in this paper. The paper tapers off by suggesting that both the western healing and traditional healing systems could learn from each other although western-trained health care practitioners indicated a reluctance to work with traditional healers in the future. When comparing the views of different categories of western-trained health care practitioners, psychiatrists and psychiatric nurses (as compared to general physicians and general nurses) appeared to be the most welcoming of the idea of working with traditional healers in the future.

Keywords: Ambivalence; Healthcare practitioners; Intentions; Knowledge; Traditional healing

Introduction and summary of a DLitt et Phil study (by Maboe Gibson Mokgobi, University of South Africa, November 2012)

There are two independent streams of health care in South Africa: traditional healing and Western medicine. Proposals to formally integrate the two streams have been made by the World Health Organization and by the South African Department of Health.

In this study, the philosophical background behind each of the two health care models is discussed, as well as literature on the possible integration of the two systems. It has not been clear if Western-trained health-care practitioners would be prepared to work with traditional healers. The purpose of this study was therefore to examine health care practitioners' opinions, attitudes, knowledge and experiences with traditional healers, and to determine to what extent these variables would predict their intentions to work with these healers.

A Within-Stage Mixed Model design was used, and data were collected using a self-developed questionnaire called the Views on Traditional Healing Questionnaire (VTHQ). A total of 319 health care practitioners from State hospitals and clinics in Gauteng and Limpopo provinces (South Africa) participated in the study.

The results of the study revealed significant differences between groups of health care practitioners in terms of their opinions, attitudes, experiences and intentions to work with traditional healers. Psychiatric nurses and psychiatrists showed more positive opinions, more positive attitudes, more knowledge and more willingness to work with traditional healers than do general nurses and physicians. Psychiatric and general nurses also had more experiences with traditional healing than did psychiatrists and physicians. The results also revealed that attitudes, knowledge, opinions and experiences predict Western health care practitioners' intentions to work with traditional healers, with attitudes being the strongest and experiences the weakest predictors.

Health care practitioners' views of traditional healing were contradictory and ambivalent in many instances. Some health care practitioners expressed negative and disapproving sentiments while others were positive and approving. A further group of health care practitioners were hesitant to let their sentiments on traditional healing be known. The purpose of this article is to critically reflect on the ambivalence of health care practitioners about traditional healing. In so doing, this article will consider the following key aspects of a seminal doctoral research: (1) Do health care practitioners utilize the services of traditional healers? (2) How much do health care practitioners know about traditional healing; (3) Do health care practitioners support traditional healing? (4) A way forward in relation to consumers' utilization of traditional healing; (5) Health care practitioners' willingness or lack thereof to work/collaborate with traditional healers in the future. For a detailed discussion of the study (method and results) please see "Views on traditional healing: Implications for integration of traditional healing and Western medicine in South Africa" [1].

"I don't use them, but my friends do"

Over half of the western-trained health care practitioners believed that traditional healing is a good primary health care system that can

effectively treat a variety of physiological conditions. Over two-thirds said that, in theory, they would consider both Western medicine and traditional healing when they fall ill. However, in practice, most of them never consulted traditional healers. This contradiction between the theoretical willingness to consult traditional healers and the practice of not doing so raises questions that were not answered by this study. Is it that Western-trained health care practitioners doubt the effectiveness of traditional healing? But if so, why do they then believe that traditional healing is a good primary health care system? Are they ashamed to admit that they too consult traditional healers? It has been suggested in the literature that some people consult traditional healers but they do not want to admit this for fear of being looked down upon by others who frown upon traditional healing [2]. Although they 'do not use the services of traditional healers themselves', a large number (75.5% and 79.3% respectively) of health care practitioners said that their friends and relatives do so. Many also have heard of Western-trained health care practitioners who consult traditional healers when they are ill.

These findings are consistent with previous literature wherein the majority of people, particularly black people, have been reported as using traditional healing [3]. However, very few health care practitioners in this study admitted to personally doing so. Therefore, there is a discrepancy between what health care practitioners say they are doing themselves and what they know their communities are doing regarding the usage of traditional healing. This may come about as a result of health care practitioners not wanting other people to know that they also consult traditional healers in their private capacity. One might suspect that because traditional healing is frowned upon by religions such as Christianity, to which the majority of current participants subscribed, as well as being not officially recognised by the Health Professions Council of South Africa (HPCSA) which regulates the professional conduct of health care practitioners, health care practitioners find it difficult to declare that they too consult traditional healers. Therefore, to try to strike a cognitive balance a large number of health care practitioners resorted to not admitting that they consult traditional healers. A cognitive balance or cognitive consistency is attained when an individual who holds two or more opposing cognitions reduces the tension between them by rejecting one or more of them [4,5]. In the case of this study, health care practitioners appear to have rejected the idea that they too consult traditional healers.

Do they, or don't they know?

There was a surprising lack of knowledge of traditional healing in the group of western-trained health care practitioners who participated in the study. In answer to quantitative questions, the majority said, for example, that they did not know, or were unsure about, that there are illnesses in the African tradition that are inflicted by ancestors or through witchcraft; that traditional healers often use plant or animal products to treat illnesses; and that ancestral spirits are the pillars of traditional healing. We might, of course, conclude that if Western-trained health care practitioners indeed never consult traditional healers this would explain why they do not have 'enough' knowledge and experience with traditional healing. But there is an interesting contradiction in the findings which clearly indicates ambivalence in the health care practitioners' responses.

Notwithstanding their apparent lack of knowledge of traditional healing, some health care practitioners were very informative in their narratives about what traditional healers can and cannot do. They explained in detail which types of medical conditions could be effectively treated by traditional healers. One of these is sexually transmitted infections, other than HIV and Aids which health care practitioners maintained could not be treated by traditional healers. At least some sexually transmitted infections, and infant rashes, were also mentioned, by nurses in particular, in previous studies as conditions that can effectively be treated by traditional healers [6]. The WHO also recognises the effectiveness of traditional healing in the treatment of some STIs [7].

Health care practitioners who participated in the current study further believed that traditional healers can effectively treat infertility in females, constipation, diarrhea, epilepsy and infant illnesses such as fallen fontanel ('hlogwana/phogwana' in Sepedi, Setswana or Sesotho languages). They were especially well informed and persistent that fallen fontanel is best treated by traditional healers (who make an incision across the baby's scalp and directly apply medication through the incision) and not by western-trained doctors who perceive it as a problem of dehydration which can be rectified by rehydrating the baby. Fallen fontanel has always been a controversial condition which many researchers believe is culturally-bound although it should be seen as universal but culturally-interpreted [8]. In many traditional African communities in South Africa and elsewhere on the African continent, it is widely believed that Western medicine does not understand the fallen fontanel condition; hence many people in these communities prefer traditional healing over Western healing in this regard [9].

The health care practitioners in the current study were also well informed about the medical conditions that could not be treated by traditional healers, such as HIV, Aids, TB, cardiovascular conditions, any surgical condition, any form of cancer, asthma, diabetes mellitus, hypertension, gangrene, orthopaedic conditions, hepatitis B, liver cirrhosis, respiratory conditions and acute abdominal condition. This long list of illnesses may be read as indicating that western-trained health care practitioners think of traditional healers as having a relatively limited scope of expertise in dealing with illnesses. It might also be an indication of the perceived causes of the illness, which in this case is probably linked to the germ theory of causation of illness, with western-trained health care practitioners being better equipped to deal with the disease. These illnesses are probably not perceived, in traditional healing, as being caused by ancestors or witchcraft, in which case traditional healers are better equipped to deal with the diseases.

Despite their apparent lack of knowledge about traditional healing, the health care practitioners were very well informed about the success with which traditional healers can treat psychiatric conditions such as clinical depression, schizophrenia (mafofonyane) or any 'witchcraft-related' psychosis. This was summed up by the responses of one health care practitioner who said that "my brother in law was a deeply religious person who did not want anything to do with ancestors, but became psychotic and was treated for this, he became much better". Another participant said that "most psychiatric patients are bewitched and traditional healers are able to heal them". Once the condition is perceived as man-made (e.g. witchcraft), traditional healing is often preferred over Western medicine [10]. In such cases, some nurses verbally refer patients to traditional healers without writing the referrals on paper because traditional healing is not formally recognised by the HPCSA [6]. They do so for patients who are supposedly suffering from man-made illnesses because the traditional healing system tailor-makes the healing process in accordance with the patient's cultural background and their understanding of the condition that they are presenting with [11]. Traditional healing is generally

thought to deal effectively with man-made psychiatric conditions better than Western medicine [12,13].

The discrepancy between the knowledge that health care practitioners displayed in quantitative items and in qualitative items in the questionnaire gives rise to the question as to why this discrepancy exists. The limited knowledge that health care practitioners displayed on the quantitative items might have resulted from their not being willing to admit that they know a significant amount about traditional healing. Most of the health care practitioners came from communities where the majority of the people use traditional healing. Their displayed lack of knowledge may therefore be a denial of the knowledge of traditional healing that they indeed have.

The better understanding of traditional healing that health care practitioners showed in the qualitative questions indicated that they in fact have much knowledge of traditional healing but that they denied that knowledge in the quantitative items by opting for the 'not sure' option in the questionnaire. This response on numerous occasions may be a sign of their ambivalence of not wanting to admit that they know about traditional healing. It may also indicate that, while they do not want to admit that they know, they also do not want to lie and therefore that they opted for the middle ground: 'I am not sure'. Yet another explanation may be that colonisation and the apartheid system in South Africa taught black people to abandon and cognitively despise their own cultural and traditional practices. The apparent denial of knowledge of traditional healing by black people may therefore be a vestige of the apartheid system in South Africa. During that era, black people were generally ashamed to talk about their cultural practices because these were seen as barbaric, backward and in many instances viewed by Christianity and the Western culture as uncivilized, un-Christian-like and therefore sinful. As a result, many black people were ashamed to openly support traditional healing.

"I support traditional healers, but not openly"

A third of health care practitioners in the study reported that they have very often seen people who were effectively treated by traditional healers. Despite this, only 4.4% actually refer patients to traditional healers. They are probably inclined but hesitant to refer patients to traditional healers because such actions are not sanctioned by the HPCSA. The inclination to work with traditional healers is evidenced by the many health care practitioners who would like to collaborate with traditional healers (47.3%) by considering referral of patients to traditional healers (62.1%). However, the actual practice of referring patients to traditional healers can only be realised if the HPCSA officially recognises traditional healing, something that many health care practitioners would like to see happen because, as well as the fact that over half of them acknowledging that traditional healing is safe to use and effective in treating many illnesses, the majority are also satisfied with the way traditional healing works. In addition, just under a third of health care practitioners believed that traditional healing is part of people's culture and therefore should be encouraged. Over a third would like to see a situation where traditional healers are allowed to issue medical certificates to their patients. This indicates that there are many western-trained health care practitioners who support traditional healing and believe that it is acceptable in their communities.

Western-trained health care practitioners gave different reasons for why they thought that traditional healing was acceptable in the communities they came from. These ranged from the fact that people have a long history of utilising traditional healing, to people being brought up to believe in traditional healing or traditional healing being readily available and effective in treating some conditions that Western medicine seems to fail to treat, such as witchcraft-related psychiatric and physiological illnesses. The issue of people believing in traditional healing because of their cultural upbringing arises in the study by Pinkoane et al. [14] into policy makers' perceptions and attitudes regarding the incorporation of traditional healing into the national health care system in South Africa. Similar findings were also mentioned in the study by Satimia et al. [15] that investigated people's choice of modern or traditional health care in rural Tanzania.

However, some health care practitioners in the current study believed that traditional healing was acceptable in their communities for the most part because of those communities' poor education and poverty. This view is shared by Vontress [16], who asserts that traditional healing is mainly utilised by people who are illiterate. However, Cocks and Dold [17] argue that traditional healing is utilised by consumers from across the spectrum of education levels.

Notwithstanding the health care practitioners' ambivalence to traditional healing as discussed above, they identified the strengths and weaknesses in traditional healing. They also indicated a way forward for the existence of the two health care systems.

Where to go from here?

The majority of health care practitioners in the current study were of the opinion that traditional healers should improve their practice in certain areas, standardise their training and diagnostics, be more open/transparent about their work, be properly regulated, be held accountable for their practices, improve on personal and general hygiene and learn about cross-infection control, learn to measure correct medication dosages for their patients, learn about the importance of early referral if they cannot effectively treat a condition, and refrain from using renal toxic and hepatotoxic substances in their healing. These and other areas have already been identified by other researchers as problematic issues in traditional healing [6,7,18-22].

While health care practitioners identified several weaknesses or problematic areas in traditional healing, they also identified strengths which they thought that Western medicine could learn from. They thought that Western medicine should learn, in the words of one respondent, "how to respect and appreciate the perceptions of Africans towards illness, its causes, management and possible outcome – without judgment". Another respondent said that Western medicine should learn to "treat community members according to their cultural beliefs, norms and values". Others said that traditional healing could teach Western medicine how to use natural herbs in treating conditions such as infertility and how to employ a holistic approach to treatment, treating the mind, body, spirit and the entire family.

These suggestions could be seen as referring to the cultural aspects of ill-health. In other words, illnesses exist within a particular culture, and patients and the illnesses that they present with should be understood within that culture without imposing one's own cultural understanding of illnesses on patients, if different from those of the patients. Some researchers encourage health care practitioners to make an effort to understand their patients' cultural perceptions of illnesses [23]. Some illnesses such as schizophrenia ('mafofonyane') are classified by traditional healing as man-made, are complicated and cannot be left to Western medicine alone [10,24]. Placing illnesses within the relevant cultural milieu is important because culturally unaware medicine can be seen as problematic medicine [25].

Therefore, health care practitioners need to understand the philosophy underpinning health care in the cultures within which they work.

Although current results indicate significant differences between categories of health care practitioners in terms of their opinions, attitudes, experiences and intentions to work with traditional healers, the majority (over 83% of each category of physicians and general nurses as well as over 92% of psychiatrists and psychiatric nurses) supported the idea of consumers using the health care system of their choice. This implies that although the health care practitioners in this study were trained in Western health care settings (universities and or nursing colleges), subscribed to the germ theory of disease and treatment and, in some cases, did not believe that traditional healing can effectively treat some physical and psychiatric conditions, their responses seem to be in agreement with George Kelly's philosophy of constructive alternativism which acknowledges that people's realities are different. People construct and reconstruct realities based on experience [26]. In the case of traditional healing and its consumers, their realities in relation to the causes of some illnesses and how to deal with those illnesses is at times different from illness realities of Western medical model. The emphasis here is on the notion of cultural relativism which views people's experiences and interpretations of illness as being culturally dependent. However, it is noteworthy that some constructions and interpretations of reality may be more valid than others. What seems to be critical is that people should constantly evaluate and revise their realities in order to move closer to a more valid construction of reality. In the case of health care, there should be an effort on the part of Western health care system to expose traditional healing system to the Western system and vice versa. The aim should not be to construct one universal reality but rather to better each other's realities by learning from each other. Each health care system should be open to alternative interpretations of realities [27]. All of these should be done for the benefit of the black consumer, in the African and particularly South African context, who at times is torn between the two health care systems.

Overall, the current findings suggest that medical pluralism, in which consumers have a choice of when to use which medical system, should be encouraged provided that there is clear and open communication between the different health care systems. However, this can still be interpreted as an indication of ambivalence on the part of health care practitioners. With this ambivalence in mind, a critical question is whether health care practitioners would be willing to work with traditional healers?

Would western-trained health care practitioners be willing to work with traditional healers?

To answer the question of whether western-trained health care practitioners would be willing to work with traditional healers, the theory of planned behaviour is invoked [28-30]. One aspect of this theory is that of 'volition' [5], which suggests that prediction of future behaviour can work well if the target behaviour is under the person's control. In the case of the current study, the question is whether the behaviour to work with traditional healers is under health practitioners' control? Some would argue that people tend to have limited control of their behaviour and that this makes it difficult to predict their future behaviour [31]. In the case of health care practitioners, their intentions to work with traditional healers may be influenced by the Department of Health and the Health Professions Council of South Africa (HPCSA). These entities promulgate laws and codes of conduct to regulate the behaviour of health care practitioners in relation to patients. These laws and code of conduct include when and to whom a health care practitioner should refer patients. If, for example, the HPCSA does not recognise traditional healing and the government of the day is ambivalent regarding the formal integration of traditional healing and Western medicine, it would be difficult to reliably measure health care practitioners' intentions to work with traditional healers in the future. The current status quo in South Africa is that western-trained health care practitioners cannot refer patients to traditional healers unless the HPCSA recognise traditional healers as fellow health care practitioners. Therefore, the target behaviour of Western-trained health care practitioners' intentions to work with traditional healers is not entirely under their control. Future behavioural prediction as set out in this study may have been affected by this, an issue that has an important bearing on the proposed integration of traditional healing and Western medicine.

It emerged in the study that the overwhelming majority of western-trained health care practitioners would not even share knowledge about good hygiene practices with traditional healers in general, let alone work with them. About half of the health care practitioners showed a willingness to work with traditional birth attendants but not with other types of traditional healers. This may be because the birth attendants do not really prescribe medicines to their patients and therefore do not pose risks in terms of medicine interaction; they work more or less like midwives in a hospital setting.

When data were analysed according to participants' demographics such as gender, religion, language and area (urban or rural) in relation to their opinions, attitudes, knowledge, experiences and intentions to work with traditional healers, a clear pattern emerged. Participants who concurrently practiced both Christianity and traditional African religion had more positive opinions, more positive attitudes, more knowledge, more experiences and were more willing to work with traditional healers than any other group. This may be because traditional healing and traditional African religion are inextricably linked, as the literature suggests [2,32,33]. Therefore it is assumed that those who practice traditional African religion would also use traditional healing; hence the current findings.

Despite health care practitioners based in rural areas having more experiences with traditional healing, those based in urban areas had more positive opinions, more positive attitudes and were more willing to work with traditional healers than were those in rural areas. These results are inconsistent with those reported by Upvall [34], who found that health care practitioners working in urban areas were ambivalent about collaborating with traditional healers. The current results are surprising because one would have thought that since health care practitioners who work in rural areas live in traditional communities, they would be more intimate and comfortable with traditional healing which is more prevalent in traditional communities than in urban communities, and therefore that they would be more willing to work with traditional healers in the future. That was not what this study found. It may be that rural-based health care workers had more negative experiences with traditional healing; hence their reluctance/unwillingness to work with traditional healers in the future.

Moreover, male health care practitioners showed more positive opinions, more positive attitudes, more knowledge and were also more willing to work with traditional healers than were female health care practitioners. It is not clear why male health care practitioners viewed traditional healing in a more positive light than did female health care practitioners. Further research is needed to shed more light on male and female differences in terms of their views of traditional healing.

Conclusion

In summary, mixed findings regarding health care practitioners' views of traditional healing emerged. However, most health care practitioners had moderately favourable opinions of traditional healing and some acknowledged that there are certain conditions such as schizophrenia and fallen fontanel that can be treated by traditional healers. However, they also argued that traditional healers cannot treat conditions such as HIV and Aids, amongst others. They also acknowledged that Western medicine can learn from traditional healing culturally relevant ways of treating some conditions. With moderately favourable opinions of traditional healing, the majority of Western-trained health care practitioners however seem to be reluctant to work with traditional healers in general, except traditional birth attendants, in the future, with psychiatrists and psychiatric nurses being the most welcoming of the idea of working with traditional healers in the future. Above all, this study revealed western-trained health care practitioners' ambivalence regarding their views on traditional healing.

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