


# Chapter 12

## Understanding Traditional Healing Practices in the Limpopo Province of South Africa: A Phenomenological Approach

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### ABSTRACT

*Phenomenology affords indigenous knowledge researchers the perfect opportunity to understand the lived experiences of indigenous communities from the participants' perspectives. Various studies have shown that indigenous knowledge is currently facing extinction. As a result, information professionals should play a leading role in recording and preserving it. Phenomenology helps indigenous knowledge systems (IKS) scholars to obtain knowledge from marginalised groups and record it without any influences as a result of prior knowledge or personal worldviews. This study demonstrates how phenomenology was applied to understand traditional healing practices in the Limpopo Province of South Africa and, furthermore, illustrates how phenomenology can be employed by information professionals as a qualitative method to conduct indigenous knowledge (IK) research.*

### INTRODUCTION

This chapter looks at the use of phenomenology as a research method to understand traditional healing practices in the Limpopo Province of South Africa. Traditional healing can be defined as the sum of the knowledge and practices, explicable or not, used in diagnosing, preventing or eliminating a physical, mental or social disequilibrium, and which relies exclusively on past experience and observation (World Health Organisation, 1976; Mokgobi, 2014). This knowledge has been handed down from one generation

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to the next either verbally or in writing (Raseroka, 2002). The knowledge includes “health practices, approaches, knowledge, and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercise, applied singular or in combination, to treat, diagnose and prevent illnesses or maintain well-being” (World Health Organisation, 1976; Mokgobi, 2014).

Information professionals, as custodians of information, have to ensure that indigenous knowledge is managed and preserved (Ngulube, 2002). There is consensus among scholars that IKS are crucial for economic development, especially in developing economies (Maluleka, 2017, Alabi, Oyelude & Sokoya, 2018). Despite its important role in national development, indigenous knowledge has been downplayed in the management of information (Tjiek, 2006; Maluleka & Ngulube, 2019). This has led to a growing interest in the preservation and management of this knowledge in the knowledge management environment (Ngulube, 2002). Nonetheless, indigenous knowledge still lies at the margins of science, because most scholars consider it as part of the informal market. The majority of the people in South Africa and in many other Third World countries, especially in poor communities, depend on indigenous knowledge for healthcare (Maluleka, 2017). Nxumalo (2010) also stresses rural communities’ overreliance on IKS for healing and takes rooibos tea, which is supposed to ease indigestion, as an example. Trust, affordability and proximity are some of the reasons why traditional healing is the first choice for primary health care in rural communities. Popat, Shear, Malkiewicz, Stewart, Steenkamp, Thomson and Neuman (2001) argue that there is a mythical predominant view that herbal medicines are harmless and have no side effects because they are natural. Moodley, Sutherland and Oulanova (2008, p.154) opine that:

*while the need to seek traditional healing is embedded in a cultural paradigm of cure seeking, the appeal for traditional healing is also based on the holistic nature of traditional approaches which seek to restore harmony and balance within the individual and between the individual and his or her environment.*

Research suggests that there is a limited understanding when it comes to the healing practices of traditional healers (Ijumba & Barron, 2005; Denis, 2006; Truter, 2007). Maluleka (2017) argues that traditional healers in the Limpopo Province feel misunderstood and undermined by western medical doctors. This is ascribed to the difference in the training that traditional healers and western doctors receive. According to Sodi et al (2011), who the custodians of indigenous medical knowledge will be, is decided by the ancestors. Truter (2007) also maintains that becoming a traditional healer (sangoma) is not a personal choice; one is called by the ancestors. Only such a person of destiny is apprenticed to a qualified diviner for several months. The would-be diviner is first possessed by the ancestral spirits who make their presence known by inflicting on their host serious illnesses which are best understood by other sangomas experienced in the art of divination (Bojuwoye, 2005).

Summerton (2006) affirms that western practitioners have no knowledge of the traditional theories of disease and health. This causes mistrust between western doctors and traditional healers. Maluleka (2017) is of the view that scholars need to re-examine and reconstruct themselves, take into account non-western epistemologies and worldviews, and develop much needed cultural competency in order to become custodians of traditional knowledge. This can be done by conducting studies that do not invalidate other worldviews. According to Ngulube and Ngulube (2017), phenomenology offers indigenous researchers a method to investigate the real world without invalidating indigenous voices and the worldviews of indigenous people. This is because *phenomenology does not approach social reality with preconceived notions and procedures. The context of the research and the experiences of the participants and the subjective experiences of the researcher dictate how the phenomenon of interest is investigated.*

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