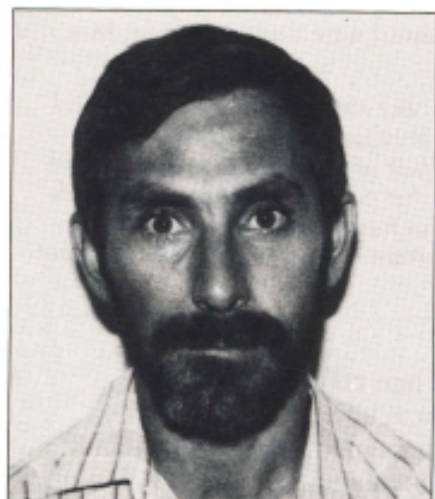


## Experiences of Sickness and Healing by Poor Rural Families in Lebowa — JFM Hugo



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### Curriculum vitae

Jannie grew up in the western Free State and studied medicine at the University of the Orange Free State in Bloemfontein (MB ChB in 1979 and M FAM MED in 1985). He worked as a generalist in the Qwa Qwa homeland health service before joining Medunsa Dept of Family Medicine in 1989 as a family practitioner and teacher. He is presently involved in the post graduate M Prax Med Program and also acts as the Medical Superintendent of Soshanguve Community Health Services north of Pretoria. He is married to Margaret, an occupational therapist, and they have four children.

### Summary

*Experiences of sickness and healing of poor rural families are reported with particular reference to western, traditional and church health care. The direct verbal reports from families are used. An hypothesis is developed, that the negative experiences which the people had with western health care is related to insensitivity to the family's context and an inability to connect.*

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### KEYWORDS:

Physicians; Family; Religion and Medicine; Transcultural Studies; Culture; Holistic Health.

### Introduction

Often when the practitioner wants to understand the patient he or she realizes that he knows very little about the life experience and perceptions of the patient.<sup>1</sup> Sometimes the doctor's knowledge makes him or her negative towards the patient's context and ideas.<sup>1,2</sup> If this patient comes from a poor rural household, the gap is more evident. This gap between the lifeworld of the patient and medical science can be so wide that medical interventions become inappropriate and unacceptable.

The same happens in other disciplines that offer western scientific solutions to life problems of poor people in South Africa. In an attempt to understand more about this gap and how it can be overcome, a group consisting of an architect, a

chemical engineer, two theologians, a social worker and a family physician studied this problem with the help of poor rural families.

### Methods

The researchers regarded their disciplines and what they represent as part of the life and problems of the people they wanted to study. They opted for a qualitative method<sup>3</sup> that is participatory and takes intersubjectivity into account.<sup>2</sup> It was accepted that this project is not neutral and that significant knowledge is generated through encounter between subjects, research assistants and researchers.

Ten poor families were selected in a rural Lebowa village next to the University of the North. Two black theology students acted as research assistants. They visited the families on a regular basis and built up relationships. They conducted semi-structured, open-ended interviews and wrote a report on each visit. Eighty-six such reports were studied by the researchers and discussed between researchers and research assistants. The families were also visited by the researchers.

In this article I want to report on some of the life experiences and perceptions of these families concerning sickness, health and healing. The reports are quoted verbatim and interpretation is kept back to give the reader an opportunity to make his or her own connections.

### Results

Some themes that emerged from the reports are about health, sickness and

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healing as central life experiences and how it was approached from three different angles, namely western health care, healing in the church and healing by ancestors and traditional healers.

*Health and sickness as central life experiences*

Health, illness and helpseeking were brought up in many of the discussions, even though something else was discussed. When Mrs M talked about her house and was asked whether she wants changes in the house, she said:

*"The changes I would like to have is that I be healed. The pains I usually feel in my body are troublesome. The other problem I am having is the problem of food ..."*

When a young mother of newborn twins was discussing her problems of

The wide gap between the lifeworld of the poor, rural patient and medical science can make medical interventions totally inappropriate

living, she mentioned the wish to marry the father of her children, to finish building the family house and to educate her children. But:

*"We live from hand to mouth. Whatever coin we find or given as a gift to children, we keep it for the sake of their health, that if they fell ill, we must be able to take them to hospital."*

Two days after this report the children did get ill, were taken to hospital and one died in the hospital.

*Western health care*

The use of western health care was reported often, but only in very few instances in terms of a healing experience:

A mother reported how her child had sores on the body, received medicine from the hospital and healed. Another one said that the doctors at the hospital can help her with her hypertension and diabetes.

The failures of hospital care were evident. Deaths after being treated at the hospital or a western doctor were reported often, while deaths associated with other care were not reported at all. Mrs R discusses the illnesses of two of her children. The first one had "Themo", a diarrhoeal disease:

*"As for the healing of this kind of disease the Western doctors can heal it as she said. But the time her child was ill, she took it to the Doctor and it was a failure."*

*After the burial of the child, the old people ie the grandmother said the child was supposed to have been healed by an African doctor."*

And also:

*"As far the second child who suffered from "MOOKO", she took her too to the Doctor. But it failed."*

The reports about experiences in

hospital were mostly negative. Mrs. Mo:

*"But they seldom use the hospital because at the hospital there is a lack of doctors and it does happen that people die being at the hands of nurses. Also that some of the nurses are too rude on the patients."*

When talking about the church, healing came spontaneously into the discussion

*But they do prefer a hospital because it can provide help for the people and can do what other people cannot do.*

*The family as we were talking suggested that it could become of utmost help to the people if the nurses and the hospital authorities can stop to undermine the patients and treat them with care and love."*

About Mrs S:

*"From there I gave her some minutes to can elaborate on the services we get at hospitals, doctors and clinic and as to whether is she aware that there are places but what she doesn't like or why most of the people do not prefer as hospital is because there is a lack of doctors, if one has visited the hospital in the morning one will come back in the afternoon. The second reason is she doesn't like the style other nurses use or follow to communicate with them."*

*The most important aspect is*

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concerning the mother or ladies who are pregnant and suppose to deliver their babies, are afraid to go to the hospital because of the operation done on them, they cannot deliver babies just normally, hence the people in the village decide to deliver the babies on their own by going to an elderly person without going to the

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Health and sickness are very central in their life experiences

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hospital. One important aspect which makes them afraid is most of the babies who are born at the hospital passes away, hence the people in the village has given the hospital the name 'Re buile feela' meaning: we came bare-handed, the person whom they were going to check has passed away."

To consult ancestors before going to the hospital was widely reported. From an interview with Mrs N:

"My last question to her was: are the three, namely, white doctors, traditional doctors and the church not confusing them, and not know as to where should they go if they have problems. She said certainly not. Because if she goes to the hospital or white doctors she asks first from her ancestors to open way for her and also to bless the medicines she is coming with; I asked her the question as to what will happen if she has not done like that, she said the medicines will not work or the ancestors will not be happy about that."

In the same way other western helping structures did not satisfy. When discussing the past and the present, Mrs N said:

"Between the people there are sometimes misunderstandings in their lives, and that may result in hatred, witchcraft etc. And all these bad things were not popular by then (in the past), people used to forgive each other, they were working together, loving each other but today it is the inverse of the whole thing. People go to police, to the courts, churches to solve their matters but this doesn't bring solution ..."

### Sickness, healing and the church

The relation between sickness, healing and the church was a dominant theme in many of the interviews.

When different illnesses were discussed, the church was mentioned spontaneously:

Mrs Mo:

"The mother once suffered from the legs but could not get any treatment then she resolved to go the Church (ZCC) and she was healed."

And Mrs N:

"Thirdly she told me that the children get their help or kind of healing from the Church (ZCC) who give them a black coffee to drink, or the water that has been prayed for, or strings around them and the children are also prayed for by laying hands on them,

conducted by priest of the Church."

When the church was discussed, the issue of healing was prominent:

Mrs R:

"I am a member of the ZCC. I was born and bred in this church. What I like the most in this church is its involvement in the healing of the different diseases ... What impress me the most is that a person may come to our church being hopeless of life but he/she will be healed."

Decisions about church affiliation were made on grounds of healing experiences.

Mrs Mo:

"From the side of the mother, she says that she was suffering from legs and when taken to the ZCC she was healed and therefore she decided to join the church of her husband ZCC."

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Speaking about consulting the ancestors, they spontaneously remembered healing experiences

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The healing experiences reported involved illnesses, prevention of illness, problems with the school, general welfare and even protection against lightning:

Mrs R:

"What I like the most in our church is we prays God whole

Itching

Burning

Discharge



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*heatedly ... If am hurt, when I go to church at the church I will feel consoled and when I come back, I feel relieved."*

Mrs Mo when asked why they pray for children:

*"... after that prayer it is not easy for them to be sick or it's not easy for them to suffer from any traditional disease or sickness."*

Schoolboy PN:

*"... one day he had a problem at school with his teacher between them there was a misunderstanding but he had to go to the church and they prayed for him and that problem is now over."*

Mrs Mo:

*"But if there is a great problem like, lets say, a certain house has been struck by the lightning, the whole church will have to go there and worship at that place."*

## Healing and illness could come from the same source

A specific healing experience in the church was described as follows:

On a visit to the home, the research assistant found Mrs S in bed:

*"When I knock at the door of her room, she said I should come inside. Then I entered. In the room there was a prima-stove with a tin of the ZCC tea ... The tin had a line on the top that shown that it*

*had tea and is being finished. I greeted the lady. She was very weak ... Then I asked what was a problem, previous day (06/02/90) she became very weak. The joints started to be loose and the head was aching right in front. The eyes grew dim and she couldn't see anymore ... "I do not understand why this should happen to me?"*

Western health care is often referred to, but seldom in terms of a healing experience

*I asked as to whether she had received treatment of any sort, but she said no. I had no money to take myself to the doctor, but the minister of our church (i.e. ZCC) came here this morning and he prepared tea for me. The container of the tea were still there. Then I said compared to yesterday when the disease started, how do you feel as for today. She said, it is still tough, pray with me so that I can be healed. Then we prayed together ..."*

Six days later the research assistant visits again:

*"On my arrival at this home, I found Mrs S relax on the sun ... Facially she was happy ... What I realised was that, Mrs S was happy although she was still looking weak. I asked her as to whether she was feeling well. Mrs S told me that at least she was more better than the previous day. The believe was that the tea she drank, helped her so much she couldn't take any pill or go out to be examined by the doctor. I have been drinking*

tea of our church in the morning and in the afternoon. After drinking tea, I then sleep or relax to keep my body warm. Then I will pray and have rest."

### Healing through Ancestors and Traditional healers

Most of the families spoke about healing experiences when the ancestors were consulted. The ancestors were consulted at home by or through the traditional healers. Ceremonies at home often involved the "thithikwane", which is a place either in the house or next to the house where the ancestors were worshipped. The ceremony of Malopo dance was also described as a way of healing.

Traditional healers were believed to communicate with the *badimo*, the ancestors, who would tell them what the problem is and what should be done to receive healing. The *badimo* also revealed themselves through dreams to the people.

Healing was experienced with a variety of diseases, bewitchments and

Something happens in western health care which makes it difficult for these families to experience healing

suffering from the spirits. The ancestors were also reported to help one at school and protect against lightning. Basic protection and employment were discussed by Mrs Mo:

"Do you believe in ancestors and

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*how do they care for you? Yes they believe because they protect/care for them. Because sometimes when the Badimo instruct them to do something/slaughter for them, after doing according to their instruction they get blessings and whatever problem that may arise in the family they know that they have enough security. In terms of*

Healing, and the concept of connectedness go together for them; so does illness, and the concept of separation

*accidents, let's say one member of the family happen to have accident, he won't die, the Badimo will care for him, he will only get hurt. And again if someone is looking for a job, they help one by getting it for him. But before one has to satisfy them be 'go Phasa' taking a white-chicken kill it and its blood pour it upon the 'Thithikwana'."*

The role of ancestors in childbearing was reported by many families:

Mrs Ma:

*"Yes, Badimo give us children. You may have a lover and if you find you get pregnant it degenerates time and again. Until you talk to them. After talking to Badimo it will be fine."*

Healing through involvement of ancestors was often associated with duty and fear. The ancestors demanded duties and if it was not done, healing would not take place and even more illness or misfortune could follow:

Mrs T:

*"She says she once visited the inyanga who told her that the Badimo says she must slaughter a cow for them then she will have progress or they will bless her. But the problem is that she doesn't have money to buy the cow because the husband is not working. And she says at present she is experiencing terrible sickness (pains all over the body) and she fears that it might be the Badimo because she has not done what she has been told, she also fears that they may attack her more."*

Healing and illness could come from the same source and the term "suffer from the *badimo*" was often used.

The involvement of ancestors was often the starting point and the end point of thinking about illness and healing. The ancestors would be consulted before a visit to the hospital. If healing was not successful

Insensitivity of western health care ...

at the hospital or the church, the ancestors would be consulted either at home or at the traditional healer. Illnesses that was perceived to come from the ancestors could *only* be addressed successfully by the ancestors or traditional healers.

### Understanding

Each one of the quoted pieces is telling its own story and each reader will make his or her own links with

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these stories. The following points are some of the links that we made:

For these families the maintenance of health is a very high priority and valuable resources are kept and spent on health care. They can make use of all three discussed ways of care at the same time and will seldom use western care alone.

There is ambivalence towards western health care. Scarce money is spent on it and it may be successful but hurt and separation are also expected. Something happens in western health care that makes it difficult for these families to experience healing. There is sensitivity about relationships with the doctors and nurses. The experiences seem to be more about disease and curing, than illness and healing.<sup>4</sup>

Illness experience and helpseeking are openly related to religion and cultural beliefs. The experiences with the church and the ancestors involve all aspects of life and there is a free flow between these different aspects. This is in contrast with the fragmentation in the western helping structures.

Involvement of ancestors and traditional healers seems to be widespread and deepseated. It becomes prominent when other methods fail and includes a sense of duty and fear.

The healing that takes place in the church context is mostly experienced as holistic and positive.

Cassell<sup>5,6</sup> and McWhinney<sup>7</sup> discuss the concepts of connectedness and separation in illness and healing. Health is described as a condition of connectedness to the world and

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people around. In illness this connectedness is threatened and some degree of separation and isolation follows. Pain itself has to do with separation.<sup>8,9</sup> This separation can happen on different levels; between the person and his immediate environment, his family, his work and other aspects of life. In the reports of Mrs Mo and Mrs S, we see how the hospital treatment was experienced in terms of increased isolation. This name "re buile feela (we came barehanded)" is expressing a high degree of separation. They went to find the sick person, but felt cut off.

The traditional healer connects the patient to his ancestors, his body and his family through his rituals, tasks and explanations.<sup>11</sup> He also promotes healing by connecting the patient's symbolic reasoning to his body and what he experiences in his body. Cassell describes the same process in western healing where the explanation of the doctor plays a role in connecting the patient's reasoning to his body.<sup>6</sup> The communication to the ancestors through dreams and rituals at home at the "Thithikwane" are all in the realm of connecting. The "Malopo dance" ritual is an excellent example of connecting the patient, her body, the family, the community and the ancestors.<sup>10</sup> To contact the ancestors before visiting the hospital can be a way to keep connectedness with the own when the strange is visited.

The experiences of healing with the church were all described in terms of increased connectedness through relationships, tokens and rituals. Mrs S expressed her illness in terms of her experience of disconnectedness (joints loose, eyes dim and can't see). The ZCC minister visited her and prepared some tea. She experienced

his presence, the tea, her family and the warmth of her bed as restoring some sense of connectedness. He left some tea behind to maintain this connectedness and Mrs S had a satisfying experience of healing.

To be able to function in terms of connectedness the healer must have some knowledge about the lifeworld of the patient. One of the principles of family medicine as defined by Ian McWhinney (McWhinney 1989: 13) is to understand the context of the illness.<sup>7</sup> The traditional healer,<sup>11,12</sup> family members and fellow church members<sup>8,13</sup> have that knowledge available while the western health worker may be unaware of it or discount its relevance.<sup>1,13</sup>

We have developed the hypothesis that the difference in experiences which these people have with western health care, as opposed to traditional and church healing, is related to: firstly, the insensitivity of western care to the people's context and secondly, the degree to which it isolates people. In contrast, traditional and church healing are sensitive to the context and succeed to connect people.

This would imply that meaningful advances in western health care will depend on our ability to apply our scientific knowledge and resources in a way that is sensitive to the context of people and connects rather than isolates. Innovative work in this field is needed.

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