

Project Title: Township Youth and Family Problems: Sangoma Perspectives

Project Abstract

Urban youth violence is a social welfare and social justice issue that impacts on the quality of community life worldwide. Over a decade ago the World Health Organization identified youth violence in developed and developing nations as a world wide public health priority that generates great human and economic costs for families and communities. At a national level the United States and South Africa are struggling to find ways to better understand and address the multiple and complex risk factors contribute to the burden of youth violence. Local urban communities such Kansas City and Cape Town are drawing on a multiplicity of formal and informal resources to better understand the causes and conditions associated with youth violence reduction and prevention. Traditional healers are a unique resource in Cape Town townships who may have important insights into the ecology of youth violence. Their perceptions of township youth violence and its relation to family and community well being was the focus of this project.

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BACKGROUND

The 1994 emergence of a South African democratic parliament has resulted in its attention to many pressing social justice and human rights issues. Conditions facing urban township black South African youth are greatly impacted by extreme socio-economic inequity, perpetual unemployment, family and community instability, and post apartheid institutional reconfigurations. National parliamentary and provincial reforms have enacted legislation and corresponding social policies to improve educational, social, residential and economic conditions for young people at-risk of continued societal disadvantage.

One of the most important national youth focus reforms that has been established is the 2008 Child Justice Act. Its nation wide implementation went into effect in 2010 creating a new juvenile justice system. Its purpose is to more effectively respond to high risk youth and offending youth processed through the channels of youth welfare services and juvenile courts. New approaches for protecting the rights of juveniles, applying restorative justice as a process for juvenile offender mediation, and preventing youth crime are major goals that drive systematic change. These changes offer great potential for these innovations to reduce the pandemic problem of youth violence in urban core South African communities. Because of my interest in youth violence as an ongoing threat to the stability and quality of life in high youth crime neighborhoods in Kansas City, Missouri, questions of youth township violence in Cape Town were central to my completed while at the University of Western Cape.

Because of my past research experience with African traditional healers in North West Province of Cameroon, I also investigated the impact of the 2004 South African Traditional Practitioner Act. This parliamentary legislation s and establishes a national registry for practicing healers that includes practicing herbalists, faith healers, birth attendants, traditional surgeons and *sangomas*. This latter group is generally comprised of Zulu practitioners that utilize divination techniques in patient/client care.

In preparation for my work at UWC, I engaged in extensive reading on these topics. I became somewhat familiar with the growing body of social science research addressing youth violence prevention programming. I obtained youth program descriptions from several non-governmental organizations operating in the townships to address youth violence prevention services. Subsequently, the focus of my UWC exploratory study involved gathering information from practicing traditional healers regarding their perceptions of youth violence impact on families. I anticipated the possibility that township sangoma might offer a unique cultural perspective on youth violence.

PROJECT ORGANIZATIONAL STRUCTURE

Any University of Missouri faculty member first proposing a cooperative project with UWC colleagues may face unique challenges and opportunities. It is important to identify an interest area matching that of a UWC counterpart. I benefitted greatly from such an early affiliation.

Dr. Gail Hughes, Director of the UWC South African Herbal Science and Medicine Institute (SAHSMI), both a public health expert and investigator of traditional healers and their medicinal herbal products, agreed to serve as my collaborating host. Before my departure for Cape Town Dr. Hughes and I were able to meet twice at MU where she was providing professional consultation on the Columbia campus. Thus we were able to arrange office space at SAHSMI, estimate the time and financial resources that needed for translation assistance and interview coordination and organize my limited time to participate as an observer in graduate student field research project in Eastern Cape Province. In addition, Dr. Hughes was able to make initial contact with Dr. Thozamile Qubuda, both a social scientist affiliated with SAHSMI and practicing traditional healer. Once at UWC Dr. Qubuda worked closely with me to identify practicing sangomas to be interviewed, to refine my exploratory questions for the interviews, to arrange a specific schedule for meetings, and to offer translational assistance during the interviews. Based on his strong recommendation, the participating sangomas were transported to campus where we conducted our interviews in meeting room space at SAHSMI.

DESCRIPTION OF SANGOMAS'S PLACE IN COMMUNITY

The South African Traditional Health Practitioner Act 35 incorporates a definition of "traditional healer" that corresponds to the one utilized by the World Health Organization. These practitioners are highly esteemed and trusted individuals competent to provide care by the use of vegetables, animal and mineral substances sanctioned by their social, cultural, and religious background. They are noted for their prevailing knowledge as well as beliefs regarding overall physical, mental and social well-being. The standard South African estimated ratio is 500 healers per every 100,000 persons. This ratio is often compared to the estimate of 77 medically trained physicians per 100,000 persons.

Sangomas are the group of traditional healers who diagnosis and treat illness and conditions broadly designated as "cultural bound" phenomena. This means that the focus of their client services may be associated with elements of spiritual possession, sorcery, ancestral wrath, neglect of cultural rights or rituals and defilements. Estimates of the number of South Africans who have received formal training as healers vary between 50,000 and 400,000. As reported to me, township residents purchase the consultations/interventions of a sangoma for visitation fees ranging from 25Rand to over 100Rand. In view of the severe poverty among township clients, the costs associated with obtaining assistance from a sangoma is a major expense and often paid for through great household financial sacrifice.

Many of the most highly regarded Cape Town sangomas were born in and trained in Eastern Cape Province. A significant number of practicing sangomas located elsewhere maintain close ties to that area. Linkage to Eastern Cape Province is considered vital due to its position as the historical and cultural center of South African cosmology. This influence helps define and sanction the sangoma's roles and functions both within the rural landscape and urban township milieu. In both environments, the majority of sangomas are female as are their clientele. These practitioners sought to help to resolve the serious and threatening problems impacting on the well-being of families.

Dr. Qubuda's well respected personal and professional contacts with sangomas singularly facilitated participation in my interviews. He noted the importance of recruiting "authentic and high value" healers and how to avoid those persons who commercialized themselves as traditional healers yet lacking indigenous skills and formal training. He warned against an all too common form of township "traditional healer racketeering" leading very vulnerable people to seek advice from fraudulent persons marketing themselves as traditional healers. Legitimate traditional healers are greatly alarmed by this growing form of exploitation, but they lack effective strategies to monitor this popular form of fakery. A point he emphasized repeatedly was that only legitimate sangomas could provide meaningful intercession for the complex and stressful issues of family violence and childhood trauma.

Since travel time and convenience for the participants was essential, Dr. Qubuda handled their transportation according to a prearranged interview schedule. He stressed that my traveling to their community practice spaces was not feasible for multiple reasons: 1. a white stranger's presence in their space could engender neighborhood suspicion 2. a personal invitation to UWC escorted by a colleague was a mark of respect for each sangoma 3. a private space for interviewing would be almost impossible to access, 4. SAHSMI periodically serves as an invitational campus host for local traditional healers to meet and 5. my personal safety totally unfamiliar township environments was of specific understandable concern.

ENGAGEMENT WITH INTERVIEWED SANGOMAS

Ten sangomas agreed to participate in the UWC interviews. Initially this seemed to be too small a number; however, given the complexities of arranging contact time with the participating healers, a larger group was unrealistic. No white sangoma were able to be interviewed even though there are a growing number in Cape Town who have trained and practiced as legitimate traditional healers. Three men and seven women healers were interviewed (practicing sangomas are female where as men are more predominantly practicing as herbalists). Seven of the ten described themselves as full time practitioners with eight to more than 30 years of practice as sangomas.

Several of the interviewees made specific reference to their "calling" to train and intern as *thwasas* in order to fulfill a legacy demanded of them in response to their own personal life crises. Most reported that they made visits to client homes and/or saw clients in their own suburb or township residences. Several had university degrees and others mentioned

some advanced training received following high school completion. Others had not completed high school matriculation.

As a group they differed widely in the usage of English, but during the interviews all spoke using some *isiXhosa*. Participating sangomas were reimbursed 100 Rand for “any personal expense” associated with their participation. At the end of each interview the individual was presented the funds in a formal letter of appreciation for their participation.

Each interview was opened by Dr. Qubuda. He explained my involvement with “troubled” youth in Kansas City. He emphasized that I wanted to learn about about sangomas’ perceptions regarding township youth misbehavior and how family life was impacted by the behaviors of young people. All the conversational exchanges were free flowing. Healers shared their opinions regarding youth behavioral problems and family struggles rearing children/adolescents in resource depleted homes and neighborhoods. They concluded the interview by giving their opinion on what the future might hold for township youth.

MAJOR THEMATIC ISSUES

The exploration of sangomas’ interpretations of the social and psychological dimensions of troubled youth and their families must be considered within an ancestral framework context. This framework is the foundational assumption of sangomatic professional practice. They interpret that ancestral influences are ever present and current relationships with these multiple generations (some times describes as spirits or forces) are potentially active across the spectrum of important family relationships. The assistance offered by sangomas to their clients is based on the premise that ancestral relationships are actively lived in the daily family life. A healthy and harmonious family life is characterized by strong and enduring family ties that are maintained, enhanced and nurtured through respectful and sensitive connection with the ancestral realm. Sangomas seek to support a client’s positive connectivity with ancestral influences; sometimes assuming the role of intermediary between the living and deceased generations of family members. A sangoma, based on prior training and personal ethics, is accountable to help a parent seeking assistance for the management of a highly disruptive child.

They provide an interpretative understanding that identifies serious child/youth behavioral problems which are variously connected to ancestral influences. They guide a client or act on behalf of the client to achieve tangible connection between living and past generations. It is the role and responsibility of the sangoma to identify, clarify, engage and mediate with ancestral influence on behalf of the client. The sangoma’s ancestral insight-driven activities are undertaken with and on behalf of clients to resolve very serious family problems as well as strengthen overall family well being. Also they attend directly to the most difficult and complex dynamics of individual family members.

Ashforth’s relatively recent and very influential anthropological study of family functioning among the residents of Soweto guided my own insights into the information

provided by the interviewed sangomas. He writes, "Since ancestors are by definition guardians of tradition, and as traditions teach that ancestors are very particular about their descendants observing rules and rituals correctly, the mingling of traditions and the forgetting of rules and prohibitions in urban life has undermined the sense of ancestral efficacy" (2005, p 176). This theme was clearly articulated in all of the interviews.

The sangomas consistently agreed that mothers or other females assuming that role are the ones that most often seek counsel from sangomas. This action was taken only after other modes of childhood intervention had been utilized and failed. Prior assistance had been pursued through such resources as a child guidance counselor or specialized educator. Sangomas understand that they are often the last resort of help. Mothers often express to the consulting sangoma that this is their last chance at a positive resolution.

The specific intervention steps and methods/approaches applied by these sangomas in such cases were rarely if ever mentioned. It was not within the scope of this exploratory project to gather specific case examples or discuss particular therapeutic assistance offered by the sangomas. The information they shared continuously demonstrated the deep sense of compassion they felt for families dealing with severely troubled youth. Their appeals for ancestral guidance on behalf of the client's problems and distress were approached with a firm conviction that ancestral forces might bring about dramatic positive outcomes and would give some relief from the stress and anxiety of their client.

Most sangomas conveyed great concern over what they perceived as an ongoing trend of intensified and expanded youth violence. They spoke with informed and alarmed awareness of the pervasive large scale township/informal settlement community problems such as failed public education and devastating poverty that persists especially because of young male unemployment. During the interview some made reference to the prevailing violence among township and informal settlement gangs, the rampant problems of substance addictions, and noted the male gender impact of much interpersonal violence.

Only three of the ten sangomas mentioned the availability of specific community-based programs they knew to be in operation to aid high-risk children. One mentioned a program for AIDS orphans that offered much help to needy children, but was frustrated by the limited resources available compared to the growing number of affected children. The other two dismissed the youth programs sponsored by neighborhood schools as irrelevant. Also most of them commented on the failure of the government to make concrete provisions for general youth welfare. It became evident that there was a cavernous gap between formal social service organizations and the spheres of intervention offered by these sangoma practitioners. Irrespective of formalized social care for children/youth, they believed that the quality of township family life would greatly improve through revitalized belief in reconnection to ancestral safeguards.

Older women family members, those most likely to exert household authority and control of socioeconomic resources, were recognized to carry on great family responsibilities and suffer the burden of family needs. This topic was discussed with some degree of resignation that this was a reality, but it was an unjust reality of township family life. My unverified impression was that several of the older female sangomas interviewed lived in the midst of such resource draining circumstances. Perhaps these women had found themselves faced with such overwhelming family crises that they too had relied on the aid of other sangomas for help.

CONCLUDING OBSERVATIONS

Efforts throughout South Africa as well as other African countries suffering from a shortage of HIV/AIDS care resources have found effective ways of involving traditional healers in patient care. In some carefully designed and monitored AIDS care programs agencies have drawn in traditional healers in a paid capacity to assume specific cooperative patient care functions. This approach has sometimes been referred to as a “resource extension” effort that is both cost effective and culturally sanctioned.

Formal youth programs operated by nongovernmental agencies in townships appear to lack a recognized role and function for sangomas. At the same time family members do take personal initiative to seek a sangoma’s intervention for at-risk youth that youth counseling programs, juvenile justice case coordinators, community social welfare agencies and educational youth development projects attempt to assist.

These participating sangomas openly and sincerely described their efforts to assist families with serious youth behavioral and adjustment problems. Yet none of them mentioned having had opportunities to partner with the efforts of government and nongovernmental programs addressing youth violence. If the current South African Parliamentary mandate is to take all possible steps to address the crisis of youth violence, then programmatic partnership with sangomas seems worthy of serious exploration. Traditional healing roles and functions such as those provided by the interviewed sangomas may offer an untapped resource to further achieve positive youth development and township family wellbeing goals. Their intentionally planned involvement with high-risk youth and their families in township youth services may open up another avenue of supportive assistance to give isolated struggling families.

Ashforth, A. (2005). *Witchcraft, Violence, and Democracy in South Africa*. Chicago: University of Chicago Press