One person, two roles: nurse and traditional healer
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In South Africa it is intended that health care should become more community-driven. One requirement for achieving this is to bring together the traditional and modern medical systems. Nurse/traditional healers, being involved in both systems, can contribute significantly to increased collaboration and understanding between them provided that restrictions on their activities in hospitals are diminished.

In South Africa the apartheid policy of the past led to the creation of a highly fragmented health care system with different institutions and facilities for each racial group. It is now intended that an integrated National Health System, based on primary care, will embrace all health care institutions and providers, including traditional healers. One possible avenue of integration lies in the combination of the roles of nurse and traditional healer, whereby an individual functions in both the modern and traditional systems of medicine. The following discussion refers only to female nurse/traditional healers, as the authors have not encountered any instances of men performing both roles.

Almost 1% of Black nurses in South Africa are estimated to be traditional healers as well, but it is difficult to be precise about this because nurses in hospitals and clinics are hesitant about declaring themselves to be fulfilling both roles. Often, but not always, these women train as nurses initially and are later called to be traditional healers.

How does a nurse/traditional healer fulfil both roles? Do they conflict with one another or are they mutually enhancing and supportive? Conflict could conceivably arise in the nurse’s private life, work environment and community. A traditional healer in private practice enjoys certain advantages if she is also a nurse. In South Africa, traditional healing involves diagnosing and treating diseases thought to be caused by witchcraft or the neglect of traditional obligations to ancestors. A nurse/traditional healer, recognizing the limitations of traditional healing, refers some patients to a doctor or hospital.

The patient’s psychological state is important to the traditional healer, who gives counselling and encouragement and may provide a muti (traditional medicine) so that the patient does not go home feeling downhearted. Nurse/traditional healers draw attention to the importance of cleanliness and good hygiene, and feel that they have a significant role in educating other traditional...
healers and the community about these matters. Their nursing qualification gives them credibility with their local health departments, which they have helped to organize seminars for traditional healers on AIDS, sexually transmitted diseases, and diarrhoea.

Unfortunately, nurse/traditional healers sometimes use treatments that Western medical practitioners would consider dangerous. For instance, giving enemas to children with diarrhoea is contrary to standard medical practice, since it increases the risk of dehydration. The influence of both traditional and Western medicine may be apparent in the way this condition is tackled.

Nurse/traditional healers would like more recognition of traditional healing by modern medical practitioners and they would like it to be legalized. They do not want to be seen as backstreet doctors. Among the inequalities they complain of is the ban on their writing sickness certificates. Whereas they frequently refer patients to hospital, the reverse rarely happens, and for this reason they regard hospital doctors as selfish.

Having a private practice as a traditional healer gives the nurse/traditional healer a degree of independence and control which she does not experience in the hospital setting. As a traditional healer working on a fee-for-service basis she is responsible for the diagnosis and treatment of patients. In hospitals, on the other hand, nurse/traditional healers are subordinate to doctors, who are in charge of diagnosis and the planning of treatment. In this circumstance the nurse/traditional healers, acting as nurses, are strictly required to carry out the doctors’ orders. Thus the nurse/traditional healer experiences more conflict when functioning as a nurse than when fulfilling the role of traditional healer. In hospital, nurses who are not also traditional healers may know that certain of their colleagues combine the two roles, but this information is rarely shared with doctors.

Mrs M grew up in a rural area but moved to the city as a young adult. "I was aiming to be a medical professional but my mother died so I couldn’t continue in school. But I wanted to help people: that was in me." During a period as a domestic worker she studied first aid with the Red Cross. "Something came to me at this time. I felt ill, but there was nothing specific." She was taken to a traditional healer who diagnosed that her ancestors were calling on her to be a traditional healer. She accepted the call and became recognized as a traditional healer in 1966. Later she trained as a nursing assistant and in 1973 began working at a metropolitan hospital. Her greatest desire is to help people. She feels called to nursing in much the same way as she was called to traditional healing. "I was born for nursing. It was in me." She describes herself as bilingual, meaning that she understands both traditional and Western medicine.

Mrs N is an older Xhosa woman who becomes animated when she talks about traditional healing. She first trained to be a nurse. After nine years of nursing she was "attacked" by her ancestors and felt that she had to become a traditional healer. After working for 11 years as a faith healer she was told by her ancestors to "take up the traditional beads", and she then became a fully-fledged traditional healer. She is a nurse in the maternity department of a large hospital, is on the executive committee of a traditional healers’ association, and practises privately as a traditional healer. Mrs N says her community sees her "as a nursing sister, a healer and a spiritual leader. I would be very comfortable anywhere to call myself a traditional healer. I am proud to be one. If I had to describe myself as either a nurse or a traditional healer I would choose the latter. I am more comfortable as a traditional healer. Being called a traditional healer is not degrading to me."
A hospital matron who had won the confidence of her staff explained how she managed nurse/traditional healers. "I tell them that I need to know about their work as traditional healers so that I can understand them." However, she insisted on their working only as nurses in the hospital. She identified the following problems associated with nurse/traditional healers:

- During their period of training as traditional healers they may be absent from the hospital from time to time. "When I find out what is happening we try to sort something out together. I suggest they try to take leave if they feel this is something they have to do."

- Some nurse/traditional healers want to wear goatskins or beads with the nursing uniform. In line with her insistence on the complete separation of the two roles, the matron does not allow any symbol of traditional healing to be worn outwardly. However, she encourages her nurses to pin beads or pieces of goatskin to their undergarments if they so desire.

"For diarrhoea we rub a muti on the child. The muscles contract immediately. The whole system starts working. You can also give the child an enema to wash the internal organs and wash off the disease. You can give the child a muti to strengthen it. Then you let the mother feed the baby with water during the night. She can breast-feed but shouldn't use a bottle as this could introduce infection."

Nurse/traditional healers do usually confine themselves to the nursing role while in hospital. Nevertheless, they sometimes have to look after patients whom they feel would be better cared for by a traditional healer than by a nurse, and occasionally make referrals to a traditional healer even though this is not officially accepted. They feel that they could play a useful role in hospitals as traditional healers if they could act openly, and often remark that as traditional healers they treat their patients not only physically but also socially and psychologically, in other words in totality.

In their own communities, nurse/traditional healers do not feel that the two roles are in conflict. The people they serve know they perform both roles and respect them. Their clients do not see it as a problem that practising traditional healers may also be nurses. Indeed, the fact that they are also nurses may be seen as a benefit. As traditional healers they may provide the point of entry into the health care system for some patients.

"If someone sick comes to you, the first thing you do is look at the person's physical condition, which may show you that the problem is medical. For instance, being a nurse you may see that the person has tuberculosis. If there is a medical problem you refer the patient to hospital.

"A woman who came to me had been to hospital several times for lower abdominal pains but had not got rid of them. I gave her my muti, a bottle of medicine. When she first returned to see me she was fine, but after five months she came back with the same condition. By questioning her I learned that she had been using family planning for about three years but that she had not had a Pap smear. I knew which clinic she had been attending for family planning and I was on the point of referring her to it but then decided to refer her to mine because I am a family planning nurse."

The greatest area of role conflict for nurse/traditional healers is in hospitals, where they have to set aside their skills in and knowledge of traditional healing. However, their nursing is probably enhanced by their comparatively holistic view of health and healing derived from traditional medicine, just as their private traditional healing activities undoubtedly benefit from their nursing skills.
"I have a problem sometimes when I see someone in a hospital bed whom the hospital cannot help and who needs the services of a traditional healer. I may lay hands on and pray for the person, but not openly because this is not officially permitted.

"Sometimes in hospital the ancestors speak to me, but I can't tell a patient that lying there is a waste of time. I cannot say that the patient’s relatives should slaughter a goat and that the patient would then be fine. When in hospital I act as a nurse and have to suppress the demands of my ancestors.

"Like me the other nurses are Black and know about our work as traditional healers. I have no problems with them. Maybe I'd have problems if I were in a White hospital. The other Black nurses envy us and admire our gift. They do not regard us as taboo. But none of the doctors know I am a traditional healer."

There is little conflict between the two roles as they work in their communities, where they are accorded higher status than in hospitals. The combination of roles gives them added respect among their friends and neighbours, and the care they provide is valued as being culturally important. Nurse/traditional healers would like more recognition from Western medical personnel and a more equal relationship with them. However, if traditional healers were to be given a role in hospitals they would have to be seen as the equals of doctors rather than as subordinates, and this is unlikely to happen.

It is intended that the new South African health system should be more community-driven. Closer collaboration and understanding between science-based modern medicine and culturally determined traditional medicine are therefore required. Because of their work in both systems, nurse/traditional healers can play a significant part in achieving this goal. They are already involved in

"They see me as their saviour and helper, and call me 'mama'. They think I'm wonderful. They say: 'You are gifted, a nurse and a traditional healer'."

educating other traditional healers and bridging the gap between them and local health departments. Much more needs to be done to educate modern medical personnel about traditional healing. In this area also a vital contribution can be made by nurse/traditional healers if they are permitted to be open about both their roles while working in hospitals.

There should be further consideration of how doctors and traditional healers can collaborate in the best interests of their patients. At present the two roles of the nurse/traditional healer sometimes conflict with one another, but there is undoubtedly room in the newly emerging health care system for them to become more complementary and, indeed, mutually enhancing and supportive.

"One problem is that hospitals do not accept traditional healers. It is difficult to say to a patient: ‘You shouldn’t be here. The hospital can’t do anything for you.’ Sometimes I say: ‘When you are better, go to such and such a place and see a certain person because she is good and will be able to help you.’ I would never refer a patient to myself because I don’t want the hospital to think I’m trying to get patients for myself and I don’t want the patient to think I’m only looking for my own gain."