

**UKZN students' perceptions of the  
Traditional Healers in the documentary,  
*Deadly Myths.***

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## **CHAPTER ONE: INTRODUCTION**

This chapter introduces our research project stating the background, statement of the problem and the aims of the study.

### **Research Topic**

UKZN students' perceptions of the Traditional Healers in the documentary, *Deadly Myths*.

### **Research background**

The idea of traditional healing plays a pivotal role in our African society, it is also an example of the thriving cultural diversity in our country.

When introduced to the idea of communication for social change we identified cultural differences as one of the main reasons why other forms of health communication were not successful. Mass media has an influential role in society as it has been used as a form of education and entertainment. Knowing the discrepancies that can occur in media transmission of messages and the occasional disregard of public opinion, we chose to research the representation of traditional healers in the media. Previous research focuses on traditional medicine in comparison to western medicine; however there is a gap in research done on the media's depiction of traditional healers. We focused on the impact of media representation of traditional healers on the general public and therefore investigated the perceptions of four main race groups of students at UKZN, to the traditional healers' in *Deadly Myths*. We also investigated how cultural values affect students' perception of traditional healers.

This study is significant as it problematizes the representation of traditional healers in various media and the possible impacts it may have on society. This research was conducted at UKZN to investigate the effect of media on students' attitudes and perceptions and to traditional healing across four race groups.

Given the pivotal role that traditional healers play in African communities, traditional healers possess great power and influence over their mass followers. Therefore how traditional healers are depicted by the media and consequently the way they are received by its audience assumes an integral position in the effort toward communication for social change. Our research discovered that steps have been taken to combine the efforts of traditional healers and bio-medical professionals, (Ayres 2002; Devenish 2003; Dladla 2002) but these positive strides are not reflected in the media.

### **Statement of the problem**

The public is exposed to a filtered view of traditional healers in the media. This exposure creates a particular perception of this practice, especially for people who do not personally consult a traditional healer. Whilst comedies such as Leon Schuster's *Mr. Bones* play on a stereotypical view of traditional healers, certain journalists recognize that their dignity is compromised by this comical image and suggest this will have a negative impact on public perception of them (Madlala 2005). Conflicting views on traditional healers in the media have prompted us to investigate how UKZN students feel about traditional healers as portrayed on television.

### **Aim of study**

The aim of our study was to investigate UKZN students' perceptions of traditional healers.

- a) What are the students' views of the representation of traditional healers in *Deadly Myths*?
- b) Are there any differences in perceptions of representations of traditional healers among students from various race groups?
- c) What are the discourses that inform students' interpretations of the representations of traditional healers?

## CHAPTER 2: LITERATURE REVIEW

This chapter reviews key texts in the existing literature surrounding traditional healers. Newspapers, journal articles, books and the documentary exploring related literature.

Writings and previous research on traditional healer communities in Southern Africa reveal a number of common issues surrounding the practice of their profession and tentative efforts to link them to the formal health care system. Traditional healing is a holistic practice; it does not focus on only the physical ailments of a patient. Healers from different cultures all attest to their methods of administering to all aspects of their patients' lives, not only prescribing medicinal remedies to illness but also administering to their spiritual, emotional and mental wellbeing through counseling and prayer. The term 'traditional healer' in South African Zulu culture is used to refer to a wide variety of indigenous health practitioners; ranging from birth attendants, herbalists, faith healers and prophets. The World Health Organization's definition of a traditional healer highlights the differences between the traditional healer *sangoma/ inyanga*, witchdoctor *umthakathi*, and suggests that many people remain confused between the two (Schuster Campbell 1998: 1; Dlamini 2001: 12). Despite stereotypical views propagated by the media, traditional medicine remains an integral part of many African homes (Madlala 2005).

The term 'stereotype' was coined into social science literature by Walter Lippmann in his book *Public Opinion* (1922: 79-156). According to Alex Holt (1998: 31) the term is regarded as widely complex, not possessing a concise definition. Walter Lippmann (1965) defines stereotype as "pictures in our head." It is an exaggerated image or belief of the characteristics of a particular group, which can be positive or negative but generalizes without allowing for differences. Ethnic stereotypes are fixed, oversimplified ideas about an entire group. A stereotype may contain some truth but is rigidly applied to the entire group and does not allow for individuality. Stereotyping was introduced by Lippmann (1965) as being a process of categorization. The impact of stereotyping on the media has been inevitable. Limited amount of information is presented about a character resulting in the use of dominating characteristics being applied and the unavoidable growth in

stereotyping in the media. The media can propagate stereotypes using over-representation, under-representation or misrepresentation, for example over-representation involving how traditional healers are continually represented as killing people for *muthi*. The concept of stereotype will allow us to identify whether the depiction of traditional healers in *Deadly Myths* is brought about by mediated messages that are stereotypically driven.

Devenish (2003:1) shows how traditional healing has come under renewed attack for supposedly harmful and destructive practices. Healers are accused of spreading the HIV virus by re-using razor blades amongst patients as well as perpetuating the belief that sleeping with a virgin will cure a person of HIV/AIDS. Whether blatantly or through suggestion traditional healers are being held partly responsible for the spread of HIV/AIDS amongst the black population. Despite stereotypical views propagated by various forms of media, traditional medicine remains an integral part of many African homes (Madlala 2005). These media images observed in South Africa only help to continue the marginalization of traditional healers and perpetuate the notion that traditional healers and medicines are inferior to those of the West.

Schuster Campbell's *Called to Heal* is an extensive study of different kinds of traditional healers she has encountered within Southern Africa. She writes about a new kind of educated healer who combines traditional rituals with modern practices. Her research clarifies the mystery surrounding traditional medicine and its practitioners and is very useful giving a clearer picture of what goes on within the wide range of traditional healer communities. This study is written from the perspective of the healers and biomedical doctors; it fails to give personal accounts from patients who have been healed and how they understand the practice and what role it plays within their lives.

*Cultural Issues in Health and Health Care* (Tjale, A and de Villiers, L 2004) is a textbook for healthcare professionals, teaching awareness of cultural differences and the impacts of cultural diversity on health beliefs. The major flaw of the guidelines outlined in this book is that they are prescriptive and authoritative, like much research conducted

from a medical background they seek to impose Western medicine practices on traditional rituals, making them more “efficient” and “safer” for patients. Their suggestion for collaboration between modern and traditional medicine implies that traditional and cultural practices can be improved by adopting medical safety measures. Sherry Ayres (2002) study of traditional healers in the Valley of a Thousand Hills provides further evidence of this attitude. Traditional healers were trained by health care professionals to help them within the communities because of their close relations and trusted positions amongst community members. The healers were happy with the new skills and knowledge they acquired but weary of not being asked to impart any of their skills and knowledge.

Extensive research has been done on the collaboration between health professionals and traditional healers, although criticized for being unidirectional in nature (Dlamini 2001: 34; Ayres 2002) and exists in 23 African countries. Concurring with others on this subject, Devenish (2003) concludes that traditional healers can be professionalized. The view of traditional healers in media articles has sometimes portrayed the practice of traditional healers as primitive and obsolete, (Mail&Guardian, December 31, 2006) but even though the promotion of state clinics and other facilities have forced traditional healers into the background, the two spheres can work together (Ayres 2002: 120; Schuster Campbell 1998: 151; Devenish, A 2003). The Tanzanian media is supportive of traditional healers; while South African media should treat traditional healers with the same dignity and respect they afford Western doctors (Madlala 2005). Madlala’s recommendation fails to make an in-depth analysis of the effects of supportive media on the public and tends to generalize; not specifying any changes this creates in public perception of traditional healing.

Previous literature on the subject draws similar conclusion that the organization and professionalization of traditional healers would allow them more channels to the public and media. Furthermore, official collaboration and recognition would afford them the right to challenge any and all misrepresentations. By conducting research with subject groups from other cultures, the various sources of information on African traditional



healing were investigated. There was no evidence of previous studies conducted on public perception of traditional healers and their various practices. This study is making an effort to address this gap in research.

## **CHAPTER 3 : THEORETICAL FRAMEWORK**

This chapter concentrates on the theories used in this study. In order to sufficiently respond to the key questions raised, diverse theories were used in the research project: textual analysis, semiotic analysis, Audience Reception, Conversational Analysis, Content Analysis and Thematic Analysis.

Our theoretical framework consists of four theories that allowed us to explicate varied routes in identifying our research objectives. These theories include Textual Analysis, of which the two relevant sub-theories of Semiotics Analysis and Audience Reception have been employed; the other theories include Conversational Analysis, Content Analysis and Thematic Analysis. The combination of these theories allows us to adequately explore all aspects of our study.

### **Textual analysis**

Textual analysis will be used in the examination of the documentary: *Deadly Myths*. This will encompass the process of examining a segment of the documentary and furthermore providing intuitive ways of extracting out codes and conventions within this segment of the film.

Within the bounds of a textual analysis semiotics analysis and audience reception was used to examine the documentary: *Deadly Myths*.

### **Semiotics Analysis**

This will entail reading the signs, symbols, codes and signifiers within the documentary: *Deadly Myths*. According to Peirce (sited in Tomaselli 1996: 30-31) three basic categories of signs exist: iconic, indexical and symbolic signs, which will be used in our analysis. For example, “Indexical signs predominate in films about possession and spirits, which cannot be directly seen or imaged” (Tomaselli, K 1996: 31), this will be used in the analysis of Ishmail’s dream in *Deadly Myths*. According to Daniel Chandler (2001) “Semiotics can be applied to anything which can be seen as signifying something – in

other words, to everything which has meaning within a culture” (Chandler, D 2001). “The method incorporates not only how things come to mean, but how prevailing meanings are the outcomes of encounters between individuals, groups and classes and their respective cosmologies and conditions of existence” (Tomaselli, K 1996: 29). Textual codes such as camerawork, lighting, costume, subtitles and translations and social codes such as body language, for example, gestures and facial expression can contribute to the reading of the segment of *Deadly Myths*. The ideological meanings behind symbols will also be considered, for example, someone wearing a crucifix on a necklace is a symbol that that person is of the Christian faith. The text represents a certain ‘reality’ about traditional healers and using semiotics we will analyze and comment on this. The ‘text-context’ is usually ignored in semiotics analysis so reference is made to this relationship in our analysis to provide a coherent link between *Deadly Myths* and the larger context of the ‘media’.

### **Audience Reception**

This focuses on how the viewers interpret and respond to the given text, in this case the documentary *Deadly Myths*.

Audience reception theories are based on the assumption that audiences do not simply accept a text passively but will interpret the meanings of the text based on their individual cultural background and life experiences. Stuart Hall (1997) is an important contributor to this field. We will be using his encoding/decoding model of the relationship between text and audience. The model showed that there can in fact be great discrepancies between the intended or preferred reading of a text and how an audience interprets it.

The UKZN students, across the race strata constituted our audience and Hall’s model was used to analyze their response to the given media, to determine whether it is in line with the preferred reading or how it differs due to their specific positioning in society.

### **Conversational Analysis**

Conversational analysis is concerned with the study of verbal communication that people conduct in everyday interactions. Developed from ethno-methodology, conversational analysis provides an analytical method by which to address conversation (Hutchby *et al.* 1988). Essentially, conversational analysis exposes structures and rules in day-to-day communication and how communication is governed.

We will be using conversational analysis to address their responses to the documentary, each other and their environment. This will include analyzing how they deliver their speech considering their pauses, intonation and intensity. We will also take into account the manner in which they interact with each other and us for example, considering how they take turns to respond. We will attempt to provide a comfortable setting for the groups to encourage participation. Our interviews will be tape recorded and then transcribed.

### **Content Analysis**

“Content analysis is a research tool used to determine the presence of certain words or concepts within texts or sets of texts. Researchers quantify and analyze the presence, meanings and relationships of such words and concepts, then make inferences about the messages within the texts, the writer(s), the audience, and even the culture and time of which these are a part” (Palmquist 1993-2008). Content Analysis was used in examining the data collected in our focus group sessions, as well as examining the content included in our questionnaire.

Content analysis will help define the “units of analysis and the categories into which these will be placed” (Ezzy, D 2002: 83). Our research adopts the UKZN students as our units of analysis; we will categorize each race group as solitary focus groups in themselves. This will allow us to position our results in accordance with race ideals surrounding traditional healers. Through content analysis we are able to test the pre-existing notions surrounding traditional healers and reveal whether these were dominant in our results or whether there were any other emerging perceptions resulting from our

research.

### **Thematic Analysis**

Thematic analysis is concerned with the creation and application of ‘codes’ to data. Applied in the study of qualitative data, thematic analysis includes the study of: photographs, field notes, video footage and interview transcripts.

“Thematic analysis is a process for encoding qualitative information. The encoding requires an explicit ‘code.’ These may be a list of themes a complex model with themes, indicators, and qualifications that are causally related, or something in between these two forms” (Boyatzis 1998: 4). The use of ‘codes’ in the study of data refers to the creation of categories by which to understand information presented in the study. Each ‘code’ can be represented as a specific ideal of theme. Thematic analysis identifies themes within the data; these themes however are not premeditated and can only be categorized during the review of the data. It allows for the data captured in the interviews to be explained and structured. This is done by creating categories in response to the data and critically debating the meaning of the information being received.

Each of the theories states above analyze separate aspects o this study. Semiotic analysis and audience reception dealt with understanding Deadly myths in relation to the documentary as text and how the audience reacted to it respectively. Conversational, content and thematic analyses were used to identify the information received from the focus group interviews conducted. The theoretical framework outlined in this chapter assisted us in devising the methodology we would use in our project.

## **CHAPTER 4: METHODOLOGY**

This chapter focuses on the methodology used in this study and the motivation for the methods applied. The identification of sample groups and how focus group interviews were conducted are discussed in this section.

### **Research Design**

This study was conducted through ethnographic research using a combination of two main research strategies; qualitative research in the form of focus group and quantitative research in the form of questionnaires. The study investigated students' perceptions before and after exposure to a segment of the documentary *Deadly Myths* to analyze possible changes. The combination of research approaches allowed us to conduct in-depth analysis of participants from their knowledge and perceptions of traditional healing as well as how their cultural background and media exposure contributes to their attitudes.

### **Population and Sampling Techniques**

There are approximately nine thousand students at Howard College campus, the study initially focused on the two and half thousand students in the Faculty of Humanities and later on a sample group of forty-two for the focus group and sixty for the questionnaires. This sample was small but the limit numbers ensured more control and quality in our findings.

Five stratified focus groups on the topic of perceptions of UKZN students' perceptions of Traditional Healers in the documentary *Deadly Myths* were conducted over a period of a week. Each group was assembled using the snowball sampling method. This was difficult and took longer than expected, first in regard to finding willing participants and then in finding suitable time periods where all the possible participants were available. The ratio of male and female participants was kept at 50/50 where possible. Gender homogenous groups were conducted for the Black focus groups due to cultural considerations.

The dates and details of the participants of the focus groups were as follows:

- a) Black Female Group (led by Zanele Thusi): 14 May 2008  
7 males
- b) Coloured Group (led by Celo Buthelezi): 15 May 2008  
6 females, 4 males
- c) Indian Group (led by Udesha Moodley): 20 May 2008  
6 females, 6 males

- d) Black Male Group (led by Zanele Thusi): 20 May 2008  
5 males
- e) White Group (led by Melanie Winter): 20 May 2008, 5.45pm-7pm  
4 females, 4 males

Facilitators were assigned to the groups of their own race where possible to ensure that there was an easy flow to the discussion. Where this was not possible, this particular filter was taken into account. As UKZN students we are part of the same community as the participants in our group, this ensured they felt comfortable talking to us as we formed part of the insider community.

Four of the five focus groups were held on campus in an audiovisual venue and one (the white group) was held at a house in Glenwood because it had to be conducted after office hours. Due to the onset of the exam period we were unable to co-ordinate a Mixed Race focus group session. This was unfortunate but could not be avoided.

### **Research Procedure and Instrumentation**

The focus groups began with guiding questions to assess the general knowledge of the participants on the subject of Traditional Healers. These were:

- a) What are your opinions of Traditional Healers?
- b) What informed your ideas about Traditional Healers and have you heard anything about them in the media?

A seven minute segment of the documentary *Deadly Myths* had been burned to a DVD and was then screened at the appropriate time. General guiding questions were posed to discover if and what affect the DVD (our media) had on the participants:

- a) Has the viewing changed your perception?
- b) Do you agree with the representation of Traditional Healers in *Deadly Myths*?

We tried to keep the structure of the sessions flexible to allow the participants to feel

comfortable enough to participate in open conversation and to air their opinions without feeling restricted in any way. As facilitators, our involvement were minimal, only answering questions where appropriate and sticking to the guiding questions when necessary to prompt conversation. We tried not to impose any of our ideas in the questions posed to the participants to avoid leading them in any way.

Snacks and refreshments were provided for the participants before and after the session's discussion.

The sessions were recorded using a tape recorder/Dictaphone. Each session was recorded on a 60 minute tape. The recorded session was cribed by the individual who conducted that session.

Our analysis of the *Deadly Myths* segment was informed by the theory of Semiotic analysis. We analyzed codes and the meanings which were present in the text. This analysis was important so that comparison between our (educated) reading of the text and the reading of the audience (focus group participants) could be examined.

Audience reception was used to compare the perceptions of the students before and after the screening of *Deadly Myths*. It was a useful tool to relate their previous knowledge to the given text and to determine whether this was in line with the preferred reading or how it differed due to their positioning within society. Post evaluation of the audience revealed that their views already informed their reading of the segment rather than presenting the preferred viewing to them. Therefore their individual positioning in society and their cultural values contributed to the reading of the segment. We were well aware that there could be discrepancies between the intended reading and the received message, as Jill Kruger, the film's producer states that she and the film's director, Ramadam Suleman, embarked on a challenging interpretive experience of their own, as they sought, during the process of editing the film, to encapsulate the various contributions into a cohesive whole. "This documentary film was never conceptualised as an art form purely to convey social messaging," she concluded. "Rather, it was



conceptualised as a vehicle to create new social messaging, since, in the process of viewing it, people interpret and respond to it in terms of their own, personal referents.” (King 2004)

Conversational analysis specifically dealt with the interactions between the group participants and how they frame their ideas informed by their particular discourses, for instance the different races, gender, religious beliefs. We considered: interruptions between participants, pauses, spontaneous reactions such as laughing, and emphasis/intensity in conversation/words, recurring words that formed patterns/themes. The application of conversational analysis to the focus group sessions allowed us to analyze responses and comprehend how participants understood the topic, interacted with others in the group, their level of comfort and the ability to express themselves.

We wanted to discover if our assumptions about the portrayal of traditional healers in the media could be proven through research. Content Analysis is useful in this regard as it looks at the content of what the participants had to say in terms of their cultural context and who they are. Focus was given to the context of UKZN students’ perceptions of traditional healers and as a result the separation of different races. This discourse informs much of the knowledge that students would have on this subject as it is a specifically cultural practice. This was also based on the assumption that race was indicative of cultural belief and our own preconceptions of the different groups and their familiarity or understanding of traditional healing.

We also used Content Analysis and Thematic Analysis in our theoretical framework although they were not included in the original research proposal as we realized how useful they would be in analyzing our data.

Content analysis was applied to the questionnaire in that it helped focus our sample population and questions to properly correspond to the subject matter and to cater for the individual responses. We decided to use Thematic Analysis to examine our interviews and it also provided a logical and structured manner in which we could analyse various

data, such as the focus group transcriptions. Looking closely at the data collected from the interviews we identified emerging themes through certain codes that arose in all the four interviews that were conducted and then used these to present our findings.

### **Questionnaire**

A copy of original questionnaire is enclosed. This pilot questionnaire was then tested on 7 people to determine any problems. Many errors in the structure of the questions and the overall flow of the questionnaire were discovered and appropriate changes were made. This form of quantitative data collection is not conclusive and cannot be used without further research; as such it is used as a secondary form of data collection in this study. The final draft is enclosed. The survey was conducted on Howard College Campus on 8 May 2008. We targeted specific geographical areas where students are known to congregate on campus. In total 55 questionnaires were distributed and completed. The results were then quantified with the use of graphs and percentages.

### **Assumptions and Limitations**

We used students in our research as they would be more willing to participate in the focus groups and for research purposes they were our most accessible population. But this is only a small segment of the population and can only be regarded as such. The study was based on the assumption that people would be more likely to participate more freely in conversation with members of their own races. Due to lack of time our inability to conduct a mixed focus group is a gap in the research as it would have been highly informative to compare the interaction of this group to that of the individual race groups. The survey had a very small sample for our questionnaire which means that it will not be an entirely accurate representation of the UKZN students.

### **Ethical Considerations**

Each participant signed an informed consent form to ensure validity of the data. Each person was given the option of leaving the session or not responding at any time if they felt uncomfortable. Confidentiality and anonymity have been afforded to all participants in our research.

All the categories stated above occupy an integral part in how we conducted our research project. Ethical considerations, creation of sample groups, the use of questionnaires and acknowledgement of limitations of the study are all vital to the study.

## **CHAPTER 5: DATA COLLECTION AND FINDINGS**

This chapter presents the synopsis and analysis of the segment of *Deadly Myths* shown to interviewees. It presents our qualitative and quantitative research results, summarizing the responses from the five focus group sessions under sub-headings and displaying data from the questionnaires in a table format.

### **Definition of documentary**

Documentary texts are supposedly those which aim to document reality, attempting veracity in their depiction of people, places and events. However, the process of mediation means that this is something of an oxymoron, it being impossible to re-present reality without constructing a narrative that may be fictional in places (Wilson, K 2000-2005).

This is a dominantly direct address form of documentary but also includes elements of performative documentary as Ishmail's story contextualizes the issues of HIV/AIDS and traditional healing.

The distribution of the film has been minimal, shown only at film festivals and for educational purposes, rather than screened on regular television.

### **Semiotic analysis of the 6minute DVD segment of *Deadly Myths* (2004)**

Director: Ramadan Suleman

Producer: Jill Kruger

Distributor: Film Resource Unit

The full documentary is intended to dispel any myths surrounding HIV/AIDS that are prevalent among the population. The section we chose to show during our focus groups is concerned with myths surrounding traditional healers in relation to the disease.

The segment opens with the close-up frame of what appears to be a sangoma in traditional dress wearing animal skins and a headdress. He is chanting loudly. The significance of this in the greater context of the documentary is that at the end, the audience is notified that that this 'sangoma' is in fact a paid actor. This is a stereotypical

representation that the director has chosen to portray. This information is not available in the segment our group participants saw.

The bulk of the segment features Ishmail, a young homosexual black male. The establishing shot reveals the reenactment of his dream about his grandmother which moves into a close-up of Ishmail who is lying on a couch almost mimicking the act of sleeping. The close-up accentuates his sadness when he pulls down his beanie and places his hand over his eyes. The use of indexical signs come into play when the frame fades out into a blurry image of Ishmail crying, which foregrounds the image of a snake seemingly flashing in the background. The sound of drums and a lady screaming/shouting clouds this frame, reproducing a simulation to the actual dream. While Ishmail is completing his recall of the dream, the frame switches to show him and his partner walking out of their apartment building ascending a staircase, perhaps indicative of their ascend in life together, HIV status and all. Thereafter a medium shot frame features Ishmail sitting with his General Practitioner in an office, which is occupied with shelves of books indicating his educated background. The G.P himself symbolizes the stereotyped image of a western, white male doctor, wearing glasses and a stethoscope, dressed in office attire. A close up of the G.P ensues while he speaks of the signs inherent of Ishmail's prior unknown status. The commentary continues to reveal a zoom out of the G.P and Ishmail, facing one another. The G.P while revealing his opinion about Traditional healers says that he has encouraged Ishmail to consult 'a *sangoma*' relating this to his own religious beliefs, ensuing into a bit of laughter from the two. The frame ends with a close up of the G.P expressing the importance of being objective in his consultation perhaps this was done to bring out a sense of scepticism from the G.P, which might have not been there at all.

The presence of Professor Coovadia from the Medical School's Research Centre, amplifies the idea of western medicine vs. traditional medicine, he resides in a brightly lit room that looks like a laboratory, displaying a cabinet of lab beakers and other apparatus. His formal attire is also symbolic of western ideology of doctors, a close up proceeds as he begins talking about the consulting of 'witches and sorcerers' and the belief that they

are able to cure 'fundamental illnesses'. This promotes the importance of what he says and adds to the mythical beliefs that are innate the documentary. The earlier depiction of Ishmail and his partner in their kitchen becomes significant when Ishmail is shown visiting his aunt. They are shown in her kitchen, which is sparsely furnished with a few cups, an almost empty carton of milk, food on the table which the audience could decode as signifying a poor commune.

Throughout the insert Ishmail tells his story, expressing his emotions and polemically driven ideas, however he is pictured as quiet and timid in front of his aunt who runs the floor with her mythical/naive reliance on traditional medicine for the HIV cure. Throughout his aunt's monologue Ishmail is pictured smiling at her ideas in a slightly condescending manner. The constant movement of the camera between Ishmail and his aunt shows that the director wants to highlight Ishmail's reactions. His reactions to his aunt's comments shift when she begins talking about family; he becomes sad and expressionless, perhaps due to the memory of his grandmother. The varied shots between Ishmail and his aunt expose facial expressions that portray what his aunt says except when she says that he should consult both traditional healers and 'white western doctors', which follows with a shot of him nodding in a agreement.

The frame switches to reveal the President of the Traditional Healer Association, Patience Koloko; a practicing traditional healer who appears in her traditional attire. Her attire is significant as it differs from that of the '*sangoma*' that appears at constant intervals of the documentary. She wears a coloured headdress with beads while the *sangoma* wears animal skins and waves around an 'Ishoba'. He symbolizes the stereotypical image to which traditional healers are associated. In addition, Patience Koloko resides in a dimmed light setting back dropped with traditional containers/bottles, expressing a mystical feel to the room. In contrast to her, Professor Coovadia is seated in a lab setting which is clinical and brightly lit. His attire is of western origin: collar and tie. The segment featured focuses on the ideas of western medicine versus traditional medicine and thus is relevant to our research.

## Qualitative Results

General conversational observations across the groups included: a few silent lapses but the discussion was mostly animated and flowed well, with direction from the researcher limited to guiding questions; after a few minutes, they were not even aware of the tape recorder and the Black groups began mixing English and Zulu words, while the other groups were very colloquial in their responses to one another. For example many participants used phrases like “Uh...ummm; you’ve been ‘like’, it’s ‘like’; and ‘stuff’”. It was a rather relaxed environment and there was a quite a bit of laughter and side commentary with no major disagreement in the debate. On some level they were very wary of appearing too aggressive, starting responses with “I think”, “I feel”, “In my opinion”, but this also indicated their comfort with expressing themselves with their peers. There was quite a lot of supporting nods, yeses or answering in unison on points that they all agreed on. They allowed each other to speak alternately but interrupted if they wanted to stress a particular point or disagree with someone else. A lot of the discussion set up a comparison between racial and cultural groups, there was a constant distinction between “us” and “them”, revealing that there was some prejudice or judgment towards other cultural and racial groups but felt a strong affinity with other people within their focus group.

The main themes that arose during the focus groups were:

- a) The ideas surrounding the general notions of traditional healing regarding religion.
- b) The reference to terms such as ‘Witchdoctor’, ‘*Sangoma*’ and Inyanga.
- c) Media Influences and other forms of influences.
- d) Western modes of Medicine vs. Traditional modes of healing.
- e) Gender relations during the sessions.
- f) The reactions to *Deadly Myths*.

## Results of Coloured Focus Group

### Traditional Healers and Religion

Religion greatly impacted the way the students felt about traditional healers. As coloured students they expressed that going to a traditional healer was deemed negative and the work of the devil. The students stated that in the catholic religion which they were all part of it was wrong to ‘dabble’ in the spiritual world.

F 1: It’s basically a gateway for the devil because once you start dabbling in things like that something you don’t believe in. we think.... Like our religion we think it’s a gateway for bad and evil.

All the participants nodded their heads when this statement was made by one of the students. Along with religion playing a fundamental role in the way the participants felt about traditional healers, culture was also seen as having impacted the way the participants felt about traditional healers. Participants however continually stressed the point that it was not their position to join those to visited traditional healers.

### Word Patterns

When discussing traditional healers the participants interchanged between calling them (traditional healers) and *sangomas*. The phrase “stuff” was also used to refer to traditional healer example being “you know *sangomas* and stuff”.

Most participants declared they did not know the difference between a traditional healer and a witchdoctor. Most felt that a witchdoctor and a *sangoma* were the same thing. The rest said they know the difference between a witchdoctor and a traditional healer but could not remember the main differences between the two. In this case the participants expected the facilitator, a black student to explain the difference between an inyanga and a *sangoma*.

M 1: Umm are we talking traditional healers because I know that they are two



types. You get *sangomas* and *inyanga* is there a difference?

Throughout the interview it appeared as though some participants were looking to the facilitator to validate the opinions they held. This happened throughout the interview and is attributed to participants expecting a black person (facilitator) to have better knowledge and understanding about traditional healers.

### **Western Medicine vs. Traditional Medicine**

A lot was argued about in relation to traditional healers and western medicine. Most of the participants questioned what types of ingredients were being put into the medicine that traditional healers give to people. Arguing that most individuals who go to traditional healers do not know what is being put into the medicine they drink. One of the participants raised the use of 'placebo.'

M 3:            Sometimes its state of mind because they have psychological experience with medication and stuff. They have 'placebo' basically there is nothing in there (the medicine) but because people believe it does something then it works on them.

This was one of the problems that the participants had with traditional healers' medicine and traditional healers. Others are also defended traditional healers calling the practice of using herbs normal because all medicine comes from herbs.

F 2:            You see I have experience of Indian healing, which is energy and herbs as well. So there is..... I understand the whole western culture comes with the non-believing in anything traditional. Like no herbs and stud can possibly heal you. Even thou they medicine comes from plants any way. So guess traditional healing is just a purer source.

Two remaining elements that were discussed by the participants were traditional healers being recognized as doctors. All the participants felt is was wrong and inappropriate that

traditional healers be given the title of doctor. Participants thought traditional healers did not have enough knowledge on how to perform any western operations and therefore should exclude them from the profession of doctor. Queries on the forms of training that the traditional healers received were also discussed in the interview. Traditional healers were also seen as being stuck in the past and that technological advances help people better understand what goes on with individuals physically and mentally.

F 1: I don't think you can do that because the way we understand a doctor is to go to medical school do your five to seven years, do your one or two years of practice and that is a doctor. You can't exactly trust someone who has gone into the bush or what ever and went through a whole series of things and comeback and you can call them a doctor.

M 1: Besides all that, to be a doctor I believe that you got to be able to have access to all the resources and medicine that are scientifically proven to help you. And be able to do certified operations that to me are a doctor. You have resources and that but a *sangoma* they don't do that. There is risk for infections and stuff like that, that is my view. So to me, I'm not sure if you can classify because they don't have a lot of accessibility to such resources..... cleanliness. I'm saying their not clean.

### **Gender Relations**

There was healthy participation from both gender groups. A select few of the participants had something to say and therefore dominated the interview. These lines however were not drawn along gender lines. The participants also arranged themselves in the manner which made them comfortable. There was no separation of male and female participants and all looked comfortable with each other as they are all friends. The snowball sampling method that we used meant that all participants were acquainted with each other.

### **Media and other Influences**

Only one of the male participants declared that he had never seen any negative portrayals

of traditional healers. Others said that they had seen a lot of negative media images of traditional healers in the media. They spoke about children hands and feet being found in bottles belonging to traditional healers. The participants discussed how the media often showed how traditional healers/ *sangomas* used the body parts of young children to make *muthi*. Media was seen as having a large influence over how they viewed the topic of traditional healers. The media was also seen as re-enforcing negative images of traditional healers that already existed in the communities and cultures that they were raised in.

F 2: I think it's the influence of all of it. Media does have a large influence, because we live in this ...um in a time where a technical era or what ever.

F 1: Ya, but it just re-enforces what we know already or what we are told to believe.

M 1: I think the media highlights the negative aspects of it. Like they always like .....(pause)... always like make the issue so big and like add to the rumors. The negative rumors about traditional healers.

The media was seen as contributing to the rumors behind traditional healers therefore impacting on the way society reacted towards them. One of the participants also revealed that the media sensationalized and over exposed the negative aspects of traditional healing. Advertising in the media showing traditional healers using western medicine as a point of humor in the focus group interview. The med-lemon advert depicts a *sangoma* giving a patient med-lemon in a calabash. This for the participants showed the power of western medicine over that of traditional medicine.

### **Reaction to *Deadly Myths***

In relation to *Deadly Myths* most of the participants thought that the view expressed by the aunt (older generation) would not change. Participants felt that his facial expressions gave away the fact that he did not believe in his aunt. Ishmael's aunt was also seen as

being two minded about the helpfulness of traditional healers as she tells Ishmaels to go to both the white doctor and the *sangoma* for help.

M 3: Ya you can see in his facial reaction that he clearly does not really agree with what she is saying. He was trying not to laugh or trying not to smile. That what I saw because he does not really agree. So ya things have changed in the younger generations views have changed but in the older somewhat mid-generation have..... their beliefs are still very traditional and trust a lot with the *sangoma*.

The 'sangoma' in the documentary (later revealed to be an actor), grabbed the participants attention as they felt he represented a real sangoma. The iconic use of the sangoma in the documentary is meant to represent the signifier, which is a real sangoma. The director makes use of the dominate stereotype and in this case the audience agreed with this visual, several similarities between the signifier and the icon made the participants believe that he was real.

## **Results of White Focus Group**

This is the group with the least personal experience with Traditional Healers, none of them had ever been or known of anyone who had been to a Traditional Healer. Most of their knowledge has been informed by their families and what they have heard in the media.

### **Traditional Healers and Religion**

The perception of traditional healers from the white perspective is that they are intrinsically linked with spirituality and ancestors, and is seen as a form of religion.

M2: ...also a lot of what I know of African religion is steeped in ancestry and uh seems like you can't, you can't separate traditional healing from like a spiritual side...  
(pg 4)

They are viewed as being an important part of African traditional culture, particularly the Zulu culture. They are also viewed as elders, respected by the people, second only to the

chief, and therefore people will follow them blindly as they hold such power.

There was a constant equation between belief in traditional healing and their own religious beliefs.

### **Word Patterns**

- a) 'Proper' or 'normal' doctors were constantly equated to Western Doctors;
- b) 'Witchdoctor', 'rural' or 'spiritual' as well as 'African' was equated to Traditional Healing.
- c) 'and stuff,' 'whatever' – these words and phrases indicate that there is lack of certainty when it comes to this topic, there is only a vague knowledge of traditional medicine.

Near the beginning of the session it became clear that most members of the group did not know the difference between a traditional healer (*sangoma*) and a witchdoctor.

They were very careful after the difference was discovered to use Traditional Healer rather than witchdoctor and if they did it was acknowledged. The difference was not internalized though as they kept interchanging the words throughout the session. Even at the end of the session, the term witchdoctor was still being used as a negative aspect of traditional healing.

### **Western Medicine vs. Traditional Medicine**

The group did not believe that there could be spiritual healing for a biological disease, but by the end of the session they were agreed that an integration of Western and traditional medicine would be preferable and could be beneficial in some ways. They don't know what the study of a traditional healer is like but they assume that it is inferior to Western medical training, for instance 10 years of varsity versus various secretive rituals, they were skeptical about the viability of the training.

Doctors are held to a standard, a set of regulations, traditional healers should be held to a similar thing, a council, but they then argued that this would be impossible to regulate because of the rural location and the hierarchy of traditional healer as leader of the

people. People would be too scared to report any supposed wrong-doing.

Most admitted that they don't know enough about the herb side of it to state whether it works or comment if it was a right or wrong practice, also stating that AIDS is a biological disease that cannot be cured by herbs, Health Minister mentioned. There were definite strong objections to *muthi* killings for traditional medicine. There are many myths prevalent in their perceptions of traditional healers. These include the fact that all traditional healers are involved in spreading lies about cures for HIV/AIDS, for instance if you rape a virgin, you will be cured of AIDS. This view was according to the participants, re-iterated by the Health Minister,

F2: AIDS is purely biological and so you can't tackle it from a spiritual sort of perspective and in that case it is wrong and like the health Minister thinking its just beetroots can do it, "...the Health Minister thinking its just beetroots can do it" (F2, Pg6).

### **Gender Relations**

In general, the males presented a united front on the idea of traditional healers as backward and dangerous. The females were much more liberal and attempted to understand the reasons behind and possible advantages of Traditional Healers, but no one male or female whole-heartedly agreed with the idea.

As is customary in the white middle class culture, the males allowed the females to talk first, but soon after the male voices tried to assert their dominance. M1 and M2 held the floor for extended periods of time, determined to make their point known. However the females stood their ground and interrupted, interesting debate ensued.

M2: (tries to talk over F2) Ja but I wasn't saying that they shouldn't be there, like what I'm saying is that-

F3: But you were saying that though.(nervous laugh)

M2: I wasn't.

F2: You were. (Group laughter) (pg9)

When the girls argued it forced the males to listen and defend their points with emphasis and intensity showing how strongly they believe in what they are saying.

F1: Ja the ancestors will frown upon them and-

F4: Ja cos its so much of a spiritual thing as well-

M1: (louder) Ja I think-

M2: (louder) I think the problem is just the scale, you know what I mean, like I'm sure that there are like 80% of traditional healers who won't tell someone with AIDS that they can cure it, I don't know-maybe-90%,95%, but its like that's like that's not enough you know, that's what I'm saying.

M1: Ja, I just don't think that it will be able to be enforced, just as was pointed out that the fear of being reported, if you're living in fear of being, or believing that that person can curse you, or that you can be bewitched.

(Pg 10)

Here the snowball sampling also played a role because the most heated debate came between people who already knew each other.

### **Media and other Influences**

A relevant newspaper article was mentioned by one participant on the issue of traditional healers on campus, this sparked relevant debate. Most of the participants were surprised that this was an option on campus. The first sentence spoken in the focus group was that traditional healing is a rural practice and that urban people do not believe in it.

F1: I see them as quite a rural, sort of, um, figure, uh, I don't see any urban people going to traditional healers, umm, maybe specifically for Zulu speaking people and, um, umm, also I don't know, I find it quite scary, cos its, I don't think its very real, I don't think they heal people, especially when they say if you rape a virgin, you'll cure your AIDS. (pg 1)

Objections to traditional healers on campus changed after viewing the DVD. It was assumed that on campus traditional healers would occupy huts- reinforcing the rural idea, the group was surprised to discover that the resident traditional healer has an office in Student Union. It is also considered a *black* rural practice.

M1: Can anyone go see her? Even white people? (Pg 2)

African is also equated with traditional practices, but in this case the female pauses because she knows that this is technically politically incorrect.

F3: I read a newspaper article, um, the uh implementation of traditional healers at UKZN, um, and at first like I reacted to it in a negative way, I was like neyh, you know, they're trying to make our university umm *so* African that, uh, that taking away like um (Pause)...academic focus. (Pg2)

Other news stories and newspaper articles, as well as *Carte Blanche* were referred to in a general way.

One male participant mentioned his mother telling him story about a *muthi* killing, which is what he associated as his personal experience with traditional healers, this information that received from his mother. Other participants also agreed that their upbringing informed their ideas about traditional healing.

The discourse of being a UKZN student was apparent in the way the participants answered some of the questions and in the terminology they used. This filter was apparent in their responses. They would mention their field of study or use something from what they have already studied to inform their opinions and arguments, “we were learning in psychology”, and law jargon as well as economic terms. This, as well as the fact that they were being recorded also made them much more aware of the specific words they were using:

F3: ‘normal!!’ (Lots of laughing in the background)

F1: Oh, please don't write that down! Ok so *Western* doctors are the way to go. (pg 6)



### **Reactions to *Deadly Myths***

Participants were skeptical of traditional healing before the screening, though afterwards, particularly M2, was vehement in his attack on traditional healing after seeing Ishmael's aunt talk about it. He believes that traditional healers wouldn't make room in their beliefs to integrate Western medicine, especially in the case of AIDS and therefore they shouldn't be allowed to practice at all. He says they serve to perpetrate the increasing spread of AIDS.

It was commented upon that *Deadly Myths* presented conflicting views of traditional healers, firstly from the rural view that says they can cure AIDS just with herbs and then the President of the Association who says they can't cure it and will refer these patients to Western doctors for treatment, the group decoded this to mean that there is conflict prevalent within the communities as well. They agree with the representation of the *sangomas* in *Deadly Myths*, both the President in traditional dress and the *sangoma* in animal skins reinforcing their belief that it is a rural practice.

## **Results of Indian Focus Group**

### **Traditional Healers and Religion**

A prevalent idea about traditional healers was that they connote evil; are instinctively out to make money by preying on peoples' insecurities about illness and bad luck. African Traditional Religion was explained as a practice that was heavily rooted in ancestral belief, everything that occurred in one's life was viewed as a message from an ancestors. Religion was described as a discourse that teaches 'acceptance' of what is taught throughout one's upbringing and going to a traditional healer was deemed as apart of that traditional rearing. There were heated arguments surrounding the reliability of traditional medicine and its healing nature and the success stories of traditionally treated patients.

F1: Has a person ever really been healed by traditional medicine Ryan?

M3: I've heard of it but I don't know if it's true.

M5: Ja but that's...if it was true...

F1: I mean can you prove that someone's been healed by traditional medicine? No, they based on myths, they based on lies, they are based on these untrue... (Pg 8).

Traditional healing was proclaimed as being about 'practicality', the medicinal value attached to herbs is a practical usage to traditional healing. The image (traditional attire) of traditional healers was widely associated as frightening and instilling fear amongst people. In addition traditional healers were seen as mediums to spirits offering help with life problems. There was also great comparison made between the Indian culture and the African culture.

### **Word Patterns**

Although some participants displayed confidence in knowing the difference between 'Witchdoctor', '*Sangoma*', Inyanga; it was evident that in the midst of conversing they referred to traditional healers as '*Sangomas*' and sometimes 'Witchdoctors'.

The acknowledgement to the different types of traditional healers- the prevalent terms emerging were '*Sangoma*', 'Inyanga' and 'Witchdoctor', with regard to 'witchdoctor'. For example,

M5: [t]heir cultural beliefs are that if you go to a witchdoctor it's a normal doctor to them because in some places where there have those cultures and stuff there are NO doctors! (Pg5).

There was an equation made between the 'Traditional Healer' and '*Sangoma*'. Traditional healers were sometimes assumed to be traditional healers and other levels there was a distinction made, implying that there was this misconception surrounding the idea that a '*Sangoma*' or an African traditional healer equates to a 'Traditional Healer' in general.

### **Western Medicine vs. Traditional Medicine**

The idea that traditional medicine has been in practice long before western/ modern medicine was acknowledged by participants. The media representation of traditional

healing was observed as constantly being compared to western medicine, this seemingly undermines the status of traditional healing/ medicine, displaying the practice as negatively. Western medicine is sought by those who are educated and wealthy, while traditional healers are consulted by uneducated, poor people. Race still manages to seep into the midst of things, posing to be a significant tool in the promulgation of misconceptions surrounding western medicine. Traditional Healers aren't distinguished as 'normal' doctors, while Western doctors are. Traditional Healing and western medicine sometimes coincide in practice as 'herbs,' which constitutes an integral part of traditional medicine, and is essentially what western medicines comprise of. In addition traditional healers are said to be guilty of exploiting their practice and their subjects by using western medicine and posing it as traditional medicine, for example the Med-Lemon advert. The two practices were juxtaposed as money-making institutions, sometimes prolonging sickness to ensure a continuous support.

### **Gender Relations**

Participation from both genders was prevalent throughout the focus group, although at some points the females overpowered responses, it always resulted in healthy discussion or consensus amongst the majority as a whole. There was no evidence that either sex felt uncomfortable to express their innermost feelings, opinions and/or perceptions about traditional healers and the documentary. The topic was indeed a sensitive one but everyone (both females and males) handled themselves accordingly and were tolerant in their stances to one another. The varied ideas surrounding traditional healing and the consequent emerging topics were strongly felt upon and no one was dismissed as 'unknowing' amongst the group, whether female or male. Although at times there was a clashing of views, it did not alter their responses to the topic. All in all in transcribing the data collected and playing participant observer, there was no issue of tainted responses due to gender relations.

### **Media and other Influences**

The home surrounding was labelled an important source of influence.

F1: You get primary and secondary socialisation, your primary socialisation is your home... (Pg 2).

The media were homogeneously viewed as portraying a negative image of '*Sangomas*'. *Sangomas* were associated with evil and witchcraft. Media representations idealised 'traditional healers' as only forming part of the African culture, there was a lack of media representation on Indian traditional healers and other cultural/traditional communities. The media was described as 'spectacular' in their representation of ordinary things.

M1: The media stimulates...eh..myths, that's why people still believe in myths and people don't even think it's myths, people think it's their personal belief and believe it (Pg 6).

The media was said to have sensationalised the lives of traditional healers,

F1: But don't they sensationalise it? To make it look attractive but yet at the same time they give it like this...element of like evil, they make certain things about it forbidden, you know against the laws of society, which obviously promotes it because more people want to find out what it's about because they have this element of excitement in it. Because it's against the normal values of society...(Pg 6).

Other influences included education, parents/family, friends, word of mouth and personal experience.

There was continuous reference made to the Med-Lemon advert in which a traditional healer is seen providing medicine (from western origin-Med-Lemon) in the calabash flask so as to promote the healing nature of traditional medicine and encourages the idea that traditional healing is powerful. The media was said to bombard media images to the public which enabled a kind of perception to arise about the image or the particular person, the figures of Jacob Zuma and Manto Msimang Tshabalala were mentioned in the debacle around AIDS and traditional healing. Predominantly the view extracted from the

media was particularly negative surrounding traditional healers and their roles in the social sphere. The idea that media influence is taken as the ‘truth’ was referred to and the fact that no one questions these images that are portrayed to us also shed light to the situation. All in all their ideas of traditional healers and their roles in society, how they look and so on stemmed from the media.

### **Reactions to *Deadly Myths***

The participants’ views about traditional healers were not altered after the screening. However their attitudes’ toward the people featured in the insert were less tolerant and more annoyed with some of the responses made about traditional healers and medicine. The lack of education amongst the poorer Black population was deemed a reason for the reluctance toward western medicine. The participants were of the firm view that if people want to consult traditional healers they should by all means do so, but in addition they should also make it their duty to consult western medicine as well. The fact that traditional healers have a sense of authority amongst the uneducated masses was predominantly mentioned, they should in turn use this knowledge to their advancement by setting straight the misconceptions and myths that are prevalent amidst their communities. Western medicine was slanted as very much apart of the White race group and had a negative implication to the Black community who did seek traditional healing/medicine. The presence of the ‘Traditional Healer’ at constant intervals was assumed to be a traditional healer due to his traditional attire and his gestures and facial expressions, this assumption was said to have been rooted from media representation of traditional healers. The presence of the ‘*sangoma* figure’ at constant intervals was assumed as a ‘*sangoma*’ due to his costume, his gestures and facial expressions, this assumption was said to have been rooted from media representation which reinforced this stereotypical image of what a traditional healer should looked like.

## **Results of Black Male and Female Groups**

### **Traditional Healers and Religion**

Religion was seen as something that had developed in opposition to tradition and culture in that it seemed a lot of people who embrace Christianity are beginning to abandon their traditional ceremonies.

F3: Religion I think..... Is something that happened now, you weren't born saved. It's something that happened over time, and before that happened what we believed in was ancestors and tradition.

Participants generally felt that religion should not replace traditional practice but be used in conjunction with them. They made examples of diviners who didn't use bones or *muthi* but prayer as a way of healing. Another point that came up was that healing whether from modern doctors or traditional ones, only worked if you believe in them. So treatment, of any kind is more psychological than physical.

There was some confusion about whether traditional healers called on ancestors, spirits or some religious power to do their healing. They made examples of diviners who didn't use bones or *muthi* but prayer as a way of healing. But also some who do use bones or act as mediums for ancestors to speak through.

### **Word Patterns**

They were very aware of the differences between *sangomas* and *inyanga*, *umthandazi* and *umthakathi*. We talked about how the media made generalizations so that all these different types of healers appear to be the same thing.

### **Western Medicine vs. Traditional Medicine**

M2: Even after civilization our tablets come from herbs and somehow these traditional healing does work.

F7: Science they add chemicals, some things that shouldn't even be in the human system. Traditional *muthis* are made of herbs; they're like a purer source.

In terms of medicinal value the participants were all in favor of traditional medicine, the only exception was one male who queried how they measured the ingredients they used for their *muthi*; in fact, those who were in favour of traditional medicine thought that traditional medicines and Western medicines were different forms of the same thing.

M3: [f]or this traditional healing we don't know where or how they train.

M5: [w]orst part of it is its secretive; there are some things that are being done that can't be exposed

Western medicine has recognized standards of training for their doctors but with traditional healers' evaluation of skills, training and legitimacy is more problematic.

Like many cultural rituals, traditional healers apprenticeship is shrouded in mystery, none of the participants was sure of what went on, and how they judged competency. They were also quite apprehensive about the rumours that a healer's potency came from human sacrificing and taking or taking over the powers over a snake.

M2: "Now people have seen traditional healers are making a living out of this thing and they're going there and pretending to be healers in order to make money"

The commercialization of the healer's services was a major issue for both groups. They felt that alot of fake healers were taking advantage of people who really needed help and this was a threat to the legitimacy and status of all traditional healers. One male felt that it was the difference between urban and rural areas that resulted in this, for him traditional healers in urban areas cared less about healing people than they did about charging exorbitant amounts for their medicines. Even going to the extent of claiming they are able to heal HIV/AIDS victims.

### **Media or other Influences**

The students are more aware of things happening around; they are a lot more critical of the information they get but they are also a lot more tolerant of others' views.

F7: "I think a lot of this stuff is taken out of context."

F1: "I think the media is very powerful in the way society perceives pretty much everything, most people, they see something on TV and they take it as it is."

They are more likely to be flexible in terms of accepting that people need balance culture, religion and education and other influences. It seemed the media had a less significant impact on the way they view traditional healers. Mainly because they could compare it to their personal knowledge and experience of traditional healing, it was a part of their cultural background and they felt that society has always been given a one-sided view of issues surrounding traditional healing and African culture. Both the male and female groups voiced similar opinions on things concerning the cultural importance of traditional healers, although the males were more critical of certain rituals within the practice whereas female group tended to be quite defensive of their beliefs and culture.

### **Reactions to *Deadly Myths***

Ishmail can be seen as a young modern individual straddling both traditional and modern worlds with his combination of cultural and spiritual belief and consultation of a G.P. The participants' negative reactions to the documentary however arose from the way the other interviewees in the segment were portrayed. They were each interviewed in their "professional" setting which was also symbolic of the world views they represented. The G.P. in his well organized office, with a stethoscope around his neck a bookshelf as his backdrop; the Scientific Director of Medical Research from UKZN in a sterile room, dressed in a tie and flanked by test tubes and the head of the Traditional Healers Association in full traditional attire, shown in her "surgery" with cultural artifacts and mysterious looking containers and objects.



Comparing these three situations, one identifies how viewers are persuaded to think a certain way. There is a distinct difference in the comfortable library cum office, the bright, sterile laboratory and the dimly lit *emakhosini* (the hut where a traditional healer practices). Despite the acknowledgment of traditional healing as a legitimate cultural practice by the interviewees, the negative connotation of the visual difference can be misconstrued as it makes traditional healing appear, mysterious, dirty, secretive and inferior to modern medicine. This difference is exacerbated by the highly dramatic inserts with the male actor dressed in Zulu traditional attire. This symbolic performance is typical of the exaggeration used in media representations of traditional healer

F6: “You know how on TV when ever they show a traditional healer they show somebody and they’ll be acting like a lunatic.”

The participants had no specific reaction to the documentary itself in terms of content, they elaborated on the ideas or issues raised in the segment shown to them and used this to refer to other forms of media they had encountered. They immediately equated it to other ‘one-sided’ media representation of traditional healers and disregarded it as an accurate depiction of them. It was placed under a larger umbrella of ‘the media’, of which they were very critical. This is because of the stereotypical manner that traditional healers were presented in the documentary.

## Quantitative Results

	African Male	African Female	Indian Male	Indian Female	Coloured Male	Coloured female	White male	White female	Percentage of all Participants
Total No.	9	10	5	8	1	4	8	10	55
<b>Question 1</b>									
Newspaper	22%	90%	40%	50%		50%	50%	80%	56%
Television	67%	100%	40%	100%		25%	75%	80%	75%
Radio	44%	60%	40%	50%		25%		60%	44%
Internet	67%	80%	100%	25%	100%	25%	100%	70%	73%
<b>Question 2</b>									
Yes	56%	90%	80%	63%	100%	100%	50%	80%	73%
No	44%	10%	20%	37%			50%	20%	27%
<b>Question 3</b>									
Positive	56%	30%					25%	20%	24%
Negative	33%	10%		37%			50%	10%	20%
Indifferent	11%	60%	50%	63%	100%	100%	25%	70%	38%
<b>Question 4</b>									
Yes	89%	90%	20%	63%		50%	12%	20%	51%
No	11%	10%	80%	37%	100%	50%	88%	80%	49%
<b>Question 5</b>									
Family	56%	30%		50%			50%	30%	35%
Media		30%	100%	38%		25%	12%	60%	35%
Culture	44%	50%	20%	50%				40%	33%
Other		10%	40%	50%	100%	75%	38%	20%	29%
<b>Question6</b>									
Yes	67%	30%	40%	63%			12%	20%	35%
No	33%	70%	60%	37%	100%	100%	88%	80%	65%
<b>Question 7</b>									
Yes	44%	20%	20%	37%					18%
No	56%	80%	80%	63%	100%	100%	100%	100%	82%
<b>Question 8</b>									
Yes	89%	90%	80%	63%	100%	75%	63%	40%	69%
No	11%	10%	20%	37%		25%	37%	60%	31%
<b>Question 9</b>									
Yes	78%	50%	60%	75%			37%	20%	47%
No	22%	50%	40%	25%	100%	100%	63%	80%	53%
<b>Question 10</b>									
Yes	22%	40%	20%	12%				30%	20%
No	78%	60%	80%	88%	100%	100%	100%	70%	80%

This chapter has presented our research findings under different themes which will allow us to compare results and conduct a data analysis.

## **CHAPTER 6 ; DATA ANALYSIS**

This chapter compares the results of the quantitative and qualitative results. It states the differences in responses from the various racial groups and provides conclusions and possible explanations for these differences.

### **Traditional Healing and Religion**

The Indian, Coloured and White groups did not have much personal experience with traditional healers (*sangomas*) and had a largely negative view of traditional healers, associating them with evil. At the same time they compare those traditional beliefs to those of their own various religions and tried to remain unbiased by using culture as the reason for which it was practiced. The Black groups also explained traditional healing in terms of religion, but made a clear distinction between Christianity and traditional healing, saying that the two could not co-exist, but should be combined.

The Black groups were able to understand and incorporate traditional healing and religion because of the fact that they had been raised within this cultural and religious discourse. Therefore one can assume that the remaining race groups who did not possess the same upbringing could consequently not comprehend to traditional healers as the Black groups did.

### **Word Patterns**

There was great confusion in all groups, excluding the black groups, surrounding the definition of a traditional healer. In most cases *sangomas* and witchdoctors were assumed to be the same, the participants could not provide clear definitions of either and their nonchalant use of the words showed that they felt they were interchangeable rather than separate ideas. The black groups were very comfortable with all the relevant terminology and concepts.

Common word patterns across the focus groups were the use of 'Western' in terms of modern medicine and doctors, as well as the already mentioned confusion of the terms, 'witchdoctor,' '*sangoma*' and 'traditional healer'.

One can also attribute how students referred to the different forms of traditional healers in relation to amount of knowledge that each student had on traditional healers. Having being raised within the context of traditional healers from an early age Black students had more practical knowledge with the different terminology used when discussing traditional healers in contrast to the other race groups. The Indian, white and coloured groups are presumed to have limited contact with these terminologies as they are not part of their cultural upbringing.

### **Western Medicine vs. Traditional Healing**

All groups raised the point of Western medicine being held to a strict standard; whereas most believed it is not possible to hold traditional healers to a similar set of regulations. All groups also agreed that the training of traditional healers was secretive and therefore difficult to trust its validity; whereas Western doctors attend university for 7-10 years, which is seen as a more legitimate form of education.

It was also agreed that Western doctors do not have all the answers and drugs are certainly not always the best method of healing. The herbal medication of traditional healers was respected by all groups, even being compared to homeopathy or the origins of modern medicine but the comment was made that if *muthi* killings formed part of the medicine, this became unacceptable. Also bio-medical progress has been made, so perhaps in some cases this practice has become outdated. The Black group appreciates the purity of traditional forms of medicine.

It was clear that all the participants in the focus groups had issues with the manner in which traditional healers were trained. There was inter-group consensus that the manner in which training occurred amongst traditional healers wasn't familiar to them.

### **Gender Relations**

Due to the snowball sampling method, most participants in the groups knew each other; therefore they were not intimidated by gender in their responses. It was found that in general males were more critical of certain rituals within the practice whereas females

tended to be more liberal and quite defensive of the cultural beliefs surrounding traditional healing.

The Black race had separate gender groups during focus group interviews, as researchers felt that one would not acquire a full account of their opinions if these two groups were placed together. Cultural restraints amongst the black genders were acknowledged as restricting due to the sensitive research topic. However no evidence of gender restraints from the other racial groups was noticed.

### **Media and other Influences**

These include media, through news on television, the internet and newspaper articles. The media is a very powerful medium but because participants are educated they were critical of the media representations. The media representation of traditional healing is constantly compared to western medicine, undermining the practice of traditional healing and these negative representations do affect their perception. Individuals' culture and family informed and reinforced their ideas about traditional healers. In the black group, traditional healing forms part of their traditional background through personal experience and communal roots, they felt that their reality is not accurately represented.

All the participants university students, and thus were identified as educated and critical of media messages. Nonetheless culture and family separated how the participants ultimately felt about traditional healers; again resulting from the different discourses that informed the race groups.

### **Reactions to *Deadly Myths***

Most participants across the race groups, excluding the Black groups, felt that the documentary did not change their initial perceptions, but the representations contained in *Deadly Myths* were largely accurate. The Black groups did not agree with the representation but were not shocked by this, as they felt this was the norm within all other representations of traditional healers in the media.

Reasons why the black students were not shocked by the portrayal found in *Deadly Myths* could be seen as a result of having grown up and still living within the culture of traditional healers, they are fully aware of the stereotypes and myths that are inherent of this practice. The other three race groups did not have the same advantage as the black groups possibly making their understanding of the practice of traditional healing more limited.

### **Final Analysis**

The general consensus about the representation of traditional healers in *Deadly Myths* is that the viewing did not alter, but rather reinforced the students' previous negative perceptions on this topic.

The only difference in perception of *Deadly Myths* came from the race groups with less personal experience with traditional healers– the Indian, Coloured and White groups – who had a noticeably less positive perception of traditional healers and their practices than the Black group. The practice of traditional healing is more prevalent amongst the Black race group; therefore their opinions were more informed. The Black groups disagreed with the representation of traditional healers in *Deadly Myths* saying it was sensationalized and a negative stereotype, different to their personal experience of traditional healers.

*Deadly Myths* focused on traditional healing in the Zulu culture; therefore it was assumed by the groups that traditional healing was automatically associated with this culture alone. The participants weighed the relevance the documentary according to their particular cultural beliefs. The cultural beliefs of the participants informed their opinion on traditional healing.

### **Quantitative Results: Questionnaire analysis**

The results of Question One show that UKZN students are exposed to a wide range of 'media,' although the dominant forms were television and the internet. The majority of the participants believe that media do play an influential role in their everyday lives and

the majority (80%) of participants across the different races also admitted that the media has influenced their decisions about traditional healing and traditional medicine. This could be because as university students they recognize that media are ever present and that sometimes although headlines may be sensationalized, they still have an effect, as seen in the focus groups. This also confirms that documentaries such as *Deadly Myths* may not hold influence on their own, but it is the constant flow of small messages that change a person's opinion, it does not come from one source. 49% of participants were indifferent to traditional healers, this may stem from ignorance, but it was interesting that 60% of African females were also indifferent, this is in conflict with the racial stereotype regarding traditional healers. According to results of the black female focus group, many have accepted Christianity as their faith, but their traditional culture is still present in their communities, which result in this indifference.

The overall results of Question 4 indicate that 51% of all participants know the difference between a *sangoma* and a witchdoctor but when examined further the black participants made up the bulk of this figure whereas the white participants had no idea there was a difference. This is in accordance with the results of the focus group, which shows that the cultural differences and lack of personal experience affect their amount of knowledge on traditional healers. Influences are not weighted from one particular source, thus making it clear that knowledge about traditional healers came from varied discourses. The majority (82%) of participants had not used a traditional healer, limiting their knowledge on the topic, though many know someone who has used traditional healing and would be open to trying it in the future. 60% do not believe in traditional healing based on their previous knowledge, interestingly 70% of the black females form part of this group, again this is not in line with the black cultural stereotype held by some of the participants of the focus groups.

The data analysis in this chapter allowed drawing conclusions and determining whether our main research questions have been answered through our research findings.

## CHAPTER 7: CONCLUSION

This chapter concludes all the information obtained for the study. All the data captured during the study had been collected and meaning explored. Possible reasoning for these conclusions has also been provided in this section.

The influence of media on public perception was the reason for this study, more specifically; the purpose was to examine how media impacted the public perception on traditional healers and how these results could be used for further study and development in communication for social change. As a case study we addressed UKZN students' perceptions on traditional healers, enquiring into their views on the subject. The aim of the study was to discover what factors influenced UKZN students, such as; the race group to which one belongs and the discourses that affect students perceptions, the documentary *Deadly Myths* was analysed and then used to evaluate their opinions during focus group sessions in order to answer our main questions and meet our research objectives. After conducting the surveys and focus group interviews thematic analysis was used to examine our finding and create themes to understand and explain our findings.

We used three main questions to outline our research objectives and formulate survey and focus group questions. These questions explored the students' views of the representation of traditional healers in *Deadly Myths*; the discourses that informed students' interpretations of this representation and whether there were any differences in perceptions of representations of traditional healers among students from various race groups.

Cultural differences have been at the core of our study in trying to discover how traditional healers are perceived to allow for greater integration with 'modern' medicine in the future to be possible. By using racially stratified focus groups culture and race was acknowledged to play an important role in making this a successful endeavour. Communication for social change will only be possible when the media reflects a well-rounded view of traditional healers to begin changing the perceptions of those who do not



belong to a culture that believes in them. The continued stereotypical portrayal of traditional healers as rural, uneducated witchdoctors needs to be addressed further in order for public perception to shift in any way.

## CHAPTER 8 : RECOMMENDATIONS

From the conclusion drawn in Chapter 8 recommendations are made on the issue of traditional healers and their representation in the media. From the results of the small sample group suggestions are made on how changes in the media and society can improve public perception of traditional healers.

The results may not reflect a holistic point of view but they do introduce important ideas about communication barriers and propagandized social structures which halt the process of development. Taking into consideration the pivotal role that traditional healers play in African communities, it can be concluded that traditional healers have great power and influence over their community of followers. Therefore the manner in which traditional healers are depicted by the media and consequently the way they are received by its audience assumes an integral position in the effort toward communication for social change. The majority of research participants declared the 'media' as the source of negative beliefs about traditional healers. For that reason, media messages should allow traditional healers to participate in the design process of development communication messages rather than make arbitrary judgments about the practice as a whole, with reference to Bella Mody (1991).

At an early stage we acknowledged that previous research on traditional healers was confined to the comparison between traditional medicine and western medicine and the possible collaboration of the two. Consequently the 'spiritual war' to which Ishmail's aunt refers to in *Deadly Myths* develops into a form of conflict Swanepoel & de Beer (1996) list "three possible causes of conflict. They are clashing interests, clashing personalities and misunderstanding". In addition two important methods are included in resolving conflict, these are mediation and negotiation. Negotiation will form part of this recommendation. "Negotiation can be defined as communication in which the goals of two or more parties seem to be in opposition. The goal of negotiation is then to reach agreement or understanding," (Swanepoel & de Beer 1996: 17). The media are viewed as reinforcing negative stereotypes surrounding traditional healers, rather than clarifying these misconceived ideologies. Therefore negotiation should play a role in the

advancement of a greater sense of truth, or legitimacy surrounding the representation of traditional healers, which will promote the use of communication as mechanism to development. In addition although *Deadly Myths* was not made solely to enhance misconception around traditional healers, it did so and reinforced negatively associated perceptions about traditional healers and the practice itself.

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## **APPENDICES**

- Appendix 1: Pilot questionnaire
- Appendix 2: Questionnaire sample
- Appendix 3: Budget outline
- Appendix 4: Graphs of Questionnaire Results
- Appendix 5: Coloured Focus Group Transcriptions
- Appendix 6: White Focus Group Transcriptions
- Appendix 7: Indian Focus Group Transcriptions
- Appendix 8: African Focus Group Transcriptions