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Inaugural lecture: African spirituality, ethics and traditional healing – implications for indigenous South African social work education and practice

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The over-reliance of South African social work on Euro-American and British theories, and the need to decolonise the profession, has long been recognised by many writers. This article endeavours to conceptualise a pluralistic, indigenous, Afro-centric model of social work education and practice that seeks to infuse the educational curriculum with African spirituality and ethics as well as traditional and Western approaches to helping and healing. However, the main thrust of the paper is that, while educational curricula need to be locally relevant, universities need to remain globally engaged.

The over-reliance of South African social work on Euro-American and British texts, and the need for indigenous social work education and practice, has long been recognised by such luminaries as Mupedziswa,[1] Osei-Hwedie,[2] Kuse,[3] Triegaardt,[4] Bar-On,[5] and Gray, Coates and Yellow Bird,[6] among others. In response to this awareness as well as in reaction to the residual apartheid-rooted welfare system, an alternative indigenous, progressive and non-formal social service movement emerged in the 1980s.[7,8]

Key features of these earlier indigenous social work models included:

* responsiveness to South Africa's unique historical, political, social and economic circumstances and priority needs[4]

* a focus on social development, empowerment, partnerships with grassroots organisations and non-professionals, citizen participation and democracy[9]

* a commitment to serving vulnerable communities and taking a stand against social injustice, inequality, oppression and marginalisation[8]

* sensitivity to local cultural values and practices[10]

* an emphasis on communal or community-based networks[3]

* an holistic, person-in-environment approach;[2] and

* use of appropriate theories, teaching materials, curricula and authentic processes rooted in local systems.[11]

Several of these elements are embedded within the 27 Exit Level Outcomes for social work students formulated by the South African Council for Social Service Professions. However, 'social work has been reluctant to accept indigenous perspectives and traditional forms of helping and healing' (p. 381).[12] Nevertheless, several South African social workers have recognised that many African clients seek concrete assistance from social workers for problems with documentation, housing, employment and material

aid but often prefer to seek the help of traditional healers, spiritual leaders and family elders for problems related to interpersonal conflict, emotional trauma or family disputes. Many African clients are reluctant to engage in counselling which involves verbalisation of feelings, and they prefer going to a traditional healer who makes a diagnosis without clients having to verbalise their problems.[13] In attempting to address these issues, Trevelyan[13] conceptualised an indigenous model of social work in terms of traditional healing, while Thabede[14,15] developed an Afro-centric model of social casework. This article is intended to build on their earlier writings and envisions including not only traditional healing but also infusing African spirituality and ethics in social work educational curricula.

I would like to preface this paper by stating that I adopt an etic perspective (that of an outsider looking in) as I am not a member of the African culture. I endeavour to discuss – with a degree of humility – the main tenets underpinning African religion, spirituality and ethics predicated on the ethical principle of *ubuntu* (contraction of *umuntu ngumuntu ngabantu* (a person is a person through other persons)); the differences between Western allopathic health care and African traditional healing; and ethical dilemmas arising from the application of a traditional healing paradigm within a rights-based society. Finally, I discuss the implications for integrating African spirituality, ethics and African and Western landscapes of healing within a pluralistic, indigenous, Afro-centric model of social work education and practice.

African religion and spirituality

This article takes as its point of departure a statement by Martin Luther King, who espoused the view: 'If we are going to go forward, we must go back and rediscover those precious values – that all reality hinges on moral foundations and that all reality has spiritual control' (p. 33).[16] Similarly, African morals and ethics are derived from and inextricably interlinked with African spirituality, and there appear to be important principles to be learned from traditional African approaches to healing – even for those who do not share the African cosmology or worldview (p. 126).[17]

Within sub-Saharan Africa, African religion, or African traditional religions, accommodate a wide variety of concepts and prac-

tices that distinguish the religious systems of various language or cultural groups from one another. However, even though there are differences between Zulu, Xhosa, Ndebele, Tsonga and other groupings, there appear to be commonalities across various African cultures.[18-20] Mazrui[21] mentions the influence of Islam on African culture, while Lubbe[22] notes that, historically, many schools and hospitals in rural Africa were run by church-related organisations, which led to cross-fertilisation between the African ethos and Christianity in Southern Africa, resulting in the emergence of the so-called African Indigenous Churches. However, Thabede (p. 241)[15] cautions that some Africans have adopted the Christian faith by and large without forsaking their belief in the Supreme Being, ancestors and the power of witchcraft.

According to African traditions, one can only gain access to the Supreme Creator through intermediaries in the form of ancestral spirits, defined by Hammond-Tooke (p. 325)[23] as the spirits of dead members of the family lineage or clan. It is generally believed that only those who have married and produced children who will remember them, and who have lived honourable and exemplary lives, are destined to become ancestors when they die (p. 333).[24] The ancestors are respected and honoured by the living through being included and remembered in family functions and in decision-making processes. They are believed to provide protection and prosperity, but can also mete out punishment to people if rituals are not observed or taboos are violated. Moreover, people can restore their relationship with their ancestors through sacrificial offerings.[25,26] While traditional leaders are the custodians of African culture and way of life, only diviners and traditional doctors are chosen by the ancestors for mediatory work.[25] There is also an animistic belief that the spirits of nature are found in certain mountains, hills, rivers, lakes, stones, trees, plants, animals and birds which are part of the community of life (p. 333).[24]

From birth, many Africans are socialised to be part of a family and community, with rituals, songs, proverbs, fables and religious ceremonies playing a major role and passed on to succeeding generations through a predominantly oral history.[15,27] To help a person move successfully through the various stages of life, life-affirming rites of passage are maintained that centre primarily on life-cycle stages such as birth, puberty and initiation, marriage and death, when the ancestors are revered and their blessings and benevolence are requested. Death is not seen as the end of life but rather as a way of moving on to join the company of the departed in a state of collective immortality.[22]

Examples of religious rituals

Smith[28] provides the following examples of traditional African religious rituals and practices:

- When parents complain that a child is difficult, cries often, wets the bed or is often ill, enquiries are made as to whether the birth rituals were performed. The rituals involve introducing the baby to the ancestors and the ritual slaughtering of a goat whose skin is used to carry the child on the mother's back and is referred to as *imbeleko*.[20,29] If these rituals were not performed, the parents are encouraged to do so.

- Initiation marks the end of boyhood and ushers in the beginning of manhood/adulthood. Culturally defined rites of passage are performed when initiates are circumcised and withdraw from other people to live in seclusion in the mountains or in spe-

cially prepared huts away from the villages.[15,29] There is an understanding that 'what happens on the mountain, stays on the mountain' and is not discussed with females.[30] When girls reach the stage of menstruation, they go through the ritual of *intonjane* when they learn about womanhood through their grandmothers and elderly aunts.[25]

- Marriage usually involves 'bridewealth' or *ilobola* (gifts from the kin of the groom to the kin of the prospective bride) which signifies the joining of two families or clans.

- Funeral rites include bringing the deceased person to the family home for the period before the funeral and explaining to the deceased where they will go.[28]

- After a highly traumatic or painful event, a cleansing ceremony is held at the place where the event occurred. This ritual can allow people from the affected community to collectively acknowledge their pain, support one another and move forward.[28]

- Meetings of stokvels and burial societies usually commence with a prayer.

These examples highlight the importance of the family and clan, respect for elders, and fear of God (*Uqamata*), as well as a deep commitment to sustaining meaningful community life through shared produce, problems and sorrows.[10]

Social constructions or worldviews on health and illness

There are two main worldviews or social constructions of health, illness, disability and healing – namely the traditional approach, which is based on indigenous belief systems, and the so-called modern approach that is located within a Western or allopathic medical paradigm. In traditional medicine, diseases and disorders are believed to arise from natural, social or psychological disturbances that create disequilibrium expressed in the form of physical or mental problems.[20] Mind, body and spirit are seen as one, and no distinction is made between physical and psychosocial problems.[31] Traditional healing seeks to restore harmony, balance and equilibrium, not only by alleviating physical symptoms, but also by re-integrating the person with his or her community, the earth and the spiritual world. African, Muslim, Hindu, Chinese and other forms of traditional healing are practised worldwide, and two-thirds of the global population continue to rely on traditional or alternate forms of medicine.[32]

In contrast, Western biomedical or allopathic medicine initially tended to view disease as a form of biological malfunction, with illness manifesting in chemical, anatomical or physiological changes.[33] Traditionally, biomedicine had its roots in the Cartesian separation of mind and body.[34] Western medical doctors usually based their diagnosis on the patient's medical history, a physical examination and, if necessary, laboratory tests. Healing was viewed as the scientific, rational and empirical process of correcting disease through appropriate medical, surgical and chemical interventions. Prescriptions were given that could only be filled by a licensed dispensing doctor or pharmacist. However, the World Health Organization (WHO) endeavoured in 2002 to integrate the biomedical model with a social model to form a biopsychosocial model of health, illness and disability. Underpinning this model is the assumption that the efficacy of medical treatment needs to be determined through scientific, evidence-informed research.[35]

Traditional healing in the South African context

It is estimated that there are between 250 000 and 400 000 traditional healers in South Africa, and 28 000 medical doctors. Eight out of every 10 black South Africans are believed to rely on traditional medicine alone, or in combination with Western medicine.[36] For example, Ensink and Robertson[37] found that 66% of African psychiatric patients in Cape Town indicated that they used a combination of medical and indigenous services for mental health problems. This concurrent use of allopathic and traditional medicine is referred to as medical pluralism or medical syncretism. Traditional healers occupy esteemed positions within many indigenous South African cultures as they are consulted for a wide range of physical, social and emotional problems and are often expected to assume the multiple roles of medicine healer, physician, priest, psychiatrist, advisor, teacher, diviner and herbalist.[38]

During the Apartheid era, the 1974 Health Act and its 1982 amendments restricted traditional healers' performance of any act related to medical practices. Nevertheless, despite these laws, traditional healing remained resilient, continued to operate in both urban and rural areas, and was used at all educational and socio-economic levels.[39] Soon after the African National Congress (ANC) came to power in 1994, the government formulated the White Paper for the Transformation of the Health System in South Africa,[40] which recognised that traditional healers form part of the broader primary health care team. In 2007, the government promulgated the Traditional Health Practitioners' Act to establish the Interim Traditional Health Practitioners' Council of South Africa, to regulate the registration, training and practice of practitioners, and protect persons who use their services.[41] However, the Act has been in abeyance owing to lack of consensus among stakeholders.

African traditional healing

African traditional healing involves an holistic integration of mental and spiritual guidance, herbs, nutrition and physical therapy, and is linked to African cosmology. One can distinguish five broad categories of South African traditional healers that have different names within the various African language groups and regions. While some healers identify themselves primarily as one type of healer, others combine more than one type. The five categories are:

- **Diviners** form a crucial link between humans and the supernatural. They usually diagnose illness by throwing bones, cards or stones and consulting the ancestors. Throwing of the bones is sometimes referred to in common parlance as a 'floor X-ray' because the diviner is able to understand the problem from the way in which the bones fall. Some diviners are able to enter a trance-like state of altered consciousness that allows them to commune with the ancestors.

- **Herbalists** are ordinary people who have acquired an extensive knowledge of herbal treatments, but who do not possess occult powers. They are able to diagnose illnesses and prescribe herbs, medication and enemas for a range of ailments, and are expected to be able to provide protection against witchcraft, to prevent misfortune, and bring prosperity and happiness.

- **The prophet** or **faith healer** heals and divines within the framework of the African Independent Churches. In their diagnosis and treatment of patients, prophets or faith healers use prayer, candlelight or water as well as enemas and inhaling the vapour of substances poured over heated stones.[42]

- **Traditional surgeons** conduct circumcisions of initiates.

- **Birth attendants** assist with delivery of babies.

All the above healers have a strong belief that their power comes through God. They are regarded as '… the repositories of specialized knowledge and sacred practices' (p. 131).[43]

In general, African traditional healers' skills are acquired by apprenticeship to an older healer, experience of certain techniques or conditions, or by a calling by the spirits or the ancestors. The calling can take the form of a dream, a passion or a feeling. Sometimes the calling makes a person feel sick or brings them ill-fortune so that they consult with a traditional healer who tells them that they have been 'called'. The process of initiation as an indigenous healer is referred to as *ukuthwasa* (derived from the isiXhosa concept of *twasa* meaning 'the emergence of something new').[44] People believe that it is the ancestors who decide who should be chosen to become a healer; if the calling is not obeyed, the person remains ill or continues to suffer ill-fortune until he or she accepts the calling and enters into an apprenticeship with a more experienced traditional healer or *gobela*.[45]

Moodley and West (p. 335)[24] maintain that, for these different healers, 'religion and magic are not seen as separate, but as aspects of being where all of life is seen as a unitary field and where the spiritual and physical worlds are one'. Some traditional healers wear modern conventional Western clothing, while others use the skins of animals, feathers and beads as part of their clothing. The colours of the beads have different symbolic meanings. Each healing training school has different adornments, dances and procedures. The *ishoba* is a flywhisk made from the tail of a wildebeest and carried by traditional healers to signify their authority. Persons who consult with traditional healers do not tell the healer what the problem is; instead, the healer tells the person or family what he or she believes to be the problem.

According to traditional African beliefs, every illness has a specific purpose or cause. Therefore, to treat illness, one needs to discover and remove the cause. For example, Jenkins[46] found that HIV and AIDS were perceived as a form of retribution for engaging in sexual activities with multiple partners and not being faithful to one's partner. Mental and physical illness can be caused by conflict between an individual and the ancestors, or a god, witch or spirit. Illness can also be attributed to natural causes or a breakdown in human relationships. The person is healed not only by herbs and other natural products but also by communicating with the ancestors, who in turn communicate with the Supreme Being. A person's illness or ill-fortune can also be cured by taking responsibility for resolving conflicts with other people and making amends with the community or ancestors.[45] However, the cause of the illness or bad luck is in many cases attributed to agencies external to the client with the symptoms and the affected family or community – unlike Western views that responsibility and agency are located internally within individuals.[24]

There is also a strong belief that disease can be brought on by spiritual pollution, where people are considered to be ritually

impure due to engaging in an activity believed to be unclean, such as having sexual intercourse with a woman while she is menstruating, with a widow before her blood is ritually cleansed and before she has completed the necessary period of mourning, with women who have had an abortion or miscarried, or from contact with faeces, corpses or death.[47] It is therefore not surprising that Mzimkulu and Simbayi[48] found that Xhosa-speaking African traditional healers treated psychosis by cleansing patients and their family of evil spirits through washing, steaming, induced vomiting and slaughtering of an animal.

The value of traditional medicine

Traditional medicine has been shown to have several benefits including psychological relief from ailments and reduced anxiety through a shared, unquestioned and unwavering belief in the powers of the healer; while modern medicine may be looked upon with doubt and uncertainty as some communities may regard it as foreign. The treatment provided by traditional, complementary or alternative healers is viewed as holistic as it targets the mind, body and soul of patients within their family, community and religious contexts.[49] While the efficacy of traditional healing remains contested, some pharmacological studies have demonstrated the efficacy of herbal substances such as plants used in Borneo for the treatment of malaria, the South African pelargonium for coughs and sore throats, and the hoodia plant for the suppression of appetite; while research at the University of California has shown the effectiveness of ginkgo biloba for the treatment of memory loss.[50] Moreover, traditional healers may be more physically and geographically accessible to populations residing far from centres that dispense Western medicine[51] and their services are also usually more affordable, particularly for poor rural families[50] or for those who live in the poorest parts of developed countries.[34] They are also readily available after hours.[20]

When people have been asked about their reasons for consulting traditional healers, a common response has been dissatisfaction with treatment received from, or negative experiences with, Western allopathic medical practitioners. Other common themes have been the holistic focus of traditional healing; the healers' close association with cultural, religious and spiritual beliefs and practices; and the fact that such healers speak their language, spend time with them and provide explanations for their health conditions.

Limitations of traditional medicine

Just as the advantages and limitations of Western medicine have been acknowledged, there are studies that have highlighted the efficacy of some traditional treatments, while other studies have drawn attention to the unhygienic methods used by some practitioners, e.g. the use of unsterilised knives for scarification and circumcision of numerous patients, which may cause septicaemia;[52] death, amputation and social stigma associated with botched circumcisions;[3] rectal mucosal shedding from the use of certain emetics;[47] and hepatotoxicity from certain medications.[53] Other limitations of some traditional medical practices are interactions attributed to the concurrent use of Western and traditional medicines. Charlatans who prey on vulnerable people by promising miracles also tend to give genuine healers a bad name.

Ethical issues in the application of African traditional healing approaches within a Western, rights-based society

According to Mindset Health,[45] African traditional healing is based on the belief that the land's natural resources have nurtured humans and all forms of life since the beginning of time. Consequently, herbs, wood, minerals and animal bones are used as healing agents because of the belief that humans are part of nature, and natural products are a gift from the Creator. [25,54] African traditional healers have strong ethical principles and believe that it is their duty to develop life in all its forms and alleviate suffering. They also believe that nature's laws must be obeyed in order to avoid human decline and destruction of the environment. The natural environment and the people who inhabit the environment are believed to possess intrinsic worth. African traditional healers respect the environment as a sacred entity and emphasise the need to preserve it for future generations.[25] Moreover, their belief that 'healing methods involve not only a recovery from bodily ailments, but also a social, spiritual and psychological reintegration of the patient into the community of the living and the dead' (p.126)[17] is strongly predicated on the principle of *ubuntu*. The isiZulu concept of *ubuntu*, or the isiSotho idea of *botho*, is the foundational doctrine of traditional African morals and ethics, and emphasises collective identity (as opposed to the Western emphasis on individual identity), solidarity, caring and sharing, the relatedness between the physical and metaphysical world, the value of interpersonal relationships or humanism, and is encapsulated in the saying 'A person is a person through other persons' (*umuntu ngumuntu ngabantu*), which is the foundation of *ubuntu*.[55]

According to Gumede (p.153),[56] a Western-trained doctor and traditional healer, both modern and traditional healers have the same goal – to help the sick, cure illness, relieve pain and suffering, and comfort patients and their relatives. Why then should there be a conflict between African traditional healing, Western medicine and human rights? This conundrum can be interrogated in relation to findings from research studies on traditional healing.

Findings from a secondary data analysis of themes emerging from 11 studies on traditional healing

Dagher and Ross[57] interviewed a group of traditional healers regarding their views on cleft lip and palate. One belief expressed by several of the traditional healers was that cranio-facial conditions signify that the affected individual has been identified by the ancestors to become a traditional healer, and that one should therefore not interfere with the ancestors' wishes through surgical intervention. Other healers felt that the affected children should be referred to Western doctors for reconstructive surgery to prevent them from being labelled as 'witches' as a result of their physical appearance. These beliefs raise ethical concerns for helping professionals. Should professionals respect these cultural beliefs, or should they consider the rights of affected individuals to receive surgical intervention that could potentially enhance their quality of life and save them from being labelled as witches.

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Another example is the fact that some traditional healers advise persons living with HIV or AIDS or tuberculosis to take only traditional herbs and not to combine such herbs with antiretroviral (ARV) drugs. In fact, a study conducted by the Human Sciences Research Council in 2008 found that 60% of the 484 patients surveyed in rural KwaZulu-Natal believed that traditional herbs were more effective and safer than ARVs.[58] The question then arises as to whether professionals employed in health care settings have an ethical obligation to urge patients to continue with Western medication or to respect their autonomy or self-agency, i.e. the right to choose the health practitioner of their choice and to decide what form of treatment they wish to follow?

Another ethical dilemma hinges on a finding that has emerged across many studies on traditional healing,[59] that many disorders and disabilities were perceived as a form of punishment for wrong-doings. Such perceptions are likely to evoke intense feelings of guilt in parents, caregivers and affected individuals. The question then arises whether practitioners should simply encourage people to work through such feelings in counselling, or whether they have an ethical obligation to provide clients with information on the 'scientific' nature and aetiology of the condition – information which could run counter to their religious and cultural beliefs? These examples highlight the tensions and contradictions between religious and cultural practices and the rights of individuals.[60] My stance is that it is possible to provide such information in a way that conveys respect for the client's cultural beliefs and values. At the same time, students and professionals need to debate whether they should respect cultural practices that violate the rights of others, or be advocates for change.

Other findings indicated that many traditional healers favoured collaboration with Western health care professionals, but felt that their referrals to allopathic practitioners were seldom reciprocated, and their healing approaches were not respected. In turn, they were reluctant to share their treatment methods with Western professionals because they feared loss of intellectual copyright in respect of their herbal medications and indigenous knowledge systems. [42, 57] There was also a sense that as a result of colonialism, missionary education and apartheid, African cultural knowledge has been subjugated by academic knowledge systems, and traditional healing has been devalorised and 'othered' in juxtaposition with Euro-American biomedicine. Western doctors have also been accused of practising biomedical cultural hegemony by perpetuating a belief in the superiority of Western medicine. Participants reported that patients do not inform doctors that they are consulting traditional healers for fear of being reprimanded and denigrated. Hence, we are not made aware of the possible interaction effects of different medications.

Conclusions

The above findings highlight the need to 'decolonize social work'[61] by constructing South African models of social work practice that do not rely exclusively on British, European or American models but which draw on indigenous best practices, knowledge and culture from the African continent,[62] and are aligned with the South African Bill of Rights.

I concur with Kruger *et al*.[24] that a pluralistic worldview needs to be guided by the African value of *ubuntu* as well as the inclusion of Western notions of agency and pro-action (as opposed to reaction and fatalism).

In observing healers throughout Africa, Levers[48] noted many similarities between their approaches and those of Western counsellors; e.g. they tended to place a high value on talking to their patients in ways that are very similar to how counsellors speak to their clients. She also observed a strong overlap between the way that healers counselled their patients and the tenets of humanistic and existential counselling practices. In fact, according to Frank (1972) and Torey (1972) (cited in Trevelyan[13]), traditional healing meets all the criteria for being a form of psychotherapy. The humanism, existentialism and spirituality embedded within the philosophy of *ubuntu* is particularly relevant to South African social work practice at this juncture when the need for moral regeneration has been highlighted, and could potentially enable our clients to find meaning in their lives. These existential and humanist philosophies also resonate with the Green movement and the ecological emphasis on people living in harmony with their social and natural environment,[63] and support the plea by Gray[64] for an 'eco-spiritual social work which would take social work away from individualism back to its communitarian roots' (p. 175). Such an eco-spiritual perspective could be informed by such issues as poverty, gender-based violence, family breakdown, migration, crime, corruption, substance abuse, destruction of the environment, access to health care and social services, as well as cultural, racial and spiritual factors.

The incorporation of clients' spiritual, ethical and cultural beliefs into Western counselling, group and community work approaches has the potential of fostering increased client investment in the healing process and enhancing the likelihood of positive outcomes (p.163).[65]

Implications for a pluralistic approach to health care

As traditional healers possess significant 'social capital' and function as cultural intermediaries, they remain an important but possibly neglected medical and social resource. The fact that so many people use both health care systems concurrently suggests that African traditional healing and Western allopathic medicine do not necessarily represent incommensurable paradigms.[29] As Thabede (pp. 238-323)[15] put it: 'Occasionally one gets the feeling that Africans have a way of dealing in contradictions, incorporating things in their lives that seem to be contradictory; for example, taking a particular problem to church, to the ancestors, to the helping professional and to traditional healers at the same time'.

Moreover, practitioners are ethically mandated to exhibit cultural competence in their work with clients. Respecting clients' beliefs and practices could allow patients to inform Western doctors that they are consulting with traditional healers, without fear of being reprimanded and denigrated. It would allow for reciprocal referrals and for us to be aware of the possible interactions of different medications such as ARV and herbal therapy. Collaboration between Western and traditional healers is important. For example, it could be helpful to refer a woman who has been raped to a medical practitioner for ARV therapy while respecting her right to approach a traditional healer who will pray for her and administer various herbs to induce vomiting and diarrhoea, thereby relieving feelings of guilt and pollution. At the same time, she needs to be informed that vomiting and diarrhoea may reduce the effectiveness of the ARVs by excreting them from her body.

Implications for an indigenous Afro-centric model of social work

According to Steve Biko (p. 26),[66] '… a country in Africa, in which the majority of the people are African, must inevitably exhibit African values and be truly African in style'. This statement is particularly relevant to South Africa, where the majority of people who utilise social work services are from the black population. Consequently, Afro-centric social work educational curricula need to include theoretical modules and practice opportunities that foster respect, cultural competence and cultural understanding regarding the issues that embody the African worldview – even though such beliefs and practices run counter to social workers' personal value systems.

The following issues need to be included in an Afro-centric model of social work:

- a need to recognise beliefs in witchcraft, traditional healing, ancestors, the existence of a Supreme Being or God, and cultural rituals and traditions associated with various rites of passage[14]

- a need to acknowledge different permutations of marital and family systems such as the nuclear and extended family, tribe or clan; monogamous, polygamous and customary marriages; egalitarian and patriarchal families and differential roles and status of men and women in African culture; and communal ways of living – which challenge us to shift the focus of therapeutic interventions from individuals and couples based on notions of self-determination and individualisation to the family and community[14]

- a need to reframe existing social work discourses to incorporate indigenous theories of help-seeking behaviours and persons likely to be consulted to assist with problems such as family members, traditional healers, traditional leaders, pastors, elders, neighbours and Western-trained professionals

- a need to recognise material, emotional and informational resources provided by informal family and community-based natural assistance networks with sharing and mutual support predicated on the concept of *ubuntu*, and to realise that institutional placement of children and elders is only used as a last resort

- a need to acknowledge differences between African notions of person which emphasise the interconnectedness of all things living and dead; oneness of mind, body and spirit or soul; and the position of an individual as part of a group or collective – and Western thought which is analytical and focuses on individuality, rationality and visible physical reality[15]

- in ethics teaching courses, it is insufficient to focus only on Western ethical frameworks such as virtue ethics (Aristotle); principle-based ethics (Beauchamp and Childress); utilitarianism (Bentham and Mills); and deontology (Kant), which emphasise individual rights and responsibilities. We also need to incorporate African ethics which emphasise the *ubuntu* values of inter-relatedness of people, collective decision-making, mutual aid, respect, compassion, hospitality, generosity and service to humanity.[20,67] In addition, the South African concept of *ubuntu* needs to be combined with the Shona ecological concept of *Ukama,* which emphasises a person's humanity not only through other persons but also through the natural environment.[68]

- a need to supplement individual theories of personality and psychosocial development (e.g. Freudian, Eriksonian and Piagetian theories) with communal psychosocial models premised on the notion that African culture defines the stages of development according to the individual's ability and readiness to perform societal tasks and expectations – and social responsibility is valued more highly than autonomy[69-71]

- a need in practising community development, to harness the spirit of community involvement, which is a major feature of African communities[27]

- a need to familiarise ourselves with African cultural practices such as types of food eaten and clothing worn on certain occasions, personal distance, use of touch, avoidance of eye contact and sitting down before speaking as a sign of respect for elders, and differential notions of time[14]

- an imperative for social workers to learn to communicate through at least one African language and understand the nuances and communication patterns of Africans, including the preponderance of idioms and proverbs, the avoidance of taboo topics, and the use of circumlocution whereby clients do not communicate directly regarding a problem and the social worker may need to be adept at probing[14]

- a need to reconfigure and re-imagine educational curricula to include exposure to traditional healers and spiritual leaders, so that graduates may collaborate with them and use them as sources of referral

- a need to reframe discourses to focus on research into indigenous cultural practices such as stokvels and burial societies.

Such approaches could enable students within the helping professions to expand known ways of seeing the world and to be open to understanding the social psychology of indigenous ways of knowing and believing. They can also help to preserve and develop our intangible living heritage. In this way, students and graduates may be able to appreciate, respect and celebrate cultural and spiritual differences and construct intervention models that serve the diverse South African communities in more culturally sensitive and meaningful ways. It could also contribute towards fashioning an evolving model of culturally relevant, indigenous social work education and practice with better 'goodness of fit' with the needs of South African society.

Globalisation and universality

There is a clear need to foreground the transformation of curricula within an Afro-centric model of social work, and also to teach and practice cultural sensitivity with regard to the mosaic of other cultural, linguistic and religious groups that are part of South Africa. Although indigenisation is viewed as a 'postmodern notion, a form of resistance to the cultural homogenising and universalising effects of globalisation' (p. 324),[72] we also need to recognise that we are part of the global village and need to remain open to international developments in the profession and retain those theories, textbooks and practices from Europe, Britain, Asia and America that remain relevant to and resonate with South African social work. In the words of Jamil Salmi,[73] world-class universities 'must be locally relevant yet globally engaged'.

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The debate regarding indigenisation versus internationalisation, which has waged for decades, is not only relevant to South African social work but has also been re-ignited recently in the international research literature in response to pressure from internationalising bodies to set global standards for social work education and training and to re-visit the universal definition of social work.[74] In fact, the entire January 2010 issue of the Institute of Scientific Information (ISI)-accredited journal International Social Work was devoted to research articles on this theme, with an editorial by the world-renowned scholars Simon Hackett and Lena Dominelli.[75] South African social workers need to be part of the debate and make their voices heard.

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