ESARBICA JOURNAL

JOURNAL OF THE EASTERN

AND SOUTHERN AFRICA

REGIONAL BRANCH OF THE

INTERNATIONAL COUNCIL ON

ARCHIVES

Volume 37

2018

ISSN 2220-6442 (Print), ISSN 2220-6450 (Online)

A FRAMEWORK FOR ACQUISITION, TRANSFER AND PRESERVATION OF KNOWLEDGE OF TRADITIONAL HEALING IN SOUTH AFRICA: A CASE OF LIMPOPO PROVINCE

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Received: 10 March 2018
Revised: 6 July 2018
Accepted: 10 September 2018

Abstract

This study aimed to investigate the acquisition, transfer and preservation of knowledge of traditional healing in South Africa. Literature suggests that there is little understanding regarding how knowledge of traditional healing in South Africa is managed. This qualitative study utilised hermeneutic phenomenology guided by the organisational knowledge conversion theory to try and understand how knowledge of traditional healing is acquired, transferred and preserved. The study utilised a snowball sampling technique to determine the population. Data collected through interviews with traditional healers were augmented with an analysis of government documents on traditional healing as well as records that are held by traditional healers. The findings suggest that ancestors are the ones in control of knowledge of traditional healing and they decide who should have this knowledge. The experienced healers are the ones responsible for mentoring the would-be healers with the guidance of the ancestors. This knowledge can be preserved through documentation or orally depending on the healer's preferred method. There was some consensus among scholars that transferring knowledge of traditional healing goes beyond just transference; it is embedded as a belief system in many African communities. The study proposes a framework for the acquisition, transfer and preservation of traditional medical knowledge.

Keywords: Knowledge acquisition, knowledge transfer, knowledge preservation, traditional healers, South Africa

Introduction and background to the study

Indigenous knowledge played, and continues to play, an important role in the sustainable development of indigenous communities. Poorna, Mymoon and Hariharan (2014) define indigenous knowledge as the knowledge, which an indigenous community accumulates over generations of living and which is mostly recorded in local languages. A major portion of

indigenous knowledge has still not been recorded and remains confined to local communities. Before the arrival of the colonisers, Africans had their own indigenous institutions to deal with social, psychological and physical problems. This knowledge is affected by, among other things, what Tjiek (2006) calls the "inferiority syndrome" where people from the third-world countries, mostly in Africa, perceive that knowledge generated by the West is superior to their own. Research suggests that the majority of people in third-world countries, especially Africa, consult traditional healers and depend on indigenous medical knowledge for survival, yet there is limited understanding of how this knowledge is acquired, transferred and preserved (Ijumba & Barron 2005; Denis 2006; Truter 2007; Maluleka 2017). The World Health Organization (WHO 1998) report estimated that 70% to 80% of the population in developing countries is dependent on knowledge of traditional medicines for their primary healthcare needs. This knowledge has continually been refined, enhanced and improved by the integration of new knowledge into existing knowledge based on the changes in a society's needs. The knowledge is currently facing an even bigger threat of being totally lost because of, among other things, lack of interest from the young generations and the stigma attached to it (Maluleka 2017).

In South Africa, traditional healing was subjected to social injustice over the years; more so during the apartheid era. Apartheid was a system of institutionalized racial segregation and discrimination in South Africa, which forced different racial groups to live separately and unequally. To that effect, Mokgobi (2014) highlights that many South Africans are still divided between Western and traditional African philosophies. During the apartheid era, the use of traditional medicine was outlawed. Ashforth (2005) highlights that the South African apartheid government passed into law the Suppression of Witchcraft Act in 1957, a piece of colonial legislation, which declared divination, including traditional healing, to be illegal, thereby theoretically making the work of traditional healers impossible. Traditional healing was associated with witchcraft and that opinion continued over the years. That stigma continues to shadow traditional healing even today. One can argue that the status quo remained because societies do not often draw a distinction between witchcraft, sorcery, evil magic, evil eye and other ways of employing mystical powers to traditional healing, which also make use of supernatural powers said to be from the spirit world (Leistner 2014).

The spirit world is central to most of religious practices known to mankind. Leistner (2014) further highlights that the reality of the spirit world and magic practices are also central to African life and culture. Having said that, in South Africa, the apartheid laws and the

missionaries from the Congregational, Methodist, Anglican, Lutheran and Catholic churches were aggressively opposed to traditional African practices because, according to them, these were barbaric and based on superstitions (Denis 2006). They associated traditional healing with witchcraft. According to Leistner (2014), witchcraft is aimed mainly at diminishing or destroying people and may also be directed at property, animals or crops. Leistner (2014) further explains that witches operate in utmost secrecy, and their evil activities threaten not only individual victims, but also the harmony and the very existence of the whole community. On the contrary, traditional healers operate openly. Mokgobi (2014) sums this up by arguing that the duties of healers go beyond the use of herbs for curing illnesses. In addition to working with herbs and healing the sick, traditional healers are custodians of the traditional African religion and customs, educators about culture, counsellors, social workers and psychologists (Mokgobi 2014).

Since the new dawn of democracy, the South African government recognizes a person who engages in indigenous medical plants for medicinal purposes as an indigenous healer (Sodi et al. 2011). The South African government has also abolished the apartheid government's Witchcraft Act of 1957 and passed into law the Traditional Health Practitioners (THP) Act, No. 22 of 2007, which regulates the activities of indigenous healers. The Act states that "traditional healing means the performance of a function, activity, process or service based on a traditional philosophy that includes the utilization of traditional medicine" (Government Gazette 2008). This meant that traditional healers were free to practice and were protected by law.

Despite all the challenges, African traditional beliefs stood the test of time and were always widely practiced in secret, mainly because of apartheid laws and the missionaries from the Congregational, Methodist, Anglican, Lutheran and Catholic churches. The missionaries were aggressively opposed to traditional African practices because, according to them, these were barbaric and based on superstitions (Denis 2006). Such churches openly discouraged their members from consulting traditional healers because it was indicated that traditional healers worshipped the ancestors and not God, which was seen as a sin in the Christian orthodoxy (Mokgobi 2014). Those born during and after apartheid were affected the worst because they were born in a time when their cultures and practices had already eroded.

The negative stories related to traditional healing published by the media have also played a negative role in how the current generation views this practice. There has been an array of media reports of traditional healers claiming to have a cure for AIDS or submitting their patients to

dangerous or ineffective treatments (Richter 2003). There are also unproven stories in the news about suspected killings that are linked to traditional healing and traditional healers where it is believed people are killed for their body parts to be used for healing purposes.

Mathibela et al. (2015), however, caution that the South African government's healthcare system has had a negative impact on the practice of traditional healing, as patients consult government healthcare centres before turning to traditional healers. During such visits, some doctors in hospitals discourage patients from consulting traditional healers for health reasons. According to Summerton (2006), Western health practitioners' critical view of traditional medicine is influenced by the lack of knowledge about traditional theories of disease and health by some doctors, and this causes mistrust between the two sides.

This situation contributed to limited research being done by information professionals in this domain and to why there is little understanding of how indigenous medical knowledge is acquired, transferred and preserved (Maluleka 2017). For that reason, this study aims to develop a framework for acquisition, transfer and preservation of knowledge of traditional healing in South Africa.

Contextual setting

According to Mokgobi (2014), in South Africa, traditional healers have different names in different parts of the country. In the Limpopo province, the Bapedi tribe call their healers "Dingaka"; the Vendas call their healers "VhoMaine" while the Tsongas call their healers "Mungome". These healers are mainly diviners who use bones and the spirits of the ancestors to diagnose and prescribe medication for different physiological, psychiatric and spiritual conditions (Mokgobi 2014). The current study paid particular attention to the traditional healers in the Limpopo province of South Africa. These healers mainly speak Sepedi, Tsonga and Venda, as these are the three main languages spoken in Limpopo.

The study was conducted in the five regions of the Limpopo province, namely Waterberg, Capricorn, Vhembe, Mopani and Sekhukhune (Limpopo Provincial Government 2014). Limpopo is the northern-most province in South Africa, lying within the great curve of the Limpopo River from which the province has derived its name. The province borders the countries of Botswana to the west, Zimbabwe to the north and Mozambique to the east.

Problem statement

Africans consult traditional healers and depend on indigenous medical knowledge for survival (Ijumba & Barron 2005; Denis 2006; Truter 2007), yet there is limited understanding of how this knowledge is acquired, transferred and preserved. This is despite a reported estimate of 70% to 80% of the population in developing countries depending on traditional medicines for their primary healthcare needs (Poorna et al. 2014). Moodley, Sutherland and Oulanova (2008) expound that the process of traditional healing within African communities is seen as holistic as it engages the mind, body and soul within families and communities.

Ngulube (2002) is of the view that information professionals should be proactive in their approach to managing society's knowledge resources and should ensure that indigenous knowledge, although based on orality and oral traditions, is managed and preserved just like other documentary materials that are grounded in Western codified knowledge schemes. This study therefore aims to investigate how knowledge of traditional healing is acquired, transferred and preserved with an aim to propose a framework for the management of knowledge of traditional healing.

Theoretical framework

Nonaka and Takeuchi's (1995) framework of organisational knowledge conversion views the interaction processes of tacit and explicit knowledge as an important feature in knowledge management research. The framework identifies socialisation, internalisation, externalisation and combination (SECI) as the four modes of interaction that enable the conversion of knowledge from tacit to explicit form (see Figure 1). This framework talks about converting tacit knowledge to explicit knowledge, further converting explicit knowledge to tacit knowledge continuously.

The framework discusses four major modes of knowledge conversion that is, socialisation, externalisation, combination; and internalisation. Socialisation is the process of converting new tacit knowledge through shared experiences. Tacit knowledge by its very nature is personal and not easy to transfer or to share (Polanyi 1966). This tacit knowledge can be acquired through observation, imitation and practice. Socialisation happens at gatherings where healers share their personal experiences during these interactions.

Externalisation involves articulating tacit knowledge into explicit knowledge. This process ensures that tacit knowledge is transferred and collated into explicit knowledge, which is then easily stored in different forms and can easily be shared among individuals or groups. Externalisation enables individuals to express in words, signs or in any other form, the knowledge they have created jointly through the exchange and synthesis of tacit knowledge, thus creating common understanding (Anand, Ward & Tatikonda 2010).

Combination is the process of creating explicit knowledge from explicit knowledge (Nonaka 1994). This process involves converting explicit knowledge obtained from training and combining and integrating it into the existing knowledge to form new knowledge. According to Nonaka and Takeuchi (1995), this mode of knowledge conversion involves combining different bodies of explicit knowledge. Internalisation is the process of embodying explicit knowledge into tacit knowledge (Nonaka & Takeuchi 1995). For knowledge that was obtained through socialisation, externalisation and combination to form a permanent knowledge base of an individual, it must be internalised. This means that tacit knowledge obtained during training, mentorship, observations, collaborations, discussions, practice, and so on, should be internalised to form that particular individual's tacit knowledge base. Internalisation is a very important step of knowledge preservation, especially in the African context where knowledge survived in the minds of individuals.

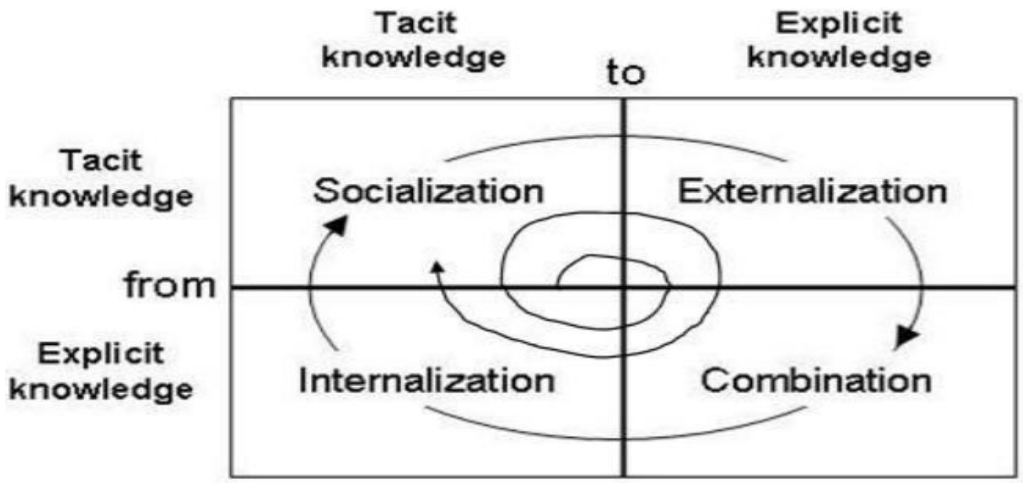

Figure 1: SECI model (Source: Nonaka and Takeuchi 1995)

Even though this theory was created for organisations in a Japanese context, it was found to be relevant to the South African context, because it discusses the main components of knowledge management which include acquisition, transfer and preservation of knowledge.

Literature review: a brief overview

Some of the key components of knowledge management include acquiring, analysing, sharing and preserving knowledge (Maluleka 2017). A substantial amount of research has been conducted in the domain of knowledge acquisition, transfer and preservation. Knowledge acquisition and knowledge creation are the first steps in the process of developing knowledge (Liao et al. 2009). For knowledge to be acquired, the willingness, attitude and ability of a recipient to acquire and use such knowledge are crucial, and there should be a willingness to share and acquire this knowledge from both the source and the recipient (Pacharapha & Ractham 2012; Chigada & Ngulube 2015).

Ryu et al. (2005) opine that for knowledge acquisition to take place, the two parties who are involved, that is, a knowledge source and a knowledge recipient, must be in contact and they must interact. Nonaka and Takeuchi's theory of organisational knowledge conversion discusses knowledge acquisition and knowledge sharing in the first three modes, namely socialisation, externalisation and combination (Maluleka 2017).

On the other hand, knowledge transfer can be explained as the process by which knowledge is transmitted to, and absorbed by, a user (Garavelli, Gorgoglione & Scozzi 2002). This process involves transmitting explicit, implicit as well as tacit knowledge from a person or organisation to one or several people. Szulanski, Ringov and Jensen (2016) point out that "through interaction, a knowledge source can articulate its own perspective and reveal implicit rules and assumptions, thereby externalizing hidden tacit knowledge that is otherwise hard to communicate, whereas knowledge recipients can gradually internalize it". Moreover, interactions between organisational members can make it possible to share such tacit expertise informally and spontaneously (Malhotra & Majchrzak 2012). According to Nonaka (1994), Polanyi (1966) and Szulanski et al. (2016), the transfer of knowledge hinges on the effective transfer of tacit knowledge. This means that the proper handling of tacit knowledge lies at the very heart of the creation and transfer of knowledge in organisations (Szulanski et al. 2016).

Explicit knowledge can be transferred through interaction between source and recipient, personalised communication and recipient observation of the knowledge in use. Recipient practice facilitates the transfer of tacit knowledge. Explicit knowledge is contained in impersonal, standardised documents and is designed to be applicable to a wide variety of contexts and users

(Nonaka 1994). The main aim of the knowledge transfer process is that the recipient emerges with an identical interpretation of the message to the one that the source intended to convey (Szulanski et al. 2016).

Preservation is usually used to explain a situation where one keeps something safe or protects something from harm. It is also safe to say that people acquire and transfer knowledge with preservation in mind. In Africa, there is an age-old saying "when an old person dies, the entire library burns". This sums up and shows the importance of knowledge preservation as one of the key knowledge management components. The importance of preserving knowledge in any given situation can never be overemphasised. Knowledge preservation will be defined as the process of protecting or the keeping safe of knowledge (both tacit and explicit), including indigenous knowledge, by individuals or organisations for future use.

Acquisition, transfer and preservation of indigenous knowledge

Understanding how indigenous knowledge is managed is of great importance, more so by professionals from the library and information science (LIS) sector. Ngulube (2002) opines that information professionals need to do more to ensure that indigenous knowledge is managed and preserved like other documentary materials. This, according to Ngulube (2002), is because LIS professionals have not been at the forefront in terms of managing indigenous knowledge, in spite of the fact that indigenous knowledge is fast becoming an important resource in planning and management, yet they (LIS professionals) claim to be custodians of knowledge and information.

Literature suggests that indigenous people acquire and share information through storytelling, songs, poems and folklore, to name but a few (Chilisa 2012). Song and dance have always been the vehicle that carried knowledge among indigenous people across the globe over generations (Maluleka 2017). The music always carried messages and dances were always part of rituals, celebrations and some form of communication with the spiritual world. Stories were always told as some form of teaching of things that have happened and how to avoid them. Most of those stories are now called myths, yet people from indigenous communities carry them in their hearts and take guidance from them (Maluleka 2017). Indigenous healers also have their songs, dances and rituals they perform for a particular purpose.

Sodi et al. (2011) suggest that indigenous healers keep their knowledge very private and confidential, and they regard their knowledge as their personal property. Not everyone can easily acquire the knowledge and for the process of knowledge sharing to occur, one has to enrol as a student. This makes it difficult for most government and non-government initiatives to try to record and preserve such knowledge for future generations. Sodi et al. (2011) further reveal that this confidential knowledge can be shared during the training of the apprentice who has paid the training fees.

Sodi et al. (2011) argue that custodians of indigenous medical knowledge are decided by the ancestors. Truter (2007) also shares the same sentiments by saying that training to become a traditional healer (*sangoma*) is not a personal choice but a calling bestowed by the ancestors (usually a woman) on a person who then gets apprenticed to a qualified diviner for several months. For an individual to qualify to be trained as a healer, such individual must have a calling, which is some form of communication with the spiritual world or the ancestors (Maluleka 2017). The would-be diviner is first possessed by the ancestral spirits, who make their presence known by inflicting on their host serious illnesses, which are best understood by other *sangomas* experienced in the art of divination (Bojuwoye 2005). The researcher further explains that:

> one feature of the illness-experiences is excessive dreaming, which may be vague and confusing. Other symptoms are general body pains, severe headache, or general breakdown in bodily functions; sometimes there are unexplained misfortunes such as sudden loss of job, destruction of properties, or an accident that defies all possible explanations.

In some instances, for the purposes of succession, the ancestors may decide that the aging healer should train one family member or a relative who may be selected to succeed the healer in the future (Sodi et al. 2011).

The knowledgeable healers then will take such an individual under their wing to start the mentorship process. Trainees spend a lot of time in the field studying different plants in an effort to know their uses. According to Truter (2007), during this time, the trainees learn to throw the bones and control the trance-like states where communication with the spirits takes place. Bojuwoye (2005) further articulates that:

> a major feature of training is helping trainees understand and communicate with the spirit world inhabited by ancestors. This is done through altered states of

> consciousness, such as dreams, which trainees are helped to recognize and understand as avenues for the establishment of a link with the ancestors. The gift of possession by ancestral spirits is usually handed from one generation to the next and therefore many would-be sangomas already can dream and recognize messages from dreams.

However, Sodi et al. (2011) caution that the amount of knowledge acquired will depend on the competence of the mentee and the willingness to learn. The review of literature suggests that there are several studies from various disciplines, ranging from nursing science to psychology, life sciences, information and media studies, law, and many more that investigated indigenous knowledge practices. The findings were published across different journals covering different subject fields. These studies mainly employed the qualitative research approach. Data were collected mainly through interviews and a variety of sampling techniques were also employed. Traditional healers and community members were the chief populations of these studies. The qualitative data obtained was mostly analysed thematically and results largely proved the continued use of indigenous knowledge and how important it was for different communities, especially indigenous health knowledge.

Research methodology

This study adopted a qualitative research approach and further employed hermeneutic phenomenology as a method because lived experiences of traditional healers who share similar experiences in their practice of traditional healing were investigated. Hermeneutic phenomenology was adopted because it goes beyond the western methodologies that take things for granted by ignoring local context and realities (Ngulube & Ngulube 2017). Data were collected through interviews, analysis of notes, records and other forms of documents that were held by healers. Snowball sampling technique was employed because of the nature of the population being investigated. For qualitative studies, sample representation is not of great importance because the results are not generalised. The collection of data continued until saturation was reached. To ensure authenticity, the investigators went back to some of the healers and shared with them what was captured and allowed them to make further comments. This allowed the investigators to have continuous discussions with healers and that gave the investigators some leverage to interpret what the traditional healers have contributed. In total, 27 participants were interviewed. Of the 27, 19 were women and only eight were men. Of the 27 participants, two were trainees, six were new graduates and 19 were experienced healers.

Interviews were recorded using a voice recorder, supplemented by the notes taken by research assistants. The investigator listened to the recorded tapes from the interviews and transcribed them from tape to paper. The notes taken by the research assistants during interviews were compared to the data obtained from tapes and the necessary adjustments were made. The data were organised according to each theme emanating from the objectives of the study.

Ethical considerations

Ethical clearance was obtained from the University of South Africa. Furthermore, participants were given consent forms to read and sign if they agreed to participate in the study. Each interview participant was informed by the person who was conducting the research, why the respondents were invited to participate, that participation was voluntary and that they were free to withdraw at any time, and that anonymity and confidentiality would be maintained at all times. Even though participants had no problem with being mentioned in the study, the investigators decided to keep all responses anonymous by assigning letters of the alphabet to participants, for example, Participant A.

The investigator informed them that anonymity and confidentiality will be assured, and they were free to withdraw at any time. Pictures taken were shown to the healers and they agreed that they can be included in the document; however, the investigator protected their identities by removing their faces from the pictures, where necessary.

Results and discussions

This section presents the findings of the study based on the objective of the study, which is to understand how knowledge of traditional healing is transferred and the methodologies employed to transfer this knowledge. In cases where participants gave similar answers, only one answer was captured to avoid recording the same answer multiple times.

How knowledge regarding traditional healing is acquired

In trying to understand how knowledge of traditional healing is acquired, the investigator asked the healers how it all started; how healers became aware that they had the gift of traditional healing. The following were the main responses recorded (see Table 1):

Table 1: How healers became aware they had a calling

Participant	Response
Respondent A	It is a duty I was given by the ancestors, so it is my duty to help people.
Respondent B	I started doing this job at an early age and it is all I know.
Respondent C	As a healer I was chosen by the ancestors and I help people. If you are chosen, you have no choice but to follow orders. I am a messenger. I work for my ancestors; they take care of me and my family and make sure we have everything. Helping people and saving people's lives is all I have been doing all these years.
Respondent D	I was sick and consulted a healer to determine what was wrong with me and after the reading of the bones I was told that I had a calling. The sickness was the way my ancestors were trying to get my attention.
Respondent E	My mother was a healer; she was a very famous healer in our region. When I was a young boy, she taught me many things that have to do with traditional healing. A few years after her death, I discovered I have a calling and she wants me to take over her job. This was after I had fallen sick and went to consult to check what was wrong with me.
Respondent F	My journey started when I would have dreams that disturbed me every night. In those dreams, I would see different types of herbs. I was not taking them seriously until I developed a very serious problem with my womb. It was so painful l I couldn't walk straight. I was in and out of the hospitals to a point where my doctor recommended an operation to get it removed. My mother decided before the operation that we should try a traditional healer to see if we can't get another option. The healer told me I had a calling and the one thing I will deal with the most as a healer is the womb. I was a church-going person and refused to hear that and returned home. A few months later my mother who was also a healer passed on as my illness got worse. I was defeated, I decided to accept my calling as I was very weak, a week after starting with my training things got better; I could walk and I never had a problem with the womb ever again.
Respondent G	I started by getting sick. I was sick for a very long time, and my grandmother told me she

	knew what my problem was because it started when I was very young. She told me I always had cloths used by traditional healers as a young boy. These cloths were always kept under my pillow when I slept at night; by then I was young and didn't understand a thing. When I was 15 years I started getting strange dreams which did not make sense. I got older and started working in mines where I lasted a few years. Then I moved to Johannesburg trying to find a job but every job I found I lasted only a few months. My dreams got worse and I would hear voices telling me to come back home to face my responsibilities. I came home but refused to train as a healer and I got really sick. One day my brother found me very weak and took me to the healer, the healer told me eventually the ancestors will take me because of my stubbornness. My brother then arranged that I be trained because I did not have money at all. He covered money for the training.
Respondent H	Before I became a healer, I was always in trouble, was always fighting with people and always having issues at work. I one day had a dream where I saw my aunt who passed on many years ago sitting on our shrine crying asking me for help. She was telling me if I help her she will help me overcome my troubles. I didn't understand what it meant at the time. I told my mom, who is a healer, the dream that was bothering me so much. She told me my aunt was a healer and maybe she wanted me to take over her job because her things were still there and no one was using them. I then consulted another healer who didn't know me because I didn't see myself as a healer and I got the same explanation as the one I got from my mother. I was still not convinced and one day I met a stranger, a man I have never seen before and he told me that I have a calling and all my misfortunes will never go until I do what I see in my dreams. This thing got me worried that even strangers can see things in me. After speaking to my mother for days, I eventually decided to accept my calling. I did not have money at the time and I decided I will let my mother train me.
Respondent I	There was a time I would dream of an old man and a woman who were showing me cloths and telling me I should put these cloths under

	my pillow. I took it easy, and one day those old man and woman told me their names in my dream and when I woke up I found my curtains open even though I remembered very well they were closed when I went to bed. The opening of curtains happened a few times, and one day I fell at work and as I was dizzy. I saw that old man, he asked me why I was there because he told me where to go. I recovered and told myself it must have been because of that bad fall. I then had a dream where I was shown bones in the wild. And one day as I was collecting firewood, I picked up a number of bones and I remembered my dream. I took them home and kept them. Things turned for the worse, I started getting sick, struggled with my love life, broke up with my partner and I decided to consult a healer to hear what the cause was. The healer told me they will try to heal my illness, but I have a calling and my misfortunes won't stop. I consulted another healer and I got the same answer, I then decided to undergo training.
Respondent J	I started by having dreams, seeing herbs and later I got sick, but never got training. I then started helping people even without training. I was very young when I dreamed of some herbs to give to my sister's child who was very sick, and my sister was very much against me giving her child some herbs. The child made a full recovery even though my sister was against it. That is how it all started because I started helping a few more people and word started to spread in our village that I can help people. I was not trained by anyone and all this came naturally.
Respondent K	I started by having dreams and I was told by my great grandmother that I had a calling. I was working at the time and decided to join one of the local churches hoping to get rid of these dreams. The dreams never stopped and I changed churches. One day I decided to get baptised in my new church but the night before the day of my baptism, I had a dream. In this dream I saw myself being attacked by crocodiles in the same stream where my church was doing the baptising of its members. The next day I was too afraid to even go near the stream. The dreams continued but I told myself I will never do it. I then lost my job in a very strange way, I consulted to find out what

	really happened, and I was told that my ancestors were the cost and I decided its time I gave in.

When we look at what the government says with regard to who should be regarded as a qualified healer, the Traditional Health Practitioners Act of 2007 states that "the Minister may, on the recommendation of the Council, prescribe the minimum qualifications to be obtained by virtue of examinations conducted by an accredited institution, educational authority or other examining authority in the Republic."

Training of traditional healers

The most important step in the process of becoming a healer is the actual training itself. Some scholars highlighted that training usually happens under difficult conditions in order to prepare the healer for the tough job ahead (Mokgobi 2014; Sodi et al. 2011). Bojuwoye (2005) is of the view that training other healers is a specialty in addition to the knowledge of healing and dealing with herbs. That means that training of traditional healers is commonly done by much experienced healers who have the knowledge and skills to train others. To that effect, the investigator wanted to establish the criteria used by participants to select their mentors. The following were the main answers recorded:

- I had dreams where I saw where I should go for training. I dreamt of a place I have never been to before.
- Your ancestors will show you who is supposed to train you. You will even see the place in your dreams. Once you get to that place you will feel it in your legs.
- My mother and my father were healers which they got from my grandparents and down to me.
- I was shown my mentor in my dreams; she was asking me when I was coming.

According to the Traditional Health Practitioners Act of 2007, some of the core functions of the Traditional Health Practitioners Council with regard to the training of traditional healers include:

- to approve minimum requirements pertaining to the education and training of traditional health practitioners in consultation with relevant departments, quality assessment bodies or a body of traditional health practitioners accredited by the council for this specific purpose.
- determining policy, and in accordance with policy determinations, make decisions regarding matters relating to the educational framework, fees, funding, registration

procedure, code for professional conduct and ethics, disciplinary procedure and scope of traditional health practice, and

- to control and exercise authority in respect of all matters concerning the training of persons in traditional health practice and the conduct of its members.

How knowledge was acquired and transferred

Knowledge acquisition and transfer happen when the experienced person transfers tacit knowledge to the lesser experienced individual, who in turn will be acquiring the knowledge. The review of literature suggests that during this exercise, the senior healer plays the role of the mentor by prescribing various exercises to prepare the trainee until such time that the trainee is ready to be able to work on his or her own (Bojuwoye 2005). The participants were asked how masters transferred their knowledge and from the lesser experienced healers the investigator wanted to know how they obtained their knowledge. The following were the main answers recorded:

Table 2: How knowledge transfer happens

Participant	Response
Respondent A	I was taught about herbs from an early age by my grandmother; long before I became a healer
Respondent B	My trainees get knowledge from me and I got my knowledge from my master, they will also teach their trainees the same way.
Respondent C	I always went with my mentor everywhere and checked how things were done. When they collect roots of a particular tree, I do the same and ask what it is used for. Despite being told what those herbs are used for, my ancestors will further give me guidance on what else I can add to that herb to treat a particular illness.
Respondent D	Most of the things I know came to me in my dreams through my ancestors, even though I was shown a number of things by my mentor, my ancestors were the ones guiding me, showing me the way when I get side-tracked.
Respondent E	The main contributor to the knowledge that every healer has is the ancestors themselves, anyone can learn different types of herbs and their benefits but what sets us apart is the spirits.
Respondent F	There are too many people with spirits but not everyone is a healer, if your spirits have no

	power to heal, you will not help people, they are just there but with no healing powers.

Picture 1: Trainees after being introduced to the river spirits (Photographer: Researcher)

Knowledge preservation

The next important step in the management of knowledge of traditional healing is the preservation phase. Preservation happens when knowledge gained over the years through practice and learning is internalised for future use. As explained in the preceding sections, each and every healer preserves his or her knowledge differently, but mainly through oral tradition. There is no common way among traditional healers in South Africa when it comes to the preservation of knowledge. The review of literature suggests that traditional healers believe that the knowledge of traditional healers is preserved by the ancestors and that it is up to the ancestors to give such knowledge to whoever they choose (Sodi et al. 2011). The investigator felt that when it comes to knowledge and information, quality control is very important. Participants were asked to give an insight into how they ensured that the correct knowledge is preserved. The following were the responses recorded (see Table 3):

Table 3: How healers ensured that the correct knowledge is preserved

Participant	Response
Respondent A	My relationship with my trainees doesn't stop after graduation. We continue working closely and that assures me that they are doing the right thing in serving the people.
Respondent B	When my students have many patients, I always go and help, and this allows me a chance to see how they do things.
Respondent C	When someone just finished training, they are still inexperienced and there are serious illnesses that may scare them which they never came across, but through the years of experience, I might have dealt with such before and will go out there to help.
Respondent D	The best way to make sure students know the correct herbs is to show them the tree from which a particular herb is obtained. We take them to the wild and show them different herbs as we explain to them what those particular herbs are used for. For those trees that do not grow in our area, we buy herbs from the herbalists, but as we travel to different places from time to time while treating patients, we show them the trees.
Respondent E	Before trainees go home, they are requested to bring those boxes containing all the herbs that they gathered, and they are supposed to tell what they are and what they are used for, so that we can establish which ones they might have forgotten.
Respondent F	Once someone performs duties on their own and starts having a healthy client base, we know that our job is done. The most important thing is the fact that the ancestors will be providing guidance in the whole journey.

Conclusions and recommendations

The review of literature has shown that despite traditional healing being central to the healthcare systems of many third-world countries, there is little understanding about how this knowledge is acquired, transferred and preserved. From the evidence gathered, this study concludes that healers obtain knowledge of traditional healing from their ancestors. For one to be able to communicate with the ancestors, they must have a calling that will allow them access to the knowledge of traditional healing through the ancestors. The experienced healers are the ones responsible for mentoring the would-be healers with the guidance of the ancestors. The

acquisition and transfer of knowledge of traditional healing happens during socialization and externalization, while the knowledge gained through socialization, externalization and combination is internalized for preservation. This knowledge can be preserved through documentation or orally depending on the healer's preferred method. There was some consensus among healers that the ancestors are responsible for safeguarding knowledge of traditional healing.

Recommended framework

Ngulube, Mathipa and Gumbo (2015) are of the view that a framework is supposed to show the relationship between concepts and their impact on a phenomenon being investigated. Similar to that, Babbie and Mouton (2011); De Vos, Strydom, Fouche and Delport (2011); and Neuman (2011) indicated that the importance of a theoretical framework is its ability to provide a mechanism for selecting and prioritising concepts to be investigated.

Suggesting a framework that may be used to explain the acquisition, transfer and preservation process of indigenous knowledge by traditional healers was one of the key objectives of this study. The proposed framework (see figure 2) is based on the findings of this, as well as the review of literature. The framework centres on Nonaka and Takeuchi's (1995) theory of organisational knowledge conversion, which explains the interaction processes of tacit and explicit knowledge. Even though this theory was created in the Japanese context, it was found to be relevant to the South African context, especially in the process of managing traditional medical knowledge. This is because the four modes of knowledge management explain how more knowledge is created through conversion between tacit and explicit knowledge.

It is hoped that the proposed framework will help explain how knowledge of traditional healing is managed in order to increase the limited understanding observed when it comes to how knowledge of traditional healing is acquired, transferred and preserved. The study also established that limited research is being conducted by information professionals in South Africa in the indigenous knowledge field. It is hoped that this framework will create a measure of interest among information professionals and increase research productivity in this area.

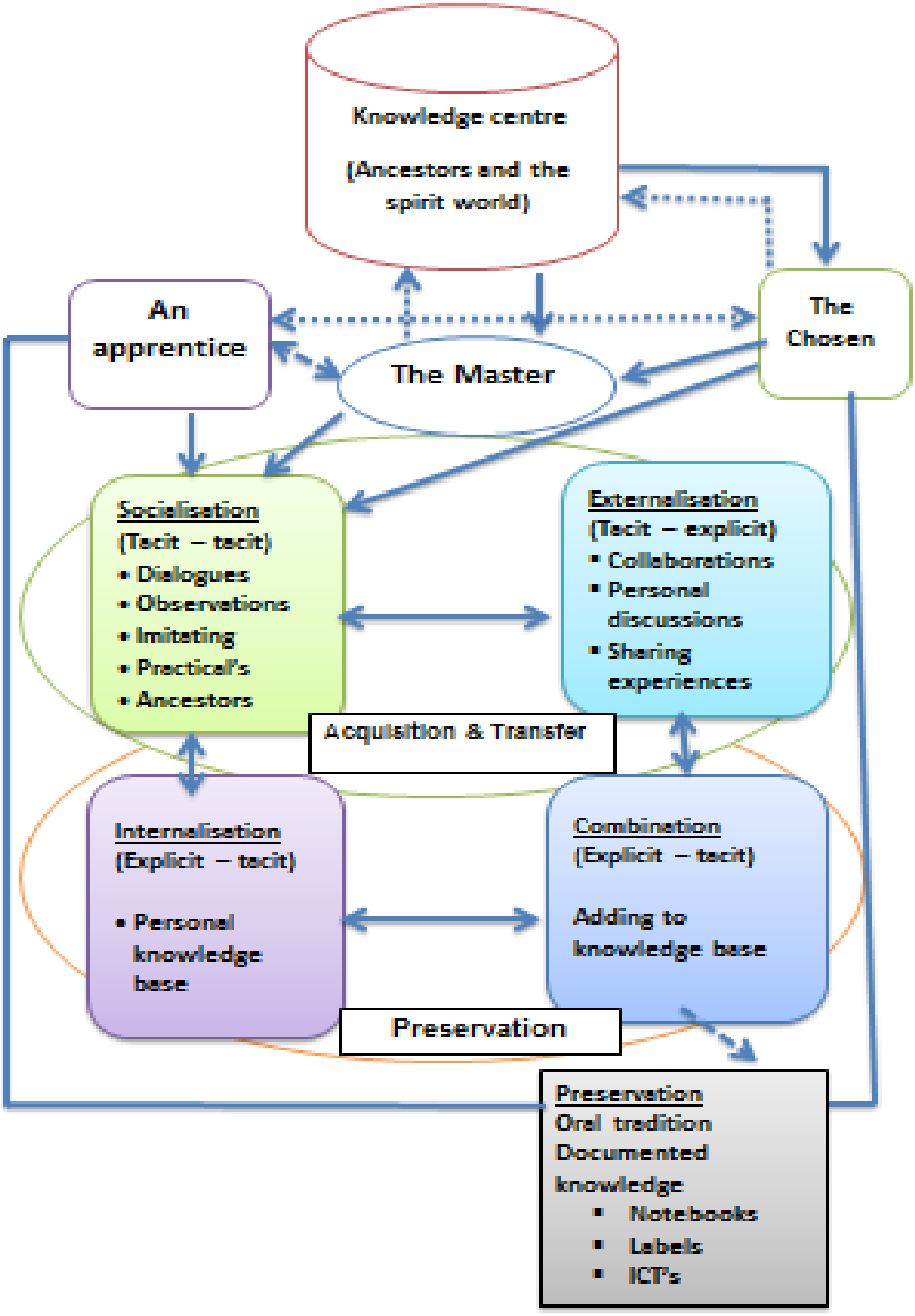

Figure 2: Proposed framework for the acquisition, transfer and preservation of traditional medical knowledge

The framework points to the link factors that attempt to create an understanding of how knowledge of traditional healing is acquired, transferred and preserved. The factors include the

spirit world (where knowledge of traditional healing is controlled); the chosen (someone who has a calling to become a healer); an apprentice (someone who is being trained by the experienced healer); the master (the experienced healer with the skills to train other healers); acquisition and transfer (socialisation and externalisation); preservation (internalisation and combination). These factors are linked to each other using arrows to show the relationship between them to form a cohesive framework. The factors are described as follows:

a) The spiritual world

This study, as well as a study by Sodi et al. (2011), established that traditional healers depend on their ancestors for spiritual guidance. The same was highlighted by Chilisa (2012) who mentioned that indigenous people are of the view that spirits and ancestors are a source of their knowledge to address day-to-day challenges. The study established that knowledge of traditional healing is controlled by the ancestors from the spirit or the ancestral world. Traditional healers depend on their ancestors who communicate with them through dreams and visions to provide them with knowledge and healing powers. To become a healer is not a personal choice. Those who went on to become healers indicated that it was a calling bestowed on them by the ancestors. The study further established that ancestors would also point out the potential healer who will train them and the place where they will receive their training. The study established that healers use bones and the spirits of the ancestors to diagnose and prescribe medication for different physiological, psychiatric and spiritual conditions (Mokgobi 2014). The spirits are also responsible for guiding and monitoring how the healers conduct themselves.

b) The chosen one

This is the individual who has a calling to become a healer. For an individual to qualify to be trained as a healer, such individual must have a calling. A calling is some form of communication with the spiritual world or the ancestors. The would-be diviner is first possessed by the ancestral spirits. The spirits will usually visit the would-be diviner through dreams and visions. The chosen one usually gets to know they have a calling after visiting an experienced healer who will read the bones and tell them about their gift.

In other instances, the ancestors make their presence known by inflicting on their chosen one serious illness, which is best understood by other experienced healers. Bojuwoye (2005) explains that one feature of the illness-experience is excessive dreaming, which may be vague and confusing and other symptoms are general body pains, severe headaches, or general breakdown

in bodily functions; sometimes there are unexplained misfortunes such as sudden loss of job, destruction of property, or an accident that defies all possible explanations.

Sodi et al. (2011) also indicate that, at times, for the purposes of succession, the ancestors may decide that the aging healer should train one family member or a relative who may be selected to succeed the healer in the future. Bojuwoye (2005:8) further articulates, "*a major feature of training is helping trainees understand and communicate with the spirit world inhabited by ancestors*". The study established that healers strongly believe that if you are chosen and stubborn to answer the calling, the ancestors may eventually take your life.

What is important to highlight, is the fact that the chosen one has some form of link to the ancestral world and receive communication from the ancestors through dreams and can at times communicate with the ancestors and ask for clarity on some of the dreams that are not clear. In addition to the knowledge obtained through training, the chosen one also gets knowledge directly from the ancestors that might not be known by the person who trains them or the master.

c) An apprentice

An apprentice in this regard can be explained as someone who learns the art of traditional healing from an experienced healer. In this case there is no involvement of the ancestors. An experienced healer may decide to show someone within the family everything they do in relation to traditional healing. This is mostly done with the hope that that particular person will take over from them. When the training starts, the apprentice has no calling whatsoever. To that effect, the apprentice has no contact with the ancestors and the spirit world.

However, it is important to note that if it happens that the ancestors decide to give healing powers to the apprentice, he or she will have contact with the spirit world in addition to the knowledge gained over the years. This means that training in this case will mainly focus on the spiritual side of things. It is important to note that even though the apprentice might end up without a calling, he or she would have acquired knowledge of traditional healing, which may be preserved for future use.

d) The master

The master in this case is an experienced healer who has been practising for a significant number of years. This healer is usually experienced enough to access advice and guidance from the ancestors, can interpret dreams, and can also throw bones to solve complex problems. The master is usually contacted by would-be healers to get clarity on dreams they might be having and strange sicknesses they are suffering from. Through years of experience, the master will tell if the person has a calling or not. The master is usually the driving force of knowledge acquisition, transfer and preservation by traditional healers.

e) Acquisition and transfer

Liao et al. (2009) are of the view that knowledge acquisition and knowledge creation are the first steps in the process of developing knowledge. For healers to acquire knowledge of traditional healing, willingness, attitude and the ability of trainees to acquire and use such knowledge are crucial. The theory of organisational knowledge conversion discusses knowledge acquisition and knowledge transfer in the socialisation and externalisation modes of knowledge creation. In the framework depicted in figure 2, acquisition and transfer of knowledge about traditional healing happen through socialisation, externalisation, internalisation and combination.

(i) Socialisation

The acquisition and sharing of knowledge during socialisation (where tacit knowledge is shared) are mainly done through observations, shared experiences, imitations and by practically doing things. Traditional healers attend full-time training and they are expected to shadow their master at all times. They practically become an additional member of the master's house because they will stay at the master's house for the duration of the training without going home. This allows trainees to be socially connected to the master and at all times get to tap into the master's tacit knowledge. There will constantly be discussions and conversations in relation to traditional healing, which will encourage knowledge transfer. In addition to that, healers who collaborate with the master, visit regularly in order to help with the training and to see to it that there is progress.

(ii) Externalisation

During externalisation, tacit knowledge residing in the minds of experienced healers is externalised and made ready and easier to acquire and transfer. When the custodians of knowledge make available and share what resides in their minds, their tacit knowledge is turned into explicit knowledge. This usually happens when experiences are shared, during formal and informal discussions or when there are collaborative projects that healers are working on.

(iii) Preservation

For this study, knowledge preservation was defined as a process of protecting or safekeeping of knowledge (both tacit and explicit), especially indigenous knowledge, by traditional healers. Raseroka (2002) is of the view that without apprentices, the indigenous knowledge held by experienced healers becomes endangered and may be lost to the future. The theory of organisational knowledge conversion discusses knowledge preservation in the combination and internalisation modes.

(iv) Internalisation

When explicit knowledge is acquired, internalised and converted to tacit knowledge, it becomes ready to be preserved permanently inside the individual's mind. The knowledge acquired by healers during discussions and engagements with other healers is internalised to form their own personal knowledge base. Faust (2007) highlights that the internalisation process occurs through a series of integrations in which individual concepts become concrete and ultimately absorbed as an integral belief or value. Internalisation in this regard is the process through which healers preserve the knowledge they gained inside their minds for future use. It mainly involves the preservation of tacit knowledge.

(v) Combination

Combination occurs when traditional healers combine knowledge obtained through training with the existing knowledge. In most cases, trainees attend training with some knowledge of what is expected of them. The training they will receive helps them to fill some of the knowledge gaps they might have, to create a higher level of knowledge. According to Nonaka and Takeuchi

(1995), this mode of knowledge conversion involves combining different bodies of explicit knowledge. Healers preserve this type of knowledge differently. Others choose to store it in their mind and transfer it orally, while others have gone the route of documenting the knowledge.

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