



The missing links: A South African perspective on the theories of health in drama therapy



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ABSTRACT

The following paper is the writer's first attempt to answer the question, "Is drama therapy for the South African?" The writer begins by arguing for a perspective in drama therapy that can fully accommodate the whole South African. It argues for an integration of the already existing traditional health and healing systems in South Africa, with the concepts proposed by drama therapy in its variations. The writer explores the notions of health in the South African context and defines them in relation to the definitions of health proposed by various drama therapy approaches. Other related concepts such as community and disease are defined, thus challenging drama therapy to seek a more holistic approach to health and healing such that the whole South African can be fully accommodated in drama therapy interventions. The writer uses literature from African scholars, philosophers, psychologists and medical doctors as well as from American and European researchers and drama therapists to aid her exploration.

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I am a Zulu woman. I am on yet another path of initiation. This time it will be as a spiritual healer. I am also a drama therapist. I am of South Africa, a hybrid society where indigenous knowledge operates within a paradigm that came from the West with our colonisers. I am influenced not only by South Africa but also by the whole continent of Africa. The literature used in the following paper, therefore draws from both South African and African knowledge systems. I have been repeatedly amazed at the ingenuity and knowledge my people hold. Because I am a drama therapist, their notions of healing and health have intrigued me the most. The knowledge seems inherent, "a detailed account of African beliefs is difficult as not much is recorded. Orally transmitted healing knowledge is only known to initiated traditional healers" (Peltzer, 1995, p. 170). The documentation of such knowledge is scarce; however, accounts from Western observation are constantly on the rise. Unfortunately, due to observer bias, these accounts have not always been a true reflection as they have been used, not only as a means to westernise the African, but also the African's knowledge has been exploited for the gain of Western capitalism. Africa, particularly South Africa:

experienced a period of knowledge paralysis, the impact of which went as far as forcing [them] to denigrate who they are

and ignore the 'baggage' that brought them into contention with exogenous knowledge systems. This paralysis retarded the progress of African *scientisation* and allowed exogenous theoretical and methodological frames to triumph. In the course of the knowledge paralysis, some 'mind-boggling' knowledge systems (scientifically) were pirated by the dominant knowledge systems and flourished at the expense of the knowledge stolen from the peripheral communities (Masoga, n.d., p. 5).

An example given by Masoga (n.d.) is that of the knowledge of brewing beer. He asserts that this knowledge came from grandmothers and mothers, inherited from their own grandmothers and mothers. With the rise in families migrating from the rural areas to the city, the wives of the men working in the mines used their knowledge of beer brewing to supplement their husbands' incomes. This culminated in the rise of the informal drinking bars known as 'shebeens'. There was a move to sabotage the industry by outlawing the sale of home-brewed beer by introducing the liquor license. Anyone found selling and marketing such products (mostly women) were placed in police custody. Later, "formal industries" were established to further the same business activity, taking it from the local practitioners. The 'formal industries' 'improved' their technology, but the knowledge remained the same. The fact remains, and will do for centuries to come, that this is stolen knowledge" (p. 6). Similar examples can be cited especially in the herbs used for traditional medicine, where big corporations research the herbs used by traditional healers, improve the

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technology from the knowledge, they then patent the formula and make a profit from this “stolen knowledge”.

Mkhize (2004) ascertains that it would be unfair to explain exclusively the psychological needs and experiences of people in developing societies with reference to conceptual categories and philosophical systems imported from the West (p. 31). If systems were in place, then they have been silenced or explained away in the spread of Western ideologies. The state of the African continent at the moment testifies to the effects of this voicelessness. Because of this voicelessness among black people, “there is a need to decolonise the mind thereby reclaiming voice for the people” (Mkhize, 2004, p. 67).

This is my journey. In a quest to find my voice as an emerging black drama therapist on the African continent, more specifically in South Africa, I ask myself the question: “is drama therapy for the South African?” As an attempt to begin to answer this question, there is a need to interrogate how Africans view health. To aid my exploration, I have employed the voices of African writers that view themselves as Africanists. This is not by any means to idealise African thought but rather to find what has been lost in the process of globalisation. Although in finding my voice I may speak on aspects that are a common experience with other South Africans, it is important to note that this research is my journey and my story and I cannot claim to be reclaiming voices for the people.

It is purposeful that healing and other knowledges are orally transmitted among the African people, this is for the purpose of knowledge preservation from colonial invasion, and I therefore am acknowledging the boundary I am overstepping in writing. I firmly believe, however, that to break my inherited voicelessness and find my voice, I must write and be witnessed by the very Western society that has silenced. I therefore write in their language, in their format, as I am partly a product of their system. As I grow and my study grows I will find a way to write outside the colonial frame as there are concepts among my people that cannot be explained in the language of the coloniser. The purpose of the following paper is to explore African notions of health and healing in order to not only use them to inform the practice of drama therapy, but also to begin to imagine how to integrate these notions with drama therapy such that it may be used to reach the goals of health among South Africans. In my exploration of the notions of health, I found that one could not speak of health divorced from disease and community. I will therefore explore these concepts, comparing and contrasting them to notions of the same concepts within a drama therapy tradition.

African notions of health and disease

Within the African culture, the concept of health points to more aspects than just the individual. A Zulu conceives health not only as consisting of a healthy body, but as a healthy situation of everything that concerns him. Good health means the harmonious working of the Universe and everything existing within it. This is an ecological approach, which points to a belief in a “special relationship between a person and his environment” (Ngubane, 1977, p. 24). The environment is not only the people that surround any one person but also the very place they inhabit and indeed the Universe. In Zulu culture, one cannot then speak of health without speaking of the community and the environment, as health and community are interdependent.

Somē (1998) states that being in community is the first constituent of health and that this leads to a “healthy sense of belonging, greater generosity, better circulation of resources and a greater awareness of the needs of self and the other” (p. 91). It therefore follows that in treatment of any form of illness within the African context, one not only “strengthens himself and his

dependents, but he also considers the welfare of his fellow man in the community” (Ngubane, 1977, p. 131). This effort at keeping the vicinity clean highlights the collective responsibility of the community to preserve itself first. It is important to establish and maintain balance with one’s surroundings. This balance is what denotes health.

The difficulty in examining African concepts under a Western microscope is that most of these concepts are incongruent. The “traditional African worldview, unlike the mainstream Western worldview, conceptualises life holistically and this holistic approach towards life filters through all other aspects namely health, illness and healing” (Manda, 2008, p. 132). Where the West sees the mind and the body as separate entities, we (Africans) conceive of the mind and body as one. In addition, the concept of Spirit in African thought penetrates and is present in all levels of being. Spirituality or religion is an everyday reality and it is understood that there is constant dialogue and interaction between present reality and the spirit world. Spirit, “for African people cannot be divorced from medicine, morality, and law” (Manda, 2008, p. 131).

Health does not exist within a medical framework. For the African, “concepts of health are far more social than biological” (Lambo, 1964, p. 446). An aspect of health is the ability of an individual to realise his or her responsibility in the community. A woman’s health, for example, is essential for the survival and maintenance of the community. Productivity and reproductive health, therefore, play significant roles in the survival of the community and therefore have a very important place in the African’s conception of health.

In order for someone to be a true member of their community, they need to go through a process of attaining personhood. Personhood is a continuous process of becoming. One is not a person by virtue of existing, but rather attains this personhood through interactions with others and one’s community. Personhood is defined relationally; one does not and cannot exist in a vacuum. A common term for personhood is Ubuntu. Mkhize (2004) defines Ubuntu as inferred from a person’s knowledge of his or her duties and responsibilities within a community of other interdependent human beings. It is not enough to know the theory, Ubuntu is characterised by the concrete or practical realisation of this knowledge. The possession of the qualities of Ubuntu or personhood “reflects in people’s relationships with each other. It is characterised by caring, just, and respectful relationships” (p. 55). The call of Ubuntu encourages us to “enrich our own self-understanding through contact with and recognition of the other” (Mkhize, 2004, p. 77).

African perspectives on disease are manifold and interrelated. Firstly, disease is an “important social sanction that encourages peaceful living with neighbours, abstention from adultery [as well as] keeping the laws of the gods and men” (Lambo, 1964, p. 446). The upholding of these moral values will ensure protection of oneself and family from disease. Alternatively, as health is a balance of everything in existence, disease then results from the “breakdown in relatedness, including disharmony between the individual and the rest of the Universe” (Mkhize, 2008, p. 39). Finally, since the world of the Spirit is present in this and every other reality, “any spirit can bring about any disease” (Gelfand, 1964, p. 163) for any reason. This holistic view of health and disease then facilitates a patient-centred approach in the diagnosis and treatment of disease as there can be no generic treatment for patients, their families, and their communities.

Notions of health and disease in drama therapy

It is argued that drama therapy has its origins within the first healing traditions. Snow (2009) asserts that he is convinced

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