

The Epiphany of Ubuntu in Knowledge Development: An African Way

by

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Abstract

In this presentation, I address my internal conflicts as an African who left my great continent with the hope of gaining knowledge at a large North American University. I am now facing the dilemma of acquiring knowledge of Western origins as part of a doctoral program in nursing even though I already possess unique knowledge originating from Africa. I am investigating the ontological and epistemological stances regarding nursing practice in Africa as my professional identity vis-à-vis my African heritage. I am also reflecting on the development of my knowledge which helped me to recall my African ways of knowing and learning despite the fact that they were deemed unscientific

The Significance of African Knowledge as the Key to the Progress of African Nursing Practice

My thoughts about the significance of African knowledge were developed during my study of Nursing Theory Development Course (NURS 600), which was part of my PhD course work. The initial deliberation related to the definition of knowledge and its components. The work of various scholars was quoted and in-depth discussions were held with regarding what was considered to be knowledge. During these deliberations, I experienced an uneasy feeling about the core definitions and explanations on what knowledge is. I realized that I was in the second phase, of colonial repression and cultural trauma, as identified by Franz Fanon. Fanon states that the colonized, after being assimilated into the colonizer's culture, will start experiencing disturbing feelings and will start remembering who they are. Through personal reflection I asked myself several questions, the first and primary being: *"Is my African knowledge considered as knowledge by the West."* This was my personal reflection alone, and I did not want anybody to answer this question on my behalf. The main reason is that none of my co-students is an African and none of them would be able to define what knowledge is in a way that would make sense to me.

In addition, the work of nursing scholars whom they use as point of references in nursing, such as Carper (1974), White (1995), Chinn and Kramer (2008), Meleis (2007), and Munhall (1993), identify different ways of knowing from the conclusion that no single set of ideas could hold all the answers (Nzimade, 2009), particularly those encountered at the clinical settings. As a result of my deliberations, I came to the conclusion that the answer to my first question was a resounding ‘yes’!

Our major patterns of knowledge development in Africa are personal knowing, ethical knowing, aesthetic knowing, and emancipatory knowing. After perceiving the answer to the first question, I was able to liberate my unconscious knowledge that was waiting to be brought into the conversation in order to construct agentic narratives for my own subjectivity (O’Loughlin, 2009).

Through these personal reflections I accessed to my childhood years in the village, when every night in our African homesteads, wise men would sit around the fire in the kraals and tell stories (Mandela, 2000), recite praise songs about themselves and critical incidents, and share activities with the young boys about African manhood. Inside the homes, around the fireplaces, women gathered. Wise women would teach young girls about womanhood in the African way. These were the ways in which I came to know and learn.

These models constitute ancestral ways of knowing (Cruz, 2008) and they involve both teaching and learning opportunities for the elders and the young, even today. Young boys and girls listen to their elders telling stories, knowing that one day they will narrate their own stories to younger generations. Narratives, praise singing and role modeling are some of the methods that Africans use to transfer knowledge from generation to generation.

The stories are derived from the elders’ lived experiences of life in general and their encounters of their daily lives. Listening to the stories, observing life, doing as the elders did it, and living accordingly is the way the Africans transfer their knowledge to the generational thread. After listening to the stories, the listeners abstract the content of the stories critically in order to establish the themes of the narration. What is learned in those encounters is rarely forgotten; hence, I cannot “bracket out” the reality (Mulholland, 1995 p. 448) of my being an African woman possessing African knowledge, which is intrinsic to my being.

In addition to my primary concern, my second question was: “*Can I reflect aloud (Cruz, 2008) about African knowledge?*” By posing this question, I declared what I have never expressed but also never doubted whilst in my beloved continent because I know what I am -- an African with African roots. My epistemological and ontological views influence my worldview as an African woman. Denying me an opportunity to be an African is a betrayal to my African being. I would have to ignore this denial and stake my claim based on self-apprehension and identity. The knowledge which I have bears witness to who I am and the African knowledge influences everything I do as a person. People around me are able to identify me as an African, because of my ontological views which I owe to Africa.

In these personal reflections I am not disputing the significance of Western knowledge; but I am investigating my positionality vis-a-vis my own worldview. I was reflecting aloud (Cruz, 2008) about my perspective as an African nurse, who is on a knowledge- finding mission in the Western world, and, as someone who is trying to succumb to the pain of embracing knowledge that perpetuates colonization and segregation in my country even after decades of decolonization. I was restless since realizing that I was part of the transmission line of Western knowledge through a '*Western remote control*' (Rodney, 1973).

In my awakening, I contemplated the fact that knowledge development in nursing revolves around the three dimensions of practice, research and theory (Wuest, 1994). In my daily work, I am providing care to my fellow Africans using Western ideologies. However, I know that these ideologies are not significant to my patients. I allude to Tamale who states, "Cultures are lent and cultures are borrowed" (2008, p. 48), but complete elimination of culture is fatal to its people. On the same note I am in consensus with Leininger (1985) in her description of person as a cultural being who cannot be viewed apart from his/her cultural background. This description resounded for me as I cannot identify myself as an African if I am not embracing African knowledge for my daily activities. As African nurses, we are validating knowledge which was developed by the West for Western patients, but within African healthcare settings. We are set up as practical puppets in our countries to facilitate our own underdevelopment (Rodney, 1973) in the name of nursing practice.

Mulholland (1995) alludes to how transcultural nursing models were introduced into healthcare, especially nursing, after the increase in recognition of the monocultural aspect of knowledge development. Transcultural theories address the universality of nursing across cultures (Ketefian, Redman, 1997). From my perspective as an African nurse, transcultural nursing theories do not address my personal internal discourses. Transcultural theories are relevant for those nurses who are caring for patients from a different cultural background in order to provide congruent cultural competence in nursing care. In my case, I share similar cultural components with my patients. The only way I differ with the patients as fellow Africans is my nursing training, which is derived from Western ideologies. Lutzen (2000) mesmerizes me when she identifies the key issues which need to be critically analyzed for the development of global nursing knowledge. Amongst the identified issues, I allude here? to the issue of distinct values on nursing from country to country together with the issue of importing/exporting of nursing theories amongst countries. However, I am completely against the global development of nursing knowledge which is both a monocultural (Mulholland, 1995) and a unidirectional enterprise (Nnaemeka, 2003) as the two perpetuate the universality of nursing practice rather than diversification of nursing practice.

I agree that I chose to be educated in the Western ideologies out of my own free will even though in reality, my education was predetermined (Polifroni, 1999) by the processes of colonization, apartheid and the Bantu education system. I swallowed with a smile these grand designs, curriculum and syllabuses even while they were like sawdust in my throat; however, later I experienced this internal conflict with my own ontology and epistemology.

My second question, can I reflect aloud about my African knowledge, naturally led me to my third nagging question: “*Why do Africans keep noticeably silent about the knowledge they have?*” I struggle with the observation made by Cruz (2008), that academia is a place where knowledge is produced. As I revisited both the breadth and depth of my knowing and learning, I recalled that as Africans, what we have learnt is not only from the four corners of the room or behind the desks but from the communal fireplaces, under the tribal trees and from our own grandparents. Hence Sofola (1998) has urged that academia is an irrelevant place to seek knowledge on things pertaining to Africa. For it is academia that will dictate to us as African students as to what constitutes knowledge and as it is a Western territory, it will silence anyone who attempts to walk and talk outside its assigned place (Cruz, 2008).

As my reflections were getting deeper and deeper, I further asked myself how can I validate that my ways of knowing and learning are authentic? The work of Adler (1965) clarified this to me: knowledge is to be validated by those who are to embrace it. This view indicates that there should be cooperation among the people who are to embrace the knowledge; they should agree/disagree about the answers or seek adjudication regarding the differences. The enterprise for which the knowledge was developed must be willing and able to answer the same questions in piecemeal.

I yearned for the day when African nurses would ever interrogate “their to be” nursing knowledge piece by piece which would be relevant to their African nursing practice. I raise this aspect because knowledge and power go hand in hand as cited by Mulholland (1995). White (1995) supports this statement when suggesting that knowing is a socio-political pattern. In other words, you know what is socially acceptable for those who have power over you. I realize that as long as knowledge development is still in the hands of the African colonizers, Africa will remain a colony with contaminated knowledge, which is not relevant to her people. I am of the same mind as Cruz (2008) about language being the vehicle not only for colonization but also providing a road to liberation.

Outside the borders of Africa, and in order for me to be heard, I must locate myself within the west? or at least speak like the West. I sometimes review literature which hints that the barrier in producing an appropriate knowledge for Africa is the issue of language (Ajulu, 2001). I do not worry about the kaleidoscopic nature of ethnic differences in Africa, as I know that the people of Africa share the same African philosophy which is Ubuntu or Botho in my mother tongue.

As I go further on with my internal discourses, I ask how the notion of truth would fit into the African knowledge; how can it be validated as truth. Tuhiwai Smith (1999) mentions that according to the imperial eyes of the West, to be legitimate and real, any work, should fit their Western framework, which is in stark contrast to the African framework. I used the work of Polifroni (1999) on 'Truth: an exploration' which states the sources of truth as authority, tradition, common sense, and science while Kikuchi and Simmons (1999) elaborate more on the reliance on common sense in practical nursing judgment. These nursing scholars indicate that knowledge can be judged / validated as the truth through these sources. On the other hand, Ray (1992) alludes to the four non-reducible validity claims of truth: understanding the utterance, the content, the legitimacy, and veracity in validating the truth of what is proclaimed.

The above-mentioned nursing scholars validate my conviction that the character of African knowledge validates itself as truth. In my case, the fundamental truth that I assert is: *African knowledge is the truth*. I share this statement with Kikuchi and Simmons (1999) when citing that the truth of a judgment is solely based on a specific individual. I know that my African knowledge is de-centered around the texts of the academics, as it is "lived experience knowledge." The knowledge that I proclaim as the truth is African, and I learned it through African ways.

My Coconut Status

My final reflection, in this paper is whether Western knowledge is relevant for me as an African; or is it relevant for my nursing practice. If the answer is 'Yes' to both questions, then I am a coconut implying that I am brown outside and white inside. The response to the above-mentioned question is from the words of my professor Myrick (verbatim quote) who frequently asserts, , "Nobody owns knowledge". Hence, I am at liberty to embrace any knowledge I encounter, until I abandon it when new knowledge becomes available to embrace.

Returning to my coconut status, I used the work of Downing and Roush (1985). One of the stages in their model of feminist identity is the revelation stage. In this stage the women perceive the "other" woman as matured with positive identity, while in the real world, this "other" woman has developed a pseudo-identity (Downing and Roush ,1985, p.700). I can proudly proclaim that I am in this stage as I am working against both the tradition (African way) and the dominant culture (Western Way) (Downing and Roush, 1985).

My Wish List

I appreciate the fact that this course (NURS-600) has taught me never again to be silent about my position as an African with unique knowledge.

1. My wish is to find ways in which African scholars can create appropriate knowledge for the African population, especially in nursing. This knowledge will embrace African philosophy, demonstrate respect to the Africans, and yet not be considered superior to other knowledge.
2. I will be content with the creation of forums in which African nursing knowledge is investigated. These forums will facilitate critical inquiry of the nursing knowledge we use in the African nursing practice context. Thompson (1985) mentions this, as the meta-theoretical discourse. In this discourse, nursing scholars and nurse researchers will engage in fostering self-consciousness. The stage of self-consciousness will facilitate emancipatory knowing.

The emancipatory knowing will allow African nurses to examine critically the social, cultural, and political status quo with the aim of ascertaining how and why it came to be that way (Chinn and Kramer, 2008, p. 4). Finally, I would envision that nursing scholars in the West should refrain from developing nursing knowledge *for* Africans as this knowledge does not honor the socio-political-historical situatedness of African patients.

Conclusion

My conclusive remarks are:

- As African scholars and researchers, we must not turn ourselves into the model researchers and scholars described and prescribed by the West. This will take us backward in the era where we were pariahs in our land of birth (Plaatjies, 1913).
- We can succeed if we confront our fears and doubts that "polite methods" which the African scholars and researchers are presently using have little effect (Meredith, 2010).
- We can succeed if we don't adopt a policy of yielding to cultural or ethno-centric oppression in our research and scholarship. Thus will our children, their children and their children's children be free from oppressed scholarship and educational practices.

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