

The Education of Traditional Healers in Zimbabwe: A Pedagogy of Conflicting Paradigms

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Abstract

This paper explores the possibility of extending the concept of pedagogy. It argues that the current idea of teaching and learning with the main players as the teacher, the student and the subject matter is limited. This is based on Western knowledge system and culture. The paper argues that when you consider the African context, particularly the education of traditional healers, spirits or ancestors are integral to the pedagogical process. This provides a mystical dimension to the idea of teaching and learning. The paper describes how the traditional healers teach their students or apprentice knowledge and skills to allow them function as science practitioners as well as practitioners of mysticism without engendering a sense of conflict or contradiction as the dichotomy between science and mysticism is explored. The paper concludes that the two paradigms, although diametrically opposed, coexist with each other and are used in the diagnosis and treatment of patients by traditional healers in Zimbabwe as student healers are taught to function proficiently in both paradigms.

Introduction

This work is a slightly revised version of a paper presented by the author at the international conference, *Learning and the World We Want* at the University of Victoria, British Columbia, Canada in 2003. It has never ceased to intrigue this writer that African people, especially traditional healers, can function in their trade both as scientists and as practitioners of mysticism simultaneously without experiencing a sense of conflict or contradiction. In Western or Eurocentric thinking, this would be considered irrational, illogical, senseless and actually impossible. Nevertheless, this paper explores how traditional healers teach their students/apprentices, how to function proficiently in the two paradigms of science and mysticism to examine the concept of pedagogy where we have not only the teacher, student and the subject matter as the main players, but also the role played by metaphysical entities such as ancestral spirits and other metaphysical entities.

It is hoped that the ideas raised in this paper will help to initiate discussion based on the expansion of the concept of pedagogy and address the gap in the scholarship of teaching and learning where the context is believed to be affected by supernatural entities. It is the author's sincere hope that the academy will be able to create space for this discourse. The author also believes that this topic has not received due attention from educational practitioners and educational theorists alike, both in Africa and in the West. This is largely because in the West, the Eurocentric knowledge system, which is dominated by science and rationality, simply rejects notions of an education structured around the mystic, or the unknown. Among African people, there has been some reluctance to delve into matters spiritual, mystical or metaphysical as subjects of academic study and analysis due to either fear to discuss these mystical forces or for a respect for them or both. The author thinks that the period of reluctance to discuss this topic should be over and that African academics and others interested researchers should take a stance and give explanations and descriptions of the phenomena in their experiences, especially concerning a pedagogy that is believed to be affected by metaphysical forces.

Role of Traditional Healers in Society

Traditional healers are practitioners of traditional medicine. The WHO (World Health Organization) defines traditional medicine as, "diverse health practices, approaches, knowledge and beliefs incorporating plant animal and or mineral techniques and exercises applied singularly or in combination to maintain well-being as well as treat, diagnose or prevent illness." (Richter 2003) The traditional healer is generally someone who a community would recognize as proficient to provide health care and practice medicine with the use of plants and animals, and thus, implores the help of spirits and mystical powers (WHO 2002).

Hoff (1992) acknowledges the significance of traditional healers as a whole. The use of traditional healers especially in Africa has been well documented. Traditional healers' clinics contribute to public health care in Addis Ababa, Ethiopia (Birham et al 2011). In Tanzania, people generally first consult traditional healers before they go to Western clinics. (Makundi 2006). Traditional healers are highly regarded in Sudan (Ahmed et al 1999) and also in Nigeria especially among the Yoruba (Oyebola 1980). In Swaziland, Green (1985) found that children with malaria were first treated by a traditional healer before they went to a Western clinic. Faith in traditional healers is evident in other countries as well. Of particular note are Malawi (Zachariah et al 2002), Mali (Diallo and Graz 2006) and South Africa (Nxumalo et al 2011). In a study carried out in Zimbabwe, it was found that almost a quarter of those surveyed used traditional medicine as a first choice (Chavanduka GL 1978).

Traditional healers, both men and women, are highly respected as wise, holy people among the Shona of Zimbabwe (Last and Chavunduka 1986, Hoff 1992). Other reports from Africa (Ncube 2000, Mukumbira 2000, Chigodo 2003) show that because of various reasons which include convenience, economic and spiritual, more people are turning to traditional healers.

These healers are valued, not only as spiritual mediums or metaphysicians, but as practitioners of science as well (Leonard 2000). Healers have a unique body of cultural knowledge and are considered religious authorities. Their medical practice is part spiritual and part homeopathic. A traditional healer is a minister of religion, a diagnostician and a philosopher. He or she is spiritually endowed. This means healers are believed to be able to contact the spirit world in order to explain and predict phenomena. To the Shona, disease is seen as something that threatens the integrity of the community because it disrupts the flow and balance of life (Gelfand 1964). It is believed that disease or misfortune cannot be cured until its root cause is found and eradicated. That is the function of the traditional healer. This view is held by many African communities as well. Masaka and Chingombe (2009) put it aptly when they say that in Zimbabwe, traditional healers are thought to have “the esoteric knowledge about things beyond the comprehension of human beings.”

Traditional healers are believed to possess extra sensory perception (ESP) which enables them to communicate with supernatural beings like God and the spirit of the ancestors (Hewson 1998). Even during Zimbabwe’s war of independence, the guerrillas turned to traditional healers for advice on how best to execute the war. Traditional healers are also believed to possess a clearer than usual vision of natural forces and knowledge of how these forces interact with one another. They have the power of selecting these forces and directing them towards a selected victim or beneficiary. Because African people believe that the traditional healer can reveal unknown secrets about people and events, they are seen as the moral police of the community. People fear to do bad knowing that the traditional healer might reveal them as a culprit. The presence of the healers therefore, helps society to maintain social control. Such beliefs are prevalent not only among the Shona, but also among other communities in Africa.

Becoming a Traditional Healer

It takes years to acquire the knowledge and skills required to be a medical doctor and practice medicine in the West. One must be certified or registered in order to be a physician. In the USA, physicians are certified by boards in their respective states. In the United Kingdom however, the General Medical Council is the body that regulates and gives guidelines to doctors on the regulations and legal issues about how to practice medicine. All doctors are required by law to be registered and they must hold a license in order to practice medicine.

In the Zimbabwean context, there are two ways one can become a traditional healer. The first is by personal choice. This is when someone wants to be a healer and then seeks the services of a master healer to apprentice under him or her. The other way to become a healer is by being “called” to the profession (Gelfand et al 1985). The first one is not very common because not many people would volunteer to be a traditional healer. This may be because of the demands on time and financial resources one would have to incur.

Or it may be because of the fear to be involved in the mystic, the unknown world of spirits and magic. Van Binsberger (1991) has noted that if someone was called to be a healer and resisted, that person may experience some grave misfortune.

The “calling” is believed to be made by a spirit. This may be the spirit of one’s dead father, mother, grandfather or grandmother or that of another close relative. One can also be “called” by the spirit of a stranger who lived in a different location or ethnic group. In any case, it is believed that this spirit would be from someone who practiced medicine when they were alive. The person called would show signs of spiritual possession usually expressed by strange behavior or any behavior out of character. This person may also have dreams of healing other people. Geldand et al (1985) point out that it is at this time that the person is assigned as an apprentice to a master healer.

The apprenticeship is designed to assist the trainee to acquire and interpret the knowledge, skills and dispositions required to become a traditional healer. Learning is practical and holistic. The trainee learns through observation and by imitating the master healer. Learning is not a discrete activity or a theory that then produces practice, it is through actual practice. The apprentice learns by doing.

The master healer is the leader, facilitator, and resource person, thus he/she designs the instructional activities, and support students learning in positive ways to assumes responsibility for making decisions about what will be learned and when. And most important is that the master healer makes contact with the spirit to ask for wisdom, direction, and inspiration in teaching. He/she must also makes contact with the guardian spirit of the apprentice or student to direct, protect and inspire the student so that their guardian spirits collaborate for the mutual benefit of the student. And additionally, the master healer and the student may also call on the ancestral spirits of the patient in order for them to enhance the healing.

Traditional Healer Pedagogy

The purpose of traditional healer training is to give the apprentices competence as the community philosopher, the medical science practitioner and the expert in mysticism. As a philosopher, the student healer is trained to be a thinker with a high understanding of the nature and purpose of life. He/she is taught to excel in the practice of mysticism, learn about spirits and their role in the community, and thus, they are taught to think as a scientist and use scientific principles to diagnose medical problems. Hence, traditional healer pedagogy aims at making the student healer view the world in a holistic way, and to function proficiently in science and mysticism.

There are some training methods that can easily be applied to the traditional healer context. Mentoring, precepting or job shadowing are the most commonly used. In all this, the student will be learning through observation and imitation. Hawkey (1998) has published a very extensive and detailed study of mentoring strategies. She argues that mentors bring with them their own orientations and conceptions of their role and what is to be learned and practiced. It follows then, as Liu et al (2011) say, that there should be a healthy and positive relationship between the student and the master healer. Sambunajak et al (2006) and Ambrosetti et al (2010) go further as to claim that mentoring is a partnership between the mentor and the mentee.

The student healer is for most of the time the less experienced person who is learning and applying knowledge and skill in association with a master healer. Billey and Myric (2008) see the preceptor model as an effective teaching and learning strategy especially in a skill based profession. And according to Raines et al (2012), the role of the preceptor is that of nurturing the professional growth of the student. This, to a large extent, depends on the individual preceptor (Newman et al 2011) and how the preceptor ensures a structured precepting experience (Anthony et al 2015). In any case, the central role played by the master healer (preceptor) cannot be denied or minimized.

Student healers learn principles of hermeneutics. They learn to be experts at deciphering meaning from symbols and people's everyday experiences. Some African writers, (Okere 1983, Serequeberhan 1994) have argued that understanding African cultural symbols is essentially a hermeneutical process of interpreting symbols. Thus, one should appreciate the rationality that underlies cultural practices or symbols. According to Ricoeur (1981), the highest stage of the hermeneutical process is the reflective stage, thus, traditional healer pedagogy aims to take the trainee to that level of thinking, where he or she is a reflective practitioner.

Historically, the Western tradition of education has been based on the idea of rationality. Cohen and Garner (1967) outline the history of Western educational thought as mainly the pursuit of one form of intellectual enlightenment or another. In the West, the goal of education is to initiate people into a reflective form of life. Any educational experience is judged ultimately by the extent to which it will make the students think critically. The education of traditional healers, on the other hand, encourages compliance with the values and practices of traditional medical practices. The student learns to diagnose a patient's illness, prescribe medicine or ritual or the appropriate charm after making complex judgments and determinations. Before treating a patient or attending to a client's needs, the healer will have explored various issues and possibilities such as the values, fears, motivations, aspirations and essential beliefs of the patient or client, the available medicines, ornaments, taboos, types of spirits or ritual that would be performed in order to treat the patient. The complexity of the knowledge and skills required to diagnose and treat a patient successfully shows a high level of analytical and creative thinking in the realms of science and mysticism.

Science and Mysticism Compared

Traditional healers are scientists in that they use science to treat their patients. Their students are taught to think scientifically in a pedagogy based on scientific principles. The teacher and the students perform diagnoses to determine the best medicine for the patient; and medicines from the result of accumulated knowledge based on the science of plants and animals.

Dewey (1938) defines the nature of science by the method of inquiry used in moving from an indeterminate (ignorance) situation to a determinate (knowledge) situation in his essay *The Pattern of Inquiry* which subsequently became a chapter in his book, *Logic: The Theory of Inquiry* published in 1938. Science as inquiry is based on questioning and following steps until one gets to the right answer. This is exactly the opposite of mysticism, whereby one just believes without questioning, hence in mysticism there is no rational process to coming to a conclusion. And in unity, as Kuhn (1962) calls science the practice that is applied to solve problems. When this is practiced by everyone at a particular time, it is called *normal science* or a paradigm. When a new practice which is simpler and solves problems more efficiently is discovered we adopt it and so we have a *paradigm shift*.

Likewise, science is considered to be a systematic enterprise that builds and organizes knowledge in the form of testable explanations and predictions about the nature of reality. It relies on scientific inquiry for its idea of truth or reality. Central to the nature of science is the notion that reality is independent of the observer (Aliyu et al 2014). This means that truth has an objective existence. This idea is echoed by many writers including Polgar and Thomas (2005), Strauss and Corbin (2007), Venkatesh (2007), Gough (2005) and Urquhart (2008). Further, as Aliyu et al (2014) have observed, there are laws and rules that govern natural phenomena or science.

Mysticism, on the other hand, has been a subject of debate since time immemorial. It has also been the idea of many philosophers and other thinkers that mysticism is the very opposite of rationality and as such has no place in knowledge systems especially the Eurocentric knowledge system. To Killeen, (1978) however, mysticism is the pursuit of communication with identity, conscious awareness of an ultimate reality, divinity, spiritual truth, or God through direct experience intuition, instinct or insight. According to the *Routledge Encyclopedia of Philosophy*, mysticism is a phenomenon in which one can actually experience something. It has an epistemological value and can therefore claim a place in the knowledge system of people. The *Stanford Encyclopedia of Philosophy* on the other hand, traces the roots of mysticism to the Greek word which means “to conceal” – like a secret religious ritual. Later on, in Christian theology, mysticism denoted what is hidden, like the presence of Jesus in the Eucharist.

In contrast, according to Mawere, mysticism is a way of knowing, part of and perhaps central to an Afrocentric knowledge system. He says, “While Westerners limit their inquiry to experience and reason, Africans go beyond that to employ extra empirical and extra-ratiocinative means often called extra-sensory perception and/or mystic ways of knowing” Mawere (2011 iv). This is seen as an epistemology of spirituality because it can be argued that in Africa, no reality exists without a spiritual inclination.

There are two schools of thought coming from these ideas of mysticism. One is that it is something that can be known in the realm of consciousness. The other is that mysticism is about the unknown, forming a mystery. And correspondingly in an interesting way, the World Health Organization, the specialized agency of the UN that is concerned with health on an international level recognizes the role played by traditional healers in their communities. In a document published in Geneva Switzerland in 2002 called *Traditional Medicine Strategy 2002-2005 WHO/EDM/TRM 2002.1*, they recognized two areas in which traditional healers practice. One is herbal treatment of ailments – a purely scientific process, and the other is divining to provide diagnosis through spiritual means – a process shrouded in mysticism. This acknowledgement is an admission that one can function as a scientist and a mystic at the same time.

Hence, traditional healer pedagogy aims at teaching students to be scientists and non-scientists at the same time. Stahl (2007) makes a convincing argument about the axiom of the excluded third originally developed by Aristotle which says that two opposing statements cannot simultaneously be true. It is “Either P or not P”. In the Eurocentric knowledge system, it is illogical that you teach people to be saintly and to be evil at the same time, therefore the master traditional healer cannot teach the apprentices science and mysticism or superstition at the same time. Yet in the Afrocentric knowledge system, it is logical, a happening practiced by traditional healers in Zimbabwe.

Even in their epistemologies, science and mysticism still remain worlds apart. Thus, Kileen (1978) points out that science and mysticism were founded on diametrically opposed views concerning the fundamental nature of reality. In the realm of science, truths can be tested and verified through empirical experiments. Mysticism, on the other hand, has spiritual truths that must be accepted on blind faith. And Shaffer (1982) calls them realms of matter and energy and further asserts that they are entirely disjointed. He says each realm retains its own integrity and is subject to its own conservation laws. Scientific explanations cannot include supernatural forces because they can never be disproved. The question is to what extent feelings and intuitions observed in a mystical experience can be considered the product of consciousness and reflection of true knowledge. And interestingly, Shaffer also rejects any notion that science and mysticism could be in any way considered to be in the same realm. He calls mysticism “a scientifically unpredictable interference by some transcended ‘holistic’ force of mind.”

Learning Science, Knowledge and Skills

In traditional healer education, students are taught to be an expert in the practice of science. He or she learns first and foremost, forces acting on the environment from which traditional healers obtain their medicines. They learn how to preserve the environment and nurture it, and about factors that influence the wellbeing of the environment. Mutasa et al (2008) have done a fascinating study of environmental factors and environmental education for young people, hence the most significant forms of knowledge and skills needed for students to function in the trade of traditional healing. This in brief includes the mathematics of divination, the preparing and preserving of medicine, and skill development as part of the curriculum of traditional healer trainees. Hence,

- **The Mathematics of Divination**

Students learn mathematical combinations and probabilities and establish a pattern of how the dice will likely fall when divining. Divination with the dice is used to predict and/or explain phenomenon or people's experiences. It is not only common among traditional healers in Zimbabwe, but also popular in many parts of Africa, even extending to Madagascar as well (Peek 1992). It is based purely on mathematical combinations and probability. There is nothing supernatural about it. The student is taught the meanings attached to different patterns that the dice makes when cast on the floor. Each pattern corresponds to a certain meaning. The role of the traditional healer is to inform the patient or client of the meaning of the patterns and their implications in relationship to the purpose of the client's visit.

- **Preparing and the Preserving of Medicine**

Here the student acquires knowledge of medicinal plants, animals or any other objects of significance in medical practice. There are certain plants and animals that are used for treating various ailments. Hence, Gelfand et al (1985) list 254 plants in Central, East, and West Africa with curative properties, and the Zimbabwe National Traditional Association (Zinatha) now manufactures and bottles some of the medicines from plants and animals. These medicines are sold at Zinatha regional offices where patients can buy them over the counter. Hence, the apprentices learn the names of different plants and the conditions under which they grow; they learn the properties of parts of plants like the roots, bark, fruit, or leaves that are used to treat different ailments, and they learn the amount of medicine or the medicinal cocktails to be administered to a patient and how often the patient should take the medicine. In general, students learn everything about diseases, their symptoms and their cure.

- **Skills of Classification and Interpreting**

In the arena of skills, students learn via observation, discrimination, and the classification of various plants and animals, diseases and symptoms. And they also acquire the skills of making medicinal cocktails from parts of plants and animals; interpreting the signs of the environment and phenomena like temperature, wind speed and direction, types of clouds, mist or fog. All which involve ordinary activities with no mysticism attached to them.

Learning Mysticism: Knowledge and Skills

In addition to the scientific knowledge and skills that the students learn, they also learn and practice mysticism. Indeed in some cases they learn that some ailments need to be treated with the use of both science and mysticism. Traditional healers are often known more for their mystical powers than their knowledge of science. Mysticism has been a subject of intrigue to Westerners and to indigenous African people as well. For the traditional healer student, it is very important to learn that in addition to what is observable or apparent, everything has a deeper meaning. Animals, plants, natural phenomena and even people's behavior can be interpreted. On completion of the apprenticeship, the student must develop a wisdom that is demonstrated by being able to interpret events in terms of their deeper metaphysical causes. The student also learns practical wisdom. This involves performing ritual and evoking spirits that would help in treating the patient of his or her ailment. During the course of training, the student learns how to work with the client or patient's mind and spirit. This is important because African people in general believe that many afflictions that people experience have spiritual causes and are seen as psycho-spiritual imbalances which must be fully rectified in order for the patient to recover. The central concern of the curriculum in mysticism is to teach metaphysical healing and psychic skills, including divining to foretell the future or explain circumstances confronting a patient.

The following are five metaphysical skills and knowledge that the student healers are expected to acquire.

- **Performing Ritual**

Ritual is necessary for communicating with and in appeasing the spirits. It is the most important spiritual practice among most African cultures. Thus, there are many forms of ritual that the student learns which include the death ritual, the marriage ritual, the birth ritual, the hunting ritual, the healing ritual, and the harvest ritual. And in this, there is a strong belief that unless the ritual is performed in the right way, one will not get the desired outcome. The power of the healer lies in that he/she is the only person who is believed to know the different types of rituals better than anyone else. And additionally, there is a ritual for everything. For example, there is a ritual to appease the spirits, a ritual to thank them, a ritual to ask for a favor and a ritual to treat different diseases or misfortunes (Hammond-Tooke 1989).

- **Spiritual Divination**

Divination is the process of obtaining knowledge of things secret or in foretelling the future by means of oracles, omens, astrology or from contact with supernatural entities or divine sources (Hammond-Tooke 1989). It is the link between the physical and the spiritual world (Matsika 2012). Divination is also seen as a standardized system derived from a learned discipline based on an extensive body of knowledge. When done through spirit possession, divination provides interpretation of a people's experiences and the source of their philosophy. It is the primary means of articulating the epistemology of a people. The student or apprentice is first taught the art of spirit possession. He/she learns that when someone is possessed, their personality completely disappears and is replaced by an altogether different one, and that there are different types of spirits, different dances, and songs or medicines that induce spiritual possession. The student also learns how to conduct spiritual divination sessions, the place where the spirit will explain through the medium, who is the healer, the causes of someone's unfortunate circumstance or problems and the solution to rectify them.

- **Taboos and Avoidance Practices**

The apprentice learns about keeping observance of taboos in order to avoid displeasing the spirits. Taboos can also be seen as instruments of socialization and social control. Tatira (2000) has made an extensive study of the taboos of the Shona of Zimbabwe. Taboos vary from place to place, time to time, person to person and from spirit to spirit. For example, in Zimbabwe, someone who is possessed by the water spirit should avoid eating catfish, using perfume, or eating goat that has not been killed in a ritual manner. The student soon learns which ritual should be performed in the event that one transgresses or disobeys a taboo. It is understood that if the healer ignores these taboos, he or she can fall sick or even become mad.

- **Adornments**

The student is taught the meaning of the various cloths and other objects that are worn at a ceremony or during healing sessions. Every article that the healer wears has a meaning attached to it. The student learns to adorn self with articles that are particular and peculiar to a spirit guide. The most common articles include beads, sea shells, skins of animals and other objects are held in awe by the Shona people and thought to have some significance in healing. Thus, the traditional healer's world is essentially hermeneutical (Matsika 2012), and the role of student healers is to decipher meaning from life symbols.

- **Charms**

Charms are articles or objects that are made by the healer and are supposed to protect one from evil or enhance one's fortunes. It is believed that they prevent witches and evil spirits from doing harm to a person, a person's family members or property. The novice healer learns that charms are personal and work best if they are kept a secret and to make different types of charms for various uses, thus one is taught that strong charms are prepared by strong people using the right ritual under the right conditions.

Conclusion

This paper has explored the context of the traditional healer with respect to how they educate students and established that student healers are trained to think and act as scientists and at the same time think and act as mystics. Thus, the paper concludes that even though science and mysticism are diametrically opposed paradigms in the case of traditional healers in Zimbabwe, they are applied to diagnose and treat patients. Therefore, that is basically why traditional healers do not experience a paradigm shift because one paradigm cannot replace the other. Science solves scientific problems and mysticism solves mystical problems. The student healer is taught to diagnose a sickness based on their mystical and/or scientific knowledge. Hence, it is recommended that further research be done utilizing an Afrocentric paradigm to develop new and appropriate epistemologies, a process that would help explain the role played by ancestral spirits and other metaphysical entities in learning/teaching.

References

Aliyu, Ahmed, Bello Muhammed Ulmar, Kasim Rozilah and Martin David et al (2014) "Positivist and Non-Positivist Paradigm in Social Science Research: Conflicting Paradigms or Perfect Partners", in *Journal of Management and Sustainability*, Vol 4 Number 3.

Ambrosetti, Angelina, and John Dekkers. "The interconnectedness of the roles of mentors and mentees in pre-service teacher education mentoring relationships." *Australian Journal of Teacher Education* 35.6 (2010): 3.

Ahmed I. M., Bremer J.J, Magzoub M. M and Nouri, A. M "Characteristics of visitors to Traditional Healers in Sudan. In *Eastern Mediterranean Health Journal* 1999 Vol 5 Number 1 pp 79-85).

Anthony, Mary Louise, and Mary Wickman. (2015) "Precepting Challenges: The Unsafe Student." *Nurse Educator* 40.3 (2015): 113-114.

Billey, Diane and Myrick, Florence (2008), "Preceptorship: An Integrative Review of the Literature" in *Nurse Education in Practice* Vol 18 #4 pp258-266.

Birham Wuber, Giday Mirutse and Teklehaymanot, Tilahun (2011) "The Contribution of Traditional Healers' clinic to public Healthcare System in Addis Ababa, Ethiopia: a cross-sectional study" in *Journal of Ethnobiology and Ethnomedicine* (7) 39.

Chavanduka, G L 1978. *Traditional Healers and the Shona Patient*, Mambo Press: Gwelo (1978).

Chigodo, Tim (2003) "Traditional healers have regained repute," in *African Church Information Service*, October 13, 2003.

Cohen, Alan and Garner, Norman (1967) *Readings in the History of Educational Thought*. London University Press: London.

Dewey John (1938) *Logic: The Theory of Inquiry*, University of Chicago Press: Chicago.

Diallo D., Graz B., Falquet J., Traoré A.K., Giani S., Mounkoro P.P., Berthé A., Sacko M., Diakité C. (2006) Malaria treatment in remote areas of Mali: use of modern and traditional medicines, patient outcome. *Trans. R. Soc. Trop. Med. Hyg.* 2006;100:515–520.

Gelfand, Michael (1964) *Witch Doctor: Traditional Medicineman of Rhodesia*. Harvil Press: London.

Gelfand, M., Mavi S, Drummond R and Ndemera B. (1985), *The Traditional Medical Practitioner in Zimbabwe*, Mambo Press: Gweru, Zimbabwe.

Gouph N (2005) *Methodologies under the microscope*, Paper presented at DUPA Research Conference.

Hammond-Tooke, W. D. (1989) *Rituals and Medicines: Indigenous healing in South Africa*, Witwatersrand University Press: Johannesburg.

Hawkey, Kate (1998) "Mentor Pedagogy and Student Teacher Professional Development: A Study of Two Mentoring Relationships" in *Teaching and Teacher Education* Vol 14 # 6 pp 657-670.

Hewson, Mariana (1998), Traditional Healers in Southern Africa, in *Annals of Internal Medicine*, Issue 128, pp1029-1034.

Hoff, Wilbur (1992) "Traditional Healers and Community Health" in *World Health Forum* Vol 13 pp182-187.

Kileen, Peter, R, "Superstition: A Matter of Bias, Not Detectability" (1978) in *Science New Series* Vol 199 Number 4324 (January 6 1978) pp 88-90.

Kuhn, Thomas 1962 *The Structure of Scientific Revolutions* (3rd Ed) Chicago: University of Chicago Press.

Last, M and Chavunduka, G. L. (1986) *The Professionalism of African Medicine*, Manchester University Press: Manchester.

Leonard, Kennedy (2000) *African Traditional Healers and Outcome-Contingent Contracts in Health Care*. University of Columbia Press: New York.

Liu, Yongmei, Jun Xu, and Barton A. Weitz. "The role of emotional expression and mentoring in internship learning." *Academy of Management Learning & Education* 10.1 (2011): 94-110.

Makundi Makundi, Emmanuel A, Malebo, Hamisi, Mhame Paulo, Kitua Andrew, Warsame Miria (2006) "The Role of Traditional Healers in the management of Severe Malaria among children below five years of age: The case of Kilosa and Handeni Districts, Tanzania," In *Malaria Journal* 2006 (5) (58).

Masaka D. and Chingombe A. (2009) "The Relevance of Gata among the Shona of Zimbabwe in the context of the HIV/AIDS Pandemic" in *The Journal of Pan African Studies* Vol 3 No 1.

Matsika, Chrispen (2006) "Egyptian and Southern African Religious Philosophy-Interconnections" in Emeagwali G. and Forster W. B. (Eds) *The African Experience: Past Present and Future*, Whittier Publications, Island Park, NY.

Matsika, Chrispen (2012) *Traditional African Education: Its significance to Current Educational Practices with Special Reference to Zimbabwe*, Mambo Press: Gweru, Zimbabwe pp220

Mawere, Munyaradzi, (2011) *African Belief and Knowledge Systems- A Critical Perspective*, Bamedia, Cameroon: Langaa RPCIG Publishers.

Mukumbira, Rodrick (2000) "More people turn to Traditional Medicine," in *News and Views on Africa from Africa*, Issue 54, September 2000.

Mutasa, Davie, Nyota, Shumirai and Mapara Jacob (2008) "Ngano: Teaching Environmental Education Using Shona Folktale," in *The Journal of Pan African Studies* Vol.2 No 3 pp33-54.

Ncube, Japhet (2000) "A Traditional Cure for an Ailing Health System," in *OBIT* #66.

Newman, Craig W., Sharon A. Sandridge, and Sharon A. Lesner. "Becoming a better preceptor: Part 1: The fundamentals." *The Hearing Journal* 64.5 (2011): 20-22.

Nxumalo N, Alaba O, Harris B, Chersich M, Goudge J. (2011) "Utilization of traditional healers in South Africa and costs to patients: findings from a national household survey." *Journal of Public Health Policy*. (32) 1:S pp124-36.

Okere, T. (1983) *African Philosophy: A Historico-Hermeneutical Investigation of the Conditions of its Possibility*, University Press of America, New York.

Oyebola, D.D. O (1980) "Traditional Medicine and its Practitioners among the Yoruba of Nigeria: A Classification," In *Social Science and Medicine* (14) 1 pp23-29 1980.

Peek, P. M. (1991) *African Divination Systems: Non-Normal Modes of Cognition*, in Peek P. M. (Ed) *African Divination Systems: Ways of knowing*. Indiana University Press: Bloomington.

Polgar, S and Thomas S E (2005) "Qualitative Field Research" in S. Polgar and S. A Thomas (Eds) *Introduction to Research in Health Sciences* (3rd ed) Churchill and Livingstone.

Raines, Deborah A. "Nurse preceptors' views of precepting undergraduate nursing students." In *Nursing Education Perspectives* 33.2 (2012): 76-79.

Richter, Marlise (2003), *Traditional Medicines and Traditional Healers in South Africa*, Discussion Paper prepared for the Treatment Action Campaign and Aids Law Project, South Africa.

Ricoeur, Paul (1981) *Hermeneutics and the Human Sciences: Essays on Language, Action and Interpretation*. Cambridge University Press: Cambridge.

Sambunjak, Dario, Sharon E. Straus, and Ana Marušić (2006) "Mentoring in academic medicine: a systematic review." In *Jama* 296.9 pp 1103-1115.

Serequeberhan, Tsenay (1994) *The Hermeneutics of African Philosophy*. Routledge: London.

Shaffer, Gedaliah, (1982) "Mysticism and Modern Physics" in *B'Or HaTorah* (vi) pp35-40.

Stahl, B. C. (2007) *Positivism or Non Positivism Tertium Non Datur a Critique of the Ontological Syncretism in IS Research Center for Computing and Social Responsibility*, De Montfort University, Leicester Le1 9bh.

Strauss A. and Corbin J. (2007) *Grounded Theory in Practice*, Thousand Oaks CA: Sage.

Tatira L. (2000) *Zviera ZvaVaShona*, Gweru: Mambo Press.

Urquhart C. (2008) "An Encounter with Grounded Theory: Tackling the Practical and Philosophical Problems", In E Trauth (Ed) *Qualitative Research in IS: Issues and Trends*, Hershey: Idea Group Publishing.

Van Vinsbergen W. M. (1991) Becoming a Sangoma: Religious Anthropological fieldwork in Francistown, Botswana, in *Journal of Religion in Africa*, Vol 21, 4: 309-344.

Venkatesh A. (2007) "Modernity and Postmodernity," in T. L. Childers et al (Eds) *AMA Winter Educators Conference*.

World Health Organization (WHO) (2002) *Traditional Medicine Strategy 2002-2005* WHO/EDM/TRM 2002.1, Geneva.

Zachariah R, Nkhoma W, Harries AD, Arendt V, Chantulo A, Spielmann MP, Mbereko MP, Buhendwa L (2002) "Health seeking and sexual behaviour in patients with sexually transmitted infections: the importance of traditional healers in Thyolo, Malawi" in *Sex Transm Infect.* 78(2):127-9.