

Fall 2013

An Autoethnographic Exploration of Holistic Wellness Through Three Paradigms of Wellness; Western Medicine, Traditional African Healing, and Herbalism.

Alison Frankel

SIT Study Abroad, afranke2@tulane.edu

Follow this and additional works at: http://digitalcollections.sit.edu/isp_collection



Part of the [Alternative and Complementary Medicine Commons](#)

Recommended Citation

Frankel, Alison, "An Autoethnographic Exploration of Holistic Wellness Through Three Paradigms of Wellness; Western Medicine, Traditional African Healing, and Herbalism." (2013). *Independent Study Project (ISP) Collection*. Paper 1669.
http://digitalcollections.sit.edu/isp_collection/1669

This Unpublished Paper is brought to you for free and open access by the SIT Study Abroad at SIT Digital Collections. It has been accepted for inclusion in Independent Study Project (ISP) Collection by an authorized administrator of SIT Digital Collections. For more information, please contact digitalcollections@sit.edu.

**AN AUTOETHNOGRAPHIC EXPLORATION OF HOLISTIC WELLNESS
THROUGH THREE PARADIGMS OF WELLNESS;
WESTERN MEDICINE, TRADITIONAL AFRICAN HEALING, AND
HERBALISM.**

Suggested Key Words: Wellness, Western, Traditional Healing, Herbalism, Paradigm

	STRICTLY CONFIDENTIAL – FOR SIT DURBAN HEALTH STUDENT REFERENCE ONLY. DO NOT REPEAT, CITE OR PUBLISH
Yes	I hereby grant permission for World Learning to include my ISP in its permanent library collection.
Yes	I hereby grant permission for World Learning to release my ISP in any format to individuals, organizations, or libraries in the host country for educational purposes as determined by SIT.
Yes	I hereby grant permission for World Learning to publish my ISP on its websites and in any of its digital/electronic collections, and to reproduce and transmit my ISP electronically. I understand that World Learning’s websites and digital collections are publicly available via the Internet. I agree that World Learning is NOT responsible for any unauthorized use of my ISP by any third party who might access it on the Internet or otherwise.

Alison Frankel

SIT Study Abroad- Community Health

Durban, South Africa

Fall 2013

Advisor: Eliza Govender

Acknowledgements

I cannot thank my academic director, Clive Bruzas, enough. Clive has been perpetually supportive of my journey and has provided me with valuable guidance along the way. My process would not have been the same without our many conversations and emails, or the multitude of literature Clive has exposed me to. Throughout this process, up until just days before completing this paper, Clive has pushed me to think in new ways, forcing me to expand my consciousness and stretch my capabilities to comprehend complex ideas. For all of these reasons, this has been an especially meaningful time for me, and I feel I've gained a wealth of knowledge and experience.

I would also like to thank all of the warm and generous people of South Africa who took the time to tell me their stories, to welcome me into their homes and into their sacred spaces, to feed me far too much food, and to listen to me talk about my journey. These people are the foundation for everything I have learned, and without them, this would not have been able to materialize.

Abstract

As globalization persists and varying cultures come into increasing contact with each other, people are becoming more exposed to a multitude of approaches to wellness. With the opportunity to examine wellness from multiple perspectives, people have the chance to blend aspects of different systems. Each paradigm of wellness possesses its own virtues and failures, but is incomplete on its own, and thus a more holistic and integrative approach is in order. In this process, the notions of “holism” and of “wellness” demand to be contemplated and reconsidered, and ultimately united to establish a goal for healthy living. Once this is done, there is potential for harmonious and mutually beneficial relationships to exist between diverse wellness systems that may lead to closer attainment of a true state of holistic wellness. This project is a personal exploration of holistic wellness through the consideration of three different lenses, or paradigms of healing. I will be incorporating my own progressive journey and discovery with an examination of how Western medicine, traditional African healing, and herbalism relate to a personalized understanding of holistic wellness. I will be utilizing extensive primary data obtained in South Africa as well as primary information obtained in the United States. Data will be collected through personal communications, informal conversations, and in depth interviews, as well as observation. In addition, I will crystallize information with literature to support and fill in gaps in my findings, and to add perspective. The weaving in of my personal perspective will establish a sense of relevance of my research both in my own life and in a greater context of wellness. By blending first-hand data, academic literature, and personal reality I aim to deeply examine holistic wellness and the three lenses of wellness in order to consider how they may interact in integration towards holistic wellness.

Table of Contents

METHODOLOGIES	7
HOLISTIC WELLNESS	12
WESTERN MEDICINE	18
TRADITIONAL AFRICAN HEALING	28
HERBALISM	37
INTEGRATION	42
CONCLUSION	45
References	47
Ethics Permission Form	51

I sit here at a rickety wooden table before a wall of open windows framing the grass covered humps of the Drakensburg Mountains. I have two of Sam's books about herbs spread open in front of me, my notebook under my elbow and my pencil holding the page for "chickweed." I've been reading now for hours, studying. Comparing herbal medicine in one book to another, pictures of herbs to the real things. I am missing out on tree planting today.

When I awoke early this morning, I went for a walk on the dew-covered grass. Beside Honey, a small golden colored dog, I walked inquisitively, exploring the earth in its morning freshness. After the better portion of an hour, with arms full of kindle for an afternoon fire, I turned towards home.

At the startling sound of a dog's powerful bark, Honey was out of sight in an instant. I turned to face the source of the noise and two enormous Great Danes were barking fiercely and had already reached a full speed gallop in my direction. As I later learned, I should have stood still. I ran. I sprinted in the first direction I looked, down the rocky path towards home, somehow managing to yell for help in the process. As I wondered how many seconds it would be before the dogs caught up and sunk their teeth into a limb, I launched forward, overtaken by my own legs, and landed faced down on the clay-covered rocks. I looked up to confront the inevitable and instead, thick-bearded, heavy man stood over me. I could faintly hear his weak apologies for the actions of his dogs while I struggled to stand up, recognizing the many sources of blood on my body with my hands. I stumbled back to the house though I was faint from shock and pain and could barely see past the bright spots that clouded my vision.

I could not actually recall the last time I felt physical pain like that morning. I could not even recall the last time my skin was broken and shed blood. In my regular life, my outer layer is usually together and whole, free of cuts and bruises. When the new wounds were treated and my short heavy breath had finally calmed down, I recognized the opportunity that this unusual injury had given me. Since arriving at Rainbow homestead, I had been busy getting to know the lay of the land, and spending time with Sam, Shine, and their children, in addition to Dillon, an old friend of Shine's, and Hannah and Sasha, a young German couple living and working there. I had yet to begin to delve into some of Sam's extensive literature collection on herbalism, natural living and healing, and the wellness of the mind and body. Finally I was given the chance to read all day without feeling like I was missing out. I was given this time to be still, to read, and to reflect. Even more valuable than time, was the chance to use the herbs on my own body. There is a level of learning that can only be attained by interactive experimentation. I had no other choice but to use the natural world around me- to apply tee tree oil as an antiseptic to clean my wounds, to break open and squeeze the gelatinous center of bulbanella stems to sooth my pain, to crush up and spread leaves of comfrey on my skin for internal healing, and to muddle and apply leaves of plantain to help my cells regenerate and heal. I would not have come to know these herbs and their functions so well if I had not been given the opportunity of this accident. I finally became exposed to all the medicine this earth has to offer, when I have always jumped to antibiotics that dry out my organs and painkillers whose names I cannot pronounce. Being injured, in this moment and in this place, was a chance to engage with this earth.

I was, for the first time, at peace with being damaged. There was a place for this injury in my life. Whether it was to catapult me into the teachings of herbalism or to allow me to reflect on pain in a new way, to welcome it into my life rather than succumb to the victimization that I've always known to accompany injury, it had a place, a meaning. In recognizing that I could accept this pain and find a place for it, pain was suddenly no longer an enemy, but rather a gift with opportunity and meaning that fit comfortably into my journey.

METHODOLOGIES

This is where I have found myself, close to the end of my journey through wellness paradigms in search for holistic wellness. My travels led me to this place in which I was chased, Rainbow homestead, after first being worn down by Western medicine in the United States and then surprised by the truths of traditional African medicine in South Africa. This ISP is the tangible recording of my development through these three lenses, and the thorough reflection, which has ultimately forced me to think in unfamiliar ways, and open my mind to such a formative experience.

With a history of dealing with Western medicine back home, I came to South Africa eager to explore the ways of traditional African healing, and to perhaps adopt and integrate some of these new ways into my own life. I was hopeful that what I would find would fit into my life in integration with my own beliefs of wellness. When I began learning about African healing in and around Durban, and the intense spiritual and mystic components it possess, I was fascinated, but unable to connect with these methods on a personal level. This created a space in me, an openness for something more, thus through my learning about traditional African healing, I was led the lens of herbalism. This was a type of healing I had never been exposed to, nor had I ever really known about. By following my urge to find a type of healing that I could connect with, I ended up living for three weeks at Rainbow homestead in the mountains outside of the rural town of Impendle. Here is where I was able to learn about the ideas behind herbalism and about the medicinal herbs themselves.

In this process, I have been constantly considering and reconsidering holistic wellness. I've come to work deeply with this term, delving into scholarly work on the topic, and pushing myself to think about it in new and sometimes uncomfortable ways. As Peter Reason says "to heal is to make whole." (Reason, 1998, p 7). This, in essence is why I have spent so many hours working with this topic of wellness and of the whole- because I believe that ultimately we all want to heal. This ISP aims only to provide as a tool to expand my own consciousness and those of my readers, and to create a space in which there is room for the world to begin to come into focus.

I've purposefully chosen to do this in the form of an autoethnography. This is a method of research that aims to embrace the author's personal journey in their cultural inquiry. I decided on using an autoethnographic research method to approach my project, as it felt appropriate to incorporate my own lived experience with the lenses of medicine I use to explore holistic wellness. In creating an exploratory space in which I am able to have both personal and ethnographic realizations, I am able to deeply interact with personal unfolding in a meaningful way, and thus better internalize the cultural world. In essence, writing an autoethnography is even more about the process than it is the product, which has proved to be a serious truth. The intimacy and vulnerability that I have experienced as a student of knowledge and of my own and others' lived realities in the process of autoethnographic work, have ultimately provided for a rich and compelling product that aims to reach deeper than the surface of conventional research.

It wasn't until later in my process that I realized the difficulties and intricacies of this method. An autoethnography is a particularly personal and reflective approach to research, while I am used to a much more rigid and conventional approach to academic work. I have recognized the differences as I have struggled to come to terms with some of the aspects of the process of autoethnographic research. The most profound difficulty has been living comfortably with uncertainty. This idea has resurfaced repeatedly in my process, specifically when I was encouraged to work without a detailed outline, when I continuously wondered where my paper was going, and in coming to see the lack of answers that may exist in what I once thought were definable concepts. As inspiration to be mindful of this important aspect of the autoethnographic process, I have continuously referred to the following remarks, provided to me by Clive Bruzas, my academic director, and essentially my mentor in this process. He first shared with me the remarks of Chris Seeley and Peter Reason about the poetic work of John Keats on "negative capability." In their work, "Expressions of energy: an epistemology of presentational knowing," Seeley and Reason define "negative capability" as the following.

"...that is when man is capable of being in uncertainties, Mysteries, doubts, without any irritable reaching after fact and reason." (p 12).

I am used to creating structures and outlines for large academic works. In the past, this planning ahead has provided me with a sense of ease. In order to let my ISP emerge

as I went along, I attempted to work through this process without a conventional outline, and thus have begun to come to terms with “negative capability” in this way.

In addition, the following remark by Margaret C. Richards in regards to this same idea, has guided me in my process.

Once we know in our flesh that the world is imbued throughout with formative energy, we begin to experience how alive the world is, the air is, the earth is, we are. How full of possibilities. Once we begin to grasp how illusory are our certainties and uncertainties, we can begin to enjoy our doubts as symptoms in the process of knowledge. (Seeley & Reason, 2008, p 115).

Coming to terms with uncertainty has been a defining element of my autoethnographic journey. In learning about three different approaches to wellness, I have been confronted again and again with uncertainty of ideas, theories, and of my own belief and trust in various forms of healing and wellness. My own self-reflexivity in regards to this idea and others will be addressed later in my ISP.

As an interactive component of my methodology, I have created a handmade herbology. This is a book of medicinal herbs, their functions, methods of use, and dried and pressed examples of the actual herbs, that I have put together in order better understand the cultural world in which I am learning. Working with the herbs myself, and centralizing information learned from many sources, has enabled me to absorb the information I am learning. In putting together my own herbology, I experienced frustration over contradicting facts, amazement at extensive applications of a single herb, and confidence in my ability to learn and remember the offerings of the earth around me. In working so intimately with the plants, I've been able to truly grasp my understanding of the ways in which herbalism plays a role in holistic wellness. I believe that my understanding of herbalism and of holistic wellness would have evolved differently had I not taken this project on.

For other sources of knowledge, I have worked with a sizeable amount of literature, ranging from printed books to articles online and in journals, to PowerPoint presentations and lectures provided to SIT. I have acquired a great number of perspectives on medicine and wellness through the literature that I have explored. For primary findings, I have pursued personal communications with a number of important contributors, including residents of Cato Manor, traditional healers in the rural towns of

both Nzinga and Impendle, employees of Western medical facilities, contributors to medicine in Durban, and members of the Rainbow homestead. In regards to my primary data collection, I have tried, when possible to establish mutual relationships of trust with my informants, as I believe this is the basis for all knowledge. I have also consciously made the conversations and interviews comfortable and enjoyable for my participants by engaging with them on a personal level, and often giving them the opportunity to ask me questions as well. This approach in my methodology emphasizes participation and a willingness to be vulnerable and interactive with my participants. Overall, my data collection will include my experience endowed with meaning, and a personal relationship with my learning process.

I recognize that though my contributors seem numerous and perspectives wide spread, they are quite limited in number. Due to my area of interest, my learning comes with distinct limitations. Many of my primary findings will be deeply influenced by one's own personal life, which is important to remember in order not to generalize information. For example, one of my substantial informants was NoThando Mhlongo, my host sister of six weeks in the Zulu village of Cato Manor. I recognize that she is only one person and her stories are representative of her own life experiences. Furthermore, they are memories recounted by her own self, and may be biased or skewed based on a number of factors. In addition, there are only so many traditional healers and other participants that I could engage with in extensive communications due to the time and locational constraints that exist in my circumstances. Traditional healers are often difficult to schedule appointments with and were sometimes located in obscure locations that were troublesome to reach. I also acknowledge that I will be learning about natural living and herbalism in the confined space of the Rainbow homestead in which there is a limited number of inhabitants. These limitations and constrictions will urge me to crystallize findings in order to build a true network of knowledge. The limitations of my learning obstruct me from publishing my paper, though this was never my intention.

By incorporating my journey with wellness into my extensive research, I have built a project that has served as a tool for learning and exploration. I was able to reflect deeply on myself and on how I coexist with this world in relation to wellness, and I hope that in reading this paper, you are able to create a space to do the same.

HOLISTIC WELLNESS

For as long as I can remember, I have possessed a deep-rooted interest and curiosity about the word “holistic.” Holistic approaches to academics, to nutrition, to conflict resolution, to healing. Being told to eat whole grains, to shop at Whole Foods. The word seems to be everywhere, though my attention has focused specifically on where “holistic” meets “wellness.” Learning to say goodbye or “*Hambe ghahle*” in Zulu, directly translating to “go *well*,” I recognized that I use the words “whole” and “well” so often and so mindlessly that I’ve become oblivious and numb to their meaning. These words, used in passing, do hold great implications, and when combined together, create the loaded concept of holistic wellness. This grand idea is the one in which I aim to understand more fully.

There have been a number of inquiries about holistic wellness in the past work of scholars involved in psychology, counseling, medicine, and other related fields. I look first to some of these established works, to create an informed basis for my own interpretations.

Jane Myers, Thomas Sweeney, and Melvin Witmer present a thorough consideration of holistic wellness in their work from the year 2000, titled “The Wheel of Wellness Counseling for Wellness: A Holistic Model for Treatment Planning.” The authors present a paradigm for wellness that had emerged in the last decade, which they refer to as a “wheel of wellness.” This “wheel” is based off of Alfred Adler’s proposed three major life tasks of work, friendship, and love, in addition to self and spirit added by Mosak and Dreikurs. (Myers, Sweeney, Melvin, 2000). Adler was an Austrian medical doctor and psychotherapist in the 1800s who contributed greatly to early works in this field, while Harold Mosak and Rudolf Dreikurs were two later psychiatrists that worked intimately with Adler’s philosophies on individual psychology. (Myers et al., 2000). At the center of Myers’s wheel, serving as the unifying core, is spirituality, which is then surrounded by self-direction. Self-direction includes twelve “sub-tasks,” specifically as follows; self-control, realistic beliefs, emotional awareness and coping, problem solving and creativity, sense of humor, nutrition, exercise, self-care, stress management, gender

identity, cultural identity, and sense of worth. Surrounding these aspects of the individual in the wheel are the greater life forces of family, religion, education, business/industry, media, government, and community. Even greater still, are global forces that surround the entire wheel. (Myers et al.,2000). They later modified their wheel into a model called “The Indivisible Self” in which the same factors were organized differently and placed under five “second-order factors” with a higher-order “wellness factor.” The authors go on to describe the relationships between the self-direction factors, the five second-order factors, and the greater wellness factor.

Though Myers and her colleagues have seemingly included a plethora of components that could influence a person’s life and contribute to their wholeness, their models stir up many questions for me. I wonder first, if holistic wellness can be so easily categorized and placed into a collection of words in a certain shape on a piece of paper. I consider my own holistic wellness and the dominating role that my consciousness plays. As David Chalmers, a mathematician and cognitive scientist from University of California, Santa Cruz claims, “Consciousness is fundamental to the universe...[and is] perhaps on par with matter and energy.” (Book, 1998, p 287). In Myers’ extremely organized model, I see no place for consciousness. There is no fluidity. Each element is in its place, contributing to a distinct aspect of the greater picture. Myers, Sweeney, and Witmer focus so heavily on the discrete elements that make up a whole that I believe they begin to lose sight of the whole itself. By breaking down the whole into its parts and attempting to examine those parts in order to better understand the whole, one eliminates the whole as one of the parts. In other words, the greater whole is no less a part of itself than its individual parts. By focusing so decisively on all of the constituents, one becomes blind to the whole.

I have fallen victim to this process myself. When I first considered the term “holistic wellness,” I had a natural and immediate tendency to summate the many contributing factors that blend to make up a whole, much like Myers and her colleagues. In doing so, I was separating the parts from the whole, and attempting to understand the whole through consideration of the parts.

This issue of parts and whole is not new to the discussion of holism. In her book titled *Wise Woman Herbal-Healing Wise*, Susun Weed, an American herbalist, author,

and director, declares that holographic understanding is imperative to healing, and that in such an understanding, “the whole is more than the sum of the parts.” (Weed, 1989, p 18). This is a widely claimed truth, though in discussing with my academic director, Clive Bruzas, and in examining the work of Henri Bortoft, I’ve come to reconsider the simplicity of such a claim. In Bortoft’s book *The Wholeness of Nature. Goethe’s way of Science* he emphasizes that our common view of the whole effectively dismisses the primacy of the whole. (Bortoft, 1996, p 9). He rationalizes this by explaining that we are too accustomed to going from parts to whole in a summative manner, and that in doing so, we try to understand the whole as developing from its parts. This idea is what I perceive Myers and her team to be doing in their detailed models of holistic wellness—they attempt to identify and classify each part in order to understand the whole. This indeed, is what I have done as well in my initial attempt at understanding holistic wellness. One may also steer in the other direction, attempting to elucidate the parts as being determined by the whole, which effectively places the whole above the parts, again separating the two. I recognize that it is human nature to seek out organization and attempt to make ambiguous ideas easily digestible, but I can see that in doing so, many lose sight of the whole in its true nature. Humans stand in an interesting spot when observing the whole, as we are inherently part of it, though try to detach ourselves in order to objectively understand. This perspective, I believe creates a dualism that separates the whole from its parts in every explanation we can conjure. Because they are so unified, as long as there is a division between the parts and the whole, I cannot truly appreciate either in its essence.

Bortoft resolves this problem by recognizing that the parts and the whole exist together, when he explains that “We cannot separate the parts and the whole into disjointed positions, for they are not two as in common arithmetic.” (Bortoft, 1996, p 11). He instead suggests that we can understand the whole as

...the emergent whole, which comes forth into its parts...so that the parts are the place of the whole... [thus] the way to the whole is into and through the parts.

The whole is nowhere to be encountered except in the midst of the parts. (Bortoft, 1996, p 12).

Here I begin to contemplate Bortoft's ideas as they speak to my concerns regarding the dualistic perspective of the human. I do not believe that the whole exists before or after the parts, nor that it is greater than or lesser than its parts. Thus, I am able to allow the whole to exist within the parts, creating a fluid matrix of existence that is ultimately, all-inclusive. This is holism, and it is difficult to digest. If one aims to achieve holistic wellness, there must be attention paid to the intimate coexistence of the parts and the whole.

With such utter inclusivity, one must consider how to encompass the unwanted in their awareness of the whole. In his 1985 article "Challenges of Illness," Mark Kidel, a British documentary filmmaker and writer, examines the ways in which people deal with illness and disease. He insists that we "do not look at the shadow side of ourselves," and that "the problem inherent in the currently popular concept of 'wellness' is that... it is rooted in a view of health and wholeness that is cleansed of badness and negativity." (Kidel, 1985, p 38). He suggests that the key to true holistic wellness is shifting our perception and self-incorporation of illness from fear and rejection to welcoming and understanding. Kidel believes that our concepts of wholeness and of wellness should fully encompass the dark as well as the light. Thus, "In starting to own the body and its symptoms, we gradually shift our allegiance from an external to an internal authority" which he claims is imperative to coming to terms with ones whole self. (Kidel, 1985, p 38). He argues that illness and disease "release the possibility of inner movement... providing us with the opportunity to look within." (Kidel, 1985, p 39). Looking within, he explains, may "enable us to contextualize our illness so that it finds a place in our personal story." (Kidel, 1985, p 39). I consider these words and accept the notion of embracing illness as a valuable part of achieving holistic wellness. I believe I've begun to go through this gradual shift myself, as I have lived through pain that I resented and struggled to eliminate, and now come to experience pain in a new light, as with my injury following the chase of two Great Danes. In self-actualizing these concepts of a coexisting whole and parts, and embracing illness, I've begun to redefine my understanding of holistic wellness.

When I began, defining holistic wellness seemed straightforward, as I considered it to simply be the achievement of a positive and healthy state through many differing

approaches. I now understand the necessity for a much deeper consideration of these many approaches with the coexistence of their whole, and am able to reevaluate what I thought it meant to be whole. I realize that holistic wellness is an inclusive, self-aware, and ever-formative idea of ones' own life, which then illuminates the essence of what I've come to believe to be the most defining element of holistic wellness- our personal story.

All these concerns with how to define and understand holistic wellness localize at one point- the lived reality. Everything I've previously discussed is flexible in accordance to the context of an individual life. Some may interpret their own holistic wellness as different from what I've come to believe, for example, for some, there may actually exist a distinct separation between the parts and the whole, and this separation may be how an individual realizes his own self. Furthermore, one person's idea of holistic wellness may not be attainable or applicable to another. If we establish a "definition" for what holistic wellness should look like, this definition will inherently be inapplicable to some people, as people's lives can be so vastly different. We cannot go ahead and define holistic wellness or else it becomes something that is predetermined to be unattainable to some, and in effect the purpose in our pursuit to understand is lost. As I may attempt to assimilate the meaning of holistic wellness, the truth of the matter is that it is a fluid and ambiguous concept that can only be defined according to the lived reality of the person whose holistic wellness is being explored. I realize that reality could exist in one form, but the way that an individual mind interprets and self-actualizes that reality is the essence of being holistically well. By becoming in tune to, and listening to the needs and desires of one's body, a person becomes more capable of realizing their own holistic wellness.

For me, I've come to understand the beautifully intimate relationship of the parts and the whole, allowing me to trust in the formative energy of my holistic wellness, and I've recognized the importance of embracing illness as opportunity, with open arms. These, I declare are imperative parts of my understanding of holistic wellness. In this, I recognize that my life and my consciousness have been crucial in this development, and that someone else's life and consciousness are inherently varying from mine. Thus, as I continue, I can only define holistic wellness through my own existence, and so I consider

the paradigms of Western medicine, traditional African healing, and herbalism with my own developing perspective.

As I continue, I have many questions to be examined, but most profoundly, I wonder does there, and can there, exist a paradigm of wellness that occurs with its parts and with the integration of other parts from other paradigms - and can this, perhaps “holistic” method towards wellness be more effective than one method alone?

WESTERN MEDICINE

I want to be well. I have wanted to be well since I could love. Since I wondered as a confused ten-year-old sister why my older brother was sleeping away from home at a children's mental health center. Since I watched my mother fearlessly confront cancer, laughing when her wig melted over the hot oven. Since I felt my father's warmth expand, his hugs tighten, after being diagnosed with Multiple Sclerosis. I've wanted to be well since I knew what it was to feel unwell.

When I was five years old, my kindergarten teacher phoned my mother immediately after a routine classroom eye exam to inform her that I could not see. I've been dependent on strong prescription glasses ever since. As I grew from child to teenager, oral surgery became commonplace, and I grew to know the rich color of blood and the numbing effects of Novocain. When I became old enough to carry stress in my bones, I began suffering from extreme fatigue and persistent debilitating headaches. For about four years, these headaches governed my life, limiting me in many ways, ultimately guiding me through a trying journey with Western medicine.

At the age of fifteen years, I faced a severe case of Mononucleosis. I was in bed for over a month, and have vivid memories of the pain that accompanied speaking, and especially swallowing. I believe my health has not been the same since this incident. Following that month of bed rest, I recovered slowly, integrating school, friends, and playing soccer back into my teenage life. In addition, I learned to nap. I began chronically napping for hours every day. I would go to sleep early enough to provide enough hours of rest, and would wake up exhausted every morning. I remember, for a long period, opening my eyes in the mornings, and becoming instantly consumed with the thought of when I would be able to get back into bed. I remember driving home from school, parking my car, and being woken up hours later in my driveway by the cordial mailman who worked my avenue. As I got older and progressed through high school, I did my best to learn to live with my incessant fatigue. I scheduled time for naps and took into account my physical limitation when planning ahead. I had recognized my tiredness as a part of who I was, though I was disheartened by this truth. Illness was not welcomed, I was taught, and it must be eliminated.

I began to understand the frustrations of being unwell, and so I started seeing doctors. I had blood tests done to check levels of iron and other vitamins, and to make sure the mononucleosis was dormant. I had my thyroid glands checked to rule out hypothyroid disorders, and participated in informal sleep studies to address sleep apnea or other sleep disorders. Test results indicated fine health, so I continued on, limited by my insatiable demand for sleep. It wasn't until headaches became a crucial part of the story that I picked up the pace and the urgency in my search for answers.

Beginning around the age of seventeen, I began suffering from tension headaches, which, in their prime, were frequent with four to five occurrences weekly. The headaches were often debilitating, with a serious sensitivity to light and sound, and about once or twice a month, a headache would progress into a migraine, at which point I was unable to open my eyes for hours. The pain often brought me to tears and I felt helpless beneath an angry throbbing skull.

Having felt the reality of this helpless and desperate place, I relate to a mindlessly eager acceptance of any pill or remedy that a friend or doctor may offer. Often, when coming from this place, we resort to the fastest, most available option, though in our more tranquil state, we may acknowledge better alternatives. I have found that Western medicine is hugely used for treating people in this pained state, and thus has adopted a focus on relieving the burdens of pain and discomfort, otherwise known as symptoms. As apposed to alternative paradigms of wellness, in which more focus may be paid to preventative care and general healthy living, Western medicine often sweeps in to save the already withered and ill. Thus, the cornerstone of Western medicine, as I have found, is a focus on alleviating symptoms.

In my case, I tried taking every over-the-counter pain medication available. Advil, Tylenol, Aleve, Excedrin, etc.... no combination of acetaminophen and ibuprofen made the slightest difference. The pain and frequency of the headaches was interfering with both my academic and social lives. I was missing classes, unable to complete assignments, and having to opt out of most social events with friends.

The headaches remained as I started my undergraduate studies at Tulane University in New Orleans, Louisiana. When I was home in New York during school breaks, I was seeing an Ophthalmologist, an Endocrinologist, a Neurologist, and a

general Internist who were all assessing and prescribing the situation. I did my best to communicate every development with one doctor to all the rest, and at the time, I was naïve to think that this might have been a holistic approach. Over about two years, I changed my glasses prescription, switched my contraceptive pill, tried multiple types of strong painkillers, and paid better attention to my posture, specifically my neck and shoulders. The headaches were lessening in frequency, but were still disrupting my life.

I then incorporated yoga and meditation into my routine, in order to approach the problem from a different angle. I theorized that I had accumulated such an excess of stress and anxiety that I had shifted my base line upwards, and was consistently at my maximum capacity of coping. I believed that the tension was materializing in the form of headaches, thus if I could reduce that stress, my headaches might too be diminished. I found no effect from yoga, but meditation seemed to temporarily offset the pain in my forehead and temples.

Well into my first year at Tulane University, at the age of eighteen, I began seeing a school therapist. I had no outstanding issue or event to discuss, but aimed to continue my efforts to mitigate stress. The therapist and I had little to talk about, and while he felt sympathetic, my efforts with him were ultimately unavailing. He referred me to Dr. Randall Graf, a psychologist who serves as Associate Director of the Student Health Center at Tulane University. Dr. Graf practices in the Department of Psychiatry where he heads the Behavioral Medicine Section and the Stress Management Clinic. (Student Health Center, 2013). I met with Dr. Graf that week and began his method of treatment called biofeedback. Biofeedback is a process that utilizes advanced technology to provide real-time recording of the activity of physiological systems in the body. The goal is to facilitate a person in gaining greater awareness of their parasympathetic nervous system, and allow them to consciously manipulate physiological responses, such as heartbeat and diaphoresis release (Student Health Center, 2013). I saw Dr. Graf weekly, and learned to control these physiological responses through deep relaxation techniques. As a neuroscience major, applying my classroom experience to my own body was a brilliant learning experience. The process was fascinating and taught me a lot about the power of the mind in controlling the body, but my headaches remained. Exhausted and

disappointed, I continued to visit my various doctors in New York and simultaneously began reading books about alternative forms of healing.

What is unique about headaches in particular is that they have such a plethora of potential causes. Hormone imbalances, excess stress, unbalanced diet, dehydration, high blood pressure, physical trauma, lack of sleep, side effects from medication- these are just some of the possible sources of a headache, which in part, is what has made my search for answers so complex. Currently, in my third year of undergraduate studies, my headaches are more under control than they have ever been. I've learned much about my body and my mind. I've learned how to better take care of myself, focusing on the basics- I now value a good night's sleep, a healthy diet, and emotional health more than I ever have. I've managed somehow, though I still cannot pinpoint how exactly, to reduce the frequency of my headaches to about once weekly or biweekly, and I've even found a medication, prescribed by my Neurologist, which reliably relieves my pain. In order to dispel the mystery of how I attained these results, I've sought to explore the Western medical paradigm and its relation to holistic wellness.

I share this narrative because it is advantageous to understand the place in which I am coming from in order to understand the direction in which I am attempting to go. I attempt to understand this paradigm of wellness in which the Western medical system is grounded, the same paradigm that has been instilled in me since birth into the hands of a Western-trained doctor in a Western hospital room in New York City.

As discussed in my contemplation of holistic wellness, a defining aspect of any ideological framework that deals with wellness is the way in which that framework receives illness. It is commonly accepted that Western medicine views illness as the enemy, and acts to eliminate the unwanted, or fix the broken. Mark Kidel, in "Challenges of Illness," featured in a 1985 edition of *Resurgence/Undercurrents* health magazine, proclaims that through the dominant Western view, "Illness is viewed with horror." He goes on to explain that "we do not accept illness as natural or normal. We struggle to avoid it and go to any length to cure it. We are afraid of it. We want to escape it. We go through great agony when we have to live with it." He finally insists that "Perhaps it is time to understand what illness is and even to accept its existence." (Kidel, 1985, p 37). I can support Kidel's claims with my own lived reality, as I've been raised and taught to

avoid and eliminate illness. From the moment I felt pain, the goal has always been to eliminate that pain. I have found that Western medicine often takes little time to understand illness as it may relate to the greater whole. Other paradigms, or lenses through which to examine holistic wellness, seem to see illness quite differently, as will be discussed later with traditional African medicine, and herbalism.

Susun Weed claims that our bodies are understood to be machines that require fixing and repair upon any deviation from the norm. (Weed, 1989). I relate these thoughts to my own experience and can recognize some truth in Weed's ideas. Rather than attempting to understand how my headaches played a role in my holistic wellness, the idea was always to eliminate them as quickly as possible. In doing so, there was always an extreme focus on symptoms rather than causes. The approaches taken by the specialists I visited were almost always prescriptions, whether it was an eyeglass prescription or a bottle of pills. Though some doctors did ask about my background and lifestyle, most focused on the details of my headaches. Many of the pills and regimens prescribed by doctors aim to return a body back to functioning at what has been scientifically determined to be the most healthy. I believe that this avoidance of pain, of being broken, and the accompanying eagerness to return to normal, comes from an initial negligence of wellness.

Because Western medicine scarcely focuses on the human body before it is ill, there has developed a sense of panic to fix what is already broken. Western medicine seeks to help people who are in that place of pain and desperation that I have personally visited, which is where a helpless self-victimization arises. We often fall as victims to disease, feeling sorry for ourselves, and placing the future of our recovery solely in the hands of the great promise of health that science has provided. Mark Kidell supports this idea, stating, "Our faith in the technical dream [of perfection] provided by scientific medicine has very firm roots." (p 37). Thus it is accepted that Western medicine is based off scientific grounds that promise to deliver consistent and effective answers to solutions. With this, comes very little focus on wellness before one is ill.

Approaching the body as a machine that must be maintained at its highest functioning level is not necessarily always a negative quality. One must consider the accomplishments that have come of this approach. I am personally impressed and

appreciative of the advances of Western medicine. Indeed, I, as well as those close to me, have deeply depended on the massive leaps in technology and medicine that science research has enabled. I have even spent a significant number of hours in university biology and chemistry classes, attempting to understand how scientific discoveries actually operate inside the body, and have dedicated my studies to appreciating the brain and the nervous system. In his book *Sick and Tired*, Dr. Nick Read does an excellent job of acknowledging some of these advances.

Immunization has all but abolished many of the killer infections of the past and those that do get through can be quickly treated with powerful antibiotics. New imaging methods- for example, computer-assisted radiology, isotope scans and nuclear magnetic resonance- have allowed doctors to detect tiny tumors in organs and remove them before they can cause serious illness. Hearts, livers, and kidneys can be transplanted...organs can be repaired, blood vessels dilated, and tumors removed while body function is maintained by machines. Worn out joints can be replaced with titanium ones...cataract surgery has restored sight to the blind. It is however the advances in pharmaceutical treatments that have made the greatest impact. Drugs ...available to treat arthritis, angina, blood pressure, ulcers, colitis, diabetes, and neurological illness [are readily available]...

(Read, 2006, pg. 2.)

In order for such successes and more to exist, the Western medical paradigm has become an industry with monetary incentive to advance, thus it is important to remember that the Western medical industry is just that, an industry. Unfortunately, in the Western world, health is a business, and when dealing with a business one must never lose sight of the ultimate goal- to profit. Conventional healthcare, as the overwhelmingly dominant paradigm in South Africa, accounted for 133.6 billion Rand of government expenditure and 107.4 billion Rand of private expenditure in the fiscal year 2013-2014. These

numbers together account for 8.3 per cent of the country's total Gross Domestic Product. (Moodley, 2013). The monetary involvement that South Africa, and most all countries have with healthcare is impossible to ignore.

In discussing this concept with a peer of mine, Casey Coviello, a disconcerting example of financial influence on healthcare was illuminated. Casey's father, Jim Coviello, works as a computer programmer, manufacturing software for kidney dialysis clinics. Kidney dialysis patients lack kidney function, which is crucial for the production of hemoglobin in the blood. Hemoglobin is imperative as it is the protein that carries oxygen and carbon dioxide through our bodies. Thus, kidney dialysis patients depend on a drug called Epogen, which replaces the hemoglobin-producing hormone, and effectively raises hemoglobin levels in the blood to just below normal. In the year 2011, Mr. Coviello's colleagues, including a nephrologist on staff, analyzed the effects when IV iron supplement was given in conjunction with Epogen. They found that with a modest amount of Iron combined with a much lower amount of Epogen than normal, patients were able to maintain significantly higher hemoglobin levels that were close to normal, and enjoy correspondingly better health. With this information, the group wrote papers and reached out to scientific journals to publish their findings, but they were unable to get their results published. Mr. Coviello and others in his field strongly believe that the problem is that the scientific journals are supported by drug manufacturers who would lose significant profit from the reduced sale of Epogen if this discovered protocol were to be followed. In Mr. Coviello's words, "Profits are getting in the way of good science." (Coviello, 2013). Through this story and my knowledge of the medical industry, I've become hugely aware of the institutionalism that exists on a higher level, when reviewing wellness paradigms.

Perhaps, from this capitalist ideology in the Western world, there emerges a great sense of dualism; profit and loss, good and evil, two entities as separate and comparable units. This idea has infiltrated the medical world in profound ways. Are you a doctor or a nurse? Will you go to a hospital or a clinic? Is the problem in your mind or your body? And most pertinent, will you use Western medicine or an alternative method? Often one is forced to decide between one or the other. In contemplating these dualities during my own journey through medicine, frustration has led me towards a belief in the value of

integration. Coming to South Africa, where dualism is conceivably not so engrained into every aspect of life, I've seized the opportunity to learn from a body of people who have, in part, learned to recognize and utilize the benefits of both worlds.

During the first week of being in South Africa, I became ill. I was experiencing an array of symptoms including a high fever, dizziness, faintness, and an ambiguous rash on my arms and chest. Naturally, I scheduled an appointment with Dr. Steenkamp, the doctor to whom SIT refers students. After a casual consultation, Dr. Steenkamp sent me away with two prescriptions. One was for a typical antibiotic, to kill whatever bacteria was invading my body, and the other was an herbal mixture of ginseng and tonic. I was delighted and impressed by the tangible evidence of mixing methods in my first week in this country. South Africa possesses a wealth of traditional and natural approaches to wellness, while also embracing the advances of Western medicine. The idea of integration of methods has remained a principle concept as I've continued to examine wellness in this country, and thus will be investigated more deeply in a later section.

As I emerge from my struggle with Western medicine and headaches, now with a working knowledge of the Western medical paradigm, I am able to reflect more deeply on my own journey. The sequence of approaches in my journey becomes notable. Though I did eventually look towards meditation and alternative techniques, it is important to note that I began my journey in the consultation room of a Western-trained doctor. The alternative approaches that I took were just that- alternative. This can be accredited, majorly so, to my growing up in affluent white Westchester County outside of New York City, where many of the most nationally distinguished medical practitioners call home. Where every friend of mine has a gynecologist to recommend, and a dermatologist they swear by. Often, access plays a dictating role in the choices people make about their health. I've grown up with the luxury of knowing that I could make any appointment I needed with a simple phone call, and that I could visit any specialist of a high caliber, with only the nuisance of a small copay. I recognize that much of my dependence on Western medicine has come from this extreme availability. Had I been more limited in my options as a child, perhaps my own paradigm for wellness would have developed differently. Thus, in discussing Western medicine, traditional African medicine, and herbalism, it is important to continuously be reminded of the roles that

access and locational influences play in people's lived realities. Furthermore, people are often deprived of making their own choices in regards to their wellness. Children are an excellent example of this. It wasn't until now, in my twentieth year of life, in the context of South Africa, that I have been able to break away from an unquestioning trust in Western medicine, and begin to acknowledge the wealth of other information in the world and ask my own questions.

Having now internalized and contextualized my experience with Western medicine, I return to the notion of holistic wellness. I believe that Western medicine emphasizes the parts as separate from the whole, as has become apparent in my doctors' approaches to my headaches. Never was I asked about my pain in relation to my wholeness- how it may interact and exist with who I am. Headaches were perceived as distinctly separate from me, and unwelcomed, creating an urgency to eliminate them and "fix" me. Western medicine clearly does not embrace illness as opportunity, as I have described as vital to achieving and understanding holistic wellness. In addition, Western medicine focuses almost exclusively on symptoms rather than causes, which creates a strong negligence of preventative care and healthy general living. These, I believe are important parts of my own whole, and contribute greatly to the fabric of my wellness. In addition, Western medicine focuses heavily on the physical body, often deserting the other elements of self. As I've come to know, holism is about much more than the physical body. Though conventional Western medicine does provide us with a sense of security and comfort, often that feeling is synthetic, fabricated by an unwavering trust and dependency in a higher institution than ourselves. Thus, there is really little emphasis on the power of the self in Western medicine, which I greatly value in my own reality, as I've recognized the consequential role that I, and my consciousness play in maintaining wellness. Ultimately, I find that Western medicine does not seem to support holistic wellness, as it exists through my eyes.

I return to a series of questions I wrote before exploring holistic wellness and Western medicine. Just about a month ago, I asked "Did I approach my headaches in a holistic way, trying to approach them from multiple angles in an attempt to find the cause, and thus the solution?" I realize now that a holistic approach is much more complex than this. Instead, I perhaps should ask, "Did I approach my headaches in a holistic way,

considering their simultaneous existence with the whole of my being? And “Did I recognize my pain as an opportunity to create movement within, and develop emotionally and consciously as a human being?” The answers to these questions are undoubtedly “no.” I did not then possess the informed considerations of holistic wellness that I have come to acquire in my time in South Africa, and in writing this paper. I fell victim to the common tendencies of a Western medical patient, closing my eyes, and opening my palm in a desperate demand for relief. I am able, only now, to appreciate how subjected to the conventional Western paradigm I really was.

My exploration has provided me with an appreciation of my human body and a curiosity as to what else is out there in terms of wellness. It is from all of my experiences that I search for more- for a more thorough understanding of what exists, of what options there may be for health moving forward. I look back on my experience with Western medicine and contemplate all of the appointments, hours spent, co-pays handed over, bills received, prescriptions filled, and pills swallowed, and all the while pulsing pain, and can’t help but develop a serious and unstoppable eagerness to understand the other ways in which one can be well.

TRADITIONAL AFRICAN HEALING

The smell of thick musk hits me like a wall as I step into the ancestral hut of Mama Ndlovu. Her space is sacred, perched on the side of a mountain in the rural village of Impendle, hours outside of Durban, South Africa. I'm told to take my shoes off and sit down on the concrete floor. The inside of the small circular structure is dark and cool, a refreshing relief from the pounding sun. As I lower myself to the ground my eyes begin to adjust, first noticing the animal bones painted black, hanging directly above the entrance. In the center of the room is a heavy looking black pot amidst a pile of ash and *impepho*. *Impepho*, I later learned at Victoria Street Market, the most central hub for purchasing traditional African *muthi* (medicine) in Durban, is the herb burned by most traditional African healers to call upon the ancestors. Mama Ndlovu is sitting cross-legged on an *ucanci* (Zulu mat), her long beaded hair pouring down from her head and pooling gently in her lap. The deep contrast of her dark wrinkles against her bright beady eyes helps reveal years of enthusiasm and loving. Behind her, an array of filled burlap sacks leans against the wall, and a pair of dark rubber boots stand. This is Mama Ndlovu's office- her mystic space in which she practices her gift of healing.

There are many more spaces like this one scattering the lands of South Africa. In fact, the South African Department of Health estimates that there are over 200,000 traditional healers active in South Africa. (Richter, 2003). The use of this type of medicine is certainly not confined to South Africa, either, as the World Health Organization estimates that eighty per cent of the entire African population makes use of these traditional healers. (WHO, 2002). The prevalence of traditional healing is tangible, though not always obviously so, as I've become exposed to the realities of this world myself. On one occasion, a group of students and myself planned on visiting a *sangoma* (traditional healer) in Impendle, though after an hour of trekking up and down steep dry hills under the heavy sun, we were denied at the door. Though disheartening and frustrating, this was an important part of my learning process, bringing to light the issue of access. It is not uncommon to spend an entire day travelling to meet a traditional healer, and having to wait for hours upon arrival, if a consultation is even an option at all. Many people, especially those who may be ill or aged, could not do the trek we did over

the hills of Impendle, and with the absence of roads and cars, may not have access to a traditional healer. I acknowledge that perhaps the accessibility of traditional healing in part defines who uses it and how the paradigm is shaped.

Through the planning of the School of International Training, I spent five weeks living with a South African Zulu family in the village of Cato Manor, located right outside Durban center. My first knowledge about traditional African medicine came from this home, specifically from my host sister NoThando Mhlongo. Thando has played key roles both as my friend and as my informant during my journey here. Thando, now twenty years old, attended primary school in Rippon, in the area of Sydenham, Durban, followed by a private secondary school in Johannesburg. She then continued on to Thekwini College, and is currently studying law in her second year there by taking advantage of the government-provided scholarships for black Africans pursuing tertiary education. Through countless conversations, it has become apparent from my perspective that she possesses a liberal minded, modernized view of the world and of her Zulu culture. This has become evident through examples such as her voluntary exclusion from the practice of Virginitiy Testing, and her feminist views about gender based violence and relationships. (Mhlongo, Personal communication , 2013). I mention this because with the wealth of information gained from Thando and from my other informants, I believe it is crucial to develop a contextualized understanding of the sources of knowledge before including that knowledge in my learning.

Coincidentally, Thando went through her own three-month journey with headaches. The parallel of our experiences has created a brilliant space for comparison and meaningful and relevant learning. Beginning in November of her fourth year of secondary school, known as Matric, Thando began suffering from a single, enduring headache that was concentrated on the sides of her temples. She describes the pain as pulsing and intolerable, and undying except for a couple of hours each day. (Mhlongo, Personal communication , 2013).

With access through her father's health insurance, Thando's first instinct was to visit a private doctor. The issue of access is illuminated here, as Thando was given a choice of healing methods due to her father's financial security and access to Western facilities. In her eyes, Western medicine was the better option, which signifies to me the infiltration of

the Western hegemony in South African Zulu culture. The doctor, whose name remains unknown, prescribed “headache pills,” antibiotics, and a weeklong pill regimen. Thando completed the entirety of the regimens and felt no improvement after a week. (Mhlongo, Personal communication , 2013) I stop here to acknowledge, first, the engrained tendency to turn to conventional medicine first, and second the Western tendency to immediately treat physical symptoms of illness before understanding how that illness may play a role in a person’s life.

Following this, in an especially painful moment, Thando made the decision to take an ambulance straight to a public hospital. She arrived at Wentworth Hospital in Durban and was barely examined by a nurse who proclaimed that she “looked fine.” In recounting her experience, Thando emphasized that the nurse failed to even touch her or ask her questions before giving her a prescription for what I interpret to be a pain killer. Thando referred to the pills as “white government pain blocks.” She was frustrated by the apathy in this hospital and did not take the pills prescribed. (Mhlongo, Personal communication , 2013).

Her third effort was to visit the private Westville Hospital in Durban. Upon examination, Thando’s body temperature was determined to be over one hundred degrees Fahrenheit, and her blood pressure and insulin levels were extremely elevated. Thoroughly alarmed, the doctor ordered an immediate X-ray of the head, which returned without indication of a problem. Decidedly determining that the cause of her headaches must be an excess of caffeine, the doctor prescribed a pill to curb caffeine addiction. After several weeks, her coffee and chocolate consumption had noticeably diminished, but her headache remained incessant. (Mhlongo, Personal communication , 2013).

After now three consecutive attempts to use conventional medicine, Thando’s father involved himself, and Thando experienced an active transition from allopathic medicine to traditional healing. Siyabonga, Thando’s father, is more traditional in his views of the world and of Zulu culture than Thando is, and insisted that she try traditional healing methods to address her headaches, thus the next effort was to see an *inyanga*, one of three types of traditional healers. The *inyanga* is the healer that works most closely with herbal remedies. The two other types of healers are the *sangomas* who are known for their work with throwing spiritual bones and the *umthandazes* who use blessed water

for healing purposes. (Mhlongo, Personal communication , 2013). Though the healers are categorized by their expertise, the methods used are highly interdisciplinary and most healers use a combination of techniques that are not exclusive to their name. In a consultation with this *inyanga*, Thando was told that a spirit was jealous of her for unknown reasons, and was placing a curse upon her that was materializing in the form of a headache. He gave Thando potent herbs to induce sneezing and thus to relieve tension in her head. He also gave her *muthi* to boil and steam herself in, emphasizing that she must deeply inhale the *muthi* infused steam. In addition, he gave her *inyamazane*, which is a specific type of *muthi* that is burned and inhaled to eliminate curses. He claimed that the combination of all of these things would protect Thando from the curse being used against her. The consultation, including all the *muthi*, cost Thando and her father R150. This equates to about fifteen US dollars. She used the *muthi* prescribed for a few days until giving up after feeling no relief. (Mhlongo, Personal communication , 2013). Slightly discouraged, Thando's father insisted that traditional healing was still the answer, which led the two of them to an *umthandaze*, specialized in holy waters.

I pause here to explain an important aspect of traditional African healing as it was described to me by *inyanga* Baba Zuma from the rural town of Impendle, *sangoma* Mama Ndlovu also from Impendle, and *sangoma* Makhosi Hlope, who I met in the coastal village of Umtwalume. I have learned that the calling to become a traditional healer is a strong spiritual message that holds great implications in the lives of those who receive it. For example, Baba Zuma became aware of his calling at age 10. He described the intensity of the calling to communicate with the ancestors in terms of voltage, and explained that depending on how high your voltage is, you may or may not have the option to neglect it. In Baba's case, his voltage was too powerful to ignore. Baba compared his gift to the Biblical prophets Moses, Abraham and Joshua, in that he poses an indirect connection with God, and expressed great pride in his powerful abilities. (Zuma, 2013). Mama Ndlovu described her own coming into traditional healing slightly differently, while still emphasizing the dictating "calling" that traditional healers receive. Mama Ndlovu realized she had the calling after falling progressively more and more ill for a period of several years. She ignored multiple *sangomas* who informed her of her calling, until she reluctantly accepted her fate in 1960. Mama Ndlovu stressed to us the

lack of personal choice she felt she had in becoming a *sangoma*. She repeatedly mentioned that she felt forced into it, and even overtly stated that if given an option, she would have chosen a different life. (Ndlovu, 2013). In comparing Mama Ndlovu's experience with Baba Zuma's, I recognize that while they eventually accepted their duty as traditional healers differently, they both lacked the choice to opt out.

Finally, with the help of my host- brother and guide in Umtwalume, Mozwi, as translator, I learned of *sangoma* Makhosi Hlope's story as well. Makhosi Hlope became aware of her calling at the age of twelve when she started having dreams involving her ancestors relaying distinct instructions to her. The dreams led her to an older *sangoma* who expressed to her the urgent and strong calling that she was receiving. Hlope denied her calling, similarly to Mama Ndlovu, and began falling persistently ill. Finally, when her vision became clouded and the reality of blindness crept close, she visited another *sangoma*, and accepted her calling. Makhosi Hlope explained that most people are resistant to give in to their calling because once the intensive and extremely restrictive training period (known as *twasa* in Zulu) commences, everything in their life immediately changes as they must give up certain behaviors, foods, and even a conventional education. What becomes plainly evident through the stories of these traditional healers is the extraordinary responsibility one has to pursue traditional healing, should they be chosen by the ancestors. The dangers of refusing the calling have been known to reach extreme illness and even death. (Mhlongo, Personal communication, 2013).

In Thando's story, this concept played an important role. Often when one refuses their calling, the repercussions of this decision fall onto their children's shoulders. Thando's mother, Brenda, had received her calling to traditional healing in grade four. According to the *umthandaze* she visited, Thando was feeling the ancestral wrath of years her mother's neglect. In addition, the *umthandaze* informed Thando of disputes between her maternal and paternal ancestors that may also be contributing to the pain in her head. Because of her role in the causes of Thando's headache, Thando's mother then got involved. Following her mother's instructions, Thando bathed in a nearby river, crossed the river, and then avoided crossing back for the rest of that day. Thando's *gogo*, or grandmother, prepared a pot of holy water obtained from the *umthandaze*, placing one shiny silver coin at the bottom. Late in the same day, Thando was instructed to wash her

hands and face in this pot of holy water, and was then welcomed back across the river and into her home. (Mhlongo, Personal communication , 2013). Both the umthandaze and Thando's mother guided this ritual cooperatively. Finally, Thando's three-month old headache vanished. I was passionately assured that she has not felt pain like during those three months ever again since this time. (Mhlongo, Personal communication , 2013).

When I asked Thando if, despite her reluctance to identify herself with many traditions of the Zulu culture, she believes in traditional healing and the power it has to cure illness, she told me "You don't want to doubt the *sangomas* or the ancestors." (Mhlongo, Personal communication , 2013). I asked if there was perhaps a sense of fear associated with her belief and Thando affirmed. This is a fascinating point that could play a vital role in understanding the sustained widespread use of traditional healing. There are however many who deeply and genuinely trust in the methods of traditional healing.

It is worth noting the resemblances in Thando and my medical pursuits. In America and in South Africa, we both turned to Western medicine first, and only once these conventional attempts failed, did we consider alternative ways. From Thando's story, I am provided with a firsthand account of traditional medicine, which has answered many of my questions about what traditional healing really is, thus this narrative was extremely valuable to my understanding of this paradigm of wellness.

From this starting point, I've continued to inquire about traditional healing, acquiring information about this paradigm of wellness so different from the one I know so well. In addition to the washing rituals and steam and smoke inhalations described in Thando's narrative, traditional healers use herbs to induce vomiting, intake nasally, use as enemas, and even employ the use of blades for spiritual skin cuttings. (Hlope, 2013). When I asked Mama Ndlovu about her specific methodologies for healing, she placed the importance of healing on the relationship between the muthi and the body, elucidating that she cannot always predict a reaction, but finding the right muthi for the right person is what her practice is all about. (Ndlovu, 20130). This touches upon the relationship between wellness and the individual explored in my discussion of holistic wellness. While it is unclear what the "solution" to illness may be, what becomes most important is the individualized circumstances of wellness in a personal lived reality.

Though traditional medicine is often difficult to define because of its broad inclusivity, the World Health Organization concludes that it “[includes] diverse health practices, approaches, knowledge and beliefs incorporating plant, animal and/or mineral based medicines, spiritual therapies, [and] manual techniques and exercises.” (Richter, 2003, pg 5). The important part to focus on from this working definition is the role that spirituality plays. One commonality between all traditional healers I’ve encountered and read about is the concentration on an intimate relationship with the ancestors. The single-roomed circular structures that traditional healers practice in are purposefully designed to provide an appropriate place for the ancestors to preside. Both Mama Ndlovu and Makhosi Hlope explained how they call upon both their own ancestors and the ancestors of their patients by burning *imhepho* in the beginning of each consultation. Once the ancestors are present, Mama Ndlovu, Makhosi Hlope, and Baba Zuma all declared that they could tell why a person had come to them before that person said a single word. Through this communication with the ancestors, traditional healers are often able to find the root, or cause, of a problem. Thus, there exists in traditional medicine a great focus on causes rather than symptoms.

The concept of addressing the causes of illness rather than the symptoms has always seemed intuitive to me. I did work with one doctor in Manhattan by the name of Dr. Debbie Glass who tended to ask questions about my lifestyle, family, emotional wellbeing, and other behavioral tendencies such as activity level and posture in order to try and figure out where my headaches were coming from. Dr. Glass was the only person I’ve encountered who took this approach, and even still, I often left her office with a new prescription to fill. It wasn’t until sitting in Baba Zuma’s home in Impendle, that I was truly exposed to this approach of addressing causes. When asked about his work as a *sangoma* Baba emphasized his focus on addressing the causes of a persons problem, and not their symptoms. He told me that through finding the causes of pain and illness, one could truly eliminate the problem, rather than simply concealing it. (Zuma, 2013). Baba was not the only one who spoke to this rationale for healing. When I asked Makhosi Hlope about why someone might be experiencing headaches in particular, she responded by explaining that rather than stop at the cause being stress, her goal is to unmask the sources of that stress. This struck me then, and still does now, as I consider the levels of

inquiry one can penetrate in approaching illness. Before having talked to Makhosi Hlope, I would have settled as “stress” being the cause of a headache. Hlope took this a step farther by trying to determine where that stress is coming from, whether it is ancestral hostility, the incessant calling to become a *sangoma*, or even just emotional or social strain. (Hlope, 2013). The causal approach of traditional medicine finally became clear to me, and in so, I’ve begun appreciate this approach and incorporate it into my sense of holistic wellness.

As I have discussed in regards to Western conventional medicine, I believe that part of understanding a wellness paradigm, is understanding how that paradigm receives illness. In putting together different aspects of the traditional African wellness paradigm, the ways in which traditional medicine approach and incorporate illness into the lives of its patients has become clear to me. Susun Weed describes traditional healing as the “heroic tradition,” in which disease is perceived as the result of toxins or wrongdoing, and healing is achieved through cleansing or punishing. (Weed, 1989). I’ve recognized truth to this, as many of causes of pain, as determined by healers I’ve spoken to, have to do with a wrongdoing, though this wrongdoing is not always of the person bearing the burden of pain. This illuminates an interesting dynamic of blaming others and exterior factors for our own suffering, which may suggest the ways in which traditional medicine sees holistic wellness. I come to the idea of self-empowerment that I have touched upon previously, recognizing that while traditional medicine does incorporate illness in the whole, trying to understand how it may play a role, there is still a dependence on other rather than self, in healing. This, I am coming to find is one of the defining aspects of holistic wellness for me. Just as my consciousness plays such a prime role in my wellness, I believe the capability to receive and engage with illness in a personal and self-dependent way is similarly significant. As long as one is dependent on another to understand their illness and to heal it, the internal movement and reflection that illness can provide us with is missing from the process. In this way, the traditional African healing paradigm does not seem to see my version of holistic wellness.

Professor Nceba Gqaleni from the Durban University of Technology presented his own thoughts on the ways in which traditional medicine relates to holistic wellness in his presentation to our School of International Training class in October of 2013. Gqaleni

explained that health and wellness are seen as an equilibrium within the body and that *disease*, *illhealth*, and *unwellness* are the manifestation of a shift in this equilibrium. (Gqaleni, 2013). He asserted that this concept of wellness is important in traditional medicine, as it encompasses more than medicine alone, but in addition, includes nutrition, physical and mental relaxation, psychological and spiritual coping strategies. Overall, wellness, as Gqaleni put it, involves an improved quality of life, which traditional health practitioners refer to as “healing” and restoring the equilibrium. According to Gqaleni as well as Marlise Richter and other researchers in the field, there is a common belief that traditional healers do indeed employ a holistic approach to healing, due to their focus on spirituality in addition to the physical body, but in this view, I immediately recognize a focus on components of wellness, and the lack of discussion of the whole. As I’ve come to accept, a holistic approach means much more than simply addressing two different contributing parts. It seems to me that traditional healers focus on the parts, rather than the whole, which in effect eliminates their causes of illness in a reliable and effective manner. Thus, it seems that the consideration for wellness is there, but the incorporation of an understanding of the whole is missing, and healers are ultimately unable to address the individual in a holistic manner.

Learning the ways of traditional medicine has been engaging and valuable in my exploration of holistic wellness. Though I have not revealed a paradigm that acts utterly holistically towards wellness in the way I see such, I have found different approaches that have provided me with valuable insight into another perspective. This has only deepened my curiosity of wellness and of holism, and propels me to continue to explore this and other paradigms of wellness, in order to ultimately better understand my own version of holistic wellness.

HERBALISM

I almost feel guilty as I rip this heart shaped leaf from its stem. The plant is flourishing close to the ground, reaching out in every direction, playfully intertwined with the neighbouring species. The leaf I pick is a solid dark green and smooth between my fingertips. It's the afternoon and I can feel a headache building in my temples, a feeling I know well. Violet leaves are known to relieve the pain of tension headaches, thus this leaf I'm holding will be a perfect addition to my mixture of lemon balm, spearmint, and rose petals in an afternoon tea. I light a burner on our gas stovetop and wait for the hot water to draw out the many healing properties of these leaves.

Violet is only one of many herbs I've come to know in my time at Rainbow homestead. Rainbow homestead and Sustainability Commons is a living centre in the mountains outside of Impendle where a handful of families live sustainably off of solar power and home-grown food. Samantha Rose and her partner Shine, as well as the other members of the homestead, emphasize permaculture principles and giving back the earth in their lifestyle choices. Having lived in this space for three weeks, I was able to appreciate the deep-rooted relationships that these people have with the land on which they live. Over the course of the three weeks, I worked closely with Jolene White, otherwise known as Jo, who wears many hats, one of which is that of an herbalist. Jo has trained with herbs and possesses an extensive reserve of knowledge, which she shared with us daily as we walked around her garden. Each day we discussed the medicinal properties and usage of four new herbs, and usually incorporated a type of practical application of the plants as well, such as making an herbal tea or juice. Working with Jo was my entrance into understanding herbalism, and ultimately provided me with much more than just this. I left with knowledge about specific plants used in herbalism as well as a personal driven interest to pursue herbalism further when I return to the United States.

As a creative and exploratory component to my learning, I have created my own "herbology" by consolidating information from various books and from Jo's course and adding pressed leaves from the herbs growing at Rainbow homestead. This project has allowed me to digest and internalize the information I've learned. By hand writing all of

the qualities and medicinal uses of the herbs, I've been able to recognize the unbelievable quantity and quality of the gifts that the earth has to offer. In between learning about medicinal properties, we discussed working with the earth closely, and the impact that this work may have on our own understanding of wellness and of healing in general. By eliminating distractions such as paved roads and monetary transactions, I was able to connect with the land where I was living. I've even been able to apply my learning to my own healing process and general wellness.

I come back to the Great Danes that chased me down at Rainbow homestead, and can further reflect on what this experience has allowed me to see. I notice in particular the great lengths to which I've travelled through medical paradigms in order to eventually come to understand this one. In getting injured, I began using the herbs on myself to clean and heal my wounds. Firstly, this verified to me the truth in the capabilities of these plants, and second, it gave me a sense of self-empowerment in that I was able to care for myself without becoming dependant on another person or a bottle of pills. My dependence and trust during the healing process laid only with myself and with the land on which I lived. I did not go to a hospital or a doctor as I did for my headaches. I did not see a traditional healer. Instead, I limped outside, picked a couple of comfrey leaves and took care of myself. Though it may sound simple, this was unlike any way I'd treated illness before. This sense of self-empowerment plays a defining role in the paradigm of herbalism, and aligns beautifully with an element of my version of holistic wellness. I was able to accept my injury as a part of my whole, incorporating it into my life as it allowed me time to read to reflect, as well as the ability to work closely with the herbs. I was recognizing, taking responsibility for, and treating my own pain. I felt different about this injury than I ever have, and in this process, I've begun to understand the paradigm on which herbalism stands.

On the day after the incident, before it became comfortable to walk again, I was flipping through Susun Weed's *Wise Woman Herbal-Healing Wise* and found all of these thoughts I was having typed onto the pages of her book. Weed talks to herbalism as the new way, which is also the most ancient way of healing, focusing on illness as a natural ally for transformation and on healing as nourishment. (Weed, 1989). She describes "problems [as] doorways of transformation" and speaks to the body as a "manifestation

of complete being” which integrates illness into the wholeness of that being. (Weed, 1989, p 4-5). In Weed’s views, there is an emphasis of the placement of power onto the self. I realize now that I was discovering the philosophy behind the herbal paradigm through my own experiences, and incorporating them into my ideas of holistic wellness. Only in the midst of this process did I uncover literature on this philosophy and begin to connect my own learning with that of those established before me.

Herbalism began with a man named Nicholas Culpeper in the 1600s. Culpeper spent much of his life in the open air of England, cataloguing medicinal herbs. (Culpeper, 1653). He attempted to make his knowledge more accessible to the public by publishing *The English Physician* in 1652 and *Complete Herbal* just a year later. The latter is one of many books provided to me at Rainbow homestead that has contributed to my understanding of herbalism. Culpeper’s goal was to question the system of medicine and introduce new solutions for health using the earth’s plants as material. His systematisation of herb use ultimately played a huge role in the development of modern pharmaceuticals as most of Western conventional drugs make use of plant constituents, still. (Culpeper, 1653). Culpeper’s emphasis on nature as refuge allowed for him to see the great benefits of the natural world. (Culpeper, 1653). Thus, herbalism draws on the integrated dependence on nature and on the self. At Rainbow homestead, I was able to personally recognize these dependences and actually internalize these values of herbalism.

Herbalism is sometimes known as Phytotherapy and is a registered profession in South Africa, though there is currently only one university in the country that offers a recognized course in the topic. After five years at the University of the Western Cape, one can register with the Allied Health Professions Council of South Africa as an official herbalist. (White, 2013). Though there is only one official route to become registered, there are many other medicinal herb courses offered in the country as I’ve become aware of through Jo and through my own pursuits.

On October nineteenth, Casey Coviello and I attended a medicinal herb workshop located in the Botanic Gardens of Durban. Though many courses are more substantial and long term, this course was just a one-day workshop in which we picked and learned about various herbs, and made infusions and creams. The work we did there opened my eyes to

the existence of herbalism in South Africa, which in part is why I later found a home at Rainbow homestead.

With an understanding of this paradigm, I consider how herbalism seems to see holistic wellness. In herbalism, there is a focus on a form of wellness that is open to transformation and development. This fluidity is a defining part of what I've come to know my own holistic wellness to be. As I am travelling through paradigms, I am constantly absorbing new knowledge and perspectives and reconfiguring my idea of holistic wellness. In herbalism, wellness is based on nourishing the body in whatever way may be necessary, whether that is with nutritious foods or with emotional love and respect. Rather than in the Western paradigm in which one aims to "fix" the broken, or in the traditional African paradigm in which one aims to "cleanse" the dirty, herbalism is based off of nourishment- giving the body what it needs to maintain good health. In considering this idea, I've come to realize that in effect, the method of healing used in herbalism tends to *add on* to the whole through nourishment, while the methods used in Western medicine and traditional healing tend to *detract from* the whole by eliminating negativity. This additive approach seems to be more inclusive, and thus more holistic in nature. Many of the plants available to us in gardens and even between sidewalk cracks in cities can provide us with this nourishment, thus herbalism is accessible to virtually everyone. Dandelion, for example, is a weed I've grown up with everywhere around me. As a child, I used to pick stems from the ground with white puffballs at the ends, and make wishes as I blew the seeds into the wind. I've helped my Dad pull dandelion out of the garden in our back yard, discarding the plants with the rest of the unwanted weeds. I now know that dandelion contains more than nineteen vitamins and minerals essential for our bodies. I know that it detoxifies the kidney and the liver, tones women's reproductive organs, acts as a diuretic, builds tooth enamel, purifies the blood, and promotes lymph movement and drainage. If only I'd known as I stuffed piles of the weed into my father's trash bag.

Most of what we need to stay well and to treat illness is provided to us from this earth. In its original form, as it grows from the ground, a plant is in the best position to heal. Western medicine has managed to extract the healing constituents in many plants, using them for pharmaceutical applications. What becomes apparent to me is that while

Western medicine, traditional healing, and herbalism all make use of plants, herbalism is the only method in which the whole of the plant is being used. Many pharmaceutical drugs are made from a conglomeration of multiple constituents from different plants, causing unnatural combinations and reactions. This is in part, where side effects come from. Traditional healers mix herbs with each other and with bark from trees, animal parts, and other substances to form *muthi*. Herbalists aim to use the herbs in their natural state, so as to appreciate the original intentions of each plant as it is presented to us. The entirety of the plant is used, meaning there may be some constituents that do not actively heal, but may facilitate the function of other components of the whole. Here we can see how the whole exists within and through its parts. Finally, as I've personally experienced through my own injury and healing process, herbalism embraces illness and does not see "good health" as the absence of pain and problems, but rather as the tenacity to find pain's gift. Together, these ideas to me create a holistic approach to medicine.

Mahatma Gandhi said in the year 1944, "I submit to you that scientists have not yet explored the hidden possibilities of the numerous seeds, leaves and fruits for giving the fullest possible nutrition to [humanity]." (Gqaleni, 2013). To this, I claim that as someone who has come from a strong background in Western medicine, I have begun to see these possibilities.

INTEGRATION

In trying to convey my findings in a comprehensible way, I've fallen into the trap that all humans do: this is the trap of the limitations of language. In order to effectively communicate my process to you, my reader, I've had to separate the lenses of wellness into distinct and separate sections, which stand apart from each other. This, I believe, is what the greater public does so strongly. As I've discovered how traditional healing fits into the lives of South Africans, I've recognized the "underground" aspect that traditional healing has come to acquire. There is a commonly referenced saying that people see "doctors by day and *sangomas* by night." (Ngomfundo, 2013). This saying underlines the theory that traditional medicine is being used, but is still slightly stigmatized or looked down upon, bringing to light the existing division of wellness methods that exists in the minds of people in South Africa. There is an engrained tendency to talk about these three approaches to wellness as decisively separate and unrelated. I've found that this concrete separatism between methods of wellness, in effect prevents people from being able to see the whole, and consequently the possibilities in integration. Thus, I examine now, the idea of integration of paradigms.

What am I talking about when I say integration? Many dictionaries speak to integration as combining parts to make a whole, or as the process of intermixing something that was previously separate. With my new understanding of the parts and the whole as one, I see integration as more of a blending process than a stacking process. With this idea, I turn to the paradigms in which I've been working. Though still distinctly separate in general practice and perception, these paradigms have, in some ways, begun see each other in South Africa.

First of all, the use of herbs and plant constituents is common to all three paradigms, though as discussed, in different ways. This is a fundamental overlap that connects these methods. It is valuable to note that the raw material at the heart of medicine is essentially the same, no matter what type of healer suggests it or what form in which it is ingested.

On a broader scale, there are legal happenings currently in South Africa that aim to integrate traditional healing into the official healthcare system of the nation. When

speaking with Makhosi Hlope, she brought up the role that the South African government is playing in the current intersection of healing methods. She explained that the government is trying to regulate traditional healer's practices, making licenses and keeping track records of registered healers, while simultaneously encouraging healers to register. I have confirmed this to be true by reviewing the Government Gazette-Traditional Health Practitioners Act of 2007. (Africa, 2008). In 2007, the South African government passed the Traditional Health Practitioners Act, which aims to provide a regulatory framework and insure the efficacy, safety, and quality of traditional health care services. (Africa, 2008). Makhosi Hlope expressed great pleasure in the state's interest in traditional healing, and was pleased to inform me that there has even been government funding to support the effort towards cohesiveness. (Hlope, 2013). The government is trying to legitimize traditional healthcare into its legal system, which symbolizes at the very least a recognition of an alternative way.

I've also learned of meetings held by the World Health Organization and by independent clinics and hospitals to provide traditional healers with a place to congregate, share information, and learn about simple Western medical techniques such as discarding used blades and wearing gloves, as well as when to refer someone to a hospital, in order to improve the practice of traditional healers. *Sangoma* Makhosi Hlope expressed to me that she has previously attended such meetings in Durban, and sees them as an excellent place to exchange knowledge with the Western world. I can confirm the existence of these meetings, even in rural areas, as I was given the opportunity to visit the Community Health Center located in Umtwalume in the province of KwaZulu-Natal. The CHC serves as the second tier of health care for the greater area, with eight first tier local clinics feeding into it. At the end of a meeting with about ten members of the higher staff of the clinic, I asked about the interactions and relationships between the CHC and traditional healers. I learned that members of the CHC, specifically Mr. Luthando Gobo, facilitate frequent meetings with local *sangomas* in an effort to establish a relationship of respect and trust. The meetings serve as a conversational medium to learn about the needs of the traditional healers and to educate them about important prevention against communicable diseases. As explained to me by nurse Gwexe, the goal of the meetings is to take traditional healers out of isolation and to foster a positive and comfortable

relationship so that *sangomas* and other traditional healers will feel comfortable approaching Western medicine. (Gwexe, 2013).

Examples of the meeting of paradigms have continued to expose themselves. One final example is when it became clear to me that all three traditional healers I had spoken to were taking pills for high blood pressure and/or diabetes. I thought this to be a beautiful example of how these worlds are not so far apart. Clearly, in some ways the paradigms are beginning to see each other.

Though there are clear and tangible examples of these different paradigms seeming to meet each other, is this really an integration of paradigms? Or is this simply pulling at aspects of separate systems while maintaining the distance between those systems? While the current happenings in South Africa are a good beginning, I believe that rather than an exchange, there should be more blending of ideas. I do not believe that people have really begun to step in and out of their own paradigms of wellness, asking how they can learn and incorporate other paradigms into their own. This is ultimately what must happen for the greatest benefit in wellness to occur. We must expand ourselves. Once we are able to recognize our engrained beliefs as both a part of ourselves, and a part of a greater effort for wellness, and begin to remove ourselves from those beliefs, we will be able to open our arms to new ideas and consequently be able to blend paradigms.

CONCLUSION

More important than the answers to my original questions about holistic wellness are the ways in which I've grown in this process. What has been illuminated for me in this journey is the uncertainty that remains no matter how many days of our lives we dedicate to finding answers. I've learned that we can try to define concepts in order to reconcile our own actions and lives, but ultimately everything is fluid, constantly changing in every moment and from every perspective. What we can do is learn to live with the uncertainties that will inevitably be. In working with a topic such as this and especially in working with a methodology such as autoethnography, I've been forced to come to terms with uncertainty, which is something I've always struggled with. From the lack of a detailed outline to the unclear direction of my inquiries and my writing, I've had to take many deep breathes and learn to welcome uncertainty into my whole. It is those moments in which we are reclined, taking a break from the tireless chase towards answers, that those answers seem to find us.

What I have done in writing this ISP is created a space in my mind to make room for the whole to come to me, once I am ready to receive it. I've become comfortable with the idea of living without chasing answers, but rather letting them emerge. I've learned to perceive the world, as it exists interchangeably with its many parts, and to embrace illness as opportunity for learning. I've learned that no matter what you are looking at, the real value is in the ways you look and the knowledge and experience you include in your perspective. Writing this paper has helped me feed a curiosity and eagerness to understand a world of wellness greater than, and part of myself, and with all of these tools, I feel confident moving forward (or staying put) in the world and in my own pursuits in learning to heal myself, and others.

I sit down at one end of a uniquely long rectangular room in an uncomfortable chair with a back so upright it forces me to sit awkwardly, leaning too far forward. At the other end of the room is small screen, situated half way between the floor and the ceiling. The room is dark and the screen is illuminated, glowing in a bright blur of white light. The ophthalmologist, sitting at his desk to my right, places a heavy set of glasses onto my face, only there are no lenses, just curved ridges, one next to the other, in front of both my eyes. He pulls open a shallow drawer and reveals hundreds of circular lenses. He tells me to look forward at the screen, which is just a blur of light from my perspective, and he covers one eye with a solid lens to obstruct my vision while he focuses on the other eye. He begins to choose lenses, placing them in the ridges, and asking "Better? [Pause] Or worse?" I participate in his game, listening to the clicking of lenses being placed in and out of the ridges in front of my face. While each lens may be blurry, he places them on top of each other, allowing them to blend their best features, and the image becomes clearer. Sometimes the screen is blurrier than other times, at moments coming into focus, and then disappearing with the addition of the next lens. Ultimately the image on the screen never does become perfectly clear, though as he changes combinations of lenses, I am able to focus on it momentarily and become aware that there is indeed an image to be seen.

My journey has been much like this experience I know so well. With this ISP as my tool, just like the heavy ridged glasses, I was able to play with different lenses, seeing how they overlap, and how they blend to ultimately make clear an image at the end of the room. This image, which I've called holistic wellness, was never quite brought into focus, though I've learned the value in trying different combinations of lenses. In my case I've only been able to play with three lenses, while there exists a whole drawer full. The more lenses you have to work with, the more combinations you can try. I know that there is more to be examined, more healing paradigms to explore, and that when I have created enough space inside me, only then, when I stop straining my eyes, will the whole come into focus.

References

Primary Sources

Coviello, Jim. (2013, November 20). personal communication. (A. Frankel, Interviewer)

Gwexe. (2013, September 26). (A. Frankel, Interviewer).

Gqaleni, N. (Director) (2013, October 18). Education and training and the inclusion of Traditional Medicine in the public health system in South Africa_. *classroom lecture*. Lecture conducted from SIT Community Health and Social Policy, Durban.

Hlope, Makhosi. (2013, September 27). In depth interview. (A. Frankel, Interviewer)

Mhlongo, N. (2013, September 17). Informal conversation . (A. Frankel, Interviewer)

Mhlongo, N. (2013, September 4). Personal communication . (A. Frankel, Interviewer)

Mhlongo, N. (2013, September 10). Personal communication . (A. Frankel, Interviewer)

Mhlongo, N. (2013, September 7). Personal communication . (A. Frankel, Interviewer)

Moodley, I. (Director) (2013, September 17). Update on Transition to a NHI System in South Africa 2013. *classroom lecture* . Lecture conducted from SIT Community Health and Social Policy, Durban .

Ndlovu, Mama. (2013, September). In depth interview. (A. Frankel, Interviewer)

Ngomfundo. (2013, September). Informal conversation . (A. Frankel, Interviewer)

Rose, Samantha. (2013, November). Personal communications. (A. Frankel, Interviewer)

White, Jolene. (2013, November). Personal communications. (A. Frankel, Interviewer)

Zuma, Baba. (2013, September 23). Personal communication. (A. Frankel, Interviewer)

Secondary Sources

- Bortoft, H. (1996). *The wholeness of nature: Goethe's way toward a science of conscious participation in nature*. Hudson, N.Y.: Lindisfarne Press.
- Culpeper, N. (1985). *Culpeper's complete herbal*. unknown : Omega.
- Dictionary. (2013, September). Oxford American Dictionary. Retrieved from Oxford American Dictionary.
- Dossey, L. (1998). From Experiment to Experience . *The Spirit of Science* , unknown , 273-295.
- Ellis, C., Adams, T. E., & Bochner, A. P. (2010). Autoethnography: An Overview [40 paragraphs].. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 12(1). Retrieved October 26, 2013, from <http://www.qualitative-research.net/index.php/fqs/article/view/1589/3095#gcit>
- Ellis, C. (1999). Heartful Autoethnography. *Qualitative Health Research*, 9(5), 669-683. Retrieved October 26, 2013, from <http://dx.doi.org/10.1177/104973299129122153>
- Houdret, J., & Jones, A. (1999). *The ultimate book of herbs & herb gardening: a complete practical guide to growing herbs successfully with a comprehensive, botanical A-Z directory of herbs*. New York: Lorenz Books.
- Kidel, M. (1985, Jan. - Feb.). Challenges of Illness. *Resurgence/Undercurrents* , 108, 37-40.
- Monte, T. (1997). *The complete guide to natural healing*. New York: Berkley Pub. Group.
- Myers, J. E., Sweeney, T. J., & Witmer, M. (2000). The Wheel of Wellness Counseling for Wellness: A Holistic Model for Treatment Planning. *Journal of Counseling & Development*, 78, 251-266.

- Myers, J. E., & Sweeney, T. .. (2004). The Indivisible Self: An Evidence-Based Model of Wellness. *Journal of Individual Psychology*, 60, 234-245.
- (2008). No. 22 of 2007: Traditional Health Practitioners Act, 2007. . *South African Government Gazette* , 511, 2-25.
- Ody, P. (1993). *The Herb Society's complete medicinal herbal*. London: Dorling Kindersley.
- Read, N. W. (2005). *Sick and tired: healing the illnesses doctors cannot cure*. London: Weidenfeld & Nicolson.
- Reason, P. (1998). Toward A Participatory Worldview . *Resurgence*, 168, 42-44.
- Richter, M. (2003). Discussion paper prepared for the Treatment Action Campaign and AIDS Law Project. *Traditional Medicines and Traditional Healers in South Africa, unknown* , 4-48.
- Seeley, C., & Reason, P. (2008). Expressions of Energy: An Epistemology of Presentational Knowing . *Knowing Differently: Arts-Based & Collaborative Research*, 2, 1-22.
- South Africa. (n.d.). *WHO*. Retrieved November 28, 2013, from <http://www.who.int/countries/zaf/en/>
- Student Health Center. (n.d.). *Tulane University*. Retrieved November 29, 2013, from <http://tulane.edu/health/health-services-staff.cfm>
- Traditional Medicine: Definitions. (n.d.). *WHO*. Retrieved October 27, 2013, from <http://www.who.int/medicines/areas/traditional/definitions/en/>
- (2002). WHO Traditional Medicine Strategy 2002-2005. *World Health Organization Geneva* , unknown , 1-53.

Weed, S. S. (1989). *Wise woman herbal healing wise*. Woodstock, N.Y.: Ash Tree Pub..

Xue, C. (2008). Traditional, Complementary And Alternative Medicine: Policy And Public Health Perspectives. *Bulletin of the World Health Organization* , 86(1), 77-78.

Ethics Permission Form

SIT Study Abroad

a program of World Learning



ISP Ethics Review

(Note: AD must complete this form for every student's ISP. A signed copy of this form must accompany any ISP selected as outstanding and sent to the Brattleboro office.)

This ISP paper by Alison Frankel (student) has
been reviewed by John McGladdery (Academic Director)
and does conform to the ethical standards of the local community and the
ethical and academic standards outlined in the SIT student and Faculty
Handbooks.

Academic Director: John McGladdery

Signature: 

Program: SFH Durban Community Health and Social Policy

Date: 30 November 2013