Introduction

The role of faith healing in different Southern African cultures has been pointed out by various authors (e.g. Kiernan 1990, Peltzer 1988, Pretorius, De Klerk & Van Rensburg 1991, West 1972, Sundkler 1976, and in Zimbabwe by Daneel 1970). Nothing seems to exist about the contemporary contribution of African independent churches towards health care in South Africa. Two of the major independent movements practising faith healing in South Africa are the Zionists and Apostolics. Historically, the impetus came from overseas via the Christian Catholic Church in Zion in Illinois in 1896 and the Apostolic Faith Mission.

Both these movements strongly supported and practised faith healing, and both played a major role in the rise and growth of the African independent churches. Healing on biblical grounds and exorcism after the examples in the Bible were given place in the independent churches. The following common features and healing elements can be identified in Zionist and Apostolic churches: baptism; possession by the Holy Spirit; healing through prayer; holy water and laying on of hands; sabbatarianism; prohibitions against alcohol, cannabis, tobacco, traditional and modern medicine (Peltzer 1987, Turner 1979).

Faith healing in independent churches can be divided into three categories: healing during church services, healing by immersion, and healing through consultation with a prophet. In the Zionist and Apostolic-type churches, where healing is of such importance, it takes place in all three ways. The prophet is a healer (here called faith healer) who is found mainly in the Zionist and Apostolic churches, who has the ability to predict, heal, and divine, and who draws power to do this from
God (West 1972). Le Roux (1977) notes that the role of the traditional healer is to an increasing extent being taken over by the Zionist priest or prophet in South Africa.

The Northern Province is the most impoverished of the nine provinces in South Africa. The area is largely rural with 91% of the inhabitants living in non-urban areas, where access to health care facilities is inadequate (Dept. of Health & Welfare 1996). No reliable data is available regarding the contribution of faith healing towards health care. In an effort to gain information about the contribution of faith healing towards (mental) health in the Northern Province this study was conducted.

Methods

The rural community selected for this study called 'Eisleben' is situated in the district of Sekgosese, 80 kms northeast of Pietersburg, in the Northern Province of South Africa. The following data are estimated: The population of Eisleben is about 16,000. One third of the men are migrant labourers in urban centres. A number of women work on nearby farms. Most inhabitants live below the poverty line. Approximately 65% of the community are literate. Approval for the study was obtained from the community leaders and from major independent churches. The participants (prophets) were selected through the Apostolic and Zion churches in the area. In all ninety-two were identified, 88 could be approached to be interviewed, and 8 of the Zion prophets refused the interview. This is a population to faith healer ratio of 182:1.

One research assistant was recruited from the Eisleben area and trained by the author to conduct semi-structured interviews about socio-demographic characteristics of faith healers, characteristics about the training, areas of specialization, the case load of this sample, the commonest reasons for consultation, nosology and etiology of disorders as well as the attitudes of the faith healers towards referral and collaboration with biomedical services (cf. Chavunduka 1994, Winston, Musonza & Nyathi 1995 in Zimbabwe). The semi-structured interview based on questionnaires was used in previous studies with (faith) healers in Zimbabwe (Chavunduka 1994) and Malawi (Peltzer 1987), and was designed and piloted with a group of faith healers for ease of use and conceptual validity.

All qualitative data were recorded in Northern Sotho and subsequently translated into English to facilitate analysis. A team consisting of faith healers, researchers and Northern Sotho experts translated dis-