UNIVERSITY OF GOTHENBURG

ALTERNATIVE THERAPEUTIC INTERVENTIONS IN TRAUMA WORK IN CAPE TOWN

-An explorative study of holistic approaches in a field of social work practice

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CONTENTS

LIST OF APPRECIATION

Abstract
Title: Alternative therapeutic Interventions in Trauma work In Cape Town. -An explorative study of holistic approaches in a field of social work practice
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Keywords: *Trauma, Alternative, therapeutic interventions, spiritual social work,*

Background: Social work in South Africa, face enormous challenges in order to combat the problems derived from violence and crime which are factors behind the devastating numbers of trauma survivors in the country. South Africa has a long history of experimentation with "alternative" methods in a range of different social fields. During the last centuries of apartheid, the liberation movement used drama, poetry, and other cultural means to mobilise people and resist the apartheid regime. Considering the rich history of using alternative interventions in South Africa there could be a need for people in the social work field to use different skills and knowledge derived from various fields and disciplines in order to support trauma recovery. An assumption in this study is that as the body and soul experience the trauma, they also need to be part of the healing process. The aim of this thesis is to describe and understand the role of so called "alternative interventions", in relation to conventional practice in a South African social work field and trauma work. More specifically to find out: *What are the alternative interventions and how are they practised in South African social work? How are alternative interventions, in relation to conventional approaches, perceived locally? What are the obstacles versus possibilities for practising alternative interventions in social work in South Africa?* One part of this thesis was carried out in Cape Town, South Africa in the spring of 2007. The research was based on a qualitative approach and used qualitative methods such as literature- surveys and document reading and semi-structured interviews with twelve respondents from various organisations working directly or indirectly with people that has experienced traumatic events.
Results: The material has demonstrated various perspectives and attitudes regarding alternative interventions. There is a request both from respondents in this thesis and from approaches such as spiritual social work, empowerment and ethnic sensitive approach to contextualise Western models to fit the needs of the general public in South Africa. Alternative interventions found in this thesis are: Creative- based interventions such as storytelling, clay- and drawing exercises as well as drumming have become explored and implemented into organisations for the benefits of healing. Other interventions can be understood as mind-body- and energy therapies, and includes interventions such as meditation, visualisation, tai chi and healing touch. With the purpose of understanding how alternative interventions are perceived, respondents perspectives both on traditional healing and alternative interventions have been discussed in this thesis. The majority of the respondents can be understood as perceiving alternative interventions positively. The possibility for alternative interventions to occur can be due to professionals spiritual awareness and ethnic sensitiveness, and empowerment approach as these advocate a respectfulness from practitioners to holistic solutions and openness to various worldviews.
The respondents have been categorised into three different groups based on their openness to and actual implementation of alternative interventions, namely the integrated, inclusive and tolerated groups. All three groups differ in their recognition and integration regarding alternative interventions. The Western demand for evidence based interventions may still be an obstacle for alternative interventions. It is therefore a possibility that professionals engaged in spiritual activities and alternative interventions, can be questioned by others as unprofessional. Christianity has also found to be an obstacle for alternative interventions to occur. As alternative or traditional healing can be considered as inappropriate activity.

1. INTRODUCTION TO RESEARCH PROBLEM

In times of globalisation, we find a diversity of therapeutic interventions that stem from foreign countries and therapeutic fields, which are implemented into new contexts. Social work practices are therefore faced with a wide range of interdisciplinary therapies, skills and interventions to help and support people. According to Eklöf (1999), a successful implementation of therapy skills, requires not only a need of acceptance, it also needs to adjust itself to a new cultural context, as cultural norms plays an important part of this process. Therapeutic skills and interventions are as diverse as their origins and they are challenged by contextual norms of categorization. These norms might accept and integrate therapeutic skills and interventions or ignore them. Concepts like *alternative*, complementary and *conventional (established)* plays a key role in this matter and will be considered in this study. Moreover, due to the strong powers of categorisation, there is a tendency to dichotomise between alternative and conventional interventions within different disciplines, where the so called "alternative" term in general has been discarded in Western societies as non-scientific. Furthermore, there is confusion with the meaning behind words like *alternative, complementary* and *conventional*, as the meaning and acceptance of these terms differ between social and cultural context.

One part of this study process was carried out in Cape Town, South Africa. In the year of 2008, social work in South Africa, face enormous challenges in order to combat the problems of mass poverty, unemployment, migration, HIV/AIDS, violence, crime and social deprivation which are factors behind the devastating numbers of trauma survivors in South Africa (Gray & Mazibuko 2002). Considering the rich history of using "alternative" interventions in South Africa, there can also be a need for people in the social work field to use different skills and knowledge derived from various fields and disciplines in order to handle these problems.

The assumption in this study is: In order to heal a trauma, a holistic approach might be essential. A further assumption would be that as the body and soul experience the trauma, they also need to be part of the healing process. According to Hermann (1992) many survivors of violence and crime are not only haunted by awful memories, they lose their hope and their belief in a good faith and the perception of goodness. Furthermore, trauma affects the very essence of life and afflicts families for generations. During my many visits to South Africa, I have recognized a fear of violence and crime amongst many South Africans. The numbers of people who have to adjust to permanent threats from violence and crime are very high as violence is likely to occur at anytime, especially in poorer areas.

The high rates of trauma survivors in South Africa has made me think not only of how these traumatic events affects the South African society, but also how people are dealing with traumatic experiences. I started to ask which therapeutic interventions professionals where using when treating trauma survivors. The focus of this thesis is the appearance of alternative approaches and their connection with trauma work. It is an explorative study on a wider South African social work context, Cape Town. And the role "alternative" therapies and interventions plays in professional activities performed by social workers, psychologists, Youth and Child care workers, facilitators and educators in different welfare settings and their work with traumatized clients. This is not an explorative study that not only aims to understand social work in Cape Town but it is a study that focuses on the activity of alternative interventions in different organisations in Cape Town. The focal point is of the appearance of interventions and therapeutic activities that support people with traumatic experiences.
This study is therefore based on an understanding of a social work field where diverse approaches emerge in order to support people suffering from traumatic experiences.

The concept of social work must therefore be understood as a wide field and not as a strict area of exclusively educated social workers. The important role which "alternative" approaches will have in this study is due to a personal interest of interaction between alternative and conventional approaches and techniques. Especially peoples awareness of and connection to such approaches, while dealing with therapeutic matters.

1.2. AIM AND RESEARCH QUESTION
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The aim of this thesis is to describe and understand the role of so called "alternative interventions", in relation to conventional practice in a South African social work field (Cape Town) and trauma work. More specifically to find out:

1. What are the alternative interventions and how are they practised in South African social work?
2. How are alternative interventions, in relation to conventional approaches, perceived locally?
3. What are the obstacles versus possibilities for practising alternative interventions in social work in South Africa?

1.3. THE CHOICE OF FIELD
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South Africa has a long history of experimentation with "alternative" methods in a range of different social fields. For example, Palmberg & Strand (1995) argues that during the last centuries of apartheid, when a lot of oppositional politics such as demonstrations were abandoned, the liberation movement instead used drama, poetry, and other cultural means to mobilise people and resist the apartheid regime. Furthermore, during the 90-ies, right after the advent of democracy, in order to cope with the conflictual aftermaths of apartheid, a new form of post-conflict resolution was introduced. Graybill (1998) writes that The Commission of Truth and Reconciliation decided to use storytelling as a therapeutic method to heal the trauma from the violent racist history of the South African people. Storytelling is an integral part of many traditions and central too many religious believes. Through storytelling, the victims of apartheid, the perpetuators and the bystanders revived painful memories of the past, which has been crucial for reconciliation and fundamental for community-building.

South Africa is a rich cultural country. Its geographical position, its history and its people creates a country with a variety of worldviews. If the empirical sampling would have taken place in rural areas in South Africa, traditional interventions might have been found in social work activities. But as the aim was to find out more about alternative interventions which also emerge globally, Cape Town seemed to be the best object for the research.

1.4. TERMINOLOGY

In order to avoid confusion, the core concepts in this study are defined in the following terminology. Words like intervention, practice and therapeutic skills will be used when referring to different techniques.

1.4.1. TRAUMA

Trauma will be discussed in this thesis as a personal experience of another person's outrage and superior strength. According to Hermann (1992) a traumatic event is an experience that occurs in a situation of physical violence, personal violation and extreme violence, it can also occur when witnessing a violent death. A traumatic reaction takes place when a person needs to act, simultaneously she has lost the possibility of escape or to resist. This situation destroys the important sense of self-defence. A trauma is a"…threat to life, or the physical integrity, or a close personal confrontation with violence and death" (Hermann 1992 p.40, writers translation). When people are forced into extreme life-threatening situations, they experience helplessness and loss of control, as well as an intensive fear and threat of termination. A trauma may have effects for a long period of time after the actual event. And it has a harsh effect on a person's normal reaction to danger as it creates a long-time change in the person's feelings, perception, memory, and physical activity.

Hermann argues that a trauma does not end with the actual event. It continues to live its own life within the person, with different consequences. Traumatic events can be related to various situations such as; participating in violence, being tortured, being raped, or in relation to political violence, including fighting a war, being attacked or witness to an attack and other events, for instance witnessing one's home being burnt or destroyed, being evicted from one's home, or living through a life-threatening event. According to Hirschowits & Orkin (1997) it is likely that the exposure of violence can be manifested as post-traumatic stress disorder also named PTSD. PTSD can be understood as "…one possible set of consequences that can result from living through traumatic, violent and highly stressful war situations" (Hirschowits & Orkin 1997 p.172.). Their standpoint is that even if people are able to rebuild their lives and create social capabilities and "…demonstrate a capacity to endure, adapt and transcend traumatic events…the scars left by negative experiences through the development of PTSD is a reality" (Hirschowitz & Orkin 1997 p.172).

There are three main categories of PTSD. *Overstrung:* The person is under constant fear as a threat may appear at any time. The person can be easily scared, and a small provocation can cause major irritation and then show extreme reactions of fear by unexpected stimuli. Sleeping disorders is also likely to occur. *Invasion:* The trauma is taking over every part of the person as he/she relive the trauma over and over again. The person feels as if time has stopped and she or he feels he or she is in the moment of the trauma. It is a constant activity of memories that the person is not able to verbalize, as he or she does not feel connected to the event. These memories are instead purely sensations and pictures. During sleep, nightmares connected to the trauma reveals fragments from the event and are experienced as happening in the present. *Feeling numb:* The feeling of self control is taken away and the person resigns to the situation. When a person is helpless he/she might escape from the situation by changing the state of consciousness and then develop an apathetic calmness, a sort of "protection to unbearable pain"(writer's translation) (Hermann 1998 p. 83). In order to block away painful memories the person stores them deep within themselves.

1.4.2. INTERVENTIONS

According to Bernler & Johnsson (2001) an intervention can be understood as one single action on its own or many actions leading up to each other. An intervention can be any outside process that affects an individual's cognition or emotional state. In order to be effective an ethical grounded intervention requires that people involved must be convinced about its authenticity.

1.4.3. ALTERNATIVE, COMPLEMENTARY, CONVENTIONAL

To bring clarity to concepts like alternative, complementary and conventional, medical and psychological disciplines have produced plenty of research in this matter, which will be discussed further in this thesis. Eklöf (1999) argues that it does not exist any exact criteria in measuring peoples perception of alternative, complementary or conventional interventions, this is due to the fact that people have their own inherited worldview. What may be regarded as alternative intervention or a conventional intervention varies with time and context due to that the alternative approaches existing in countries around the world are different from one each other. Within the medical discipline, the concept of "alternative" implies that the alternative treatment is used instead of conventional medical therapies.

  Complementary medicine, on the other hand, implies that conventional and complementary treatments may be used together as they are not mutual exclusive. However, there is considerable confusion in how the terms are used. Alternative medicine is often being used describing unconventional methods of treatment. Karolinska Institutet[1] in Sweden (Jensen et al 2007) classifies a definition of alternative and complementary therapies as such:

Mind-body intervention uses a variety of techniques to enhance the mind's capacity to affect the body's functions and systems. Some of them have become mainstream, such as cognitive behavioural therapy. Other techniques included are meditation, prayer, mental healing, and creative techniques such as art, music, and dance therapy. The basis of body-mind interventions is that the healing process starts from within.

Biologically-based therapies. These therapies use substances found in nature, such as herbs, vitamins and food including dietary supplements, herbal products, and natural substances. Included are also so-called natural that are not yet scientifically proven therapies.

Manipulative and body-based methods. These methods use the movement of one or more body parts in the healing process and include chiropractic, osteopathic manipulation, and massage.

Energy therapies. There are two types of therapies that use energy fields, but only one will be described for here, namely Bio-field therapy. Bio-field energy "are intended to affect energy fields that purportedly surround and penetrate the body" (Jensen et al 2007 p.6). Bio-field therapy manipulates our bio-fields by applying pressure and/or manipulating the body by placing hands in, or through, these fields. Qigong, reiki, and therapeutic and healing touch are included in this type of therapy.

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[1] Osher Centre for Integrative Medicine.

1.4.4. TRADITIONAL

According to Eklöf (1989) a traditional perspective on health has a holistic approach, where the human being is integrated with his or her ecological context . Health is a combination of physical and psychological health as well as spiritual and social well-being. Traditional health care has been described by the WHO (World Health Organisation) as "The sum total of all knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental, or societal imbalance, and relying exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing" (www.who.org). Traditional health care practitioner tends to have a holistic approach to illness. Therefore they are taking the patients spiritual and physical well-being into consideration (www.info.gov.za).

1.4.5. SPIRITUALITY

Spirituality can be defined as "…the search for meaning, purpose, and morally fulfilling relation with self, other people, the encompassing universe, and ultimate reality, however a person understands it" (Furman et al 2004 p. 772) Even though spirituality often is expressed in religious forms there are alternative ways of expressing spirituality. Spirituality can be seen as an innate capacity to search for esteemed meaning of life and does often includes the belief in a vital, eternal energy or life force. According to Layton (2004), human spirituality can be understood as irreducible and indescribable in such a way that it is "…beyond description expression or intellectual analysis" (Layton 2004 p.24). Traumatic experiences derived from violence and crime, war, and child abuse and so on trigger spiritual concerns.

2. METHODOLOGY

The process of creating a final thesis that points at alternative approaches and trauma work in Cape Town, has undergone several steps which will be discussed in this chapter.

2.1. AN EXPLORATIVE STUDY

The advantage of this thesis lies in its explorative approach. The thesis covers a field that in the beginning of the research, was understood as being quite unexplored within social work research. In order to gain empirical knowledge, the research had to be creative and full of ideas as well as make use of various techniques, argued by Patel & Davidsson (2007). The search for knowledge of the research topic therefore includes different disciplines, integrating into the field of social work and trauma. Early in the research, lively discussions within both the psychological and the medical sector concerning the use of unconventional medicines and therapies were found in different journals which are referred to in this study. In South Africa, discussions within the social work sector on the same matter were found.

An explorative qualitative approach, aims to bring a description and understanding of a particular field. This thesis is covering the wider social work field in a South African context, i.e. Cape Town. It strives to find as much knowledge as possible in order to describe and understand this particular field. According to Kvale (1997) an explorative research, aims to obtain a wide range of standpoints. To gain such variations, one may, through the qualitative interview find different values and standpoints grounded in each respondent's profession, as well as in his or her personal perspective. Despite differences in disciplines, people may, on the other hand, use similar interventions or share the same kind of perspective on unconventional interventions. Moreover, Merriam (2006) argues that an explorative study aims to deliver a standpoint as well as an understanding of the reality as something one cannot measure, but rather interpret. The explorative approach aims therefore to understand and describe rather than bring an explanation. The thesis explores a wider spectrum of the social work field, were social workers, psychologists, educators, drum therapists and facilitators in Cape Town have various responsibilities in supporting people, many of whom are survivors of trauma.

The process of empirical sampling has continued without any theoretical fundaments. Instead different approaches which are going to be used in the analysis chapter were found while studying the material (Kvale 1997). The process of a qualitative field research and the creation of this thesis followed Kvale's (1997) principles of different levels of interview research. His principles starts with the creation of a theme and planning of the thesis, then it continues to the interview itself, after that the written outcome, the process of analysing the material, and then it ends with verifying the report of the result.

2.2. THE EMPIRICAL RESEARCH

The empirical material was collected in Cape Town, South Africa in the spring of 2007. The aim was initially to interview only social workers in different areas in Cape Town. In the process of exploring the topic, the focus changed to a wider spectrum of social work, as the respondents came to represent different professions. This change came about due to various reasons which will be discussed for in this chapter. The majority of the interviews where collected through the snowball method. A possible negative impact of snowball method is that

the respondents may have similar perspectives on specific topics. In this case the diversity of respondents rather helped to broaden the research as well as giving it the ability to discover the network of different organisations in Cape Town. During the empirical process, various difficulties occurred when finding social work organisations that accepted their members of staff to participate in the research. Problems also occurred in attempts to contact members of staff and directors who played key roles in such decisions. In some cases, this led to failures in arranging interviews in organisations, which were planned. Most importantly, to this thesis, is that the majority of respondents still ended up being people with a social work education. There were other difficulties of contacting organisations, due technical problems with emails and telephones.

2.3. GATHERING OF MATERIAL

According to Merriam, (2006) various techniques in a research process, are combined to "…describe, create associations and analyse situations…They represent a documentation of events, quotations, examples and remains" (Merriam, 2006 p. 27) It is hermeneutic due to its ability to create new meanings and receiving insights about certain phenomena. The explorative field research and the research questions were combined and based on qualitative methods. Namely, semi-structured interviews and literature- surveys and document reading. Combining such methods helps to bring valuable information and in-sights to the study. Kvale (1997) argues that a qualitative interview varies in openness but is less structured than its quantitative counterpart.

The aim of this qualitative approach is not only to describe and understand how respondents perceive alternative interventions, but also to get a wider understanding on how they are practiced in trauma work and what obstacles and possibilities they meet. The important aspects of knowledge about the research field will have an impact on the process and the outcome of the interview itself. According to Merriam (2006), there are three main factors in an interview situation. Those affecting the interaction between the interviewer and the respondent. First of all, the importance of the personality and the skills of the interviewer, secondly, the respondent's attitude as well as his or her social aims in view and, finally, how all parties may define the situation.

According to my own understanding of my skills as an interviewer, I'd listen well, I followed up new aspects and I also managed to keep focused. On the other hand, my knowledge of the field was limited, which I believed restricted me from having a more analytical approach to the questions. The respondents were supportive and answered my questions. Generally, the respondents were informed about the research topic. In those cases when they were not, even so they responded well to the situation and to the questions.

2.4. ORGANISATIONS

The organisation will be divided into two different groups, namely non-specialised organisation and specialised organisations. This division is carried out in order to separate organisations specialised in trauma work, from organisation with other areas as their focal point. Even though the distinction between groups is made it is important to acknowledge the diversity that exists within the two groups where members of staffs have personal approaches and perspectives. All the people in the interviews work directly or indirectly with people that have experienced

traumatic events. Each of the organisations is unique in its choice of approaches and knowledge. For example, specialized trauma centres have a greater focus of their work with trauma than others who are active in many different fields. Despite the standpoint of the respondent's organisations, they cannot act without their own personal influences on the case. The respondents are 11 women and 1 man, they will all be referred to as women in the analyzing chapter in order to achieve the demand of anonymity. The organisations, in which participant in this thesis are working in will be described briefly. Every respondent's profession is expressed and they have also received a number which will be attached to their organisation.

SPECIALISED TRAUMA ORGANISATIONS

#1 Social worker
Rape Crisis, Observatory
NGO. It is Political/Feminist organizations that confronts and prevents sexual violence and empowers survivors. Their program areas are advocating, Counselling and therapy, gender work, volunteerism, capacity and development / Training.

#2 Social worker
Trauma Centre for Survivors of Violence and Torture, Woodstock
NGO. Their program areas are, Capacity Building, Children, Counselling and Therapy, Disaster Management, Human Rights, Refugees, Capacity Development / Training, Education and Information.

#3 Facilitator (educated in drama)
Healing of memories, Lansdowne
NGO (Non Governmental Organisation) that works with Survivors of war, repressive regimes, human rights abuses and other traumatic events or circumstances. Their program areas are Capacity Development / Training, Peace, Conflict Resolution, Refugees, Counselling and Therapy.

NON-SPECIALISED ORGANISATIONS

#4 Alternative health worker
Novalis Ubuntu Institute, Kenilworth
NGO. A resource centre for innovative development programmes in education and culture.
Their program areas are Capacity Development / Training, Arts and Culture, Counselling and Therapy, Youth, Food Security, Education

#5 Psychologist
Khululeka, Manenberg
NGO. The organization supports the mental health needs of children affected by HIV & AIDS and losses through death and otherwise. Program areas are Training, and to provide support-groups in a safe environment where bereaved children and youth.

#6 Social worker
BADISA, Wynberg
NGO. Social service and development organisation of the Dutch reformed Church.
Works with children and families, women in need, the elderly, HIV/AIDS, dependency, disabled, poverty. Program areas are Health, counselling therapy, aged HIV/aids, rehabilitation, poverty relief.

#7 Social worker
BADISA, Wynberg

NGO. Social service and development organisation of the Dutch reformed Church.
Works with children and families, women in need, the elderly, HIV/AIDS, dependency, disabled, poverty. Program areas are Health, counselling therapy, aged HIV/aids, rehabilitation, poverty relief.

#8 Social worker
BADISA, Kraiifontein
NGO. Social service and development organisation of the Dutch reformed Church.
Works with children and families, women in need, the elderly, HIV/AIDS, dependency, disabled, poverty. Program areas are Health, counselling therapy, aged HIV/aids, rehabilitation, poverty relief.

#9 Social worker
Heathers dale Children's home, Athlone
Department of Social development. Children's home. This home accommodates 60 boys and girls between the ages of 5 and 13.

#10 Social worker, & Child and youth care worker
National Association for Child and youth Care Workers (NACCW), Ottery. NGO. Program areas: Promote optimal standards of care for orphaned, vulnerable and at-risk children and youth

#11 Social worker
Cape Town child welfare, Athlone
NGO. Work with neglected and abused children. Program areas are field work, case work, developmental and community work, volunteer training, group work, parental skill training.

#12 Drum facilitator
Cathci Rythms
Drum circle facilitator and teacher. Drums and percussion instruments are used to encourage self expression and creativity. Focuses primarily on the use of drums and percussions as a therapy tool.

2.5. THE QUALITATIVE INTERVIEW

A semi-structured interview was carried out with only one person at a time using a tape-recorded and a notebook. The interviews were, to some extent, explorative by themselves as the field was quite new to the researcher. The interviews followed the same routine, asking information about the historical aspects of the organisation in the beginning of the session. And general questions such as structural restrictions and the possibility in the use of various alternatives skills and practices at the end. The interviews did not in any other way follow a particular structure to make sure that the interview went smoothly. The reason for this is due to the explorative nature of the research and the aim to bring as much understanding for how alternative interventions are perceived. And if the respondents integrate alternative interventions in his or her practice.

The majority of the interviews were held at the respondent's office. In order to valuate the questionnaire, the first interview was a so-called pilot-study. Two interviews were carried out in cafés. The respondents were given the opportunity to read the outcome of the written interview. When so, they were then received the interview by email, a reasonable time before the final report. The aim was to avoid misunderstandings between the respondents and the researcher. The respondents were asked if they accepted to be quoted in the final report and all gave a positive answer to this request. Some of the respondents are now employed by other organisations, and have therefore switched email addresses, which I haven't received.

2.6. ARRANGING THE MATERIAL

Immediately after each meeting, time was spent on reflections about the interviews. The interviews where recorded and listen to before they were written down. Answers were selected and written down based on their relevance to the research (Kvale 1997). This process helped eliminate misunderstandings, and also clarified some important aspects in the respondent's answers. The questionnaire could be edited and new questions added that could be of value in forthcoming interviews. The procedure of relistening and writing down the material helped to identify different themes which are later used in the result and analysis process of this thesis. Some of the respondents answers are referred to more frequently than others, which to some extend create an imbalance in the material. For some, the alternative field has been unexplored whilst others are engaged and using alternative interventions.

2.7. DOCUMENT, LITERATURE, ARTICLES AND SURVEYS

Articles and surveys have been collected from databases connected to the library of University of Gothenburg. Literatures in forms of books have been found at the university libraries of both Cape Town and Gothenburg. Valuable help and support were received from staff members from both Universities. In order to structure the information, a list was created of some of the valuable material (Patel & Davidsson 2007). The keywords and phrases used in the searches were: *Trauma, Post traumatic stress disorder, spiritual social work, traditional healers, alternative, complementary, conventional, Interventions, therapy, therapeutic interventions, social work, South Africa, Cape Town.*

Databases used in this research were POPLINE, Psycinfo, Social Sciences Citation Index-Web of science, Social Services, Sociological abstract, academic Search Elite, Springer Link, Blackwell Synergy, Cambridge, Journals Online, JSTOR, Oxford Journals, Taylor and Francis, and finally Google Scholar. In Cape Town, there was no access to any university database, instead the library staff printed out articles (example: the journal of injury and violence prevention). Many organisations in South Africa have developed very informative homepages which enables the search for material about activities within the organisations. A large quantity of documents produced by the organisation participating in the research, deepened the knowledge about their work.

2.8. THE ANALYSIS PROCESS

After arranging the interviews, the process of finding recurrent themes and patterns in the material began. The different themes which occurred in the material were:
1. *How respondents perceive alternative interventions*,
2. *Respondents approaches towards traditional healers*,
3. *How to support people to stay in control of their life-powers*.

The analysis process has also made it possible to *categorize their contrary perspectives on alternative interventions*. The process of analysing the material has been an abductive way of finding themes in the empirical material and finding alternative approaches to these themes. (Kvale 1997) The empowerment approach, a spiritual social work approach, an ethnic-sensitive approach have all been combined in order to answer the purpose of this thesis. The exclusive or

tolerant versus inclusive and integrated system have been helpful in order to categorize the respondents approaches towards alternative interventions.

3. REFLECTIONS ON THE METHODS

3.1. VALIDITY, RELIABILITY AND GENERALISATIONS
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 I will now discuss validity, reliability and generalizing aspects which are fundamental for the research outcome.

3.1.1. Validity
The validity in a research process is about securing what one wants to measure. According to Kvale (1997) the inner validity is about the survey itself and strives to secure the coherence between theory and the empirical material. The validity of this thesis relies on different aspects which will be discussed in this chapter. The theoretical framework are built on approaches[2], instead of exclusive theories, in order to bring an understanding to the empirical outcome.

Methodological and ethical questions have been taken into consideration throughout the whole project process. According to Kvale (1997) the thesis may be valid through the eyes of the reader. He argues that if the researcher have managed to be reflective and also managed to connect the aim and research questions with methods, theory and analysis process, the validity is also likely to be secured. Even the planning of the interview can be validated. As an inexperienced researcher, The semi-structured interview method brought a lot of demand of being flexible. While focusing and being a good listener, one should according to Kvale (1997) follow up new ideas and perspectives brought up by the respondent. By being more knowledgeable in the alternative field, one could have taken some of the interviews to a higher analytical level. The open structure of the interview brought, in some occasions, difficulties in getting valid outcomes. Questions did not always come to place as the respondents, in some occasions were left to talk without any restraints. Some respondents are more referred to than others in the analysing chapter, which might create an imbalance of used references in the analysis chapter. The reason is the respondent's differences in knowledge regarding alternative interventions.

The open structure of the interview had also positive effects as it managed to bring new interesting information to the thesis. According to Merriam (2006) the researcher have a responsibility for the interview while he or she is open for other perspectives. Therefore there has been a concern to avoid personal standpoints in order to be objective. Problems occurred of sending and receiving emails. Therefore some respondents were not really aware of the theme of the research before the interview. Because of the limited time in the interview session, they were only informed about the research briefly. In some occasions the organisations changed respondents just before the interview, with the consequence that the new respondent had not read through the material. There was also a confusion for some respondents of terms like alternative, complementary and conventional. It therefore brought some limitations of receiving answers about the difference between the definitions. When they were asked to conceptualise their interventions and skills based on these terms, most of them answered that their practices were complementary. Surprisingly, distortions happened only a few times. And when it occurred it was based on confusions of terms like alternative and complementary, whereas some of the respondents wanted further explanations on these terms. The consequences of the validity problems, mentioned for above, could have a negative impact on the validity of the thesis. As when respondents do not have time to read through the research topic, they might be unaware of

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[2] The discussion of theories and approaches will be further discussed in chapter 5.

what the interview is about. When they do not understand the topic it may have consequences for the interview outcome.

There were no representatives from the social department in the province of Western Cape. Their information could be rather important to the thesis in order to validate the interview material on restrictions and limitations and possibilities regarding interventions and practices. And also to understand how interventions are discussed and regulated on a structural level.

Elucidations have been strived to receive in the interview situations, in order to compare my own interpretations with the interpretations of the respondents. The interviews were sent back to the respondents for evaluation in terms of avoiding misunderstandings (apart from two cases, where the correspondence have failed). And when respondent's viewpoints came to my recognition, they have been taken into consideration. In terms of strengthen the intern validity, a lot of quotations are represented in the analyzing chapter, which also brings a thick description to the study (Kvale 1997).

3.1.2. Reliability

When discussing the reliability of this thesis it needs to be discussed in terms of the qualitative nature of the study. A qualitative model differs from its quantitative counterpart, because it strives to be subjective and dynamic. It is therefore rather difficult to measure whether this thesis has a high reliability or not. Despite the difficulties we may still understand the research process as a procedure that has strived to create a higher reliability (Merriam 2006). The respondents have replied to the central questions in the questionnaire. And their answers have been quite easy to interpret.

3.1.3. Generalization

According to Kvale (1997), qualitative research is based on a hermeneutic understanding where meaning is created in a specific context which differs from place to place and time to time. A qualitative research does not claim to generalize. Still it is adequate to talk about generalisation as the different approaches, used to understand the empirical material, aims to bring a wider description of how alternative interventions are perceived and an understanding of obstacles versus possibilities for alternative interventions to occur. The analysis is based on respondent's subjective interpretations and understandings of alternative interventions. And their understanding of the activity and perspectives in the organisation. The results can only be generalized to the specific population, namely the organisations and the respondents. And can not be used in order to generalize the total social work field in Cape Town. The empirical outcome still enables to bring reflections on how alternative interventions are perceived in the social work field in Cape Town.

3.2. ETHICAL CONSIDERATIONS
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While carrying out a research, questions of ethics needs to be considered during the whole process. According to Kvale (1997), the principals of informed consent, confidentiality and anonymity need therefore to be considered when conducting a research study. The following ethical demands made by The Swedish research council have been used in this study:

Information requirements: every respondent received information before the interview about the research topic and the purpose of the study. They were informed of their right to withdraw from the interview at any time. They were also informed of his or her right to read the outcome of the interview, whenever she or he required. They were also informed that they have a right to receive a copy of the final report. *The requirement of consent:* all the respondents have given their oral consent to participate in the interview. *The requirement of confidentiality:* the respondents were informed that their identity would be confidential. The names of the participants have not been used, only the organisations they represent. And finally, to the longest extent the participants were informed of *The right of use.*

To follow an ethical approach throughout the whole process, the decision was made to not include any clients in the research. There is always an importance of striving in objectiveness while carrying out research. Still, Kvale (1997) argues that objectiveness is a rather difficult matter as the whole research process is coloured by the researcher in all stages. From the choice of research topic, the questionnaire, the choice of organisations, language and his or her personal attitude to the research topic and his or her own presence during the process. He continues to discuss the importance of awareness of the risk of distortion that may occur when the respondents answer the questions she or he believes that the researcher requires.

This thesis is an explorative study of a certain phenomena and has not focused on the respondents personal matters. The interview does therefore not therefore require closeness between the researcher and the respondent, which would have been the case if the study was client based and more personal in nature. One of the participants required that one part of the interview would not be made public. Even though the information was valuable to the thesis, the information was not disclosed. The history of South African made the issue of race sensitive and difficult in some occasions. South Africa is home to eleven languages and people come from different social, cultural and economical backgrounds. Due to these circumstances, a respondent was highly critical to how the questions were put forward. By taking the criticism seriously, the interview had a positive outcome.

3.3. CULTURAL CONSIDERATIONS

South African social work structure is new to the researcher. The cultural difference will definitely have an impact on the interviews. The interviews were coloured by the interrelationship between the respondents and the researcher who are both representatives of two different countries. This is made consciously or unconsciously. There is also a risk that the researchers own understanding of alternative approaches will have consequence for the interview. Another fact, taking into consideration is also that the outcome of the interview would probably have be different if the interviews were carried out in rural areas. There might be cultural differences between cities and rural parts. Cape Town has a University which also may have impact on the social work field. The city is also a metropolitan of different nationalities. Such diversity may also contribute to various cultural differences in the social work context when compared with rural areas.

4. BACKGROUND AND CONTEXTUAL CONDITIONS

This chapter aims to bring a description of the contextual circumstances for social work in South Africa.

4.1. THE CONTEXT OF SOCIAL WORK PRACTICE IN SOUTH AFRICA AND THE NEED FOR MULTIDISCIPLINARY SKILLS

Gray & Mazibuko (2002) argues that a challenge to the social work in South Africa is "to develop…a range of appropriate responses to the most critical and difficult issues that face our country at this time" (Gray & Mazibuko 2002 p.192). For a long time social work in South Africa had an overuse of individualised methods in social work which derived from European and American contexts and were developed for a first world. The strong Western models of social work has been highly criticised in South Africa as many of them, case work included, are inappropriate in a Third World context.

Mamphiswana & Ndangwa (2000), writes that during the apartheid area, social work activities in South Africa mainly focused on the help and support for the poor white population while social welfare policies ensured that the country's black majority remained poor. Moreover, social workers were also trained to work for people, not with people. South African social work was according to Mamphiswana & Ndangwa "…introduced with contradictory purposes, as an empowering tool for the poor white population and as a disempowering tool to the majority of the population" (Mamphiswana & Ndangwa, 2000 p. 25). Such purposes have influenced the social work practice and education.

There has been a reorientation in the matter of social work interventions. After the first democratic elections in 1994 a community development approach became the primary method of social work. According to Mamphiswana & Ndangwa (2000), such development model delivers an approach to social work that engages communities in finding solution to problems and peoples needs, as the method derives from local initiatives. It is developed for meeting the needs of the country's poorest people as well as removing societal imbalances and redistributing resources. Despite the integration of the development model, Mamphiswana & Ndangwa argues that there is also a need for other interventions. The high escalation of crime, domestic violence, child abuse and other problems, affects all levels in the South African society, the poor as well as the rich, rural and urban. Therefore it is still a need for clinical practice, as people require individual attention.

Gray & Mazibuko (2004) argues that in the search for useful interventions, professional social workers are drawing the attention to holistic multidisciplinary system approaches, as social development forces social workers to use integrated practice methods. A holistic approach looks at people as cognitive, emotional, social, cultural, biological and moral beings. The holistic approach is based upon consultation with social work clients and also encourages the community itself to participate in changing processes. According to Gray and Mazibuko (2002) there is a need of effective response and the use of adequate and diverse methods, derived from multidisciplinary interventions in order to address the circle of violence and crime. Moreover, the authors argue that the social work profession does not only require clinical and psychotherapeutic skills, the social work profession also needs to find indigenous solutions in order to deal with these problems. For them, the indigenous perspective is important because the traditional systems exist side by side with the Western notion of society.

Brown & Neku (2005) on the other hand argues that there is no contradiction of method implementation as "…social work focused on the individual is relevant to the developmental approach and is part of the social development continuum…the primary change for social work is the emphasis of intervention at all levels of the environment rather than casework or social development in isolation" (Brown & Neku 2005 p. 310-311).

4.2. THE VIOLENT LEGACY OF SOUTH AFRICA

Violence is not something that is essential for South Africa or for the South African peoples. It is rather a phenomena developed through a long period of time with negative impacts on the societal structure and mental health. This study focuses on interventions supporting people with traumatic experiences. Journals and books of trauma do often interlink trauma with violence. It is therefore important to capture violence in this context as it contributes to the vicious circle of trauma in South Africa. Even though the violent history of South Africa began long time before the Apartheid era, this violent legacy will not be described for in this thesis.

According to Evaldsson (2007) South Africa is one of the most violent countries in the world as it has an extremely high escalation of crime, which has negative impacts on all levels in the contemporary South African society. Violence arises in the deepest core of the South African society, namely in families and communities, therefore it attacks the very crucial fundaments of security and trust. In 1994, when the first democratic election was held in South Africa, it put an end of the political apartheid system and a regime that was characterized by large-scale political violence. Since the election, the country is undergoing a transition in all levels at society. Evaldsson argues that countries in transition tend to be destabilised which has a negative impact on fundamental foundations in society. The apartheid laws were built on principles of segregation, which for nearly 40 years divided the South African society along racial lines. It had an impact on societal domains such as residential rights, occupation and education. Any opposition to the apartheid regime often brought violent consequences as it was generally met by extreme form of state oppression. According to Slone et al (2002) black communities and black political activists, children included, were prosecuted and sent to prison without trial. People were tortured and violently physical abused by security forces. After the fall of Apartheid, the culture of violence has undergone a change from focusing on political targets to criminal and domestic violence.

Dinan et al (2004) describes the violent patriarchal structure in the South African society. For them, it is characterised by gender-oppression and the legacy of the previous violent regime. Violence has become a legitimate and acceptable mean in order to resolve conflicts and achieve goals. Hirschowits & Orkin (1997) discuss the alarming statistics of the mental health state and PTSD in the country. For them, such reports indicate that long-term exposure to violence has had an negative impact on South African citizens. A large number of the South African people, across all race groups have experienced extreme forms of violence.

5. PREVIOUS CONTRIBUTIONS TO THE UNDERSTANDING OF ALTERNATIVE INTERVENTIONS

5.1. CREATIVE THERAPEUTIC INTERVENTIONS

People all over the world are involved with healing and spiritual activities such as praying, invocation, herb remedies, art, music and dance. In the Western world such activities have been restraint historically for several cultural and social reasons. This has also had an influence on countries in the African continent, including South Africa (Pretorius 1999). Englund (2004) argues that during the era of the middle age, the church explicitly, by religious reasons, denied the importance of the human body. Even in the times of Enlightment, the aspect of the body as an integral part of mental wellness was denied. Instead one perceived the body as a machine that scientist and professionals were able to repair and to cure. According to the author, the change of apprehension followed with modern psychotherapy contributing a renaissance of the body as a personal subject, acknowledging connections between the body and the soul. Englund argues that today different cultural therapeutic activities such as art, dance, music and cultural means are able to be complementary to verbal communication and verbal therapies. These techniques activate several physiological and bio-chemical processes in the body as well as the brain. The biological responses of activities such as creative art, has many benefits on the autonomous nervous system and the hormonal balance.

According to Englund, culture in various forms can help to create a better cognitive function as it enables people to receive unexpected associations that may be fundament in problem solving. Another effect of culture is that it helps to improve communication as well as social cooperation and self-confidence. By involving oneself in activities, emotional or physical discomfort may disappear and be replaced by a feeling of flow, which reduces negative thoughts or pain. People with traumatic experiences and the ones who have developed a Post Traumatic Stress Disorders (PTSD) respond well for example to art therapy. Storytelling or narrative therapy is also beneficial, as they combine symbols and words, which are helpful means in order to restore the sense of connection and support the healing process. Englunds perspective is that such activities, reduces the level of stress hormones, which decreases the development of loss of memory and depression which are consequences that can emerge from a traumatic experience.

5.2. THE ROLE OF SPIRITUAL SOCIAL WORK

According to Bullis (1996) concepts and ideas of spirituality and alternative approaches are rather unknown topics in social work literature and practice. This is despite the historical fact that pioneers of the social work profession and their values of social work were intimately connected with religious and spiritual traditions. In the 1920's and the 1940's the search for scientific theories and methods led to the rejection of people's spiritual or religious roots.
Spiritual knowledge came to be regarded as subjective, unscientific and immeasurable. Professional factors have also had adequate impacts on spirituality and religion in various ways. Religion has been questioned in social work practice because of its dogmatism and manipulative agendas which are against values of social work, such as the respect for equality, diversity and people's right to self-determination. Bullis argues that there are practitioners who believe that if they are associated with spiritual or religious activities, others may question their involvement as

unprofessional. Eve Layton (2004) argues that empirical science, including social work, have tended to neglect concepts and issues of "soul" or "spirit", with a consequence that human spirituality has been relegated to the domain of religious chaplains and pastoral counsellor.

The language of spirituality also contributes to the separation in professional social work practice. Layton's understanding is that the neglecting of spirituality is an internal or transcendent experience as well as subjective, beyond rational explanations and definitions. Spirituality is difficult to understand and measure, in contrary to religion. But Layton has discovered a change in practice in the past decades. There has been a move towards spirituality in social work practice and there are various factors behind this change. Demands from ethnic, racial and oppressed groups, as well as social workers own spiritual motivation have driven spirituality into practice. During the 1970's, the diversity in cultural and religious beliefs of marginalized groups, demanding changes in interventions processes, was recognised. In 1980's and 1990's practitioners in social work discussed the need of cognisance of their responsibility towards others understanding of their own well-being and other peoples own understanding of their well-being.

According to Bullis (1996) spiritual practice and research projects in different alternative therapies have been recognised, including "….guided imagery, yoga, massage,…touch and energy healing, tai chi, Auyr Veda…" (Bullis 1996 p.46). As the complementary and alternative health field has recognised spirituality as an important factor for wellness, there has been a shift towards a holistic model. According to Bullis (1996) people's spiritual concerns are multiple and diverse and spiritual distress may be caused by life-changing experiences such as traumas. In South Africa, Layton (2004) argues spirituality has remained largely ignored despite the fact that South Africa is a multi-cultured country with people with multi-faith awareness. According to her, the lack of awareness of cultural and spiritual beliefs makes social workers ignorant of cultural diversities (Layton 2004).

5.2.1. SPIRITUAL (ALTERNATIVE) THERAPEUTIC INTERVENTIONS

In order to answer to client's physical, mental and emotional need, a spiritual oriented technique can be useful. According to Bullis (1996) they are techniques that are both multiple and varied and aims to explore the client's mind-body-spirit awareness and well-being. Meditation, yoga, visualisation, active imagination, metaphor, healing of memories, dream work, breathing techniques, community building, psychodrama, music, are examples of such techniques. Bullis argues that there are social workers that not only clarify their own and their clients spiritual values and backgrounds they do also engage themselves and their clients with practices abovementioned. When implemented with sensitivity, a spiritual intervention, such as meditation, can be beneficial making the client relax and create a inner connection and self-awareness.

For Layton (2004) these techniques always require a lot of security in the relationship. They should only be suggested when the practitioner is confident that the respondent will accept the treatment. Working in a pluralistic context, demands both skill and awareness. It is therefore of great value, that the practitioner is sensitive to the client and is cautious with the misuse of his or her power.

5.3. THE AFRICAN CENTRED WORLDVIEW

There are studies criticising the nature of social work designed that fail to maintain the intellectual, psychological, physical, spiritual, emotional and social needs of their clients of African heritage. According to Graham (1999) an African-centred worldview is challenging social work to "…expand its philosophical and intellectual base to embrace humanity…and to open the way for the transformation, creativity, and unlimited potential that is embedded within autencity" (Graham 1999 p.253). Graham argues that there are attempts to combat racism in the social work system by discussing the need to discover the masks of fundamental theoretical frameworks that are inherent in the ethnocentric nature of social work. A Western model fails to bring worldviews and cultural values of those who most often are the recipients of social work practice. She argues that when people's paradigms of thought and practice are borrowed from its oppressors, it clearly shows that they have limited possibilities of creation and transformation. She continues, "African centred philosophy is a holistic system based on values and ways of living that are reinforced through rituals, music, dance, storytelling, proverbs, metaphors…" (Graham 1999 p. 258).

The African centred worldview are based on principles and values of interconnectedness of all things, the spiritual nature of human beings, the value of interpersonal relationship and openness of body, mind and spirit. Graham explains that The African centred worldview would open up for cultural pluralistic paradigms, instead of letting European cultural and historical developments be the existing knowledgebase for social work. In order to promote personhood, according to a African worldview, there is no division between the body mind and soul. And in order to gain optimal health requires emotional health, physical health, intellectual health, and spiritual health.

5.4. THE STATUES OF TRADITIONAL HEALERS IN SOUTH AFRICA

We need to look at a discussion in the medical and health care sector in South Africa, were the statues of traditional healers has been widely discussed. The reason to why traditional healers are brought up in this thesis, is because of their connection to alternative approaches. Today traditional healers in South Africa are recognised and regulated by The Traditional Health Practitioners Bill from 2003 (www.info.gov.za). Pretorius (1999) argues that under missionary influences and as a consequence of repressive political policies, traditional African medical practices, were prohibited during the colonial administration. They were condemned as primitive and heathen. But for several reasons, traditional healing managed to survive.

When the South African government accepted the white paper on health[3], they made an explicit statement that complementary health care, including traditional healers in South Africa would become a part of the official health care. It argued that consumers would be allowed to choose consultants themselves. According to Pretorius there are some important phenomena which have influenced the recognition of traditional healers. Firstly, global sentiments are favouring traditional medicine which can be seen in the legalisation of traditional healers, for example the policy change that has been made in the WHO (World Health Organisations). Secondly, economical reasons. In order to "…accommodate the escalating demand of rapidly growing populations, traditional health care is an alternative and complementary low-cost system that has

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[3] The White paper on health is a document which "…present various implementation strategies designed to meet the basic need of all our people, given the limited resource available" (www.info.gov.za)

to be considered in this regard. The third reason is politically motivated. It is important in South Africa that the wishes of the communities are represented and found in official health policy. And the final phenomenon, is the combination of official health care and traditional healers, which can result in a more holistic health care. By integrating the two systems, it will bring a strength to the consumers as "…the focus of African traditional healing is on the social and supernatural spheres, while biomedicine focuses predominately on individual physiological well-being and secondarily on environmental causative factors" (Pretorius 1999 p.13).

6. THEORETICAL APPROACHES

6.1. THE CHOICE OF APPROACHES

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A starting point of the analysis procedure has been to relate the empirical material to different approaches rather than starting from a theoretical framework. The approaches can be understood as modes of thinking that includes theoretical, methodological and ethical reasoning. The approaches came out through the empirical material as they have shown to be more relevant for the thesis than exclusive theories. The material has been analysed through a systematic process with the support from these approaches as they have contributed to describe and understand the variations in the material. They are not only chosen due to their political perspectives on social work activity, but they are also chosen because of their ethical perspectives. These approaches demands openness to various interventions and approaches in Social work practice and theory.

The approaches are: The Spiritual social work approach, empowerment, the ethnical-sensitive approach and finally the exclusive or tolerant versus inclusive or integrated system. They can be motivated by various factors. Firstly these approaches are challenging Western norms and paradigms of theory and practice. Secondly, these approaches can help in understanding the character of openness to alternative interventions as well as professionals' choice of interventions.
They can also bring further understanding of the possibilities as well as the obstacles for interventions to be implemented into social work practice. Moreover, behind the approaches one may find a multitheoretical integration. When a professional aim to bring strength to a client, she must have a pedagogical knowledge on how one can support such strength. There is also a perspective of humanity in these approaches and a perspective that seeks to support people finding their own resources. Within the approaches a holistic thinking is also contained, as professionals can create awareness of the human being and its context.

-*The spiritual social work* approach wish to integrate a deeper holistic approach into social work practice. When professionals receive an understanding of their own as well as their clients spiritual concern, they are more likely to support their clients more effectively. Interventions used in a spiritual approach may also represent rather unconventional therapeutic practices and skills.

-*The ethnic-sensitive approach* brings an African perspective into social work. It embraces a legitimatisation of alternative worldviews and paradigms in order to offer valid bases for social work practice and theory.

- *Empowerment* strives to increase strength in the human being. The client is an active part in the healing process. Such engagement includes self-action by the client and demand professionals to be open for new perspectives and activities.

-*The exclusive or tolerant versus inclusive or integrated system* can help to categorize the respondents into different groups, depending on how they perceive alternative interventions.

6.2. SPIRITUAL SOCIAL WORK

Social workers are just beginning to identify the nature of spirituality in interventions. At least according to Bullis (1996), who argues that spirituality in social work practice, respects the many diverse ways in which people explore, express, celebrate meaning, purpose, connectedness, and transformation with their experiences of happiness and struggles. Furthermore, social workers are

sensitive in their work when they know how to respond to peoples spiritual, existential concerns and their practical needs. When social workers are sensitive, Layton (2004) argues, they are encouraging renewed well-being at the heart and soul as well as at the spiritual level. According to Bullis, (1996) spiritual questions deserve deliberate and thoughtful, authentic responses.

Furman et al (2004) argues that philosophically, spirituality and social work promote common interest and self-respect. In order to achieve such goals, they use different means. A spiritual professional is being concerned with the development of the inner person. Furman et al argues that there are no reasons why leaders of social work and spirituality cannot collaborate, as they have no philosophical or ethical barriers. This statement is supported by Bullis (1996) who says that ethical achievements could support such collaboration.

One can understand spirituality as inner feelings and experiences of immediacy to a higher power. The open nature of spirituality is both eclectic and inclusive Bullis (1996) argues. He defines spirituality as the relationship between a human person and something or someone who transcends themselves. There is an "…enormous variety of transcended values, concepts, or persons with which people identify as higher sources" (Bullis 1996 p. 2). An explanation of transcendence operationally means a higher altered state of conscious, which are divine or sacred. According to Sheridan (2001), spiritual social work practice is firstly a framework of knowledge, values and skills for social workers aiming to use a spiritual sensitive approach in their practice. Secondly, spiritual social work is made out of material which aims to promote personal and professional growth. There are five principles for spiritual social work "[1] demonstrating value clarity, (2) respecting spiritual diversity, (3) being reflective, (4) supporting strengths and empowerment, and (5) taking a holistic perspective" (Sheridan 2001 p.87).

Spirituality goes hand in hand when concerned with personal and social healing. According to Bullis (1996) spiritual professionals, as well as social workers wish to promote healing of communities and personal strife and violence. "…spiritual derived interventions are finding their way into practice arena…as an appropriate part of social work practice" (Bullis 1996 p. 46). The techniques to raise and explore the clients mind-body spirit awareness and well-being are multiple and varied. Layton (2004) argues that spiritual sensitive practice is in all times respectful and sensitive to the client's willingness, need and capacity. Layton argues that the interventions will furthermore, "fit the timing of clients growth processes and…needs and goals" (Layton 2004 p.48). For ethical practice, practitioner's awareness is important when it comes to the use of their work and choice of interventions. The social worker need not only to reflect on his or her own ideology, but also to reflect on the model they use to find whether it meet the needs of the client or meet the needs of the social worker. It is crucial in spiritual sensitive social work practice to be reflective in this matter. Social workers must be aware of their own prejudice and guard against becoming agents of spiritual correctness in order to avoid judgemental response.

Conclusion:
Spirituality in social work practice raises concerns about
-the profession's ability to address spiritual issues with competence, ethical integrity, and cultural sensitivity
- the development of the inner person.
- The open nature of spirituality as being both eclectic and inclusive.
- to promote healing of community and personal strife and violence
-the techniques raise and explore the clients mind-body spirit awareness and well-being are multiple and varied.

- The professional needs to reflect on his or her own ideology and model.

6.3. EMPOWERMENT

According to Payne (1996), empowerment aims to support people to express themselves in an understanding environment. It also supports them to reclaim their own human value, their life-powers and accept and integrate their own ability to act and be in charge over their life-situation. The empowerment approach strives to outsource the power to the powerless. It enables people to develop knowledge and strengthen inner capabilities and self-esteem. It brings out the individuals ability to take control over their lives. Furthermore, Payne argues that apart from social and political empowerment, there is also a psychological empowerment, which "…is required to enable people to believe in their own capacities for change" (Payne 1996 p. 135). Throughout the African continent, models of empowerment are integrated into social work practice. The approach demands professionals to choose side and decide whose knowledge they regard as most important. Empowerment wishes to bring an awareness of various choices in the individual so that he or she can act without any boundaries. Empowerment is also a valuable tool in group work, as sharing experiences can support healing.

According to Fallot & Harris (2002), empowerment interventions demonstrate people to acknowledge the impact of the abuse. Empowerment interventions aims also to make people focusing their energies on developing techniques for mastery and augment their existing strengths for coping with existing life events (Fallot & Harris 2002). Empowerment creates a possibility for people to be in charge of their own lives. Empowerment is paying attention to power imbalance, issues of class and race and other ways of oppression that are limiting peoples possibilities to be in control of their own situation. Payne (2002) argues that the aims of empowerment are to support people to be able to regard themselves as the finders of their own problems. The professionals share their knowledge to the people as they perceive themselves and their clients as equal partners in the solving process.

Conclusion:
Empowerment seeks to
- make people reclaim and strengthen their own human value, their life-powers and accept and integrate their own ability to act and be in charge over their life-situation
- take the power from the powerful forces and bring them back to the individual.
- questions knowledge
-bring an awareness of various choices out of the individual so that he or she can act without any boundaries to someone else.
-support clients to focus on their energies on developing techniques for mastery and enhancing their existing strengths for coping with current life events
- make people the finders of their own problems
- make the professionals share their knowledge with the people

6.4. AN ETHNIC-SENSITIVE PARADIGM

The ethnic-sensitive paradigm, presented by Graham (1999). He criticises a conception of universalism where a few theories and one worldview and paradigm can be used to explain human behaviour amongst all people in every culture. An ethnic-sensitive model incorporates integration of cultural differences, while it understands and appreciates social, cultural and racial

diversity. It adapts practices and skills in response to different family patterns and life styles. It understands of how cultural traditions and values are influencing the clients and take that into consideration when planning for social work interventions. Graham argues that by opening up for an ethnic-sensitive approach, one may uncover a projected image of universality of existing social work paradigms and the establishment of the social work knowledge as the norm. Because Western values have been favoured, alternative values have been rejected "…treating all alternatives to 'Western' models as 'other' and incapable or unnecessary of definitions in their own terms" (Payne 1996 p.163). He argues that due to societies different needs, the requirement of different modes of action must be recognized. Due to the Western dominance, alternative models have been prevented to emerge and become validated.

Conclusion:
an ethnic-sensitive paradigm
-understands, appreciate and incorporate an integration of cultural difference.
- take culture into consideration when planning for intervention
- uncovers universality

6.5. EXCLUSIVE OR TOLERANT, VERSUS INCLUSIVE OR INTEGRATED SYSTEMS[4]
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Exclusive, tolerant, inclusive and integrated systems are four distinct systems of categorisation when dealing with acceptance of unconventional practices, linked to healing.
The *exclusive* (monopolistic) system is only recognising the practice of a modern scientific approach "…while all other forms of healing are illegalised or severely restricted" (Pretorius 1999 p. 3). *Tolerant* systems "are characterised by a laissez-faire policy or tacit recognition" (Pretorius 1999 p.3). Systems based on modern conceptions, are recognized, while the existence and significance of other sectors, such as alternative practices are officially ignored or not recognised. This policy remains the most flexible and neutral attitude a organisation (and government) can adopt. In contrary, the legalisation of alternative systems results in two kinds of systems. Pretorius argues that first of all, there is the *inclusive* (parallel) system, which recognizes other approach systems as being legal, besides a scientific approach. The outcome of an inclusive approach is that two or more systems often coexist. In order to be accepted, the particular practice must be highly formalized. The *integrated* system unite a integration of allopathic practices and alternative practices.

Conclusion:
-four distinct systems of categorisation when dealing with acceptance of unconventional practices.

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[4] Pretorius is discussing the systems in relation to Governments. But in this thesis the systems will be applied to organisations in order to adjust to the analysis.

7. RESULT AND ANALYSIS

7.1. ALTERNATIVE INTERVENTIONS IN THE FIELD OF SOCIAL WORK PRACTICE

The aim in this thesis is to give a descriptive picture on which alternative interventions appear and how they are practised in South African social work. It aims to understand how they are perceived locally and which obstacles versus possibilities they can meet. Questions about interventions, legal restrictions, and professional's attitude regarding alternative approaches have been asked in the empirical gathering. The analysis process has been made carried through interviews with eight social workers, one alternative health worker, one psychologist, one Child and Youth care worker, one facilitator and one drum therapist, all based in Cape Town.

It is of importance to stress that the organisations in this study are working with different aims. And it is only a few of the respondents that are engaged directly in trauma work. All the participants have different perspectives and backgrounds and varied resources in their work. In this chapter, quotations will exemplify different perspectives shared by the respondents. Sometimes a statement can represent the perspective of the respondents organisation. And the statement can also represent the perspective of the respondent herself. The analysis will end to create a categorisation of the different respondents. The categorisations are based on the interviewer's interpretations of the empirical outcome.

7.2. HOW RESPONDENTS PERCEIVE ALTERNATIVE INTERVENTIONS

Before investigating what alternative interventions occur, respondents relations towards the alternative field will briefly be expressed. Nine of the respondent claimed that they welcomed alternative interventions, and three showed scepticism towards alternative interventions and these perspectives will be discussed further in this chapter.

"Well, I am a little bit bored by the conventional therapies, largely because they were not developed in a South African context. They are developed in first world, the western world, in the northern hemisphere context. It is not that they don't work here, they do work here but its not enough. More is needed. A lot of these therapies rely in a first world comfort. That is where the alternative and complementary therapies become something to be explored and even developed from scratch here. We need to look at things that come out from African tradition, or Islam for example. Because that is valuable to us because we share these cultures…"#1

This statement can be related to the ideas of the African worldview, that discuss the need for holistic approaches which is unique for South Africa and are reinforced through for example, storytelling, dance and music (Graham 1999). Another respondent explains how unconventional practices are regarded in South Africa today:

Many people tend in the past to use psychologist to deal with problems. I think that one way today is to use newer methods and unconventional methods. People are far more free to use them. I don't think there is a South African way at this moment of time. In the communities they have cultural ways, and I wouldn't know them all. Like how a Zulu family would work with grief or how the Nsotho counterpart would do, may be very different to a traditional white South African family way of dealing with grief". #10

Another respondent describes alternative interventions by relating to trauma:

"...we are working with clients that are not very verbal. So some people find massage as a better way to connect. A scientist, Bessel van der Kolk has been questioning cognitive behavioural work with trauma clients, because trauma is a disorder of arousal and as it is a disorder of arousal it is largely located to the midbrain. And the midbrain is the preverbal brain and so he argues that verbal techniques are most likely to be affected by the trauma. Therefore we must focus on to bring down the arousal state as quickly as possible by concentrating on body and the breathing. Therefore I think they are very useful techniques as it gives some minimum and useful techniques to our clients."#2

The usefulness of creative therapeutic interventions as well as alternative (spiritual interventions) can be complemented with verbal communication. According to Bullis (1996), meditation can be beneficial to support the client to relax. According to Englund (2004) art therapy may reduce the level of stress hormones. This quotation can also be understood as a correlation between the scientific and conventional knowledge and alternative knowledge such as body-mind techniques.

Three of the respondents said that they had implemented the *Capacitar* (www.capacitar.org) material into their practice. *Capacitar* was developed as a program for people who endure the effects of traumatic stress. It is a program that includes various body-mind-spirit techniques and energy techniques for the benefit of trauma healing. The Capacitar material can be related to the work of Jensen et al (2007) to bring further understanding to the techniques. They argue that the starting core of body-mind interventions is that the healing process begins from within. Some of the techniques in *Capacitar* include Tai chi, meditation, visualisation, breath work, finger holds for managing emotions, hand massage. Even if *Capacitar* was not mentioned as such, another respondent was involved with body- mind and energy techniques that also are included in the *Capacitar* material.

Other techniques can be described as cultural based interventions. *Storytelling*[5] is regarded as traditional South African and unconventional practice. It has become a powerful tool in South Africa when dealing with survivors of trauma (Graybil 1998). Respondents from specialized and non-specialized agencies, talked about the value of narrative therapy as stories of peoples life can be shared for the benefit of healing. One of the respondents explained that when thoughts are turned to emotions and expressed, the healing process can start to take place. Her organisation combined *storytelling*, with *clay- and drawing exercises* and she describes this activity:

"...drawing itself is a process where people can look deep down into themselves , it is a physical pain, as physical beings we use physical stuff to get inside ourselves."#3

This statement can be complemented by Englund (2004) as she writes that creative therapeutic practices may have a benefit for people with PTSD, as such practice can reduce emotional discomfort and be replaced by feelings of flow.

Another practice was *The hero book training*[6] It uses a combination of storytelling and drawing exercise. It is a process where the person is invited to become his or her own author, illustrator

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[5] One may question whether Storytelling is a unconventional practice in South Africa because of its widespread acceptance. But it may be understood as complementary in relation to a norm of conventional practice.

[6] The hero book training was developed in South Africa by Jonathan Morgan, a psychologist at the University of Cape Town.

and editor of a book which is designed to make the person gain power in times of specific life challenges. *The hero book training* can be understood as a therapeutic as well as an empowermental tool. This training can be related to the thought of Empowerment as the process may create possibilities for people to believe in their own capacities to change (Payne 1997). The training was practised by four respondents from non-specialised organisations.

Drumming[7] was also mentioned as a therapeutic tool and it has been a part of the South African cultures for centuries. It can be related to Englunds (2004) notion of creative therapies and a an mind- body technique (Jensen et al 2007). The effect of drumming was explained as follows.

"...for every human that is the ideal state, to be in present. And drumming causes that out of people...the drumming speaks for itself. You get so much more information out of that simple thing, than having them to express something by talking for an hour, and they are honest, they don't say anything..."#12

Two respondents said they used drama in their work, which also can be used as a mind-body practice (Jensen et al 2007) One of them, a social worker, stated that she understands drama as a rather alternative activity, in relation to what they were being thought at university. She had been an exchange student in the Netherlands, and was impressed by the activities social work student were taught there:

"They use a lot of activities in social work to get people to feel comfortable and to speak. Not like we would do it in South Africa, just sit down and talk, "now, tell me your problems". They have other ways of doing that...I have learnt how to incorporate that and just do my thing. So it's not a strict thing, it is rather unconventional, and it works. #9

No more information was given by respondents which shows that any other South African interventions, or alternative interventions apart for the ones abovementioned, could be found used by the respondents when looking at their answers. Some of the interviewees believed that if there were other interventions that could be developed in South Africa they would be more cultural based.

On the question where the impulse of alternative intervention in the organisation comes from, one respondent from a specialized trauma organisation claimed that employees in her organisation look into themselves in order to find their own wisdom. By doing so, they are not only able to share their wisdom with their clients, they might also find interventions that may fit the clients needs. That is the way they started to look at alternative techniques. The employees have implemented a variety of interventions into their work. For example with rape survivors, they used aromatherapy, visualisations, breathing techniques, which according to the respondent have very beneficial effects for that category of client. She describes a situation where a woman who comes for support feels dirty in her body after being raped. In this case the respondent could for example say to the woman:

//.../some believe that you can shed yourself from unwanted energy if you throw a handful of rock salt in your bath, they believe it...so we would say to our clients that they can try that, we would not necessarily use a kind of esoteric terms like energy, as some of our clients are Christians and they found that word very tricky, so we say to our client: you want to feel clean,

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[7] According to the respondent, drumming are mainly practiced in organisations and companies for teambuilding in South Africa.

inside as well as outside. One of the ways that you can do that is to throw rock salt in your bath, so it's a very physical thing" #1

This statement can be interpreted in a way that the respondent's organisation integrates a cultural sensitivity in their daily work. A cultural sensitivity is one of the fundamental cornerstones in holistic interventions (Bullis 1996). This example of bringing an advice indicates that it is irrelevant if the advice is working or not. Instead the advice can be understood as adequate for people in the agency, not only because it incorporates cultural knowledge, it also implicates that it is up to the client herself to judge whether the advice works or not. The responsibility may therefore lay in the hands of the client, which might indicate that clients are empowered to choose for themselves. The clients are giving the opportunity to choose if the intervention is supportive when dealing with negative distress detached to the body. According to Bullis (1996) a spiritual sensitive social worker is respectful towards a diversity of practices. This can be understood and related to the above statement, when a person is suffering from consequences derived from rape and wish to find ways to feel clean inside her body.

One of the important principles of the spiritual approach, according to Layton (2004), is that the professional needs to reflect on his or her own ideology. The above statement, demonstrates a perspective that practitioners in the organisation are not only aware of other cultural beliefs and norms, but are integrating such beliefs into their own field of practice. By doing so, they might reflect on their choice of models, which can open possibilities for alternative interventions to appear and be incorporated into their practice. One important way of action according to the spiritual social work paradigm, is that social workers should focus on models that will meet the need of the client, instead of focusing on models that will meet the need of herself or the social work profession (Layton 2004). This above statement shows an example of such awareness. The respondent continues to describe that her organisation will find interventions

//.../ that will fit the clients need that the clients bring to us. Doing so, we are not limited by a psychological approach or a social work approach or a medical approach or a legal approach or a spiritual approach, but all that. As the women are not limited of certain wisdom they can choose themselves of their own wisdom". #1

The ways, in which interventions can be chosen in this organisation, might have a multi-dimensional base. From a spiritual social work approach the above statement can reflect an eclectic way of relating to knowledge. This, according to Layton (2004) is beneficial for the client's holistic wellness, as the professionals are not likely to overlook or neglect client's spiritual issues. An eclectic approach as described above may open up possibilities for alternative interventions to occur. Alternative interventions can be taught in a simple way. They can also be regarded as empowering tools for people as they can be practiced at home. With the support of a empowerment approach practitioners may use various trauma recovery skills. These can be valuable to use as trauma increases the risk that survivors will develop inner instability in various ways.

   According to the empirical outcomes, one may interpret that the empowerment model is a costume for many of the respondents. When professionals bring their knowledge of alternative practices and skills to their clients, they are not only sharing their knowledge, but they are giving an opportunity to the clients to actually become their own therapeutic master, choosing their own interventions (Fallot & Harris 2002). When professionals are engaged in psychological empowerment and have a spiritual sensitive awareness they might strive to create inner spiritual well-being. Such approach may become a tool for change, opening up for alternative interventions to find possible ways to integrate into the social work field.

"//.../ we as social workers needs to be very open minded and innovative in our day to day functioning and I would like to see that more in my colleagues too and maybe at universities where we get our training, to have really open mind and holistic approach" #6

This statement can express a perspective which claims that other employees as well as universities are lacking wider holistic approaches. Working in such a dynamic field as Cape Town, which is a home to many cultures and people, can be related to Payne's (1996) discussion that social work requires innovative practices as the unique context cannot really be compared to Western societies. Having clients with traumatic backgrounds can also require holistic approaches, as individuals may have different ways to approach healing.

Answers' deriving from the interviews, regarding the use of alternative approaches varies. For example, concepts like meditation, visualisation and tai chi, are as familiar to some of the respondents as they are unknown to others. Moreover, when people were asked whether they felt familiar with the alternative concept, the answers also varied. Even if all of the respondents said they were open to alternative approaches, answers shows that this is not really the case. Despite this, everyone claimed they would accept alternative interventions in general. A tendency of scepticism was noticed from three of the respondents, all from non-specialised organisations, regarding an actual realisation of implementing alternative interventions into their field of practice. Their answers differ. According to one of them, the use of alternative intervention is questioned for the sake of the clients. She asks, how do the clients respond to such activity? According to Layton (2004) a spiritual sensitive approach demands the practitioner to be aware and ethical sensitive, as they must avoid imputing interventions onto their clients. The questioning can in the light of such awareness, be understood as highly relevant. According to Layton a spiritual interventions must be practised with a sense of confidence and competence in order to protect clients from risks based on unawareness.

Layton (2004) argues that working for faith-based organisations may raise challenges for alternative interventions The scepticism from the three respondents towards alternative interventions, could to some extend be understood in relation to their Christian background and they all worked in faith-based organisations. Trying to understand the underline meaning of scepticism towards alternative interventions, one of the respondents will here be quoted on which interventions she would not accept:

"I think, like somatic kind of therapy, where its all about your body and doing exercises that are a little bit like new age, I think, that would be kind of weird to do. Everything that is normal would be fine…Any kind of therapy, like play therapy, narrative therapy, family therapy, marriage counselling, which has a normal kind of approach" #7

This statement demonstrate a division of normal approach exercises and exercises that are based on mind-body techniques (briefly described in chapter one). It does also show an understanding of a correlation between mind-body techniques and new age. The statement also describes normal activities used in the organisation. Furthermore, the statement expresses that anything that is not normal is weird. How the respondent is perceiving normal activities can be interpreted and related to the social work education and perspectives within the profession. It can be interpreted as a way to perceive and establish a sense of adequate social work practice, where mind- body interventions are regarded as unscientific and immeasurable and therefore, according to the respondents statement, does not belong in her professional activity. When such perspective occurs, it might become an obstacle for holistic approaches and alternative interventions to

integrate within the organisation.   According to Pretorius (1999), tolerant groups recognize modern conceptions while the existence and significance of other sectors are officially ignored or non-formally recognised. The normal, conventional approach seems to be the only recognized sector at this point in time. Interventions that are based on body-mind interventions, are not forbidden, but ignored and overlooked.

Almost all of the respondents claimed that creative techniques such as drawing and clay exercises, were supportive complements in their work with their clients. There is therefore important to demonstrate that there might be a difference in the recognition of alternative interventions which is based on how they are carried out. As respondents who have shown a sceptical attitude towards body-mind therapy has reflected positive to creative interventions. Creative interventions and body-mind interventions can therefore be understood and perceived differently.

7.3. RESPONDENTS APPROACHES TOWARDS TRADITIONAL HEALERS
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Respondents holistic approaches can also be discussed in relation to traditional healers, as traditional approaches are relating to norms of conventional practice (Eklöf 1998). According to Pretorius (1999), there is a strong Traditional healers association in South Africa.

"…They (traditional healers) are interacting with the government and they are being more accepted as being a part of the more mainstream medical system in South Africa. But it is still a rather big step for people to take. There is a polarization in all human sectors that makes it difficult for people to get together. People are talking about it, but if they are willing to participate in the change, that's another story". #4

The way how traditional healers are perceived by professionals used in this thesis, can be demonstrated from their ethnic-sensitive openness. According to Graham (1999) mainstream perspectives on interventions can be understood as a situation where few theories and paradigms can be used to explain human behaviour amongst all people in every culture. Traditional healers were prohibited during the apartheid regime as their practice was conceived as primitive (Pretorius 1999). Even if traditional healers are becoming a more integrated part in social work practice in South Africa, they have to lobby against different ideologies that want to exclude them. In contrary, when traditional healers interact with professionals with sensitivity for ethnic diversity, traditional interventions might have wider possibilities to be used. One social worker replied to the question on her organisations attitude towards traditional healers.

"It is important for the child not to loose touch with their roots and their spiritual and cultural background. Just as long as we know that the child wouldn't be exposed to danger or impact them negatively, we allow the child to go (to a traditional healer). So when the child comes back to the community for good, they aren't sceptical about what is going on in the neighbourhood. By experiencing this, they know what may happen". #9

This statement demonstrated a perspective were culture needs to be taken into consideration as clients should not loose their spiritual and cultural heritage. The above attitude regarding traditional healers can also be understood as openness to incorporate different values and approaches into practice. According to Graham (1999) an ethnic-sensitive practitioner can understand how cultural traditions and values are influencing the clients. Such knowledge may influence the practitioner to take cultural means into consideration when planning for social work

interventions. The above statement expresses not only such consideration, but might also demonstrate that it is not adequate to discuss the employees own perspective towards traditional healers. It is likely that professionals who are open to cultural diversity could be beneficial in helping alternative interventions to take place, at least interventions that to some extent are based on South African traditions. In relation to the ethnic-sensitive approach, one conclusion derived from the above statement is that the organisation expresses and nurturing the cultural means of the clients rather than nourishing scientific means only.

The majority of the respondents claimed to accept traditional healers as integrated part of South African communities. For some, traditional healers were also regarded as important parts in the healing of traumas. The importance of traditional healers, in a healing process can become equal to other forms of support, such as spiritual or religious healers, as well as equal to more conventional support. Furthermore, a model aiming at the client's needs and sensitivity for cultural diversity seems to occur. Traditional healers are not only a part of the South African culture, they are also supported by the majority of South African peoples and are, according to Pretorius (1999), to a far extend integrated parts of South African communities. Even so, two of the respondents said that they never had come across traditional healers, futhermore, they worked in faith-based organisations.

"That's a tuff one…I've never dealt with that, as I come from a coloured/white culture. …I don't think that we would refer to sangomas[8]…I think that we would stick to a westernised mode… but you always have to take culture in consideration, you may discuss it, but it's not an ideal option for me…I am from a Christian background. It never had an impact on my life. Outside influences have given me a negative picture of witchdoctors, sangomas…they have negative connotations. But when you practice social work you have to be able to step aside and be objective…I wouldn't judge. I would listen to the client, and also get some advice from a colleague that understands the culture more, who is more knowledge. I believe its important to respect each others culture and stop be judgemental" #11

It seems that she is aware of the contradiction in her answer. Despite the sceptical picture of traditional healers, there is also an awareness of the ethical codes social workers have to take into account when carrying out their work. How to incorporate such ethical codes with activities that is against ones own values can become a rather complicated issue. In terms of the spiritual approach the above statement can, become an obstacles when addressing the clients diverse needs. One conclusion of the statement might be that if the staff members in the organisation would step aside and be objective, the respect of spiritual diversity is more likely to occur. If not, one may perceive that it is likely that the organisation have barriers towards alternative interventions as they rather would stick to a westernised mode, and conventional practice. Another social worker said

"I know that the traditional Xhosa and Zulus, the traditional black cultures believe in traditional healers, but as a Christian I do not believe in that at all, I think its not good, its playing with the dark side of things…I don't actually…its only that you hear or see on television. I know they regard in sometimes spell or voodoo and things like that. But most of them say they only give traditional herbs or medicines or things like that. But maybe it's just my idea of it, of not getting involved with those kinds of activities. I don't want to get involved with things that can open doors for the dark side of things. Because I think it's a battle of things between the dark and the light. And as a Christian you mustn't open doors or get involved with. There is a group, I can't

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[8] Sangomas or witch doctors are other names for traditional healers.

explain of what they do. Its just different groups doing different things, which isn't good. Like Satanist groups doing game and get away out their bodies. I would just rather stay away from that and the new age. Because I think that if you get into the roots of each thing, then at the surface it looks ok, but people sometimes open doors to demonic forces or strongholds that they don't even know because of ignorance, like new age things...they get involved with it and then later it will have an effect on their lives and they don't even know that why they are struggling with something is caused by the door that they opened. Therefore I would rather stay away from things that I would feel uncomfortable with. I don't want to refer clients to that or be involved with opening doors in their lives because I referred them to it. It's just my own conscious" #7

The statement demonstrates a perspective on Traditional healers as agents of black magic, which is the devils work. Integrating traditional healers with clients who has undergone traumatic events, cannot become a reality due to a responsibility towards the client. As a Christian, one should not be responsible of letting the devil loose and being in a situation when there is a battle between the light and the darkness. Traditional healing can in the above statement, be perceived as a practice against Christian believes and good social work practice. When the statement is related to the spiritual approach, where social workers must be aware of their own prejudice and guard themselves against spiritual and religious correctness, one may understand her perspective that religious correctness comes first, in relation to traditional healers. In this example, the Christian ideology can become an obstacle for other alternative interventions to take place.

Other respondents claims that Christian beliefs can create various obstacles in the use of alternative interventions. The division between the body, mind and soul in the history of Christianity (Englund 2004) might be one of the reasons behind this, as the incorporation of the body in a therapeutic activity can be perceived as inappropriate. Due to the obstacles Christian beliefs and worldviews creates, some respondents said these factors requires them to be sensitive in their approach. For example, such sensitivity would affect an esoteric language. The word "energy" was mentioned as an esoteric term, which, according to some respondents, does not have a positive connotation for some of their Christian clients. They would therefore use other words in order for their Christian clients to perceive the intervention as appropriate. A respondent mentioned a situation when a participant refused to participate in a healing training:

"...the fundamentalist church had thought them that only Jesus were allowed to heal, so they can't lay their hands on someone's body." #4

A psychologist told me how she could come around Christianities impact on her choice of interventions. She said that even if her organisation uses alternative interventions

"...we use it in a way that people who are Christian can use it so they don't feel that the program is against their religion or against god...we also use dance and music, although it is very alternative and some people don't want to do it. Some Christians wouldn't do the exercise if I say that it comes from the Indian culture in North America, because of their Christian background". #5

The respondents who implement alternative interventions in their work, said that the carrying out of alternative interventions, demanded sensitivity and they have to be cautious in terms of practice and esoteric language as described for above. According to Bullis (1996) spirituality in social work practice raises concerns about the profession's ability to integrate interventions with competence, ethical integrity, and cultural sensitivity. Working with clients with another life-orientation therefore raises a need for respectful awareness. The above statement explicitly

describes an orientation of alternative approaches in order to adjust these interventions to fit the understanding of their clients. From a spiritual perspective, such adjustments must be done with great awareness in order to avoid imposing alternative approaches against the will of the clients. Because if they failed to be sensitive in their explanation, they might lose the client's trust in the intervention.

7.4. HOW TO SUPPORT PEOPLE TO ENABLE THEMSELVES TO STAY IN CONTROL OF THEIR LIFE-POWERS
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When many of the respondents discussed clients abilities to receive help and support, the impact of socio-economic resources seem to be a fundamental problem. There are several difficulties for people from poorer areas in Cape Town to receive support discussed by the respondents. Firstly, there are not many psychologists and therapists for the poor people to rely on. Secondly, many people cannot afford to travel to the practitioner's office. And if they are able to come, the sessions may be limited to one single occasion. Empowerment was often mentioned in the interviews. When discussing interventions, different respondents seemed to have various perspectives on how empowerment can take place. One respondent discussed the importance of creating and educate adequate tools for their clients in order for them to become in control of their own healing process. It can be understood as a perspective that the choice of intervention is not only a matter of giving adequate support to their clients, it is also a matter of limiting power imbalances.

"In South Africa, the disadvantage group have to rely on a group of white, middleclass social workers to sort their problems out. Which hand over the problem to the women themselves and we…want to discourage that" #1.

In order to discourage this, the organisation had chosen to integrate unconventional practices and skills into their work next to counselling and other methods. For them, a client must not be limited by the help and support from professionals in dealing with consequences derived from a trauma. For example, by teaching visualisation and meditation techniques to a survivor or to relatives of the survivor, the client is able to practice the techniques at home. The client is given tools which hopefully can reduce a spiral of stress or anxiety that is likely to occur after a traumatic experience. The same respondent says that when clients undergo education on alternative interventions, they are more likely to be in control over the situation that not likely would have appeared when they have to rely on professionals. She claims that the interventions used in the organisation are chosen due to their simplicity. The quotation shows a rather critical statement about the power of the group of middleclass white people, which according to some respondents, many of the social workers and therapists in Cape Town are part of. It is also a statement in taking action and changing power imbalances.

According to Payne (1996) empowerment in practice supports people in taking back their power from their oppressors, and be in control of their life-powers. The empowerment approach in the organisation can furthermore be understood as a move away from the history of South Africa and the legacy of social work when the former oppressive regime used social work practice to strengthen the power of the white population (Mamphiswana & Ndangwa 2000). Moreover, the quotation can be understood as if it is time to make a change, or that social work at least should be committed to such change. She continues to discuss the importance of being holistic in practice.

"As rape is a very difficult trauma, it is hitting you in your physical, emotional, and spiritual level, with very serious consequences on all of those levels. Therefore, to respond to that...we will find different techniques from a holistic perspective, to find a solution in all of those levels".
#1

According to Hermann (1992) trauma affects the client's well-being and it affects the very essence of being. Specialized trauma organisations are aware of those consequences. According to Layton (2004) people's spiritual concerns are both multiple and diverse as spiritual distress may be caused by life-changing experiences such as traumas. Therefore, one can understand the statement above as an awareness that healing processes must include all different levels in humans. A process that aims the client to trust in other people, as well as feeling safe, including feeling safe in the body, as well as as well as a process towards emotional, spiritual, social and physical stability. The spiritual concerns are therefore seen as one aspect, out of many one need to include in the healing process.

Another representative from a specialised organisation said that her organisation design their work with survivors of trauma in a way to keep the client in charge of her own process. This is achieved by letting her make the decisions herself. For her and her colleagues it is a matter of finding alternative therapeutic interventions that will fit the client's needs. Moreover, within different communities the techniques can be taught from one person to another and they can also be shared within a group. Staff members in her organisation combines alternative and conventional practices.
The next quotation will begin with examples of which alternative activities her and her organisations are using and end with their clients abilities to receive support.

"...polarity healing, energy balancing, meditation on the chakras, Tai chi, yoga...visualisations ...just enough that you don't need to be a professional. But you can still do these things and use them, you can teach them to your neighbour or colleague and they can bring it further to someone else. I think that is a very complementary to the work that we do in our sessions of talk therapy...We are training very simple techniques that they can take home and do by themselves. And you can't massage your whole body properly. So, our emphasis would be, do breathing, sit down, and relax the body. That's something they can do by themselves at home. It wouldn't be too advanced or too complex as we wouldn't be involved of things that would trigger and create flashbacks, that could be provocative. So it would be in a light way. They barely can afford to come and see us"#2

According to Fallot & Harris (2002) empowerment is an instrument that aims to bring awareness to various choices within the individuals to enable them to act without any boundaries to other people. Being open to alternative techniques may open up for such variety. By learning different health techniques, the clients are likely to become agents in their own healing process, which makes them more in control. Breathing techniques, healing, and visualisation are tools they can learn to use in order to feel more in control of their well-being on several levels. By doing so, they are also strengthening their self-esteem. This is beneficial for the healing process and a very important goal for empowerment (Fallot & Harris 2002).

An empowerment approach strives to outsource the power and to bring out the individuals ability to take the control over his or her life (Payne 1996). One can say that organisations that are teaching intervention techniques, in order to reduce stress or anxiety, may limit clients needs for professional help. The above statement can be understood as clients are given tools to take action in their healing process. It can also be understood as a political and a spiritual statement. The way

in which the above respondents discussed her organisations work, enables us to understand that there are respondents who believe in alternative interventions as beneficial instruments. It also brings a wider understanding to alternative interventions as they are fulfilling the need for multiple solutions and for multiple reasons.

Respondents often discussed the need of contextualising foreign interventions to fit their clients and their working context. This will be described by the following quotation

"In my experience I found international interventions rather difficult as they doesn't make sense in the community that I am working in. We're trying to look at an evidence based research and the outcome from the international association for traumatic stress. When we use their… ideas and preferences for evidence based practice, we have to contextualize. I don't think there are many people that are writing about how to work with people that are experiencing violence like the way that South Africans are experiencing violence". #2

The statement demonstrates a need for multidisciplinary knowledge and skills. Which have been developed as a response to all the violence and crime existing in South Africa and the possibilities for its people to receive adequate help and support. Discussed from an ethnic-sensitive perspective, foreign practice may fail to integrate cultural traditions and values that are specific for South African citizens. Taking into consideration that the ability for people to receive help and support are severely restricted in South Africa, for example by economical reasons, alternative interventions can be developed and made accessible to survivors as a response to such restrictions.

A social worker in a non-specialised organisation explains the way in which empowerment is carried out to clients that has been sexually abused. She argues that the time in which she is able to work more intensely with her clients is limited. Despite this factor, she says that she informs her client of the circle of abuse so they can acknowledge their problems before they can choose from different options. She states that women most of the times have limited options. But she will try to empower them to:

"…make a choice between these options so that they can stay in control in their life".#7

It seems that such empowerment approach has an informative character as she informs the clients of different options. These options could be interpreted for example as to move to another area, or to make contact with local authorities. Empowerment does not only aim to make the clients acknowledge the impact of the abuse. According to (Fallot & Harris 2002) empowerment also tries to make clients focus their energies on techniques for mastery and enhancing their existing strengths for coping with current life events. Trauma affects all the different levels in the human being, and for many people, there are limitations in receiving support. The above statement may show an example of a professional who empowers a client to take action, but does not include a discussion about various techniques to use when dealing with consequences from trauma. According to Fallot & Harris (2002) such techniques can achieve mastery for the clients themselves to become actors in their healing process.

7.5. CATEGORIZING THE RESPONDENTS ACCORDING TO THEIR CONTRARY PERSPECTIVES ON ALTERNATIVE INTERVENTIONS

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Before the respondents are categorised by the exclusive, tolerant, inclusive or integrated systems[9] our attention will be drawn to governmental restrictions on alternative activity. Western ideologies are powerful forces regarding the dichotomatisation between scientific (established and conventional) and non-scientific (unestablished and unconventional) therapeutic interventions (Eklöf 1998). Western perception of evidence-based interventions can be understood in this thesis as an obstacle for holistic interventions. When respondents were asked whether there are any legal restrictions which they have to take into account when carrying out their work with their clients, the majority of them said that they are not limited. One respondent said:

"We are very free to use our own intervention approach, not only as a welfare organisation or NGO, but also as private practitioners"#1

When hearing this, a conclusion that the government of South Africa has an inclusive or integrated approach towards alternative interventions in social activities (also taking into account The Traditional Health Practitioners Bill, which was discussed in chapter 4), can easily be made. But information deriving from other interviews does not support such conclusion. One respondent talks about drumming, since drumming has been used for centuries in South Africa as an instrument for communication and celebration. However, the same respondent continues that drumming as a therapeutic intervention has not yet been implemented or accepted as an integral part of therapeutic activity in South Africa. She tried to receive finances from the social department in the Western Cape, but without no luck.

"//.../it is not an accepted therapy...things are a bit slow here...as far as it goes...especially from the government side, they don't accept new things very easily, instead its got to prove itself to be worthily before they look at it"#12

To the question whether a governmental organisation would use alternative interventions another interviewee said

"You wouldn't find it in governmental organisations. The reason behind is that it has a lot to do with colonialism where peoples' traditional ways of dealing with things were rubbish. So people got to believe that only western knowledge and education got any value. So, it's the western approach you got to adopt and the western education to learn anything"#4

The later answer may demonstrate a situation where the government in power does not interfere in social work interventions per se, but are restricting interventions both in terms of funding as well as governmental organisations openness towards alternative interventions. This may be interpreted that the alternative field is a wide field, and practices emerge from all over the world and many of them are not regarded as evidence-based models (Englund 2004). But there is a change taking place in South Africa where the practice of traditional healers are going from being more or less illegalised to gaining more and more recognition (Pretorius 1999). This change of attitudes towards traditional healers has made the legalisation of such practice a reality. Traditional practice has become an alternative low-cost system in the health sector in South Africa. Such change may also have effects on other alternative approaches in the wider social

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[9] The word ´groups´ will be used instead of ´systems´.

work field. The government in South Africa has now started a progress towards an integrative approach in this matter. This is demonstrated not only in respondent's statements about their possibility to use alternative interventions which they find appropriate. But also in the actual implementation of traditional healers. Unfortunately, no representative from the government is present in this thesis. Therefore a understanding of a governmental policy of alternative approaches is not possible to achieve in this study. We can only say that the government in Western Cape does not belong to an exclusive system since it has not illegalised or severely restricted interventions in practice.

Moving on, the study will not focus on the respondents themselves. Derived from the interview material, I have categorised them into groups based on how they perceive and to what extent they implement alternative interventions in their practice. Each respondent may be understood as a representative of either an *exclusive/tolerant,* or *inclusive/* or *integrated* group. The categorisation of respondents is drawn from Pretorius' (1999) theory of exclusive or tolerant versus inclusive or integrated systems, as discussed above in the theoretical section.

Integrated #1, #2, #4, #5
There appears to be four representatives in the integrated group. According to Pretorius (1999) the integrated group unite a integration of allopathic practices and alternative practices. The respondents in this group, seem to acknowledge cultural as well as spiritual knowledge and alternative interventions as equal to other established practices and skills. They do also implement a diversity of alternative interventions in their work.

Inclusive #3, #6, #9, #10, #12
In the outcome of the interview material there are five respondents who shows an openness to alternative practice. They are also to various extend engaged in unconventional practice. This group recognizes other alternative approach systems as being legal, besides a scientific approach (Pretorius 1999). But when being compared with the first group, they are categorized in the inclusive group. This is due to that even if they acknowledge that there exist a diversity of practices and skills, they or their organisations might focus on specific interventions and does not yet show any tendency to incorporate new ones. It could also be due to that the organisations main work is not to be involved in therapeutic activity. Or finally, that the organisations are involved in other activities which has taken time away from therapeutic activity.

Tolerant #7, #8, #11
There are three respondents that may be categorized in the tolerant group. It is demonstrated that they have a tendency to be sceptical regarding alternative interventions. According to Pretorius (1999) the tolerant group recognises modern conceptions while the existence and significance of other sectors, such as alternative practices are officially ignored or not recognised. This can be due to the respondents trust in Western methods. Christianity can also be considered a fact. As some alternative interventions may be seen as inappropriate christian behaviour.

Exclusive
Non of the respondents fits into the exclusive system.

8. CONCLUSION
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The aim of this thesis was to describe and understand the role of alternative interventions in relation to conventional practice in a South African social work field and trauma work. The research questions were:

1.   What are the alternative approaches and how are they practised in South African social work?

2.   How are alternative interventions, in relation to conventional approaches, perceived locally?

3.   What are the obstacles versus possibilities for practising alternative interventions in the social work field in South Africa?

Instead of exclusive theories, the empirical material have been discussed and related to various approaches. These approaches have contributed to rather alternative perspectives on how professionals can design their work with their clients.

8.1. Summary of the results

1.

A first result is that alternative interventions found in the empirical outcome were creative- based interventions such as storytelling, clay- and drawing exercises and drumming. They have been explored and implemented into organisations for the benefits of healing. These interventions are considered as supportive means in trauma recovery. Other interventions can be understood as mind-body- and energy therapies, and includes interventions such as meditation, visualisation, tai chi and healing touch. The techniques mentioned above are claimed by the respondents to be beneficial for trauma survivors. These interventions may reduce stress hormones and bring down the arousal, which is very important in the process of trauma recovery. Alternative interventions can be seen as a complement to verbal communication and conventional practice. The body-mind and energy therapies can also be found as techniques in spiritual social work practice.

2.

This thesis has demonstrated that there is a demand from the respondents in this thesis, as well as from different approaches, to contextualise Western models to fit the needs of the general public of South Africa. Since Western conceptions and models do not always correspond well to the South African context. Alternative interventions can therefore become integrated due to their positive contributions to trauma work in South Africa. The thesis demonstrates that alternative interventions were perceived by respondents as instruments of psychological empowerment. The implementation of alternative interventions can be addressed as a way for clients to reclaim their life-powers and become masters of their own recovery. Interventions mentioned above can be taught in simple ways and practised at home. As many people cannot afford to receive professional support, such techniques can be understood as a strategy to avoid problems derived from socio-economic imbalances. Moreover, as some alternative techniques are rather uncomplicated to learn, they can be taught from one person to another in families, as well as in communities. An empowerment approach supports the inclusion of client in his or her recovery. As clients can choose which intervention is best for them, they will restore power over their own lives.

Trauma triggers spiritual concerns. People's spiritual concerns are both multiple and diverse. And spiritual distress may be caused by life-changing experiences such as traumas. Therefore, the use of alternative interventions in trauma work may be perceived as beneficial for clients' emotional, physical, social and spiritual wellness. Alternative interventions can therefore be perceived as tools that enable the client and the practitioner to handle spiritual concerns.

The contextual condition in South Africa and the high rate of trauma survivors, requires alternative solutions. And for many of the respondents in this thesis, Western models can not only be single means in achieving positive changes in the wider social work field and trauma work. The thesis has demonstrated that alternative interventions can be considered as means to complement conventional practice and Western models of practice. Alternative interventions can also be demonstrated in order to achieve cultural sensitivity. Such sensitivity can be restraint when Western assumptions and models are favoured in trauma work or when practitioners themselves are colour blind. As people's different cultures are unique, such uniqueness is brought into practice, when practitioners and their organisations are open to cultural diversity and cultural based techniques.

The analysis has demonstrated a difference in respondent's perception on alternative interventions. The material has shown that creative interventions were not questioned as were the case with body-mind- and energy interventions. The result demonstrates that alternative interventions that are based on mind-body- and energy therapies, are questioned by some of the respondents. How the respondents perceive alternative interventions can be understood by taken their Christian background into consideration. As mind-body techniques can be understood as against an appropriate Christian behaviour. Examples has also shown that Christian clients can express disregard to be involved with alternative interventions.

The interview material has revealed that a majority of the respondents can be understood as perceiving alternative interventions positively. Some of them have implemented alternative interventions into their practice, whilst others have not recognised them at all. The respondents were categorised into three different groups based on their openness to and their actual implementation of alternative interventions. Four respondents were categorized in the integrated group. This group acknowledges cultural as well as spiritual knowledge and alternative interventions as equal to other established practices and skills. And they have incorporated a variety of alternative interventions into their practice. Five respondents were categorised in the inclusive group. The main difference between the two groups is that the inclusive group is focusing on specific interventions but has not shown any tendency to incorporating new ones at this point of time. Three respondents were categorised in the tolerant group. This group recognises modern conceptions while the existence and significance of other sectors, such as alternative practices are officially ignored or not recognised. Respondents in this group showed scepticism towards alternative interventions, i.e. body-mind therapies.

3.
Another result is related to the possibilities and obstacles for alternative interventions to exist. The statements of the respondents have been interpreted from the spiritual, the ethnic-sensitive and empowerment approach. Spiritual concerns have been largely ignored in South Africa as it has been discarded as subjective and non-scientific. It is therefore a possibility that professionals engaging in spiritual activities and alternative interventions will be questioned by others and seen as unprofessional. And Western demands for evidence based interventions may still be an obstacle for alternative Interventions to occur. One can comprehend the work of some of the professionals as examples of spiritual awareness, as they incorporate eclectic and multiple

techniques and reflect on their models in order to meet the needs of their clients, instead of meeting their own needs and ideology. Trauma affects the very essence of being. Therefore practitioners who aim to have a spiritual awareness may contribute to people's spiritual strength. If spiritual awareness does not emerge, it is likely that alternative interventions are not recognised. When practicioners are ethnic-sensitive, the diversity of peoples may affect the choice of intervention. And moreover, when professionals works from a empowerment approach they would bring their therapeutic knowledge to their clients. Doing so, enable the clients to develop self esteem and be in control of their life-powers. And the possibility for alternative intervention to occur is high.

With the aim of understanding the possibilities for alternative interventions to be recognised, Traditional healers have been discussed in this thesis. Traditional healing is in this thesis understood as alternative practice. Traditional healers were forbidden during the apartheid era and were discarded as primitive. Yet, there has been a change in the South African society, and Traditional healers are becoming an integrated part in the wider social work field. The majority of the respondent claimed to be open towards traditional healers. And they recognised Traditional healers to become valuable instruments in people's healing process, as they have a direct relation to people's life contexts and belief systems. Moreover, the analysis also demonstrated that there is a restraint towards traditional healers. As they face obstacles in finding acceptance in the wider social work field. Traditional healers have found recognition from the South African government, and are being more accepted as a part of the more mainstream health sector in the country. Changing people's perspectives is another important step in the process. There is a polarization in different sectors which makes it difficult for traditional healers to find acceptance. The analysis result finds that Christianity can be understood as an obstacle for traditional healers as well as an obstacle for alternative interventions. The thesis has demonstrated sceptical attitudes from representatives in faith-based organisation. The involvement of Traditional healers may be regarded as an inappropriate involvement from a Christian perspective. In order to avoid any risks these respondents would rather stick to Western modes and evidence-based material.

8.2 Discussing the prospects for future alternative interventions in South Africa
Many survivors of violence in South Africa do not have the possibility to receive professional support contrary to many of their Western counterparts. The South African's poor ability to receive adequate help can be seen as a consequence of economical resources. Alternative interventions can be regarded as beneficial means in various ways. For example can breathing techniques reduce stress hormones. Breathing techniques can also be taught in uncomplicated way as they can be taught from one person to another. Alternative interventions can also play a complementary role to verbal communication and therapy. And they can become supportive means in order to incorporate the whole human being into the healing process and not only the cognitive mind.

As consequences derived from traumatic events can be very complex, it requires complex interventions. When the knowledge is developed through a holistic understanding of healing, interventions may be developed and strive to include social, spiritual, cultural, physical and emotional aspects in human beings. The understanding of a holistic approach is therefore to open up to multiple support and healing solutions. In order to make use of a holistic model, the integration of alternative knowledge and conventional knowledge can be combined. The positive consequence derived from holistic approaches is that clients themselves may receive competent interventions from a cultural, social, and spiritual and an existential level as trauma triggers concerns in all these levels.

The diversity of cultures in South Africa is also an argument to incorporate holistic interventions. And interventions can be developed in South Africa in order to endorse the uniqueness in people. When professionals support the diversity of People, the ethical aspects of practice is likely to be acknowledged. Such acknowledgement may open up for professionals to relate to their clients in a cultural sensitive way. We need to recognise problems that can occur when people receive support which does not meet the cultural and spiritual diversity of those people. One may therefore argue that the need for developing interventions that respond to cultural and spiritual diversity in South Africa should be considered and taken seriously by all practitioners in the social work field. Finding interventions that relates well to the clients cultural as well as spiritual background can be discussed as crucial, especially when dealing with trauma work.

Moreover, people must have their freedom to believe in what they choose to believe in. One should take responsibility for ones own thoughts and perspectives, but should not restrain other peoples ability to find support which relates well to his or her situation, perspectives and beliefs. This is a responsibility that should concern representatives from both the conventional and alternative practice. Professionals who are sceptical towards new interventions, are not negative per se. Alternative interventions must be practiced with caution as any other kind of intervention. Examples has also shown that christian clients have such disregard for alternative interventions. It is the responsibility of the professional to deliver material that does not have negative impacts on clients.

People working in a violent context, such as South Africa, find themselves in situations where they have to relate to clients traumas and their own abilities as therapists. Dealing with survivors of trauma is a complex activity, because trauma affects the many different aspects of life. When survivors are in need for emotional and spiritual support, they should be able to receive support from professionals that has the ability to grow both emotionally and spiritually.

The future for alternative interventions requires that organisations are engaged in alternative practice, with positive effects, as it may open up for other organisations and professionals to adapt these skills and make them a complement to other interventions. Such integration can be made when the beneficial effects of alternative interventions is discussed in different areas such as in various disciplines, in the fields of practice, in media in and in other public areas. When people engage themselves and spread out the positive effects of alternative interventions through networking, or being engaged in policy issues or bringing the discussions of alternative interventions into different educational disciplines, this change might take place. This study has demonstrated that some professional have had the courage to implement alternative interventions into their practice. Despite conventional pressure and risks of being regarded as unprofessional.

8.3. Further research
There are many areas which have not been discussed in this thesis. This demonstrates that further research in this subject is needed. This thesis has not been able to give any quantitative answers, therefore another possible research could aim to *investigate how widespread the practice of alternative interventions is in South Africa.* In order to find how alternative interventions would integrate into the wider social work field, which has been discussed in this thesis, another research could aim to explore *how alternative interventions are perceived in different disciplines such as social work, psychology, health and medicine.* In order to meet the demand for evidence based interventions further research could be made to *establish alternative interventions effectiveness for peoples' wellness.* And finally, in order to meet the cultural diversity of South

Africa, one could *investigate the appearance and widespreadness of therapeutic interventions emerging in South Africa.*

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